

February 2, 2018

City of Hollywood Architecture and Urban Design Division Department of Development Services 2600 Hollywood Boulevard City Hall, Room 308 Hollywood, FL 33020 ATTN: Terrence Comiskey, A.I.A.

Manager – Architecture

RE: Contract Extension

Dear Mr. Comiskey,

Saltz Michelson Architects respectfully accepts the one-year extension of our contract per our Architectural Agreement between the City of Hollywood and our firm.

Very truly yours,

Saltz Michelson Architects, Inc.

Charles A. Michelson, AIA, LEED AP

Principal

CAM:ama

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/15/2017

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 USI Insurance Services, LLC,					CONTACT NAME: PHONE (A/C, No, Ext): 813 321-7500 FAX (A/C, No):					
1715 N. Westshore Blvd. Suite 700					E-MAIL ADDRESS:					
Tampa, FL 33607					INSURER(S) AFFORDING COVERAGE				NAIC#	
					INSURER A :	Travele	rs Property	Cas. Company		25674
INSI	JRED	_			INSURER B : Commerce & Industry Insurance					19410
	Saltz Michelson Architects	s, Ind).		INSURER C: Travelers Casualty and Surety					31194
	3501 Griffin Road							surance Co.		10120
	Fort Lauderdale, FL 33312	2			INSURER E :					
					INSURER F:					
ᇈ	VERAGES CER	TIFIC	ΔTF	NUMBER:	INSURENT.			REVISION NUMBER:		,
T IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED:-NOTWITHSTANDING-ANY-RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH	OF QUIRI ERTA POL	INSUI EMEN IN, 7	RANCE LISTED BELOW HAY T,-TERM-OR-CONDITION OF THE INSURANCE AFFORDER LIMITS SHOWN MAY HAY	F-ANY-CONT O BY THE PI /E BEEN REI	TRACT OF POLICIES DUCED E	THE INSURED R OTHER DOO DESCRIBED H BY PAID CLAIF	NAMED ABOVE FOR THE CUMENT WITH RESPECT TEREIN IS SUBJECT TO A	TO WH	CH THIS
INSF LTR	TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBER	POL (MM/E	DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	X COMMERCIAL GENERAL LIABILITY	Х	Х	6601D208313	05/0	8/2017		EACH OCCURRENCE	\$2,00	0,000
l	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,00	0,000
1								MED EXP (Any one person)	\$10,0	00
1								PERSONAL & ADV INJURY	\$2,00	0,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$4,00	0,000
1	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$4,00	0.000
1	OTHER:								\$	
A	AUTOMOBILE LIABILITY	Х	Х	6601D208313	05/0	8/2017	05/08/2018	COMBINED SINGLE LIMIT (Ea accident)	\$2,000	0.000
1	ANY AUTO							1	\$	
1	ALL OWNED SCHEDULED						ļ	BODILY INJURY (Per accident)	\$	
l	X HIRED AUTOS X AUTOS NON-OWNED AUTOS				-		<u> </u>	PROPERTY DAMAGE (Per accident)	\$	
1	AUTOS							(Mai accident)	\$	
В	X UMBRELLA LIAB X OCCUR	Х	Х	EBU037083574	05/0	8/2017	05/08/2019	EACH OCCURRENCE	\$5,000	1 000
-	EXCESS LIAB CLAIMS-MADE	**	-	LD0007000074	03,0	,0,2011	03/00/2010	AGGREGATE	\$5,000	
l	1/2				1		-	AGGREGATE		0,000
c	DED X RETENTION \$U WORKERS COMPENSATION		х	UB9453Y13A	04/0	112017	04/01/2018	X PER OTH-	\$	
١٣	AND EMPLOYERS' LIABILITY		^	UD94031 I3A	0470	7172017	V4/V 1/2V 10		-4.004	3 000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			ŀ		-		\$1,000	
	(Mandatory in NH) If yes, describe under						t t	E.L. DISEASE - EA EMPLOYEE		•
	DÉSCRIPTION OF OPERATIONS below			D1 5E 0000E04E4	2011	40047		E.L. DISEASE - POLICY LIMIT		J,000
D	Professional Liability			PL5EO00259171	06/1	14/2017	06/14/2018	\$3,000,000 per claim \$3,000,000 anni agg		
DE0	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	1 50 /	ACOPT	101 Additional Bamarka Sabada	ulo may be et-	nobad !f w-	ra prese to sec	rod		
	ofessional Liability coverage is wi				ию, шау ре апа	aviieu ii nio	re space is requi	reuj		
	: Architectural Design Services, F									
	e City of Hollywood is named as a	-			ts the gen	eral liah	oility policy	as		
	uired by written contract.				50	iorai nan	·			
"										
	PTIEICATE HOLDED				CANCELL	ATION		and the state of t		
UE	RTIFICATE HOLDER		CANCELLATION							
I CITY OF HOUNWOOD FLORIDS								SCRIBED POLICIES BE CA		

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

de no de de se

2600 Hollywood Boulevard

Hollywood, FL 33021



ARCHITECTURE
ENGINEERING
PLANNING
LANDSCAPE ARCHITECTURE
INTERIOR DESIGN
CONSTRUCTION SERVICES

February 1, 2018

Mr. Terrence Comiskey, AIA
Manager – Architecture
Architecture & Urban Design Division
Department of Development Services
City of Hollywood
P.O. Box 229045
Hollywood Florida, FL 33022-9045

Re: Professional Services Agreement PW 14-016 Renewal

Dear Mr. Comiskey,

This letter serves as written notification that Bermello Ajamil & Partners, Inc. wishes to renew with the City of Hollywood our Professional Services Agreement – PW 14-016 dated April 28, 2015 for a one year period.

We understand that all the terms and conditions shall remain the same and therefore unchanged.

If you should need anything additional, please don't hesitate to contact me directly via email at sbakos@bermelloajamil.com or via phone at 305-989-9953.

Sincerely,

Partner

Bermello Ajamil & Partners, Inc.



February 2nd, 2018

Mr. Terrence Comiskey, A.I.A.
Manager – Architecture
Architecture & Urban Design Division
Department of Development Services
City of Hollywood
P.O. Box 229045
Hollywood, FL 33022-9045

RE: PROFESSIONAL SERVICES AGREEMENT (PW 14-016)

Dear Mr. Comiskey:

SYNALOVSKI ROMANIK SAYE, LLC is in concurrence with the City of Hollywood's request to exercise the option to extend our existing Professional Services Agreement (PW 14-016) for an additional year.

In advance, thank you for your attention to this matter. Should you have any questions, please do not hesitate to contact me.

Respectfully,

Manuel Synalovski, AIA, NCARB, LEED AP

Managing Principal

BERMEAJA

$ACORD_{\scriptscriptstyle{\mathsf{IM}}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/15/2017

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(les) 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		CONTACT Kimberly Colomer						
USI Insurance Services		PHONE (A/C, No, Ext): 954-607-4131 FAX (A/C, No):						
2400 East Commercial		E-MAIL ADDRESS: Kimberly.Colomer@usi.com						
Fort Lauderdale, FL 33308		INSURER(S) AFFORDING COVERAGE	NAIC#					
		INSURER A : Hartford Casualty Insurance Co.	29424					
INSURED		INSURER B : Twin City Fire Insurance Co.	29459					
•	amil & Partners, Inc.	INSURER C : Continental Casually Company	20443					
<u>-</u>	hore Dr Ste 1000	INSURER D:						
Miami, FL 33	3133-3437	INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER	DEVISION MIMBER:						

2001 5 Bayshore Dr Ste 1000						INSURER D:					
Miami, FL 33133-5437						INSURER E :					
							INSURER F :				
CO	/ER	AGES	CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:				
IN CI E	DICA RTI	TED, <u>NOTWITHSTA</u>	NDING ANY REC SUED OR MAY P TIONS OF SUCH	QUIRI ERTA POL	EMEN IN, 1 ICIES	RANCE LISTED BELOW HAV T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAV	F ANY CONTRACT O D BY THE POLICIES I'E BEEN REDUCED	R OTHER DOO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WHICH THIS	
INSR LTR		TYPE OF INSUR	RANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Ά	X	COMMERCIAL GENERA	AL LIABILITY			21 UUN KK3709	11/11/2017	4 1	EACH OCCURRENCE	\$1,000,000	
		CLAIMS-MADE	X occur						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
									MED EXP (Any one person)	\$10,000	
									PERSONAL & ADV INJURY	\$1,000,000	
	GEN	I'L AGGREGATE LIMIT A	PPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
	X	POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$2,000,000	
	_	OTHER:								\$	
1	AUT	OMOBILE LIABILITY				21 UUN KK3709	11/11/2017	11/11/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
		ANY AUTO							BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
										\$	
Α	Χ	UMBRELLA LIAB	OCCUR			21 XHU KK3260	11/11/2017	11/11/2018	EACH OCCURRENCE	\$5,000,000	
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$5,000,000	
		DED X RETENTION					,			\$	
В	AND	RKERS COMPENSATION EMPLOYERS' LIABILIT'	Υ			21 WB AG1371	11/11/2017	11/11/2018	X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER	R/EXECUTIVE 7/N	N/A					E.L. EACH ACCIDENT	\$1,000,000	
	(Mai	ndatory in NH)	L						E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
	DES	s, describe under CRIPTION OF OPERATION	ONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000	
C		ofessional Liab				AEH288262231	11/11/2017	11/11/2018	5,000,000 per claim		
	Cla	ims Made							5,000,000 aggregate		
								<u> </u>	100,000 deductible		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) City of Hollywood is an Additional Insured as respects to General Liability and Auto Liability when required by written contract, subject to the terms, conditions, and exclusions of the policy.											
CEI	TIF	ICATE HOLDER					CANCELLATION				
	City of Hollywood								ESCRIBED POLICIES BE CA		

CERTIFICATE HOLDER	CANCELLATION
City of Hollywood 2600 Hollywood Blvd. Hollywood, FL 33020	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
	B: M Canl

© 1988-2015 ACORD CORPORATION. All rights reserved.

Client#: 1053727

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/14/2017

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 SELOW. 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	R	CONTACT NAME:						
USI Insurance Services, LLC 1715 N. Westshore Blvd. Suite 700 Tampa, FL 33607 813 321-7500		PHONE (A/C, No, Ext): 813 321-7500 (A/C, No):						
		E-MAIL ADDRESS:						
		INSURER(S) AFFORDING COVERAGE	NAIC#					
		INSURER A : Phoentx Insurance Company	25623					
INSURED		INSURER B : Travelers Indemnity Company	25658					
	Synalovski Romanik Saye, LLC	INSURER C : Travelers Casualty and Surety Company	19038					
	1800 Eller Drive #500	INSURER D : Admirat insurance Company	24856					
	Fort Lauderdale, FL 33316-4210	INSURER E :						
		INSURER F :						

				LINSUF	ERF:					
		TIFICATE NUMBER: REVISION NUMBER:								
IN CI EX	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 INSR WVD POLICY NUMBER		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	8		
Α	X COMMERCIAL GENERAL LIABILITY	Х	Х	6609D35342A	1	1	EACH OCCURRENCE	\$1,000,000		
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000		
					1		MED EXP (Any one person)	\$10,000		
							PERSONAL & ADV INJURY	\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000		
	POLICY X PRO- JECT LOC					. [PRODUCTS - COMP/OP AGG	\$2,000,000		
ı	OTHER:							\$		
	AUTOMOBILE LIABILITY	X	X	BA6G624112	12/15/2017	12/15/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
1	ANY AUTO						BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS				i		BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
В	X UMBRELLA LIAB X OCCUR	Х	Х	CUP4K271119	12/23/2017	12/23/2018	EACH OCCURRENCE	\$5,000,000		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DED X RETENTION \$10,000							\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Х	UB8J676605	12/23/2017	12/23/2018	X PER OTH-			
	AND EMPLOYERS EXABLITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$1,000,000		
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
D Professional				EO00004122901	12/10/2017	12/10/2018	\$1,000,000 per clain			
Liability							\$5,000,000 anni agg	r.		
							<u> </u>			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Dessional Liability coverage is wr				y be attached if m	ore space is requ	iired)			
	: Architectural Design Services fo				â					
NE	. Aldintectural Design der vices 10	71 IVII	- -	ianeous Frojects FALLA-OL	•					
CEI	RTIFICATE HOLDER			CAN	CELLATION					
			en en	OUI D ANY OF	THE AROVE DI	ESCRIBED POLICIES BE CA	NCELLED REFORE			
	City of Hollywood			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
l	PO Box 229045	ACCORDANCE WITH THE POLICY PROVISIONS.								
	Hollywood El 33022									

© 1988-2015 ACORD CORPORATION. All rights reserved.

AUTHORIZED REPRESENTATIVE

de mada su