

## Noemi Rios

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**From:** Noemi Rios  
**Sent:** Friday, November 21, 2025 9:11 AM  
**To:** Selena Griffett  
**Cc:** Rebecca Mondono; Mark Zrallack; Sara Hedges; Venetia Barnes  
**Subject:** RE: RLS Form #27452 | Grant Agreement Time Extension - FDOT SUN Trail Agreement for Historic Highwayman Trail

Excellent. I am adding this email to the RLS and routing to CAO for review.

Thanks for the quick reply and have an amazing weekend.

Please CC: [RMondono@CityofFortPierce.com](mailto:RMondono@CityofFortPierce.com)

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### Noemí Rios, RWCS | Risk Manager | City of Fort Pierce

Risk Management  
Phone: 772.467.3070 | 100 North U.S. 1, Fort Pierce, FL 34950

[Website](#) | [Facebook](#) | [Survey](#)



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**From:** Selena Griffett <[sgriffett@cityoffortpierce.com](mailto:sgriffett@cityoffortpierce.com)>  
**Sent:** Friday, November 21, 2025 9:10 AM  
**To:** Noemi Rios <[nrios@cityoffortpierce.com](mailto:nrios@cityoffortpierce.com)>  
**Cc:** Rebecca Mondono <[rmondono@cityoffortpierce.com](mailto:rmondono@cityoffortpierce.com)>; Mark Zrallack <[mzrallack@cityoffortpierce.com](mailto:mzrallack@cityoffortpierce.com)>; Sara Hedges <[shedges@cityoffortpierce.com](mailto:shedges@cityoffortpierce.com)>; Venetia Barnes <[vbarnes@cityoffortpierce.com](mailto:vbarnes@cityoffortpierce.com)>  
**Subject:** RE: RLS Form #27452 | Grant Agreement Time Extension - FDOT SUN Trail Agreement for Historic Highwayman Trail

Good Morning Noemi,

While we are managing the project, it will be advertised for bid. As you have highlighted below, we can put this responsibility on the contractor in the bid documents.

### Selena Griffett PE | Project Engineer | City of Fort Pierce

Engineering Department  
Phone: 772.467.3780 Cell: 772.519.1081 Fax: 772.460.6847 100 North U.S. 1 Fort Pierce

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**From:** Noemi Rios <[nrios@cityoffortpierce.com](mailto:nrios@cityoffortpierce.com)>

**Sent:** Friday, November 21, 2025 9:06 AM

**To:** Selena Griffett <[sgriffett@cityoffortpierce.com](mailto:sgriffett@cityoffortpierce.com)>

**Cc:** Rebecca Mondono <[rmondono@cityoffortpierce.com](mailto:rmondono@cityoffortpierce.com)>; Mark Zrallack <[mzrallack@cityoffortpierce.com](mailto:mzrallack@cityoffortpierce.com)>; Sara Hedges <[shedges@cityoffortpierce.com](mailto:shedges@cityoffortpierce.com)>; Venetia Barnes <[vbarnes@cityoffortpierce.com](mailto:vbarnes@cityoffortpierce.com)>

**Subject:** RLS Form #27452 | Grant Agreement Time Extension - FDOT SUN Trail Agreement for Historic Highwayman Trail

**Importance:** High

Selena, good morning:

I have reviewed the following RLS for insurance purposes and the document below indicates whoever is doing this work must have general liability limits of \$5M.

Are we doing this work? If so, we cannot agree to the contract with the limits stipulated as we only carry \$3M in General Liability.

If not us, please confirm the hired contractor carries these limits.

(Scroll all the way down this email, please.)

- c. If the Recipient is a state agency or subdivision of the State of Florida and elects to self-perform the Project, then the Recipient may self-insure. If the Recipient is not a state agency or subdivision of the State of Florida or if the Recipient is a state agency or subdivision of the State of Florida that elects to hire a contractor or consultant to perform the Project, then the Recipient shall, or cause its contractor or consultant to carry Commercial General Liability insurance providing continuous coverage for all work or operations performed under the Agreement. Such insurance shall be no more restrictive than that provided by the latest occurrence form edition of the standard Commercial General Liability Coverage Form (ISO Form CG 00 01) as filed for use in the State of Florida. Cause the Department to be made an Additional Insured as to such insurance. Such coverage shall be on an "occurrence" basis and shall include Products/Completed Operations coverage. The coverage afforded to the Department as an Additional Insured shall be primary as to any other available insurance and

11

ID: FBB331AA-5EA5-4777-AB59-79598959CBE5

STATE OF FLORIDA Department OF TRANSPORTATION  
**FLORIDA SHARED-USE NONMOTORIZED TRAIL NETWORK PROGRAM  
AGREEMENT**

shall not be more restrictive than the coverage afforded to the Named Insured. The limits of coverage shall not be less than \$1,000,000 for each occurrence and not less than a \$5,000,000 annual general aggregate, inclusive of amounts provided by an umbrella or excess policy. The limits of coverage described herein shall apply fully to the work or operations performed under the Agreement, and may not be shared with or diminished by claims unrelated to the Agreement. The policy/ies and coverage described herein may be subject to a deductible. Pay all deductibles as required by the policy. No policy/ies or coverage described herein may contain or be subject to a Retention or a Self-Insured Retention unless the Recipient is a state agency or subdivision of the State of Florida that elects to self-perform the Project. Prior to the execution of the Agreement, and at all renewal periods which occur prior to final acceptance of the work, the Department shall be provided with an ACORD Certificate of Liability Insurance reflecting the coverage described herein. The Department shall be notified in writing within ten days of any cancellation, notice of cancellation, lapse, renewal, or proposed change to any policy or coverage described herein. The Department's approval or failure to disapprove any policy/ies, coverage, or ACORD Certificates shall not relieve or excuse any obligation to procure and maintain the insurance required herein, nor serve as a waiver of any rights or defenses the Department may have.

[The City of Fort Pierce's GL coverage is below...](#)

	Premium Basis	Deductible/ Type	Limit	Net Premium
<b>IV. General/Professional Liability</b>		\$0	<b>\$3,000,000</b>	\$1,235,284
Payroll:	16,977,501			
1. General Liability			*	Included
a. Broad Form Property Damage		\$0	Per Form	
b. Extra Contractual Legal Expense		N/A	Per Form	
c. Fire Legal Liability		\$0	Per Form	
d. Medical Attendants'/Medical Directors' Malpractice Liability		\$0	\$3,000,000	
2. Errors and Omissions Liability		\$0	\$3,000,000	Included
a. Employment Practices Liability		\$0	\$3,000,000	
b. Employee Benefits Program Administration Liability		\$0	\$3,000,000	
3. Law Enforcement		\$0	\$3,000,000	Included
Full Time with Arrest Powers:	148			
Full or Part Time w/out Arrest Powers:	8			
Volunteers:	10			
Clerical:	32			
Dogs:	5			

Please confirm who is doing the work so I know how to proceed with the routing of this RLS.

Thanks.

P.S. I added Mark to this email, but he has an automatic reply stating I should add Venetia in his absence. I have done so.

Please CC: [RMondono@CityofFortPierce.com](mailto:RMondono@CityofFortPierce.com)

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**Noemí Rios, RWCS | Risk Manager | City of Fort Pierce**

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 Phone: 772.467.3070 | 100 North U.S. 1, Fort Pierce, FL 34950

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