

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 11/17/2021

Contract/Lease Control #: C19-2754-AP

Procurement#: RFP AP 64-18

Contract/Lease Type: CONTRACT

Award To/Lessee: SIEMENS INDUSTRY, INC.

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 11/06/2018

Expiration Date: 11/05/2022 W/1 1 YR RENEWAL

Description of: AIRPORT SECURITY MAINTENANCE, REPAIR & SUPPORT

Department: AP

Department Monitor: STAGE

Monitor's Telephone #: 850-651-7160

Monitor's FAX # or E-mail: TSTAGE@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS

RENEWAL OF CONTRACT C19-2754-AP
SIEMENS INDUSTRY, INC. FOR AIRPORT SECURITY MAINTENANCE, REPAIR
AND SUPPORT SERVICES AT THE DESTIN FORT – WALTON BEACH AIRPORT,
DESTIN EXECUTIVE AIRPORT AND BOB SIKES AIRPORT

This Renewal of Contract, made and entered into this 16th day of Novemer, 2021, hereby renews the contract, dated November 6, 2018, by Siemens Industry, Inc (“Contractor”), and Okaloosa County, Florida through its Board of County Commissioners (hereinafter the “County”).

WITNESSETH:

WHEREAS, the County entered into a Contract Agreement, C19-2754-AP on November 6, 2018 for Airport-Security Maintenance, Repair and Support Services at the Destin – Fort Walton Beach Airport, Destin Executive Airport, and Bob Sikes Airport with a current expiration date of November 5, 2021 (the “Contract”); and

WHEREAS, on September 17, 2019, the Contract was amended to increase the equipment allowance for the purchase of new Surveillance VMS video management system and related security cameras; and

WHEREAS, the County desires to renew this Contract in accordance with Section V – Duration of Contract and Termination of Contract which states in part, “The Contractor and County may mutually agree in writing to extend this Contract for up to two additional one-year term renewals”. This is the first renewal option.

NOW THEREFORE, in consideration of the mutual covenants herein and other good and valuable consideration, the executing parties consent to and agree to the following:

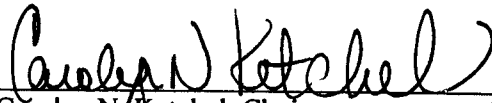
RENEWAL

1. In accordance with Section V – Duration of Contract and Termination, of the Contract, the parties hereby renew the Contract with a new expiration date of November 5, 2022.
2. All other provisions of the Contract shall remain in full force and effect through the duration of the Contract term.

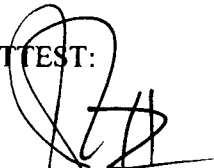
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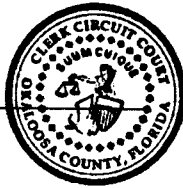
IN WITNESS WHEREOF, the parties hereto have executed this renewal as of the day and year first written.

OKALOOSA COUNTY, FLORIDA


Carolyn N. Ketchel, Chairman
Date: 11/16/2021



ATTEST:

J.D. Peacock II, Clerk



SIEMENS INDUSTRY, INC

Brady Scott
Digitally signed by Brady Scott
DN: cn=Brady Scott, o=Siemens,
email=scottbrady@siemens.com
Date: 2021.10.18 10:15:20 -0400

Scott Brady
Zone Vice President
Date: _____

ATTEST:

Witness

Witness

**Moose
Meredith**

Digitally signed by Moose Meredith
DN: cn=Moose Meredith, o=Siemens,
email=meredith.moose@siemens.com
Date: 2021.10.18 12:27:39 -0400

**Rosado-
Ortiz Gil**

Digitally signed by
Rosado-Ortiz Gil
Date: 2021.10.18
11:33:01 -04'00'

**PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C19-2754AP Tracking Number: 4409-21
Procurement/Contractor/Lessee Name: Siemens Grant Funded: YES ___ NO X
Purpose: renewal
Date/Term: 1-5-2022
Department #: 4204
Account #: 546640
Amount: \$48,900.00
Department: Airport Dept. Monitor Name: Stase

1. GREATER THAN \$100,000
2. GREATER THAN \$50,000
3. \$50,000 OR LESS

Purchasing Review
Procurement or Contract/Lease requirements are met:
DeRita Mason Date: 9/24/21
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jessica Darr, Angela Etheridge

2CFR Compliance Review (if required)
Approved as written: NO Federal funds Grant Name: _____
Date: _____
Grants Coordinator _____

Risk Management Review
Approved as written: see email attached Date: 9/24/21
Risk Manager or designee Lisa Price

County Attorney Review
Approved as written: see email attached Date: 9/28/21
County Attorney Lynn Hoshihara, Kerry Parsons or Designee

Department Funding Review
Approved as written: _____ Date: _____

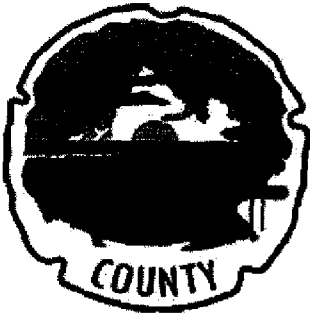
IT Review (if applicable)
Approved as written: _____ Date: _____

DeRita Mason

From: Lisa Price
Sent: Friday, September 24, 2021 8:27 AM
To: DeRita Mason
Subject: RE: Coordination Siemens Security

This is approved by Risk.

Lisa Price
Risk Management
Public Records & Contracts Specialist
302 N Wilson Street, Suite 301
Crestview, FL. 32536
(850) 689-5979
lprice@myokaloosa.com



For all things Wellness please visit:
<http://www.myokaloosa.com/wellness>

Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: DeRita Mason <dmason@myokaloosa.com>
Sent: Friday, September 24, 2021 6:10 AM
To: Lynn Hoshihara <lhoshihara@myokaloosa.com>
Cc: Kerry Parsons <kparsons@myokaloosa.com>; Lisa Price <lprice@myokaloosa.com>
Subject: FW: Coordination Siemens Security

Good morning ladies,

DeRita Mason

From: Lynn Hoshihara
Sent: Monday, September 27, 2021 4:28 PM
To: DeRita Mason
Cc: Kerry Parsons; Lisa Price
Subject: Re: Coordination Siemens Security
Attachments: SIEMENS INDUSTRY (Security) 9.27.21.docx

DeRita,

Attached are my changes to this renewal. With these changes, this is approved as to legal sufficiency.

Thanks,
Lynn

Lynn M. Hoshihara
County Attorney
Okaloosa County, Florida

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: DeRita Mason
Sent: Friday, September 24, 2021 7:09:37 AM
To: Lynn Hoshihara
Cc: Kerry Parsons; Lisa Price
Subject: FW: Coordination Siemens Security

Good morning ladies,
Please review and approve the attached.
Thank you,

DeRita Mason



DeRita Mason, CPPB, NIGP-CPP
Senior Contracts and Lease Coordinator
Okaloosa County Purchasing Department
5479A Old Bethel Road

C16-2467-AP
C19-2754-AP



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/05/2021

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, INC. 445 SOUTH STREET MORRISTOWN, NJ 07960-6454 CN102147003-RAM-PROF-21/22 211 Arment NOC60	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A : HDI Global Insurance Company</td> <td>41343</td> </tr> <tr> <td>INSURER B : Travelers Property Casualty Co. of America</td> <td>25674</td> </tr> <tr> <td>INSURER C : The Travelers Indemnity Company</td> <td>25658</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : HDI Global Insurance Company	41343	INSURER B : Travelers Property Casualty Co. of America	25674	INSURER C : The Travelers Indemnity Company	25658	INSURER D :		INSURER E :		INSURER F :	
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INSURED SIEMENS INDUSTRY, INC. 1000 DEERFIELD PARKWAY BUFFALO GROVE, IL 60089-4513															

COVERAGES **CERTIFICATE NUMBER:** NYC-009179433-17 **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	GLD11101-13	10/01/2021	10/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 100,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ INCL \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		X	TC2J-CAP-7440L34A-TIL-21	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<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		X	UB-8P83929A-21-51-K(AOS)	10/01/2021	10/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
C	Y/N <input checked="" type="checkbox"/> N N/A			UB-8P79233A-21-51-R (AZ,MA,WI)	10/01/2021	10/01/2022	E.L. EACH ACCIDENT \$ 1,000,000
B				TWXJUB-7440L338-TIL-21(OH)	10/01/2021	10/01/2022	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
				*****\$500K LIMIT / \$500K SIR*****			E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY			EOD5618802 'Deductible: \$1,000,000'	10/01/2021	10/01/2022	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: ALL SERVICE WORK PERFORMED AT DESTIN-FORT WALTON BEACH AIRPORT

SEE ATTACHED

CERTIFICATE HOLDER

CANCELLATION

OKALOOSA COUNTY 302 N. WILSON STREET, SUITE 301 CRESTVIEW, FL 32536	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 <p style="text-align: right; font-style: italic; font-size: 1.2em;">Marsh USA Inc.</p>
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ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, INC.		NAMED INSURED SIEMENS INDUSTRY, INC. 1000 DEERFIELD PARKWAY BUFFALO GROVE, IL 60089-4513	
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**

RE: ALL SERVICE WORK PERFORMED AT DESTIN-FORT WALTON BEACH AIRPORT

OKALOOSA COUNTY AND DESTIN-FORT WALTON BEACH AIRPORT ARE HEREBY ADDITIONAL INSURED AS OBLIGATED UNDER CONTRACT UNDER THE REFERENCED GENERAL LIABILITY AND AUTOMOBILE LIABILITY INSURANCE POLICIES.

SUCH INSURANCE AS IS AFFORDED BY THE ADDITIONAL INSURED ENDORSEMENT SHALL APPLY AS PRIMARY INSURANCE & OTHER INSURANCE MAINTAINED BY THE CERTIFICATE HOLDER SHALL BE EXCESS ONLY & NOT CONTRIBUTING WITH INSURANCE PROVIDED UNDER THIS POLICY.

WAIVER OF SUBROGATION IS EFFECTUAL WHERE REQUIRED BY WRITTEN CONTRACT.

IF THESE POLICIES ARE CANCELLED FOR ANY REASON OTHER THAN NON-PAYMENT OF PREMIUM, THE INSURER WILL DELIVER NOTICE OF CANCELLATION TO THE CERTIFICATE HOLDER UP TO 60 DAYS PRIOR TO THE CANCELLATION OR AS REQUIRED BY WRITTEN CONTRACT, WHICHEVER IS LESS.