

# PURCHASING POLICY EXCEPTION FORM

**FROM:**

DATE: 09/05/2025

DEPARTMENT: Public Works

VENDOR: Regency Oaks Subdivision

DEPT DIRECTOR/

MGR SIGNATURE: *Lilli Holt*

DATE: 9/29/2025

Amount of Invoice: \$1,050.00

Invoice Date: 4/17/2025

The attached request for disbursement does not appear to be in compliance with County Purchasing Policy, for the following reason:

This vendor performs much of his correspondence with DPW in person. I followed the requirements listed in Agreement 19-10 when discussing Certificate of Insurance requirements. Mr. Williams informed me no vehicles are operated, and right of way maintenance is performed by himself. Tiffany Smith confirmed she previously gave him an exemption. During the delay caused by the COI corrections Mr. Williams performed ROW maintenance without having an issued purchase order for reimbursement.

**Please forward all documentation with this form attached, and letter of explanation, to the Chief Procurement Officer.**

**TO: CHIEF PROCUREMENT OFFICER**

Please review, and upon approval, forward to County Administration.

*Cake Rose Jett*

Date: 9/29/25

Resolution: Approved.

**To process this disbursement, the request must be approved by the County Administrator.**

**TO: COUNTY ADMINISTRATOR**

Please review, and upon approval, forward to the Finance Department for processing.

APPROVED FOR PAYMENT:

COUNTY ADMINISTRATOR (or designee): *Jhm*

DATE: 09/30/2025

APPROVED FOR PAYMENT:

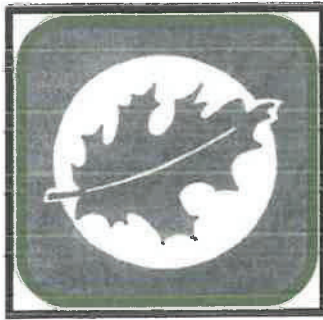
FINANCE DIRECTOR/

ASST. FINANCE DIRECTOR

**APPROVED**

By Joshua Stringfellow at 2:50 pm, Sep 30, 2025

Date: \_\_\_\_\_



# REGENCY OAKS CIVIC ASSOCIATION

4445 breakwater blvd

Spring Hill fl 34607

## INVOICE

Date: 4/17/2025

INVOICE #2023

To Susan Brown  
Accounting clerk 111  
Dept of public works  
Brooksville, fl 34601

352-540-6594 ext 17317  
SGBROWN@hernando.fl.us

Qty	Description	Unit Price	Line Total
1	Lawn mowing gaston st		
	OCTOBER NOVEMBER DECEMBER 2024	350.00	
	JANUARY FEBUARY MARCH 2025	350.00	
	April may June 2025	350.00	

Subtotal

Sales Tax

Total Due \$1050.00

**Make Checks Payable to Regency Oaks Civic Association**

**4445 breakwater spring hill fl 34607**

Regency Oaks Civic Association 4445 Breakwater Blvd. Spring Hill, FL 34607

...A volunteer group committed to preserving your property  
value, safety, health, and welfare.

## **AGREEMENT FOR GROUNDS MAINTENANCE**

This is an agreement by and between HERNANDO COUNTY ("COUNTY") and the REGENCY OAKS CIVIC ASSOCIATION ("REQUESTOR") for reimbursement from COUNTY and for assumption of liability and provision of insurance coverage with respect to providing grounds maintenance of the county-owned properties described below. The type of maintenance work to be performed, anticipated frequency, and estimated annual cost is provided. The COUNTY'S liability for reimbursement in any fiscal year under this agreement shall not exceed the total estimated annual reimbursement set forth below. Reimbursement pursuant to this agreement shall be made upon presentation of records, invoices and/or receipts sufficient for COUNTY to determine that the right to reimbursement exists. The COUNTY reserves the right to conduct an audit of REQUESTOR'S record to confirm the accuracy and/or propriety of reimbursement requests, and REQUESTOR, agrees to make such records available at reasonable times upon COUNTY request therefor. Reimbursement is based on the services which the COUNTY would have provided only. Any premium cuts beyond this contract are at the discretion and the financial responsibility of the REQUESTOR. The maintenance work described shall be performed by REQUESTOR, its agents or contractors, subject to the provisions below.

**Maintenance shall include but is not limited to all mowing, litter removal, and trimming along sidewalks and Right of Ways, as outlined in the attached subdivision map eight (8) times per year.**

**Annual Maintenance of County Right of Ways within the Regency Oaks Subdivisions (Approximately 5 miles).**

**Total Annual reimbursement amount is \$1100.00 for referenced areas; paid quarterly at \$275.00**

REQUESTOR agrees to indemnify fully and hold harmless COUNTY, its officers, agents, and employees from and against all losses, damages, claims, liabilities, and causes of action of every kind or character and nature as well as costs and fees, including reasonable attorney's fees connected therewith, and the expense of the investigation thereof, based upon or arising out of damages or injuries to third persons or their property caused by the willful conduct or negligence of REQUESTOR, its agents or contractors in performing the work contemplated by this Agreement. COUNTY shall give to REQUESTOR prompt and reasonable notice of any such claims, or actions and REQUESTOR shall have the right to investigate, compromise and defend the same to the extent of its own interest.

REQUESTOR or its agents or contractors actually performing reimbursable maintenance work under this agreement shall provide, pay for and maintain with companies satisfactory to COUNTY the types of insurance described herein from responsible insurance companies eligible to do business in Florida. Insurance coverage and limits required herein are designed to meet the minimum requirements of COUNTY and are not designed as a recommended insurance program for REQUESTOR.

**Required Insurance per County Policy for all informal bids/quotes under \$15,000**

**1) WORKERS' COMPENSATION: As required by law:**

STATE	Statutory
APPLICABLE FEDERAL	Statutory
EMPLOYER'S LIABILITY - Minimum:	\$100,000 each accident \$100,000 each employee \$500,000 policy limit

**2) GENERAL LIABILITY: Comprehensive General Liability including, but not limited to, Independent Contractor, Contractual Premises/Operations, and Personal Injury covering the liability assumed under indemnification provisions of this contract, with limits of liability for personal injury and/or bodily injury, including death. COVERAGE AS FOLLOWS:**

EACH OCCURRENCE	\$1,000,000
GENERAL AGGREGATE	\$2,000,000
PERSONAL/ADVERTISING INJURY	\$1,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE	\$2,000,000

**3) ADDITIONAL INSURED: Contractor agrees to endorse Hernando County as an additional insured on the Commercial General Liability. The Additional Insured shall read "Hernando County Board of County Commissioners." Proof of Endorsement is required.**

**4) WAIVER OF SUBROGATION: Contractor agrees by entering into this contract to a Waiver of Subrogation for each required policy herein. When required by the insurer, or should a policy condition not permit Contractor to enter into a pre-loss agreement to waive subrogation without an endorsement, then Contractor agrees to notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy which includes a consideration specifically prohibiting such an endorsement or voids coverage should Contractor enter into such an agreement on a pre-loss basis.**

**5) AUTOMOBILE LIABILITY: Comprehensive automobile and truck liability covering any auto, all owned autos, scheduled autos, hired autos, and non-owned autos. Coverage shall be on an "occurrence" basis. Such insurance to include coverage for loading and unloading hazards. COVERAGE AS FOLLOWS:**

COMBINED SINGLE LIMIT (CSL)	\$300,000
BODILY INJURY (Per Person)	\$100,000
BODILY INJURY (Per Accident)	\$300,000

This Agreement is made with the understanding that it may be terminated at any time, with or without cause, by either party, upon thirty (30) days written notice. The Agreement otherwise is valid until March 1, 2023 at which time the Agreement may be renewed for an extended period shall both parties agree.

  
REQUESTOR

By: Regency Oaks Civic Association

12-17-19  
Date:

  
HERNANDO COUNTY

By: J. Scott Herring, P.E.  
Public Works Director

12/17/19  
Date:

## Casey Phillips

---

**From:** Casey Phillips  
**Sent:** Tuesday, July 29, 2025 8:21 AM  
**To:** mikegnadeau@hotmail.com; Billscar86@gmail.com  
**Subject:** Regency Oaks Subdivision ROW Mowing Agreement  
**Attachments:** COI Sample.pdf; COI Check List.pdf; Signed Agreement Regency 2-6-2023.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Good morning,

My name is Casey Phillips, and I am the Accounting Clerk III for Hernando County DPW. We have entered the fourth billing quarter and have not received your COI or any invoices yet. You are welcome to wait and send all 4 invoices towards the end of quarter four. However, if you could please send us your COI, we would greatly appreciate it. This will allow me time to enter the requisition for your Purchase Order which allows us to send you payment. I will need to receive the invoices to get them paid and the PO closed out preferably by September 18<sup>th</sup> but no later than September 25<sup>th</sup>, 2025. We just wanted to remind you because if we do not receive the COI and invoices by then to get the PO opened and the invoices receipted you automatically forfeit the money. I have attached a copy of our COI sample and checklist to show you how it will need to look. I look forward to hearing back from you.

Thank you,



**Casey Phillips**  
**ACCOUNTING CLERK III**  
**Hernando County Department of Public Works**  
1525 E. Jefferson Street, Brooksville, FL 34601  
Office: (352) 754-4060 x17006  
Email: [cphillips@co.hernando.fl.us](mailto:cphillips@co.hernando.fl.us)  
[www.HernandoCounty.us](http://www.HernandoCounty.us)



Subscribe to **Hernando Highlights!**



## Casey Phillips

---

**From:** Tiffany Smith  
**Sent:** Friday, August 1, 2025 9:53 AM  
**To:** Casey Phillips  
**Subject:** Re: COI question for Regency Oaks

Hey Casey,

Susan's got a great memory. Checked into it and I certainly did. He's automatically exempt from WC as he is an independent contractor for non construction and no employees. Auto was given an exception as well since as stated he doesn't use a vehicle to complete the scope of work. Let me know if you need anything further.

Happy Fri-Yay!



Tiffany Smith  
Hernando County Risk Management  
15470 Flight Path Drive, Brooksville, FL 34604  
Office (352) 540-6289 Ext. 27018  
Fax (352) 754-4025  
Email [TESmith@hernandocounty.us](mailto:TESmith@hernandocounty.us)  
[www.HernandoCounty.us](http://www.HernandoCounty.us)

Sign up to receive the [Hernando Highlights](#) monthly newsletter!

The information transmitted, including attachments, is intended only for the person(s) or entity to which it is addressed and may contain material that is confidential, privileged and/or exempt from disclosure under applicable law. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you received this in error, please contact the sender and destroy any copies of this information. Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

---

**From:** Casey Phillips <cphillips@co.hernando.fl.us>  
**Sent:** Friday, August 1, 2025 9:39 AM  
**To:** Tiffany Smith <TESmith@co.hernando.fl.us>  
**Subject:** COI question for Regency Oaks

Good morning, Tiffany,

I spoke with William Johnson from Regency Oaks this morning. He mows the ROWs himself he does not have any employees. He also stated he does not use a vehicle he only rides the lawn mower around to mow the ROWs in the community. He says he has always been allowed to only carry liability insurance for the ROW maintenance agreements. I spoke with Susan, and she said it did sound familiar, and she thinks that you made an exception for him. I have attached his COI. Can you investigate this and advise me if this is good or if anything needs to be done?

Thank you,

## Casey Phillips

---


**From:** Casey Phillips  
**Sent:** Friday, August 1, 2025 10:09 AM  
**To:** william johnson  
**Subject:** COI update from Risk managment

Good morning, Mr. Johnson,

I had spoken to Susan before coming out to speak with you but after we spoke, I went back and relayed the information to Susan. She said now that sure does sound familiar Tiffany may have given him an exception of some kind. I reached out to Tiffany in Risk Management that handles all the insurance policies like I promised. She stated that she did grant you an exception due to the unique circumstances of your ROW maintenance. I apologize for not being aware of this and I will add that to your file so this shouldn't continue to be an issue for you. I will work on getting your requisition entered and your invoices paid once the PO is finalized.



Tiffany Smith  
To Casey Phillips

 You replied to this message on 8/1/2025 9:54 AM.  
If there are problems with how this message is displayed, click here to view it in a web browser.

Hey Casey,

Susan's got a great memory. Checked into it and I certainly did. He's automatically exempt from WC as he is an independent contractor as well since as stated he doesn't use a vehicle to complete the scope of work. Let me know if you need anything further.

Happy Fri-Yay!



**Tiffany Smith**  
Hernando County Risk Management  
15470 Flight Path Drive, Brooksville, FL 34604  
Office (352) 540-6289 Ext. 27018  
Fax (352) 754-4025  
Email [TESmith@hernandocounty.us](mailto:TESmith@hernandocounty.us)  
[www.HernandoCounty.us](http://www.HernandoCounty.us)

Thank you,

Casey Phillips



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/01/2025

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).

<b>PRODUCER</b>	Simply Business 53 State Street 19th Floor Boston, MA 02109	<b>CONTACT NAME:</b>	Simply Business		
		<b>PHONE (A/C, No, Ext):</b>	(866) 538-7491	<b>FAX (A/C, No):</b>	
		<b>E-MAIL ADDRESS:</b>	contactus@simplybusiness.com		
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>		
		<b>INSURER A:</b>	Spinnaker Insurance Company		24376
<b>INSURED</b>	william johnson 4441 Plumosa St Spring Hill, Florida 34607	<b>INSURER B:</b>			
		<b>INSURER C:</b>			
		<b>INSURER D:</b>			
		<b>INSURER E:</b>			
		<b>INSURER F:</b>			

## 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	ADDL INSD	SIRR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																				
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	<input checked="" type="checkbox"/>		HBW3862012XB3	02/06/2025	02/06/2026	<table><tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000</td></tr><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td></td></tr><tr><td>BODILY INJURY (Per person)</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr></table>	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	\$2,000,000	COMBINED SINGLE LIMIT (Ea accident)		BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)	
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	\$2,000,000																										
COMBINED SINGLE LIMIT (Ea accident)																											
BODILY INJURY (Per person)																											
BODILY INJURY (Per accident)																											
PROPERTY DAMAGE (Per accident)																											
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR																										
	GEN'L AGGREGATE LIMIT APPLIES PER:																										
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC																										
	OTHER:																										
	<b>AUTOMOBILE LIABILITY</b>																										
	<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																									
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR																									
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE																									
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION																										
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/> Y/N																									
	ANY PROPRIETOR/PARTNER/EXECUTIVE																										
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A																									
	<b>PROFESSIONAL LIABILITY</b>																										
							<table><tr><td>EACH OCCURRENCE</td><td></td></tr><tr><td>AGGREGATE</td><td></td></tr><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td></td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td></tr><tr><td>EACH CLAIM</td><td></td></tr><tr><td>AGGREGATE</td><td></td></tr></table>	EACH OCCURRENCE		AGGREGATE		PER STATUTE	OTH-ER	E.L. EACH ACCIDENT		E.L. DISEASE - EA EMPLOYEE		E.L. DISEASE - POLICY LIMIT		EACH CLAIM		AGGREGATE					
EACH OCCURRENCE																											
AGGREGATE																											
PER STATUTE	OTH-ER																										
E.L. EACH ACCIDENT																											
E.L. DISEASE - EA EMPLOYEE																											
E.L. DISEASE - POLICY LIMIT																											
EACH CLAIM																											
AGGREGATE																											

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is included as an additional insured on the General Liability policy per written contract.

## CERTIFICATE HOLDER

## CANCELLATION

Hernando County Board of county commissioners,  
15470 Flight Path Dr,  
Brooksville, FL 34604

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

Camila Oliveira

© 1988-2015 ACORD CORPORATION. All rights reserved.

RA250980