



Consultant Services Authorization

Firm	Dewberry
Master Agreement No.	24-011
CSA No.	24-011-09
Project Name	Northeast Regional Utility Service Area Environmental Management Plan Wetland Monitoring (2025-2026)
Project Description	Provide wetland monitoring throughout the entire year for all NERUSA Wetlands (11 total), provide wetland assessment procedure, and draft and submit water year (WY) 2025 EMP Monitoring Report
Projects Exhibits and Attachments	Exhibit "A"- Scope of Services Exhibit "B"-Fee Schedule (Master Agreement) Exhibit "C"-Reimbursable Cost Schedule Exhibit "D"-Insurance Documents
Duration (in days)	This authorization shall be in full force and effect until the Consultant completes all services as identified in Exhibit "A".
Compensation	\$ 117,883.86
Special Contract Conditions	NA
Insurance Requirements	Professional Liability
Liquidated Damages	\$ 0.00 Per Day
Budget Source/Availability	42011.670536015.5331010 (Environmental Affairs Operating Budget)

IN WITNESS WHEREOF, the parties hereto have executed this CSA on this ____ day of _____, 20__.

Attest:

STACY M. BUTTERFIELD

POLK COUNTY, a Political subdivision
of the State of Florida

By: _____
Deputy Clerk


By: _____
Chairman
Board of County Commissioners

Date Approved by Board: _____

Review as to form and legal sufficiency

County Attorney's Office Date

Attest:



Corporate Secretary

SEAL

Date: 12-3-25

Dewberry Engineers Inc.

CONSULTANT COMPANY NAME


Authorized Corporate Officer

Robert Beltran, PE, Associate Vice President

[Printed Name and Title]

Date: 12-3-25

Exhibit A

Consultant Services Authorization 2024-011-09

Northeast Regional Utility Service Area Environmental Management Plan Wetland Monitoring (2025-2026)

Dewberry Engineers Inc. (Consultant) entered into a Master Consulting Agreement (Agreement) 24-011 with Polk County (County) on January 9, 2024. Pursuant to this Agreement, the County has requested that the Consultant provide certain professional services in support of implementing the Northeast Regional Utility Service Area Environmental Management Plan (EMP) Wetland Monitoring (2025-2026) (Project) as further detailed in this Consultant Services Authorization (CSA).

A. Project Background and Description

Water Use Permit (WUP) No. 20006509.017 requires implementation of an approved Environmental Management Plan (EMP) for County's Northeast Regional Utility Service Area (NERUSA). The EMP is required by Special Condition (SC) No. 4 of the WUP. Per the WUP, the County must initiate monitoring within 30 days of approval of the EMP by the Southwest Florida Water Management District (District) and continue to perform and report on the monitoring during the life of the permit.

A revised EMP was required (EMP) Water Use Permit (WUP) modification number 20006509.019 Northeast Regional Utility Service Area (NERUSA) water use permit modification (WUP MOD) for a new public water supply (PWS) well located on the future Alternative Water Supply Receiving Facility site. The revised EMP involves monitoring one additional wetland located on the future AWS Receiving Facility site. This revised EMP now includes monitoring a total of eleven (11) different wetland sites within NERUSA.

The revised EMP and the required reports will outline how environmental conditions in the vicinity of the NERUSA service area, and associated wellfields, will be monitored and how unacceptable adverse impacts can be identified, as well as how and when; should unacceptable adverse impacts arise, they will be mitigated by the County. Environmental monitoring of nine wetlands and one small lake has been performed for approximately 20 years (since 2004). For continuity of the program, the Consultant will continue monitoring and reporting to meet the requirements of the WUP and include this additional wetland monitoring site in the future. The

County has requested that the Consultant provide engineering services in support of the Project.

B. Scope of Services

Upon authorization to proceed from the County, the Consultant will provide the following identified services. The Consultant shall ensure that all documents produced by the Consultant or their subconsultants for the County will be consistent with the Polk County Utilities Standards and Specifications Manual, latest edition, and other County requirements. This authorization shall be in full force and effect until the Consultant completes all services as described in the Consultant Services Authorization and any subsequent modifications hereto.

Phase 100 – Project Management

Task 101 – Project Management

This task consists of overall management of the Project including contract administration, budget management, invoicing, monthly status reports, scheduling, and coordination with the County.

Task 102 – Kick-off Meeting and Review Meetings

The Consultant will attend one kickoff meeting with the County. The Consultant will prepare a meeting agenda and meeting minutes. Meeting minutes shall be distributed within three working days of the date of the meeting.

Phase 200 – Environmental Support Services – Wetland Monitoring

Task 201 – Wetland Water Level Monitoring

This task includes bi-weekly water level monitoring within ten wetlands throughout the entire year beginning October 1, 2025. It also includes quarterly downloading of water level data from dataloggers located at the groundwater wells in each wetland (4 events total) and rainfall data from nearby District rainfall stations. This task includes data management in an excel spreadsheet and monthly reporting to the County. Under this task, the Consultant will conduct monitoring consistent with the approved EMP for WUP No. 20006509.019. Monitoring will include water levels monitoring at ten (10) wetlands and one (1) small lake location via staff gages and/or groundwater monitoring wells. The monitoring will be conducted on a bi-weekly basis for a period of approximately 12 months (from October 1, 2025 through September 30,

2026). All monitoring locations have a Solinst datalogger for continuous monitoring. Data from the Solinst loggers will be downloaded on a quarterly basis. Raw datalogger data will be compensated for by atmospheric pressure and elevation. A total of twenty (26) monitoring events will occur during the monitoring period, with the last monitoring scheduled for September 24, 2026.

Task 202 – Data Collection: Wetland Assessment Procedure and Photographic

Additionally, dry-season vegetation monitoring and data entry will be completed in May/June 2026 based on the Wetland Assessment Procedure (WAP) protocols established by the District. Consultant will be responsible for clearing vegetation overgrowth from the trail leading to the wetland monitoring sites and clean/maintain the staff gauges periodically to facilitate data collection. Photographic data collection will also take place within each zone of the established transects.

Task 203 – Report Preparation

The Consultant will systematically document and save all the water level and other data collected. The water level data collected will be analyzed with well pumpage data (from adjacent public water supply wells) for the same period of record to determine if there are statistically significant relationships using linear regressions. The well pumpage data from the public water supply wells will be provided by the County. The County will be responsible for submitting well pumpage data from all wellfields within NERUSA by March 1, 2026. All of the data, analyses, and results will be summarized into a draft annual report. The draft report will be submitted to the County on April 1, 2026 and the County shall provide comments within 30 days.

Consultant will prepare and submit the Water Year (WY) 2025 Annual Report to the District. The annual report will present and analyze monitoring activities for the period of record in comparison to the baseline information and identify any potential or actual adverse environmental impacts to any of the monitored wetlands or surface water system. The WY2025 Annual Report will include water level data through September 30, 2025, and WAP data from May/June 2025. The report will also include any available dry season aerial photography from either the District or the Florida Department of Transportation.

Consultant will also perform and evaluate the monitoring plan as it relates to the permit conditions and provide recommendations to the County about potential future permit changes that are required to reduce the existing monitoring requirements.

Task 204 – Report Submission

Consultant will submit a draft of the WY2025 Annual Report to the County for review. The Consultant will incorporate County comments and submit the final annual report to the District. Consultant will perform a final internal review of the monitoring report document and prepare it for final submission to District. The County will also be copied on the final deliverable of the monitoring report.

C. Deliverables

The Consultant shall prepare and submit to the County, including electronic format when applicable, the following deliverables:

Task	Activity	Deliverable
102	Meetings	Meeting agenda and minutes
201	Water Level Monitoring	Water level monitoring data submitted to the County on the first day of each month
202	WAP Data Collection	WAP monitoring completed in dry season (by June 1st) and WAP data sheets submitted to County within 30 days of completion
203	WY2025 Draft Report Preparation	Draft monitoring report will be submitted to County by April 1st for review and comments from County due June 1 st
204	WY2025 Final Report Submission	Final report submitted to District and County by July 1st

D. Schedule

Consultant will proceed with the services identified herein immediately upon receipt of an executed copy of this Consultant Services Authorization and a formal Notice-to-Proceed from the County. It is expected that these services will conclude in approximately twelve 12 months from the issuance of the Notice-to-Proceed, however, services will be provided until consumption of all available contract funds under this Consultant Services Authorization.

The projected schedule for the performance of services described herein, in Gantt Chart format, is included as Attachment A-1. An updated electronic version of the Project schedule in Microsoft Project will be provided to the County within 10 working days from the issuance of the Notice-to-Proceed. Delivery of the schedule may be in other electronic formats so long as they accurately portray the approved scope of services with sufficient detail subject to staff approval. Should additional time be required beyond the schedule depicted in Attachment A-1, The Consultant will provide an updated Attachment A-1 (schedule) to the Utilities and Procurement Divisions. Following staff approval, the updated Attachment A-1 will be forwarded by Utilities staff to Procurement staff for inclusion in the contract file with no further administration action required for extension.

E. Compensation

This Consultant Services Authorization establishes a not-to-exceed cost of **\$117,883.86**. Compensation for the services performed under this Consultant Services Authorization shall be on an hourly, not-to-exceed basis using the current hourly rate schedule as set forth in Master Consulting Agreement 24-011. Other direct costs or expenses incurred in connection with this Consultant Services Authorization will not be invoiced as these expenses have been accounted for in the rate multiplier associated with the Master Consulting Agreement referenced above. A summary of the estimated labor costs is provided in Attachment A-2 for reference only. Each invoice submittal shall include a tabular summary of the originally estimated labor costs by phase in accordance with Attachment A-2, fees invoiced to date, and the balance remaining per phase. The transfer of funds between defined phases is not permitted unless approved in advance in writing by the County Utilities Director. To request consideration for such a transfer, the Consultant must submit satisfactory written justification to transfer unused funds from phases with completed tasks or tasks clearly tracking under budget to phases with tasks requiring additional funding. In addition, the transfer of funds shall not exceed the total authorized fee for the Project.

The not-to-exceed cost for this Consultant Services Authorization includes contingency funds in the amount of \$ 4,000. The contingency funds authorized for use on this Consultant Services Authorization may only be expended upon written approval from the County's Utilities Director. The purpose of the contingency funds is to repair or replace any existing wetland monitoring equipment that malfunctions which prevents downloading water level data from NERUSA wetlands. Adequate justification must be provided by the Consultant for the release of contingency funds. Any out-of-scope services performed requiring the release of contingency funds will be considered at-risk and may not be compensated until, or if, written approval is granted by the County's Utilities Director.

The Consultant will minimally provide a consultant invoice summary with each invoice, based on a mutually agreed-upon breakdown of phases and tasks in Attachment A-2 that reflect the effort and deliverables submitted to the County. The summary will depict the overall phases, associated budgets, amounts invoiced to date, and balance remaining. Invoices for compensation submitted by the Consultant will include the reviewed and approved consultant invoice summary, updated Project schedule, notarized affidavits (as applicable), and the monthly status report.

Invoices for not-to-exceed projects shall be accompanied by time and task records for all billable hours appearing on the invoice. Additional documentation may be requested by the County and, if so requested, shall be furnished by the Consultant to the County Auditor's satisfaction. In addition, all invoices shall be submitted with the Consultant Services Authorization number, purchase order number, and the Polk County Utilities Project and Records Room numbers on the invoice.

F. County's Responsibilities

- County will provide continuous historical water level data from the 9 wetlands and 1 small lake that have been monitored since circa 2004 or when the monitoring began for each wetland monitored. This continuous data will be provided to the Consultant before February 1, 2026.
- Provide public water supply well pumpage data by March 1, 2026
- Provide comments on the draft monitoring report within 30 days of receipt and no later than June 1, 2026

- County will purchase the monitoring equipment needed to continue collecting water level data for the onsite wetlands within the NERUSA EMP. County will have this equipment shipped directly to Consultant for field deployment.

G. Services and Materials Not Included

- Well construction permits
- Well construction and well protector
- Work associated with use permits or Polk County Commission agenda process for use permits
- Optional Environmental Services for Additional Wetlands Monitoring
- Design or construction services
- Modeling services

H. Assumptions

- Consultant will perform all monitoring associated with NERUSA EMP (11 sites total).

The remainder of this page is intentionally left blank.

Attachment A-1 (Project Schedule)

[illegible]

Attachment A-2
Polk County Utilities CSA 24-011-09
 2025-2026 NERUSA Wetland Monitoring Budget (WY2025 Report)



Dewberry Staff

Phase/Task Task Description	Principal	Prov VIII	Professional VII	Professional VI	Professional V	Professional III	Professional IV	Professional I	CADD Tech II	Administrator II	Total Hours	Total
	\$ 340.49	\$ 316.12	\$ 269.04	\$ 256.82	\$ 190.72	\$ 146.35	\$ 172.34	\$ 110.00	\$ 102.34	\$ 102.88		
WETLAND MONITORING AND REPORTING	0	4	8	100	8	0	25	685	0	35	865	
Phase 100 Project Management												
Task 100 Project Management	0	3	4	30	0	0	0	10	0	35	82	\$ 14,429.92
Phase 200 Environmental Support Services												
Task 201 Wetland Monitoring (SW and GW)	0	0	0	0	5	0	0	600	0	0	605	\$ 66,953.60
Preparation of components for												
Task 202 Draft EMP Monitoring Report	0	0	2	30	2	0	25	30	0	0	89	\$ 16,232.62
Task 203 WAP Data Collection	0	0	0	20	1	0	0	45	0	0	66	\$ 10,277.12
Task 204 WY2025 Annual EMP Report	0	1	2	20	0	0	0	0	0	0	23	\$ 5,990.60
Total Labor Cost	\$ -	\$ 1,264.48	2,152.32	25682	1525.76	0.00	4308.50	75350		\$ 3,600.80		\$ 113,883.86
Contingency												\$4,000.00
Grand Total												\$ 117,883.86

EXHIBIT "B"
Dewberry Engineers Inc.
Labor and Overhead
Polk County, FL

Direct Labor		1.0000
Fringe Benefits		0.5051
Overhead/General/Administrative		1.0201
Direct Cost Adjustment		0.0500
<hr/>		
Subtotal		2.5752
Profit	15%	0.3863
<hr/>		
Total		2.9615

EXHIBIT B

Dewberry Rates

Labor Category	Low	High
Admin I	\$64.94	\$78.48
Admin II	\$102.88	\$124.34
CADD Tech I	\$80.30	\$97.04
CADD Tech II	\$102.34	\$123.68
Cadd Tech Mgr	\$127.98	\$154.67
Eng I	\$109.01	\$131.74
Eng II	\$126.57	\$152.98
Eng III	\$141.31	\$170.78
Eng IV	\$153.60	\$185.64
Eng V	\$194.72	\$235.33
Eng VI	\$220.31	\$266.27
Eng VII	\$253.93	\$306.90
Eng VIII	\$272.81	\$329.71
Eng IX	\$326.17	\$394.20
GIS II	\$98.08	\$118.54
GIS III	\$103.26	\$124.80
GIS IV	\$110.21	\$133.20
GIS V	\$140.70	\$170.04
GIS VI	\$187.85	\$227.03
GIS VII	\$267.93	\$323.81
Prof I	\$91.88	\$111.05
Prof II	\$116.21	\$140.46
Prof III	\$146.35	\$176.87
Prof IV	\$166.35	\$201.05
Prof V	\$190.72	\$230.50
Prof VI	\$223.33	\$269.92
Prof VII	\$239.99	\$290.05
Prof VIII	\$269.04	\$325.15
Principal	\$340.49	\$411.49

Business Confidential: This proposal includes data that shall not be disclosed outside the Government and shall not be duplicated, used, or disclosed --in whole or in part --for any purpose other than to evaluate this proposal. If, however, a contract is awarded to this offeror as a result of --or in connection with --the submission of this data, the Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting contract. This restriction does not limit the Government's right to use information contained in this data if it is obtained from another source without restriction.



Exhibit D

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/02/2025

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 MARSH USA, LLC. 1050 CONNECTICUT AVENUE, SUITE 700 WASHINGTON, DC 20036-5386	CONTACT NAME: Ashley Oliver	
	PHONE (A/C, No, Ext): 410 347 3631 FAX (A/C, No):	
	E-MAIL ADDRESS: Ashley.Oliver@marsh.com	
CN102736896-7/1-1.1a-25-26	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: The Charter Oak Fire Insurance Company	25615
	INSURER B: The Travelers Indemnity Company Of America	25658
	INSURER C: Travelers Property Casualty Co. Of America	25674
	INSURER D: Beazley Insurance Company, Inc.	37540
	INSURER E: N/A	N/A
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER: CLE-007306966-06	REVISION NUMBER: 19
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 EXCLUSION 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"/> CONTRACTUAL INS. COV. (INSURED CONTRACTS) GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	P-630-7792B312-COF-25	07/01/2025	07/01/2026	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	810-1N788974-25-43-G	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ COMP / COLL DED: \$ 1,000
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 type="checkbox"/> RETENTION \$	Y		CUP-4J583077-25-43	07/01/2025	07/01/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	<input checked="" type="checkbox"/> 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	Y	UB-6P972264-25-43-G	07/01/2025	07/01/2026	<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
D	PROFESSIONAL LIABILITY			V11B5E251601 RETRO. DATE: FULL PRIOR ACTS	07/01/2025	07/01/2026	PER CLAIM/AGGREGATE 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: 2025 WETLAND MONITORING & REPORTING FOR NERIJA AND USE PERMITS; CLIENT CONTRACT #24-011-09.

POLK COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA ARE INCLUDED AS ADDITIONAL INSURED WHERE REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO THE GENERAL LIABILITY, AUTO LIABILITY, AND UMBRELLA POLICIES. WAIVER OF SUBROGATION IS APPLICABLE WHERE REQUIRED BY WRITTEN CONTRACT WITH RESPECTS TO GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION.

CERTIFICATE HOLDER

Polk County, A political Subdivision of
The State of Florida
Attn: Eric Phillips
1011 Jim Keene Blvd
Winter Haven, FL 33880

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
of Marsh USA LLC

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AGENCY CUSTOMER ID: CN102736896

LOC #: Washington

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY MARSH USA, LLC.		NAMED INSURED DEWBERRY ENGINEERS INC. 1479 TOWN CENTER DRIVE, SUITE D214 LAKELAND, FL 33803-7974
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

AS RESPECTS THE PROFESSIONAL LIABILITY COVERAGE EVIDENCED ABOVE, IF THIS POLICY IS CANCELLED BY THE INSURER, OTHER THAN FOR NON-PAYMENT OF PREMIUM, THE INSURER WILL PROVIDE 30 DAYS WRITTEN NOTICE TO CERTIFICATE HOLDER. AS RESPECTS THE GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA LIABILITY, AND WORKERS' COMPENSATION COVERAGES EVIDENCED ABOVE, NOTICE OF CANCELLATION WILL BE PROVIDED BY THE INSURER(S) TO THE CERTIFICATE HOLDER PER THE ATTACHED AS REQUIRED BY WRITTEN CONTRACT.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VIRGINIA BLANKET CANCELLATION AND NONRENEWAL NOTICE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
AUTO DEALERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

In the event of cancellation or nonrenewal or material change that reduces or restricts the insurance afforded by this Coverage Part, we agree to mail prior written notice of cancellation or nonrenewal or material change to:

SCHEDULE

Any person or organization to whom you have agreed to under any contract or agreement that notice of cancellation or material limitation of this policy will be given, but only if:

1. You send us a written request to provide such notice, including the name and address of such person or organization, after the first Named Insured receives notice from us of the cancellation or nonrenewal or material change of this policy; and
2. We receive such written request at least 14 days before the beginning of the applicable number of days shown in this endorsement.

3. Number of days advance notice:

Cancellation for nonpayment of premium:		Days
Cancellation other than nonpayment of premium:	30	Days
Nonrenewal:		Days
Material change:		Days

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**DESIGNATED PERSON OR ORGANIZATION – NOTICE OF
CANCELLATION PROVIDED BY US**

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS INCLUDED IN THIS POLICY

SCHEDULE

CANCELLATION:

Number of Days Notice:

30

**PERSON OR
ORGANIZATION:**

ANY PERSON OR ORGANIZATION
(CONTINUED ON IL T8 06)

ADDRESS:

SEE IL T8 06

FAIRFAX
VA
22031

PROVISIONS

If we cancel this policy for any legally permitted reason other than nonpayment of premium, and a number of days is shown for Cancellation in the Schedule above, we will mail notice of cancellation to the person or organization shown in such Schedule. We will mail such notice to the address shown in the Schedule above at least the number of days shown for Cancellation in such Schedule before the effective date of cancellation.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED ENTITY - NOTICE OF CANCELLATION PROVIDED BY US
IL T4 05 05 19

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:
ALL COVERAGE PARTS INCLUDED IN THIS POLICY

CONTINUATION OF FORM IL T4 05, PERSON OR ORGANIZATION:

ANY PERSON OR ORGANIZATION TO WHOM YOU HAVE AGREED IN A WRITTEN CONTRACT THAT NOTICE OF CANCELLATION OF THIS POLICY WILL BE GIVEN, BUT ONLY IF:

1. YOU SEND US A WRITTEN REQUEST TO PROVIDE SUCH NOTICE, INCLUDING THE NAME AND ADDRESS OF SUCH PERSON OR ORGANIZATION, AFTER THE FIRST NAMED INSURED SHOWN IN THE DECLARATIONS RECEIVES NOTICE FROM US OF THE CANCELLATION OF THIS POLICY; AND
2. WE RECEIVE SUCH WRITTEN REQUEST AT LEAST 14 DAYS BEFORE THE BEGINNING OF THE APPLICABLE NUMBER OF DAYS SHOWN IN THIS SCHEDULE.

ADDRESS:

THE ADDRESS FOR THAT PERSON OR ORGANIZATION INCLUDED IN SUCH WRITTEN REQUEST FROM YOU TO US.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED PERSON OR ORGANIZATION – NOTICE OF CANCELLATION PROVIDED BY US

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS INCLUDED IN THIS POLICY

SCHEDULE

CANCELLATION:

Number of Days Notice:

30

PERSON OR ORGANIZATION:

ANY PERSON OR ORGANIZATION TO WHOM YOU HAVE AGREED IN A WRITTEN CONTRACT THAT NOTICE OF CANCELLATION OF THIS POLICY WILL BE GIVEN, BUT ONLY IF:

1. YOU SEND US A WRITTEN REQUEST TO PROVIDE SUCH NOTICE, INCLUDING THE NAME AND ADDRESS OF SUCH PERSON OR ORGANIZATION, AFTER THE FIRST NAMED INSURED RECEIVES NOTICE FROM US OF THE CANCELLATION OF THIS POLICY, AND
2. WE RECEIVE SUCH WRITTEN REQUEST AT LEAST 14 DAYS BEFORE THE BEGINNING OF THE APPLICABLE NUMBER OF DAYS SHOWN IN THIS SCHEDULE.

ADDRESS:

THE ADDRESS FOR THAT PERSON OR ORGANIZATION INCLUDED IN SUCH WRITTEN REQUEST FROM YOU TO US.

PROVISIONS

If we cancel this policy for any legally permitted reason other than nonpayment of premium, and a number of days is shown for Cancellation in the Schedule above, we will mail notice of cancellation to the person or organization shown in such Schedule. We will mail such notice to the address shown in the Schedule above at least the number of days shown for Cancellation in such Schedule before the effective date of cancellation.

POLICY NUMBER: UB-6P972264-25-43-G

NOTICE OF CANCELLATION OR NONRENEWAL TO DESIGNATED PERSONS OR ORGANIZATIONS

The following is added to **PART SIX – CONDITIONS** :

Notice Of Cancellation Or Nonrenewal To Designated Persons Or Organizations

If we cancel or non-renew this policy for any reason other than non-payment of premium by you, we will provide notice of such cancellation or non-renewal to each person or organization designated in the Schedule below. We will mail or deliver such notice to each person or organization at its listed address at least the number of days shown for that person or organization before the cancellation or nonrenewal is to take effect.

You are responsible for providing us with the information necessary to accurately complete the Schedule below. If we cannot mail or deliver a notice of cancellation or nonrenewal to a designated person or organization because the name or address of such designated person or organization provided to us is not accurate or complete, we have no responsibility to mail, deliver or otherwise notify such designated person or organization of the cancellation or nonrenewal.

SCHEDULE

Name and Address of Designated Persons or Organizations:	Number of Days Notice:
ANY PERSON OR ORGANIZATION WITH WHOM YOU HAVE AGREED IN A WRITTEN CONTRACT THAT NOTICE OF CANCELLATION OR NON RENEWAL OF THIS POLICY WILL BE GIVEN, BUT ONLY IF:	30

1. YOU SEE TO IT THAT WE RECEIVE A WRITTEN REQUEST TO PROVIDE SUCH NOTICE, INCLUDING THE NAME AND ADDRESS OF SUCH PERSON OR ORGANIZATION, AFTER THE FIRST NAMED INSURED RECEIVES NOTICE FROM US OF THE CANCELLATION OR NON RENEWAL OF THIS POLICY; AND
2. WE RECEIVE SUCH WRITTEN REQUEST AT LEAST 14 DAYS BEFORE THE BEGINNING OF THE APPLICABLE NUMBER OF DAYS SHOWN IN THIS ENDORSEMENT.

ADDRESS:
THE ADDRESS FOR THAT PERSON OR ORGANIZATION INCLUDED IN SUCH WRITTEN REQUEST FROM YOU TO US.

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

DATE OF ISSUE: 06-06-25 ST ASSIGN:

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NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK INSURANCE LAW AND REGULATIONS. HOWEVER, THE FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.

Effective date of this Endorsement: 01-Jul-2025

This Endorsement is attached to and forms a part of Policy Number: V11B5E251601

Beazley Insurance Company, Inc. referred to in this endorsement as either the "Insurer" or the "Underwriters"

DEWBERRY NOTICE OF CANCELLATION TO CERTIFICATE HOLDER

This endorsement modifies insurance provided under the following:

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE POLICY

In consideration of the premium charged for the Policy, it is hereby understood and agreed that in addition to the provisions of the Cancellation section of the Conditions, if this policy is cancelled by us, other than for non-payment of premium, we will provide 30 days written notice to the following party(ies):

As per list to be provided by the Named Insured or its Broker of Record.

All other terms and conditions of this Policy remain unchanged.


Authorized Representative