

*BACKUP
DOCUMENTS*

POLK COUNTY

February 17, 2026 Board of County Commissioners Regular Meeting
Agenda Item #

SUBJECT

Approve Consultant Services Authorization 2024-011-10 with Dewberry Engineers, Inc. for the Northeast Regional Utility Service Area (NERUSA) Alternative Water Supply (AWS) Receiving Facility Project (\$898,223.15 not to exceed one-time expense)

DESCRIPTION

The Polk Regional Water Cooperative (PRWC) is developing sustainable and drought resistant AWS projects for participating member communities. The County's Northeast Regional Utility Service Area (NERUSA) will receive AWS finished water from the PRWC's Southeast Wellfield Project as a base load through a regional transmission system. The proposed NERUSA AWS Receiving Facility will receive the finished water and incorporate it into the NERUSA water distribution system. The Project includes a meter/control valve station, ground storage reservoir, chemical feed facilities, a high service pump station, electrical/SCADA systems, and related site improvements. Additionally, a new public supply well is included to replace the existing public supply wells at the Edgehill Water Production Facility. The site will be accessed from Holly Hill Road via an existing 30-foot right-of-way.

The County has requested that the Consultant provide project management, final design, permitting, bid phase and construction phase services for the AWS Receiving Facility.

RECOMMENDATION

Request Board approve Consultant Services Authorization 2024-011-10 with Dewberry Engineers, Inc. for the Northeast Regional Utility Service Area (NERUSA) Alternative Water Supply (AWS) Receiving Facility Project at a total cost not to exceed \$898,223.15.

FISCAL IMPACT

Funding is available in the Utilities Division's Community Investment Projects Program Budget.

CONTACT INFORMATION

Hunter Johnson
Utilities Division
CIP Projects Manager
(863) 344-9959

COPY

Project Checklist

- Project Name: CSA 2024-011-10 with Dewberry Engineers, Inc. for the Northeast Regional Utility Service Area – AWS Receiving Facility Project
- Project Location: Northeast Regional Utility Area
- Source of Funds: Funding is available in 42011.680536150.5666000.6852005 (NERUSA AWS Receiving Facility)
- Project Cost Summary: \$898,223.15
- Certifications: This request has been reviewed by:



Hunter Johnson, PE
Utilities CIP Projects Manager



James Tully, PE, PG
Utilities CIP Program Manager



Charles Richards
Utilities Customer Service and Finance Manager



Tamara Richardson, PE
Utilities Division Director

REQUEST FOR LEGAL SERVICES

COPY

To: County Attorney's Office- Attention : Tom Norsworthy

From: Tamara Richardson, P.E. Utilities Director

Division: Utilities

Prepared by: Emily Perez **Phone Number:** 863-298-4142

Date: January 8th, 2026

Subject: Approve Consultant Services Authorization 2024-011-10 with Dewberry Engineers, Inc. for the Northeast Regional Utility Service Area (NERUSA) Alternative Water Supply (AWS) Receiving Facility Project (\$898,223.15 not to exceed one-time expense)

BACKGROUND:

The Polk Regional Water Cooperative (PRWC) is developing sustainable and drought resistant AWS projects for participating member communities. The County's Northeast Regional Utility Service Area (NERUSA) will receive AWS finished water from the PRWC's Southeast Wellfield Project as a base load through a regional transmission system. The proposed NERUSA AWS Receiving Facility will receive the finished water and incorporate it into the NERUSA water distribution system. The Project includes a meter/control valve station, ground storage reservoir, chemical feed facilities, a high service pump station, electrical/SCADA systems, and related site improvements. Additionally, a new public supply well is included to replace the existing public supply wells at the Edgehill Water Production Facility. The site will be accessed from Holly Hill Road via an existing 30-foot right-of-way.

The County has requested that the Consultant provide project management, final design, permitting, bid phase and construction phase services for the AWS Receiving Facility.

REQUESTED ACTION:

Request Board approve Consultant Services Authorization 2024-011-10 with Dewberry Engineers, Inc. for the Northeast Regional Utility Service Area (NERUSA) Alternative Water Supply (AWS) Receiving Facility Project at a total cost not to exceed \$898,223.15.

Need response no later than **Thursday** **1** **22** **2026**
(day of month) (month) (day) (Year)

APPROVED BY

Tom Norsworthy

For County Attorney office use only:

Date

Signature

Assign to: Tom

Date 1/15/26

County Attorney Project No: 26-31

Logged out: 1/20/26

COPY

Utilities Division -Signature Request/Routing Request

**PLEASE REVIEW AND APPROVE THE ENCLOSED DOCUMENTS AND
FORWARD AS NOTED BELOW**

Board Agenda Track

This item is slated for the (Month) 2 (Day) 17 (Year) 2026 Bocc Meeting

PROJECT TITLE: Approve Consultant Services Authorization 2024-011-10 with Dewberry Engineers, Inc. for the Northeast Regional Utility Service Area (NERUSA) Alternative Water Supply (AWS) Receiving Facility Project (\$898,223.15 not to exceed one-time expense)

PROJECT MANAGER: Hunter Johnson

Number of original documents enclosed: 2

MUST BE RETURNED BY : 1/22/2026

- **PROCUREMENT** / Brad Howard: All originals with support are attached for your review and approval. **BRAD: Please forward this package to the County Attorney offices Attention Lisa Conran after signature.**
- **COUNTY ATTORNEY**/Thomas Norsworthy: All originals with support are attached for your review and approval. **LISA: Please forward this package to the Deputy County Manager offices, Atten: Mercades Johnson, after signature.**
- **DEPUTY CO. MGR.** / John Bhode: All originals with support are attached for your review and approval. **MERCADES: Please return this entire package back to Charles Richards in the Utilities Division after signature.**

Please email me a quick message to let me know when this package has left your offices to the next party – THANKS!

ATTEN: Emily Perez, Mail Drawer UT01 (Phone: 863-298-4142)

COPY

CONSULTANT APPROVAL FORM

CPO: If Consultant fee is under \$50,000 & construction is under \$250,000

CSA: If Construction is under \$7,500,000;

OR for study activity if consultant fee is under \$500,000- (FS 287.055 CCNA)

CPO/CSA #: 2024-011-10 (Assigned by Procurement)

To be completed by the requesting Division:

Date: 12/30/2025 Division: Utilities

Project Manager's Name: Hunter Johnson Phone #: (863) 344-9959

Project Name: NERUSA Alternative Water Supply (AWS) Receiving Facility

Total Project Budget: \$9,103,978.84 Project: 6852005

Estimate of Construction Cost: \$7,250,000.00

Proposed Consultant: Dewberry Engineers, Inc. Fee: \$898,223.15

Master Consultant Agreement #2024-011

Attach Scope of Services Proposed by the Consultant (Exhibit "A")

Approved By: Tamara Richardson Date 1-8-24
Division Director/Designee

Procurement Division

Date Received: 1/14/24 Date Reviewed by Analyst: _____

Approved by: Michele Sims
(Procurement Director/Designee)

County Attorney's Office (Required for all CSA's)

Date Received: _____ Date Reviewed: 1/14/24

Approved by: Alan Naulty
(County Attorney Office Signature)

County Manager's Office (Required if consultant fee is greater than \$100,000)

Date Received: 1/21/2024 Date Reviewed: 1/21/2024

Approved by: Willie D. Pennington
(County Manager Office Signature)

Additional Attachments: number of days to complete project, not to exceed/lump sum amount, justification for consultant selected, fee schedule, and Professional Liability COI (COI applicable to CSA only, description field must be project specific (contract requirement)).



CERTIFICATE OF LIABILITY INSURANCE

Exhibit D

DATE (MM/DD/YYYY)
12/24/2025

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 E-MAIL ADDRESS: Ashley.Oliver@marsh.com FAX (A/C, No):	
CN102736896-7/1-1.1a-25-26 GAWU		INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED DEWBERRY ENGINEERS INC. 1479 TOWN CENTER DRIVE, SUITE D214 LAKELAND, FL 33803-7974		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-007440979-01 **REVISION NUMBER:** 1

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"/> 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 DED RETENTION \$	Y	Y	CUP-4J583077-25-43	07/01/2025	07/01/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	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	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: NORTHEAST REGIONAL UTILITY SERVICE AREA ALTERNATIVE WATER SUPPLY RECEIVING FACILITY; CLIENT CONTRACT #2024-011-10.

POLK COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA IS/ARE INCLUDED AS ADDITIONAL INSURED WHERE REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO THE GENERAL LIABILITY, AUTO LIABILITY, AND UMBRELLA POLICIES. THE GENERAL AND AUTO LIABILITY INSURANCE IS PRIMARY AND NON-CONTRIBUTORY OVER ANY EXISTING INSURANCE AND LIMITED TO LIABILITY ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED AND WHERE REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION IS APPLICABLE WHERE REQUIRED BY WRITTEN CONTRACT. CONTINUED ON ACORD 101

CERTIFICATE HOLDER POLK COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA 330 WEST CHURCH STREET MC#AS05 BARTOW, FL 33830	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 

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		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

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

CONTINUED FROM DESCRIPTION OF OPERATIONS:

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. 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.

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.

POLICY NUMBER: P-630-7792B312-COF-25

ISSUE DATE: 06-06-25

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.

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

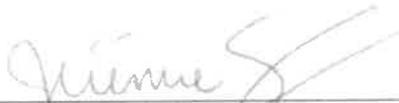
This endorsement modifies insurance provided under the following:

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

POLICY NUMBER: P-630-7792B312-COF-25

COMMERCIAL GENERAL LIABILITY
ISSUE DATE: 06-06-25

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
ELECTRONIC DATA LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

Name Of Person(s) Or Organization(s):

ANY PERSON OR ORGANIZATION FOR WHICH THE INSURED HAS AGREED BY WRITTEN CONTRACT TO WAIVE YOUR RIGHT OF RECOVERY BUT ONLY FOR PAYMENTS WE MAKE BECAUSE OF "BODILY INJURY" OR "PROPERTY DAMAGE" THAT OCCURS; OR "PERSONAL INJURY" OR "ADVERTISING INJURY" CAUSED BY AN OFFENSE COMMITTED; AFTER YOU HAVE EXECUTED THAT CONTRACT AGREEMENT.

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

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage

Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

TRAVELERS 

ONE TOWER SQUARE
HARTFORD CT 06183

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 00 03 13 (00) -

POLICY NUMBER: 0B-6P972264-25-43-G

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

SCHEDULE

DESIGNATED PERSON:

DESIGNATED ORGANIZATION:

**ANY PERSON OR ORGANIZATION FOR WHICH THE INSURED HAS AGREED
BY WRITTEN CONTRACT EXECUTED PRIOR TO LOSS TO FURNISH THIS
WAIVER.**

Any person or organization for which the employer has agreed by written contract, executed prior to loss, may execute a waiver of subrogation. However, for purposes of work performed by the employer in Missouri, this waiver of subrogation does not apply to any construction group of classifications as designated by the waiver of right to recover from others (subrogation) rule in our manual.

DATE OF ISSUE: 06-19-25

ST ASSIGN:

PAGE 1 OF 1

Perez, Emily

From: St. Jean, Mitch
Sent: Thursday, January 8, 2026 2:06 PM
To: Perez, Emily
Subject: Re: CSA 2024-011-10 - NERUSA AWS - Dewberry adequate insurance information

Hey Emily,

Yes, the certificate of insurance provided is in accordance with our requirements.

Thanks,

Mitch St. Jean, CWCL
Safety & Claims Administrator
Polk County Board of County Commissioners
Risk Management Division
P. O. Box 9005, Drawer AS06
Bartow, FL 33831
Ph: 863-534-5268
Fax: 863-519-4726
mitchstjean@polkfl.gov

From: Perez, Emily <EmilyPerez@polkfl.gov>
Sent: Thursday, January 8, 2026 12:06 PM
To: St. Jean, Mitch <mitchstjean@polkfl.gov>
Subject: CSA 2024-011-10 - NERUSA AWS - Dewberry adequate insurance information

Dear Mitch, please see attached certificate of insurance for the attached agreement. Please review the certificate of insurance and advise if it meets county requirements 🙏 Thank you.

Emily Perez
Administrative Specialist
Polk County Utilities
1011 Jim Keene Blvd.
Winter Haven, FL 33880
(863) 298-4142