

FIRST AMENDMENT TO
W&A CLEANING SERVICES LLC
AGREEMENT & CONTRACT

THIS FIRST AMENDMENT TO W&A CLEANING SERVICES LLC AGREEMENT & CONTRACT ("First Amendment") is hereby entered into by and between the **CITY OF MADEIRA BEACH**, a Florida municipal corporation, hereinafter referred to as "City," and **W&A CLEANING SERVICES, LLC**, a Florida limited liability company, hereinafter referred to as "Contractor."

RECITALS

WHEREAS, CITY and CONTRACTOR entered into that certain W&A Cleaning Services LLC Agreement & Contract, hereinafter referred to as "Contract," dated April 21, 2015; and

WHEREAS, CITY and CONTRACTOR wish to extend the Contract for an additional one (1) year period beginning May 18, 2021 and ending May 17, 2022, provide for two (2) one year options and revise the compensation terms.

NOW THEREFORE, in consideration of the mutual terms, covenants and conditions contained herein, the parties mutually agree that:

1. Paragraph 3 of the Contract is amended to read as follows:

City shall pay Contractor \$8,950.00 per month in bi-weekly payments of \$4,475.00 for services to be performed a minimum of 6 hours per day/7 days a week with the City providing all cleaning supplies (including paper products and cleaning chemicals). Upon the completion of the new building department (downstairs City Hall) the City shall pay Contractor \$10,250.00 per month in bi-weekly payments of \$5,125.00 for services to be performed a minimum of 6 hours per day/7 days a week with the City providing all cleaning supplies (including paper products and cleaning chemicals). Emergency cleaning or Special Events cleaning will be charged on an hourly rate of \$35.00 per hour. The Contracts purpose is to ensure that all City buildings, City restrooms and all other City facilities are cleaned perfectly for the next workday. Work that is not completed during the day is the sole

responsibility of the Contractor despite the number of hours it may take to get all the work done to be ready for the following day.

2. Paragraph 5 of the Contract is amended to read as follows:

Contractor shall begin performing services on May 18, 2021. Contract will be in effect until May 17, 2022. The City has the option to renew the Contract for two (2) additional one (1) year terms.

3. Except as expressly set forth herein, all of the terms, covenants and conditions of the Contract are hereby ratified and confirmed by CITY and CONTRACTOR, and each, by the execution of this Amendment, hereby signifies their intent to be bound thereby.

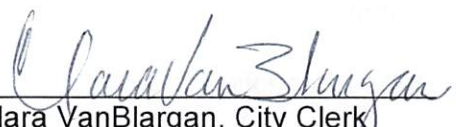
IN WITNESS WHEREOF the Parties hereto have executed this Amendment on the day and year set forth next to their signatures below.

CITY OF MADEIRA BEACH
a Florida municipal corporation

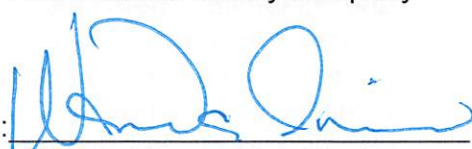
By: 
Robert Daniels, City Manager

Dated: 5/14/2021

ATTEST:


Clara VanBlargan, City Clerk

W&A CLEANING SERVICES LLC
a Florida limited liability company

By: 
Wanda Nieves, President

Dated: _____

Vendor	Product	Quantity	Cost
Resturant Depot			
	Jumbo Bath tissue	10	18.57
	Jumbo Bath tissue	42	16.99
	Steelwool (10 CT)	1	3.53
	Deodorizer	2	16.9
	Tissue JRT	2	28.72
	Dawn	6	16.67
	Fabuloso	4	28.5
Harbor Freight			
	XL Gloves	2	22.99
Jon Don			
	Bath Tissue 2 Ply	9	48.65
	Hand Soap	2	32.58
	Black 1.5 mil liners	2	26.25
	Mediclean	1	35.27
Tri US Janitorial Supplies			
	Paper Towel	8	34.95
	White .5 mil Liners	3	34.95
	Black 2 mil liners	2	31.95
	Hand Soap	6	36.25
	Bleach	2	17.5
	Vacuum bags	1	23.97
	Lysol	1	7.95
Estimated Monthly Cost			
Estimated Annual Cost			

Total
185.7
713.58
3.53
33.8
57.44
100.02
114
45.98
437.85
65.16
52.5
35.27
279.6
104.85
63.9
217.5
35
23.97
7.95
2577.6
30931.2



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/17/2021

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 Melissa Ems Insurance Agency Inc 3446 49th St N Saint Petersburg, FL 33710 License #: E018442	CONTACT NAME: Leah Lindell
	PHONE (A/C No. Ext): (727)321-9828 FAX (A/C No.): (727)321-6105
	E-MAIL ADDRESS: leah@melissaems.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Johnson & Johnson Insurance Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER: 00001267-222862** **REVISION NUMBER: 11**

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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CL1782343D	11/03/2020	11/03/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

City of Madeira Beach, FL 300 Municipal Dr Madeira Beach, FL 33708	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 (LML)

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JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

NON-CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 11/27/2020

EXPIRATION DATE: 11/27/2022

PERSON: WANDA I NIEVES

EMAIL: WANDANIEVES65@GMAIL.COM

FEIN: 471453186

BUSINESS NAME AND ADDRESS:

W&A CLEANING SERVICES, LLC

5311 49TH ST N

SAINT PETERSBURG, FL 33709

SCOPE OF BUSINESS OR TRADE:

Janitorial Services By
Contractors-No Window
Cleaning Above Ground Level
& Drivers

IMPORTANT: Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to subsection 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.



JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

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This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 11/27/2020

EXPIRATION DATE: 11/27/2022

PERSON: ANGEL M NIEVES

EMAIL: WANDANIEVES65@GMAIL.COM

FEIN: 471453186

BUSINESS NAME AND ADDRESS:

W&A CLEANING SERVICES, LLC

5311 49TH ST N

SAINT PETERSBURG, FL 33709

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Technology Insurance Company, Inc.

A Stock Insurance Company
20 Trafalgar Square, Suite 459
Nashua, NH 03063

**WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY**

WC 99 00 01 B

INFORMATION PAGE

Ncci Code: 39071

1.	Insured: W&A CLEANING SERVICES LLC 5311 49 Street N Saint Petersburg, FL 33709 Other workplaces not shown above: See Extension of Information Page Producer: AmTrust North America, Inc. c/o ADP Insurance Services - Allentown Automatic Data Processing Insurance Agency, Inc. 1 ADP Blvd., M/S 625 Roseland, NJ 07068	Policy Number: TWC3919290 Individual _____ Partnership _____ Corporation or <u> X </u> LLC Federal Tax ID: 471453186 Risk ID: Renewal of: New										
2.	The policy period is from 10/21/2020 to 10/21/2021 12:01 a.m. at the insured's mailing address.											
3.	A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Florida B. Employers Liability Insurance: Part Two of the policy applies to work in each stated listed in item 3.A. The limits of our liability under Part Two are: <table border="0" style="margin-left: 40px;"> <tr> <td>Bodily Injury by Accident</td> <td>\$ 1,000,000</td> <td>each accident</td> </tr> <tr> <td>Bodily Injury by Disease</td> <td>\$ 1,000,000</td> <td>policy limit</td> </tr> <tr> <td>Bodily Injury by Disease</td> <td>\$ 1,000,000</td> <td>each employee</td> </tr> </table> C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states except ND, OH, WA, WY and State(s) Designated in Item 3A. D. This policy includes these endorsements and schedules: See attached endorsement schedule.		Bodily Injury by Accident	\$ 1,000,000	each accident	Bodily Injury by Disease	\$ 1,000,000	policy limit	Bodily Injury by Disease	\$ 1,000,000	each employee	
Bodily Injury by Accident	\$ 1,000,000	each accident										
Bodily Injury by Disease	\$ 1,000,000	policy limit										
Bodily Injury by Disease	\$ 1,000,000	each employee										
4.	The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page <table border="0" style="width: 100%;"> <tr> <td>TOTAL ESTIMATED ANNUAL PREMIUM</td> <td style="text-align: right;">1,034</td> </tr> <tr> <td>STATE ASSESSMENT</td> <td style="text-align: right;">10</td> </tr> <tr> <td>TOTAL ESTIMATED COST</td> <td style="text-align: right;">1,044</td> </tr> <tr> <td>Minimum Premium</td> <td style="text-align: right;">656</td> </tr> <tr> <td>Deposit Premium</td> <td style="text-align: right;">527</td> </tr> </table>		TOTAL ESTIMATED ANNUAL PREMIUM	1,034	STATE ASSESSMENT	10	TOTAL ESTIMATED COST	1,044	Minimum Premium	656	Deposit Premium	527
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STATE ASSESSMENT	10											
TOTAL ESTIMATED COST	1,044											
Minimum Premium	656											
Deposit Premium	527											
Issue Date: 10/21/2020 Countersigned By: _____ <div style="text-align: right;">Authorized Representative</div>												

