

Option to Renew Letter



July 11, 2013

Palm Truck Centers Inc.
2441 South State Road 7
Fort Lauderdale FL 33317
Attn: Deborah Demers, Vice President

RE: CONTRACT NO.: 56-09-10 EXPIRATION DATE: August 31, 2013
CONTRACT TITLE: Heavy Duty Truck Repair RENEWAL NO.: 3 of 4

Dear Vendor:

The City of North Miami would like to exercise the option to renew the above referenced contract. The renewal shall be exercised upon written agreement by both parties with all original terms conditions and unit prices adhered to with no deviations.

The renewal period shall be **September 1, 2013** through **August 31, 2014**. The City reserves the right to terminate and re-solicit any contract if it determines that contract prices are not in the City's best interests. The renewal of this contract is contingent upon compliance with certificate(s) of insurance requirements as applicable.

To renew this contract for the indicated period, please acknowledge receipt of this letter no later than **Friday, September 6, 2013**. Please sign and return two (2) originals of this form and copies of your updated insurance along with additional pricing and mail them to the City of North Miami Purchasing Department.

If you have any questions, please contact me at 305-895-9886.

Sincerely,

Ruby C. Johnson
Ruby C. Johnson
Purchasing Director

City of North Miami



Stephen E. Johnson, City Manager

9-4-13

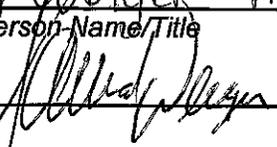
Date

I HEREBY ACKNOWLEDGE RECEIPT OF THIS LETTER & WILL SUBMIT COMPLIANCE DOCUMENTS AS REQUIRED:

Palm Truck Centers, LLC.

David Woiger President/CEO

Contact Person Name/Title



Signature

August 29, 2013

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2013

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 Zurich - Account Service Center 7045 College Blvd Overland Park, KS 66211 Fax: 888-734-6776 Ph: 877-225-5276	CONTACT NAME: Zurich - Account Service Center		
	PHONE (A/C No. EXT): 877-225-5276	FAX (A/C No): 888-734-6776	
E-MAIL ADDRESS: service.center@zurichna.com			
INSURED 014624800 PALM TRUCK CENTERS INC 2441 S STATE ROAD 7 FORT LAUDERDALE, FL 33317	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Universal Underwriters Insurance Company		41181
	INSURER B:		
	INSURER C:		
	INSURER D:		
INSURER E:			

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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>	321026	02/01/2013	02/01/2014	EACH OCCURENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> COMP/COLL DED	<input type="checkbox"/>	<input type="checkbox"/>	321026	02/01/2013	02/01/2014	COMBINED SINGLE LIMIT (Ea Accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$0	<input type="checkbox"/>	<input type="checkbox"/>	321026	02/01/2013	02/01/2014	EACH OCCURENCE	\$5,000,000
							AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$15,000,000
								\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N <input type="checkbox"/> N/A <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO	<input type="checkbox"/>	<input type="checkbox"/>	321026	02/01/2013	02/01/2014	OTHER THAN AUTO ONLY EACH ACC:	\$1,000,000
A	Customer Auto - Direct Primary	<input type="checkbox"/>	<input type="checkbox"/>	321026	02/01/2013	02/01/2014		\$14,561,170

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

Reason for Certificate: General Liability
 30 Day notice of cancellation applies, except for cancellation due to non payment of premium.
 See Additional Remarks Schedule Attached

CERTIFICATE HOLDER **CANCELLATION**

CITY OF NORTH MIAMI 776 NE 125 STREET NORTH MIAMI, FL 33161 Attn: PURCHASING DEPARTMENT Fax:	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 <i>Nancy D. Mueller</i>
--	---

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ADDITIONAL REMARKS SCHEDULE

AGENCY Zurich - Account Service Center		NAMED INSURED PALM TRUCK CENTERS INC 2441 S STATE ROAD 7 FORT LAUDERDALE, FL 33317	
POLICY NUMBER 321026		EFFECTIVE DATE: 02/01/2013	
CARRIER Universal Underwriters Insurance Company	NAIC CODE 41181		

ADDITIONAL REMARKS

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

Endorsement 089-Umbrella Limit Inclusive applies.
 Contract NO 56-09-10
 Products - Completed Operations Aggregate of \$3,000,000 applies to the Garage Liability.