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 #: 17-056-02 (mod 4) (Assigned by Procurement)

To be completed by the requesting Division:

Date: 5/5/26 Division: Roads and Drainage

Project Manager's Name: Coner Updike Phone #: 863-535-2323

Project Name: Chestnut Road Sidewalk Post Design Services

Total Project Budget: $ 3.0M Project # 5400012

Estimate of Construction Cost: $ 2.6M

Proposed Consultant: NV5, Inc. Fee: $ 40,073.82

Master Consultant Agreement # 17-056

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

Approved By: _____ Date 5/19/26
Division Director/Designee

Procurement Division

Date Received: 5/21/26 Date Reviewed by Analyst: 5/22/26

Approved by: _____
(Procurement Director/Designee)

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

Date Received: 5/27/26 Date Reviewed: 5/29/26

Approved by: _____
(County Attorney Office Signature)

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

Date Received: _____ Date Reviewed: 6/2/26

Approved by: _____
(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)).

Revised: 6/28/24(KB)

Consultant Services Authorization-Modification

Firm Name:	NV5, Inc.
Master Agreement No.:	17-56
CSA No.:	17-56-02
CSA Modification No.:	4
Project Name:	Chestnut Road Sidewalk Post Design Services
Project Description:	Provide post design services for the Construction of both Phase 2 and Phase 3
Project Exhibit Attachment	Exhibit "A"- Modified Scope of Services
Original # of days to complete project	Through construction
# of days increased by previous modification (if applicable)	0
Additional # of days for this Modification	0
Revised total # of days to complete project	0
Original Compensation	$97,092.10
Net change by previous modifications	311,095.50
Compensation increase/decrease this Modification	$40,073.82 (Lump Sum)
Revised total compensation	$448,261.42
Budget Source/Availability	14971.540152101.5666000.5400012

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

Attest:

STACY M. BUTTERFIELD

By: _____

Deputy Clerk

Date Approved by County: _____

POLK COUNTY, a political subdivision of the State of Florida

By: _____

_____, County Manager

Review as to form and legal sufficiency

5/29/26

County Attorney's Office Date

_NV5, Inc.

CONSULTANT COMPANY NAME

Attest:

5/14/26

Corporate Secretary

Authorized Corporate Officer

_Levis C. Koloko, PE, Vice President

[Printed Name and Title] Date 05/12/2026

SEAL

7.27.20(MS)

EXHIBIT A
SCOPE OF SERVICES
CHESTNUT ROAD SIDEWALK
CSA #17-056-02 MODIFICATION #4

I. DESCRIPTION

Chestnut Road Sidewalk improvement project was divided into 3 Construction Phases (see Exhibit C); Phase No.1 construction is completed; Phase No.2 and Phase No.3 are under construction.

Modification #4 to Consultant Services Authorization (CSA) #17-056-02 is required to perform the following additional services for design and construction:

- Post Design Services

II. SERVICES

A. Post Design Services

1. Assistance for Construction Phase No. 2 and Phase No. 3 – The Consultant will provide representation throughout the construction phase of the project to review and approve shop drawings submitted by the contractor, provide interpretation of the intended design and guidance for solving situations that arise as a result of unanticipated field conditions. Consultant shall not provide on-site inspection services nor prepare as-built or record drawings. Consultant shall coordinate the submittal of any needed certifications to permitting agencies from information provided by the Contractor.

III. DELIVERABLES

TO BE DETERMINED

IV. ASSUMPTIONS (N/A)

V. CLIENT-FURNISHED INFORMATION AND SERVICES

It is understood that the Consultant will perform services in close coordination and consultation with the County. The County shall provide the Consultant with certain project-related services and technical data:

A. The County will provide a Project Manager in charge of contract administration and management services for all County work associated with the design and to serve as liaison with the Consultant's Project Manager.

B. The County will issue the written Notice to Proceed (NTP) to the Consultant.

The Consultant may reasonably rely upon the accuracy and completeness of County-furnished information in connection with the performance of services under this agreement.

VI. PROJECT SCHEDULE

TO BE DETERMINED.

The Consultant shall assist the County for the duration of Phase 2 and Phase 3 Constructions.

VII. COMPENSATION

The Consultant will perform the above Scope of Services on a Lump Sum basis for a total of $40,073.82. In the event the Scope of Services requires modifications at the request of the County, or unforeseen circumstances require additional work, an amendment may be prepared to make necessary adjustments. The Consultant shall submit invoices not more than monthly.

The work and deliverables identified shall be timely delivered within contract amount. Failure to complete the scope of work within time and budget each constitute a breach of contract. Under no circumstances will the County pay additional monies for the accomplishment of the identified work. The County will consider an amendment to the Authorization in the event circumstances beyond the control of the Consultant delay the tender of deliverables. Additional money for additional work may be provided by a Board of County Commissioners approved amendment of the AUTHORIZATION. Work done in excess of the current Authorization amount will not be compensated.

EXHIBIT B
FEE SCHEDULE
CHESTNUT ROAD SIDEWALK POST DESIGN MODIFICATION #4

Due to the amount of time that has elaspsed since rates were set for the original 17-056 agreement in 2017 and in agreement with the Roads & Drainage Division and Polk County Procurement Office, services for Modification No. 4 will be billed out for a lump sum amount of $40,073.82.

EXHIBIT C
PROJECT LIMITS
CHESTNUT ROAD SIDEWALK POST DESIGN MODIFICATION #4

Fran McAskill
Director
Procurement Division

330 West Church Street
P.O. Box 9005, Drawer AS05
Bartow, Florida 33831-9005
Phone: (863) 534-6757
Fax: (863) 534-6789
www.polk-county.net

EXHIBIT C

Board of County Commissioners

REIMBURSABLE COST SCHEDULE

1. Reproduction Cost

	Single Side	Double Sided
A. Regular Copying		
8 ½ x 11 (black & white)	$ 0.15/page	$ 0.25/sheet
8 ½ x 11 (color)	$ 0.30/page	$ 0.40/sheet
8 ½ x 14 (black & white)	$ 0.15/page	$ 0.25/sheet
8 ½ x 14 (color)	$ 0.30/page	$..0.40/sheet
11 x 17 (black & white)	$ 0.25/page	$ 0.35/sheet
11 x 17 (color)	$ 0.40/page	$ 0.50/sheet
9 ½ x 24 Single Side Only	$ 1.00/page	
17 x 22 Single Side Only	$ 2.00/page	
18 x 24 Single Side Only	$ 2.00/page	
24 x 36 Single Side Only	$ 3.00/page	
30 x 30 Single Side Only	$ 5.00/page	
32 x 34 Single Side Only	$ 5.00/page	
Other sizes-per square inch	$ 0.03/page	
Compact Digital Disk	$ 6.00/disk	
B. Blueprint Copy		$10.00/page

2. Subcontractor Services — Actual Costs

3. Special Consultants — Actual costs

4. Telecommunications
   A. Local — Non-reimbursable
   B. Non-Local — Actual Costs

5. Computer Services — Non-reimbursable

6. Travel Expenses — In accordance with Chapter 112.061, F.S.; and further defined in the Polk County Employee Handbook.

7. Postage, Fed Express, UPS — Actual Costs

8. Pre-approved Equipment (includes purchase and rental of equipment used in project) — Actual Costs

CERTIFICATE OF LIABILITY INSURANCE

6/1/2026

DATE (MM/DD/YYYY): 5/11/2026

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	Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 3280 Peachtree Rd. NE, Ste. 1000 Atlanta GA 30305 (404) 460-3600
CONTACT NAME:	Lockton Technical Services
PHONE (A/C, No, Ext):	(404) 460-3600 **FAX (A/C, No):**
E-MAIL ADDRESS:	NV5Certs@lockton.com
INSURED 1491108	NV5, Inc. 6200 Lee Vista Blvd STE 400 Orlando FL 32822

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hartford Fire Insurance Company	19682
INSURER B : Navigators Specialty Insurance Company	36056
INSURER C : Everest Indemnity Insurance Company	10851
INSURER D : National Fire and Marine Insurance Co	20079
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 17537965 **REVISION NUMBER:** XXXXXXX

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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [X] PRO-JECT [X] LOC OTHER:	Y	Y	21 CSE S88600	5/1/2025	7/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 2,000,000 $ 300,000 $ 15,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO X OWNED AUTOS ONLY [X] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	Y	Y	21 CSE S88601	5/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 2,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX
B	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB CLAIMS-MADE DED [X] RETENTION $ $0	Y	Y	GA25UMRZ0HBL9IC	5/1/2025	7/1/2026	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $ XXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] N/A If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	22 WB BR9RZL	5/1/2025	7/1/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C D A	Excess Liab Prof/Poll Liab Bus Per Prop	N	N	XC9EX00437-251 42-EPP-321328-04 22UUNBL5R2L	5/1/2025 5/1/2025 5/1/2025	7/1/2026 6/1/2026 7/1/2026	Ea Claim/Agg $10M/$10M Ea Claim/Agg $10M/$20M Limit $23,515,383	

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

THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.

Re: CSA #17-56-02 - Chestnut Road Sidewalk Post Design. Polk County, A Political Subdivision of the State of Florida is Additional Insured on General Liability, Auto Liability and Umbrella Liability, if required by written contract. Waiver of Subrogation applies in favor of additional insured as required by written contract as respect to General Liability, Auto Liability, Umbrella Liability and Workers Compensation, subject to terms, conditions and exclusions where applicable by state law. Umbrella Liability coverage follows form.

CERTIFICATE HOLDER

17537965
Polk County, A Political Subdivision
of the State of Florida
330 West Church Street
Room 150, Procurement Division
Bartow, FL 33831

CANCELLATION See Attachments

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

NV5 Global Workers Compensation Insurer by State

Alaska - Twin City Fire Insurance Company

Alabama - Twin City Fire Insurance Company

Arkansas - Twin City Fire Insurance Company

Arizona - Twin City Fire Insurance Company

California - Sentinel Insurance Company

Colorado - Twin City Fire Insurance Company

Connecticut - Twin City Fire Insurance Company

District of Columbia - Twin City Fire Insurance Company

Delaware - Twin City Fire Insurance Company

Florida - Twin City Fire Insurance Company

Georgia - Property & Casualty Insurance Company of Hartford

Hawaii - Hartford Underwriters Insurance Company

Iowa - Twin City Fire Insurance Company

Idaho - Twin City Fire Insurance Company

Illinois - Twin City Fire Insurance Company

Indiana - Twin City Fire Insurance Company

Kansas - Twin City Fire Insurance Company

Kentucky - Twin City Fire Insurance Company

Louisiana - Twin City Fire Insurance Company

Massachusetts - Sentinel Insurance Company

Maryland - Twin City Fire Insurance Company

Maine - Twin City Fire Insurance Company

Michigan - Twin City Fire Insurance Company

Minnesota - Nutmeg Insurance Company

Missouri - Hartford Underwriters Insurance Company

Mississippi - Twin City Fire Insurance Company

Montana - Twin City Fire Insurance Company

North Carolina - Hartford Insurance Company of the Southeast

North Dakota - Twin City Fire Insurance Company

Nebraska - Twin City Fire Insurance Company

New Hampshire - Twin City Fire Insurance Company

New Jersey - Hartford Underwriters Insurance Company

New Mexico - Hartford Insurance Company of the Southeast

Nevada - Twin City Fire Insurance Company

New York - Hartford Accident and Indemnity Insurance Company

Ohio - Twin City Fire Insurance Company

Oklahoma - Twin City Fire Insurance Company

Oregon - Twin City Fire Insurance Company

Pennsylvania - Twin City Fire Insurance Company

Rhode Island - Twin City Fire Insurance Company

South Carolina - Twin City Fire Insurance Company

Tennessee - Twin City Fire Insurance Company

Texas - Hartford Underwriters Insurance Company

Utah - Twin City Fire Insurance Company

Virginia - Twin City Fire Insurance Company

Vermont - Twin City Fire Insurance Company

Washington - Twin City Fire Insurance Company

Wisconsin - Hartford Casualty Insurance Company

West Virginia - Twin City Fire Insurance Company

Wyoming - Twin City Fire Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

To the extent that the provisions of this endorsement provide broader benefits to the "insured" than other provisions of the Coverage Form, the provisions of this endorsement apply.

1. BROAD FORM INSURED

A. Subsidiaries and Newly Acquired or Formed Organizations

The Named Insured shown in the Declarations is amended to include:

(1) Any legal business entity other than a partnership or joint venture, formed as a subsidiary in which you have an ownership interest of more than 50% on the effective date of the Coverage Form. However, the Named Insured does not include any subsidiary that is an "insured" under any other automobile policy or would be an "insured" under such a policy but for its termination or the exhaustion of its Limit of Insurance.

(2) Any organization that is acquired or formed by you and over which you maintain majority ownership. However, the Named Insured does not include any newly formed or acquired organization:

(a) That is a partnership or joint venture,

(b) That is an "insured" under any other policy,

(c) That has exhausted its Limit of Insurance under any other policy, or

(d) 180 days or more after its acquisition or formation by you, unless you have given us notice of the acquisition or formation.

Coverage does not apply to "bodily injury" or "property damage" that results from an "accident" that occurred before you formed or acquired the organization.

B. Employees as Insureds

Paragraph A.1. - WHO IS AN INSURED - of SECTION II - LIABILITY COVERAGE is amended to add:

d. Any "employee" of yours while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

C. Lessors as Insureds

Paragraph A.1. - WHO IS AN INSURED - of Section II - Liability Coverage is amended to add:

e. The lessor of a covered "auto" while the "auto" is leased to you under a written agreement if:

(1) The agreement requires you to provide direct primary insurance for the lessor and

(2) The "auto" is leased without a driver.

Such a leased "auto" will be considered a covered "auto" you own and not a covered "auto" you hire.

D. Additional Insured if Required by Contract

(1) Paragraph A.1. - WHO IS AN INSURED - of Section II - Liability Coverage is amended to add:

f. When you have agreed, in a written contract or written agreement, that a person or organization be added as an additional insured on your business auto policy, such person or organization is an "insured", but only to the extent such person or organization is liable for "bodily injury" or "property damage" caused by the conduct of an "insured" under paragraphs a. or b. of Who Is An Insured with regard to the ownership, maintenance or use of a covered "auto."

The insurance afforded to any such additional insured applies only if the "bodily injury" or "property damage" occurs:

(1) During the policy period, and

(2) Subsequent to the execution of such written contract, and

(3) Prior to the expiration of the period of time that the written contract requires such insurance be provided to the additional insured.

(2) How Limits Apply

If you have agreed in a written contract or written agreement that another person or organization be added as an additional insured on your policy, the most we will pay on behalf of such additional insured is the lesser of:

(a) The limits of insurance specified in the written contract or written agreement; or

(b) The Limits of Insurance shown in the Declarations.

Such amount shall be a part of and not in addition to Limits of Insurance shown in the Declarations and described in this Section.

(3) Additional Insureds Other Insurance

If we cover a claim or "suit" under this Coverage Part that may also be covered by other insurance available to an additional insured, such additional insured must submit such claim or "suit" to the other insurer for defense and indemnity.

However, this provision does not apply to the extent that you have agreed in a written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance.

(4) Duties in The Event Of Accident, Claim, Suit or Loss

If you have agreed in a written contract or written agreement that another person or organization be added as an additional insured on your policy, the "employee"
additional insured shall be required to CONDITIONS 2. - DUTIES IN THE EVENT OF ACCIDENT, CLAIM , SUIT OR LOSS – OF SECTION IV – BUSINESS AUTO CONDITIONS, in the same manner as the Named Insured.

E. Primary and Non-Contributory if Required by Contract

Only with respect to insurance provided to an additional insured in 1.D. - Additional Insured If Required by Contract, the following provisions apply:

(3) Primary Insurance When Required By Contract

This insurance is primary if you have agreed in a written contract or written agreement that this insurance be primary. If other insurance is also primary, we will share with all that other insurance by the method described in Other Insurance 5.d.

(4) Primary And Non-Contributory To Other Insurance When Required By Contract

If you have agreed in a written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance, this insurance is primary and we will not seek contribution from that other insurance.

Paragraphs **(3)** and **(4)** do not apply to other insurance to which the additional insured has been added as an additional insured.

When this insurance is excess, we will have no duty to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

(1) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and

(2) The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, by the method described in Other Insurance 5.d.

2. AUTOS RENTED BY EMPLOYEES

Any "auto" hired or rented by your

on your behalf and at your direction will be

The OTHER INSURANCE Condition is amended by adding the following:

If an "employee's" personal insurance also applies on an excess basis to a covered "auto" hired or rented by your "employee" on your behalf and at your direction, this insurance will be primary to the "employee's" personal insurance.

3. **AMENDED FELLOW EMPLOYEE EXCLUSION**

EXCLUSION 5. - FELLOW EMPLOYEE - of SECTION II - LIABILITY COVERAGE does not apply if you have workers' compensation insurance in-force covering all of your "employees".

Coverage is excess over any other collectible insurance.

4. **HIRED AUTO PHYSICAL DAMAGE COVERAGE**

If hired "autos" are covered "autos" for Liability Coverage and if Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form for any "auto" you own, then the Physical Damage Coverages provided are extended to "autos" you hire or borrow, subject to the following limit.

The most we will pay for "loss" to any hired "auto" is:

(1) $100,000;

(2) The actual cash value of the damaged or stolen property at the time of the "loss"; or

(3) The cost of repairing or replacing the damaged or stolen property,

whichever is smallest, minus a deductible. The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage. No deductible applies to "loss" caused by fire or lightning. Hired Auto Physical coverage is excess over any other collectible insurance. Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.

We will also cover loss of use of the hired "auto" if it results from an "accident", you are legally liable and the lessor incurs an actual financial loss, subject to a maximum of $1000 per "accident".

This extension of coverage does not apply to any "auto" you hire or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company), or members of their households.

5. **PHYSICAL DAMAGE - ADDITIONAL TEMPORARY TRANSPORTATION EXPENSE COVERAGE**

Paragraph A.4.a. of SECTION III - PHYSICAL DAMAGE COVERAGE is amended to provide a limit of $50 per day and a maximum limit of $1,000.

6. **LOAN/LEASE GAP COVERAGE**

Under SECTION III - PHYSICAL DAMAGE COVERAGE, in the event of a total "loss" to a covered "auto", we will pay your additional legal obligation for any difference between the actual cash value of the "auto" at the time of the "loss" and the "outstanding balance" of the loan/lease.

"Outstanding balance" means the amount you owe on the loan/lease at the time of "loss" less any amounts representing taxes; overdue payments; penalties, interest or charges resulting from overdue payments; additional mileage charges; excess wear and tear charges; lease termination fees; security deposits not returned by the lessor; costs for extended warranties, credit life Insurance, health, accident or disability insurance purchased with the loan or lease; and carry-over balances from previous loans or leases.

7. **AIRBAG COVERAGE**

Under Paragraph B. EXCLUSIONS - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

The exclusion relating to mechanical breakdown does not apply to the accidental discharge of an airbag.

8. **ELECTRONIC EQUIPMENT - BROADENED COVERAGE**

a. The exceptions to Paragraphs B.4 - EXCLUSIONS - of SECTION III - PHYSICAL DAMAGE COVERAGE are replaced by the following:

Exclusions **4.c.** and **4.d.** do not apply to equipment designed to be operated solely by use of the power from the "auto's" electrical system that, at the time of "loss", is:

(1) Permanently installed in or upon the covered "auto";

(2) Removable from a housing unit which is permanently installed in or upon the covered "auto";

(3) An integral part of the same unit housing any electronic equipment described in Paragraphs (1) and (2) above; or

(4) Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system.

b. Section III – Version CA 00 01 03 10 of the Business Auto Coverage Form, Physical Damage Coverage, Limit of Insurance, Paragraph C.2 and Version CA 00 01 10 01 of the Business Auto Coverage Form, Physical Damage Coverage, Limit of Insurance, Paragraph C are each amended to add the following:

$1,500 is the most we will pay for "loss" in any one "accident" to all electronic equipment (other than equipment designed solely for the reproduction of sound, and accessories used with such equipment) that reproduces, receives or transmits audio, visual or data signals which, at the time of "loss", is:

(1) Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;

(2) Removable from a permanently installed housing unit as described in Paragraph 2.a. above or is an integral part of that equipment; or

(3) An integral part of such equipment.

c. For each covered "auto", should loss be limited to electronic equipment only, our obligation to pay for, repair, return or replace damaged or stolen electronic equipment will be reduced by the applicable deductible shown in the Declarations, or $250, whichever deductible is less.

9. EXTRA EXPENSE - BROADENED COVERAGE

Under Paragraph A. - COVERAGE - of SECTION III - PHYSICAL DAMAGE COVERAGE, we will pay for the expense of returning a stolen covered "auto" to you.

10. GLASS REPAIR - WAIVER OF DEDUCTIBLE

Under Paragraph D. - DEDUCTIBLE - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

No deductible applies to glass damage if the glass is repaired rather than replaced.

11. TWO OR MORE DEDUCTIBLES

Under Paragraph D. - DEDUCTIBLE - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

If another Hartford Financial Services Group, Inc. company policy or coverage form that is not an automobile policy or coverage form applies to the same "accident", the following applies:

(1) If the deductible under this Business Auto Coverage Form is the smaller (or smallest) deductible, it will be waived;

(2) If the deductible under this Business Auto Coverage Form is not the smaller (or smallest) deductible, it will be reduced by the amount of the smaller (or smallest) deductible.

12. AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS

The requirement in LOSS CONDITIONS 2.a. - DUTIES IN THE EVENT OF ACCIDENT,CLAIM, SUIT OR LOSS - of SECTION IV - BUSINESS AUTO CONDITIONS that you must notify us of an "accident" applies only when the "accident" is known to:

(1) You, if you are an individual;

(2) A partner, if you are a partnership;

(3) A member, if you are a limited liability company; or

(4) An executive officer or insurance manager, if you are a corporation.

13. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not deny coverage under this Coverage Form because of such failure.

14. HIRED AUTO - COVERAGE TERRITORY

Paragraph e. of GENERAL CONDITIONS 7. - POLICY PERIOD, COVERAGE TERRITORY - of SECTION IV - BUSINESS AUTO CONDITIONS is replaced by the following:

e. For short-term hired "autos", the coverage territory with respect to Liability Coverage is anywhere in the world provided that if the "insured's" responsibility to pay damages for "bodily injury" or "property damage" is determined in a "suit," the "suit" is brought in the United States of America, the territories and possessions of the United States of America, Puerto Rico or Canada or in a settlement we agree to.

15. WAIVER OF SUBROGATION

TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US - of SECTION IV - BUSINESS AUTO CONDITIONS is amended by adding the following:

We waive any right of recovery we may have against any person or organization with whom you have a written contract that requires such waiver because of payments we make for damages under this Coverage Form.

16. RESULTANT MENTAL ANGUISH COVERAGE

The definition of "bodily injury" in SECTION V-DEFINITIONS is replaced by the following:

"Bodily injury" means bodily injury, sickness or disease sustained by any person, including mental anguish or death resulting from any of these.

17. EXTENDED CANCELLATION CONDITION

Paragraph 2. of the COMMON POLICY CONDITIONS - CANCELLATION - applies except as follows:

If we cancel for any reason other than nonpayment of premium, we will mail or deliver to the first Named Insured written notice of cancellation at least 60 days before the effective date of cancellation.

18. HYBRID, ELECTRIC, OR NATURAL GAS VEHICLE PAYMENT COVERAGE

In the event of a total loss to a "non-hybrid" auto for which Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form, then such Physical Damage Coverages are amended as follows:

a. If the auto is replaced with a "hybrid" auto or an auto powered solely by electricity or natural gas, we will pay an additional 10%, to a maximum of $2,500, of the "non-hybrid" auto's actual cash value or replacement cost, whichever is less,

b. The auto must be replaced and a copy of a bill of sale or new lease agreement received by us within 60 calendar days of the date of "loss,"

c. Regardless of the number of autos deemed a total loss, the most we will pay under this Hybrid, Electric, or Natural Gas Vehicle Payment Coverage provision for any one "loss" is $10,000.

For the purposes of the coverage provision,

a. A "non-hybrid" auto is defined as an auto that uses only an internal combustion engine to move the auto but does not include autos powered solely by electricity or natural gas.

b. A "hybrid" auto is defined as an auto with an internal combustion engine and one or more electric motors; and that uses the internal combustion engine and one or more electric motors to move the auto, or the internal combustion engine to charge one or more electric motors, which move the auto.

19. VEHICLE WRAP COVERAGE

In the event of a total loss to an "auto" for which Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form, then such Physical Damage Coverages are amended to add the following:

In addition to the actual cash value of the "auto", we will pay up to $1,000 for vinyl vehicle wraps which are displayed on the covered "auto" at the time of total loss. Regardless of the number of autos deemed a total loss, the most we will pay under this Vehicle Wrap Coverage provision for any one "loss" is $5,000. For purposes of this coverage provision, signs or other graphics painted or magnetically affixed to the vehicle are not considered vehicle wraps.

REQUEST FOR LEGAL SERVICES

TO: COUNTY ATTORNEY'S OFFICE (AT01)

ATTENTION: (CHECK ONE) Noah Milov ✓
Heather Bryan ___

FROM: Conner Updike, P.E. 863-535-2323 (Name and Phone Number) DATE: 5/19/26

RETURN TO: Conner Updike TR01 DIVISION: Roads and Drainage

BOARD AGENDA DATE: ___ COUNTY MANAGER ITEM: ☑

PROJECT: Chestnut Road Sidewalk Post Design Services

CSA/CONTRACT NUMBER: 17-52-02

MODIFICATION NUMBER: 4 CHANGE ORDER NUMBER: ___

TYPE OF AGREEMENT: CSA

NAME OF CONSULTANT/CONTRACTOR: NV5, Inc.

Please indicate any time limits and attach all necessary documentation.

REQUEST IN DETAIL: Review proposed modification

Please review attachments for the Board Agenda date indicated and return APPROVED documents at your earliest conveninence. THANK YOU.

For CAO Use Only:

County Attorney
MAY 27 2026

Assigned Staff: Noah Log-In Date: ___

CAO Project Number: 2026-357 Log-Out Date: ~~5/29/26~~ 6-1-26