

AMENDMENT No.1
to
AGREEMENT BETWEEN MANATEE COUNTY
and
KEEN FARM & GROVE SERVICE, INC.
for
WASTEWATER RESIDUAL REMOVAL SERVICES

THIS Amendment No.1 to Agreement, is made and entered into by and between the **COUNTY OF MANATEE**, a political subdivision of the state of Florida, by and through its Board of County Commissioners, hereinafter referred to as the "County," with mailing address at 1112 Manatee Avenue West, Bradenton, Florida 34205 and **KEEN FARM & GROVE SERVICE, INC.**, hereinafter referred to as the "Contractor", duly authorized to conduct business in the state of Florida, with offices located at 314 15TH Avenue West, Post Office Box 203, Palmetto, Florida 34219.

WHEREAS, on April 23, 2012 the County executed a revenue generating Agreement (No. 11-3402DW) with Keen Farm & Grove Service, Inc. to purchase wastewater residuals and provide collection from the Manatee County Utilities Bio-Solids Dryer Facility; and

WHEREAS, pursuant to Article 4 of the Agreement, the Agreement shall remain in effect for a period of one year but may be renewed for three (3) additional one-year periods; and

NOW THEREFORE, for and in consideration of the mutual benefits to be derived, the parties hereto agree as follows:

1. The duration of the Agreement shall be extended by one year commencing April 23, 2013 and ending April 24, 2014. There are two (2) one-year renewal options remaining.
2. All other terms and conditions of the Agreement shall remain in full force and effect during the term of the Agreement.

The parties hereto have caused this **Amendment No.1 to the Agreement (#11-3402DW) for Wastewater Residual Removal Services** to be fully executed by their authorized representatives.

KEEN FARM & GROVE SERVICE, INC.

Phone: 941-722-1167 OR 941-737-1484

By: Patricia Keen-Freed
Patricia Keen-Freed President
(Print Name and Title of Above Signer)

Date: 4-22-13

COUNTY OF MANATEE, FLORIDA

By: Melissa M. Wendel
Melissa M. Wendel, CPPO
Purchasing Official

Date: 04/26/2013



CERTIFICATE OF LIABILITY INSURANCE

KEENFAR

OP ID: TM

DATE (MM/DD/YYYY)

04/26/2013

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 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:
 CUSTOM HARVEST INSURANCE CO
 P O BOX 1069
 HUTCHINSON, KS 67605
 Phone: 620-259-6996 Fax: 620-259-6994

CONTACT NAME:	
PHONE (A/C No. Ext):	FAX (A/C No.):
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A: Star Insurance Company	NAIC # 18023
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED **Keen Farm & Grove Service Inc**
 P.O. Box 203
 Parrish, FL 34219-0203

COVERAGES **CERTIFICATE NUMBER:** **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	ADDITIONAL INSUR. WORD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY		CP0706537	09/24/2012	09/24/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (EA OCCUR/ACC) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY		CA0706537	09/24/2012	09/24/2013	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		UM0706537	09/24/2012	09/24/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

Orchards & Vineyards - Operations by Contractors

CERTIFICATE HOLDER

MANATEE1

Manatee County Finance Dept
 Clerk of Circuit Court
 FAX: 941-749-3034
 PO Box 1000
 Bradenton, FL 34205

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

Lorris Wells Sr.

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