Attachment G – Draft Contract

Contract
No. 84131514-27-ITB
For
Government Crime Insurance

This Contract No. 84131514-27-ITB ("Contract") is between the **Department of Management Services** ("Department"), an agency of the State of Florida, located at 4050 Esplanade Way, Tallahassee, Florida 32399; and **<Insert Contractor's Legal Name From Sunbiz>** ("Contractor") with its principal place of business located at <Insert Contractor's Sunbiz Principal Address>; collectively referred to herein as the "Parties."

WHEREAS, the Department issued a competitive solicitation for Government Crime Insurance; and

WHEREAS, the Contractor was awarded as a result of such competitive solicitation.

NOW THEREFORE, in consideration of the mutual promises contained herein, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. **Contract Term.**

The term of the Contract will begin on the first day of the first Policy Period. The Contract shall remain in effect for a term of <Insert number # of years> from such date, unless terminated in accordance with the terms of this Contract.

2. **Policy Periods.**

The initial Policy Period shall begin on January 1, 2027, and expire on January 1, 2028. During the Term of this Agreement, the Department may, in its sole discretion, elect to continue insurance coverage for successive Policy Periods, subject to the terms of this Contract and at the pricing established in Exhibit A, Price Sheet.

The annual Policy Periods are as follows:

a) January 1, 2027, 12:01 am, and ending January 1, 2028, 12:01 am.
b) <Insert additional policy periods based upon year inserted into #1 above>

3. **Order of Precedence.**

This Contract document and the attached exhibits constitute the Contract and the entire understanding of the Parties. All Exhibits listed below are incorporated into this Contract by reference herein. In the event of a conflict, the Contract document and Exhibits shall have priority in the following order:

a) This contract document

b) Exhibit A, Price Sheet
c) Exhibit B, Scope of Work
d) Exhibit C, Insurance Terms and Conditions
e) Exhibit D, PUR 1000 General Terms and Conditions
f) Exhibit E, Insurance Policy
g) Exhibit F, Broker's Bid

4. Primary Contacts.

Department's Contract Manager:
Insert DMS Contract Manager Name
Division of State Purchasing
Florida Department of Management Services
4050 Esplanade Way, Suite 360
Tallahassee, Florida 32399
Telephone: (850) XXX-XXXX
Email: first.last@dms.fl.gov

Contractor's Contract Manager:
Insert Contractor Manager Name
Insert Contractor name
Insert Contractor's physical address
Telephone: (XXX) XXX-XXXX
Email: jane.doe@business.com

Either party may notify the other by email of a change to a designated Contract Manager providing the contact information for the newly designated contact, and such notice is sufficient to effectuate this change without requiring a written amendment to the Contract.

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by the undersigned duly authorized officials.

State of Florida: **Department of Management Services**	**Contractor:** <Insert Contractor Name>
By: _____	**By:** _____
Name: <Insert Name>	**Name:** <Insert Name>
Title: <Insert Title>	**Title:** <Insert Title>
Date: _____	**Date:** _____