



BOARD OF COUNTY COMMISSIONERS
DEPARTMENT OF WATER RESOURCES
DIVISION OF UTILITIES
3600 W. Sovereign Path, Suite 292
Lecanto, Florida 34461-7788

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www.bocc.citrus.fl.us

MEMORANDUM

TO: Linda Morse, Purchasing Contracts Manager, Management and Budget

FROM: Gary Loggins, Director, Utilities Division, Department of Water Resources

DATE: January 19th, 2021

RE: **Recommendation of Renewal- Amendment 4-BW 064-15 Sensus Water Meters and Service.**

In accordance with the specification of the above-referenced contract, the Department of Water Resources, Utilities Division is requesting authorization to renew the contract. Renewal- Amendment 4-BW 064-15 with Core and Main the sole distributor of Sensus Water Meters and Services for the State of Florida. The current contract expires on February 22nd, 2021. By renewing the contract for an additional 1 year period this would allow the Utilities Division to purchase Sensus water meters and components from Core and Main at a guaranteed price rate until February 22nd, 2022.

Thank you in advanced for your assistants and consideration of this request.

January 4, 2021


Re: Sole Source

To Whom It May Concern:

Sensus, USA is pleased to announce that Core & Main LP is the exclusive Authorized Distributor of Sensus products for the state of Florida. Please contact Core & Main LP for all of your Sensus needs. Purchasing Sensus, USA products from the authorized distributor for your area ensures that your products will be properly supported and warranted.

We look forward to the opportunity of providing your firm with quality water measurement equipment and support in the near future. Please feel free to contact me at andrea.davis@xylem.com regarding this or any other matter.

Sincerely,



Andrea Davis
Sensus, USA
Sr. Director, Sales Enablement



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/31/2020

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

PRODUCER Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Core & Main LP 1830 Craig Park Court Saint Louis, MO 63146	INSURER A: National Union Fire Insurance Company of P NAIC# 19445	
	INSURER B: Willis Submission Carrier GENRC	
	INSURER C: XL Insurance America Inc 24554	
	INSURER D:	
	INSURER E:	
INSURER F:		

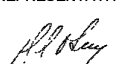
COVERAGES **CERTIFICATE NUMBER:** W17440212 **REVISION NUMBER:**

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 <input checked="" type="checkbox"/> SIR: \$500,000* GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	GL 1728964	08/01/2020	08/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	Y	Y	SEE ATTACHED	08/01/2020	08/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <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			US00093102LI20A	08/01/2020	08/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000	
B	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	Y	SEE ATTACHED	08/01/2020	08/01/2021	<input checked="" type="checkbox"/> PER STATUTE <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
B	Additional Lines of Coverage			SEE ATTACHED	08/01/2020	08/01/2021		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
* General Liability: The \$1,000,000 per Occurrence and \$2,000,000 Aggregate limits displayed is a combination of \$500,000 Self-Insured Retention and \$500,000 Per Occurrence /\$1,500,000 Aggregate limits of liability provided by the carrier noted above.

Division Name: All Vendors, Citrus County Board of County Commissioners.
Contract ID: ITB 039-14/BW 064-15.

CERTIFICATE HOLDER Citrus County, Florida 3600 W. Sovereign Path, Suite 180 Lecanto, FL 34461	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 

ADDITIONAL COVERAGE SCHEDULE

AUTOMOBILE LIABILITY		
Policy Effective & Expiration Dates: See Page 1		
Limits: See Page 1		
POLICY NUMBER	STATE	INSURER(S) AFFORDING COVERAGE
CA 4594395	All Other States	National Union Fire Insurance Company of Pittsburgh
CA 4594397	MA	National Union Fire Insurance Company of Pittsburgh
CA 4594396	VA	National Union Fire Insurance Company of Pittsburgh

WORKERS COMPENSATION & EMPLOYERS LIABILITY		
Policy Effective & Expiration Dates: See Page 1 Limits:		
See Page 1		
POLICY NUMBER	STATE	INSURER(S) AFFORDING COVERAGE
WC 045886742	All Other States	New Hampshire Insurance Company
WC 045886743	CA	American Home Assurance Company
WC 045886745	MA, WI	New Hampshire Insurance Company
WC 045886744	FL	Illinois National Insurance Company

EXCESS LIABILITY			
Policy Effective & Expiration Dates: 08/01/2020-08/01/2021			
POLICY NUMBER	TYPE OF INSURANCE	LIMITS	INSURER(S) AFFORDING COVERAGE
MKLM6MM50000019	Excess General Liability	\$10,000,000 xs \$1,000,000 Primary	Markel Insurance Company
NY20RXSZ02HYLIV	Excess Automobile Liability	\$3,000,000 xs \$2,000,000 Primary	Navigators Insurance Company
42-XSF-308468-02	Excess Automobile Liability	\$5,000,000 xs \$5,000,000	Berkshire Hathaway Specialty Insurance Company

*Umbrella Liability shown on Page 1 applies after above shown limits are exhausted for their respective lines of coverage

Insurance Requirements

Coverage Provided:

General Liability, Automobile Liability, Workers Compensation

Requirements

Check AMBEST Rating

Endorsements

Carrier: 19445 - National Union Fire Ins Co Pittsburgh PA

A, XV

Carrier: 19445 - National Union Fire Ins Co Pittsburgh PA

A, XV

Carrier: 24554 - XL Insurance America, Inc.

A+, XV

Carrier: 23817 - Illinois National Insurance Co.

A, XV

Amendment No. 4 to Agreement

BW 064-15

Sensus Water Meters

THIS AMENDMENT is made and entered into by and between Core & Main LP, a Florida limited partnership, formerly known as HD Supply Waterworks, Ltd., (hereinafter referred to as "Vendor") and Citrus County, Florida, a political subdivision of the State of Florida (hereinafter referred to as "County").

WHEREAS, On February 23, 2016, County and Vendor entered into an Agreement for Services to provide "Sensus" brand water meters and service for a term of three (3) years with an option to renew for three (3) additional one-year renewal periods; and

WHEREAS, On February 12, 2019, County and Vendor Amended the Agreement to reflect that HD Supply Waterworks, Ltd., is now known as Core & Main LP, a Florida limited partnership; to renew the Agreement for one year, extending the duration of the Agreement to February 22, 2020; and to modify various provisions of the Agreement; and

WHEREAS, On March 11, 2019, County and Vendor amended the Agreement to modify the meter price rates as permitted by Section 5.0 of the Agreement; and

WHEREAS, On February 13, 2020 County and Vendor amended the Agreement to exercise the second option to renew the Agreement for one year, extending the duration of the Agreement to February 22, 2021; and

WHEREAS, County and Vendor desire to amend the Agreement to exercise the third option to renew the Agreement for one year, extending the duration of the Agreement to February 22, 2022; and

NOW THEREFORE, in consideration of the original Agreement and the foregoing recitals, County and the Vendor agree as follows:

1. The above Recitals are true and correct and are hereby incorporated into this paragraph.
2. County and Vendor hereby renew the Agreement for an additional one (1) year period thereby extending the duration of the Agreement to February 22, 2022.
3. County and Vendor agree that all other terms, conditions and pricing of the Agreement are hereby ratified and confirmed and shall continue in full force and effect except as amended herein.

IN WITNESS WHEREOF, this Amendment No. 4 to Agreement is accepted by the parties as of the date noted below.

[Signature]
Signature of Witness (1)

CORE & MAIN LP

Fred T. Gibbs
Printed Name of Witness (1)

[Signature]
Signature of Witness (2)
William D Bishop
Printed Name of Witness (2)

BY: [Signature]
ROY SANDS, DISTRICT MANAGER

STATE OF Florida
COUNTY OF Manatee

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 18th day of January, 2021, by Roy M Sands as District Mgr who is personally known to me or who produced _____ as identification.

Witness my hand and official seal this 18th day of January, 2021.

Official use only

[Signature]
NOTARY PUBLIC Signature
Printed Name: Lisa G. Furst
Commission No.: _____
Expiration Date: _____

SEAL



CITRUS COUNTY, FLORIDA, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA

ATTEST:

ANGELA VICK, CLERK

BY: _____
SCOTT CARNAHAN, CHAIRMAN

DATE: _____