

From: [Patricia Lewis](#)
To: [Richard Dennis](#)
Cc: [Paulina Edmond](#); [Todd Swanson](#)
Subject: RE: CONTRACT ASSIGNED: NEW CONTRACT REQUEST - (RSK) RISK MANAGEMENT/230094:Liability/Workers' Comp Admin Agreement Renewal
Date: Thursday, November 20, 2025 9:27:59 AM
Attachments: [image002.png](#)
[image003.png](#)

Good morning Richard,

I'm drafting this renewal amendment. As the initial term was for three years also (and the original contract amount was \$802,239), is the amount of \$353,250 referenced below correct for the three-year renewal term?

We want to include enough funding on this amendment to cover what you will need without having to go back to Council.

Thank you,



Patti Lewis, MBA, NIGP-CPP
Contracting Manager

Phone : 352.629.8248

Cell : 352.888.2964

E-Mail : plewis@ocalafl.gov

110 SE Watula Avenue
City Hall, Third Floor
Ocala, Florida 34471

www.bidocala.com

From: Contracts <Contracts@ocalafl.gov>
Sent: Wednesday, November 19, 2025 4:03 PM
To: Richard Dennis <rdennis@ocalafl.gov>
Cc: Contracts <Contracts@ocalafl.gov>; Patricia Lewis <plewis@ocalafl.gov>; Paulina Edmond <pedmond@ocalafl.gov>; Todd Swanson <tswanson@ocalafl.gov>
Subject: CONTRACT ASSIGNED: NEW CONTRACT REQUEST - (RSK) RISK MANAGEMENT/230094:Liability/Workers' Comp Admin Agreement Renewal

Your request for assistance has been received by the Contracting Department and has been assigned to the following individual for management:

Patti Lewis, Contracting Manager

Email: plewis@ocalafl.gov

Telephone: (352) 629-8248

This individual will be your point of contact for all matters related to your request. Please ensure that they are included in your communications.

Your point of contact will reach out to you shortly for follow up.

CITY OF OCALA | Contracting and Procurement
110 Southeast Watula Avenue, Third Floor

Ocala, Florida 34471



From: Jotform <noreply@jotform.com>

Sent: Wednesday, November 19, 2025 4:02 PM

To: Contracts <contracts@ocalafl.org>

Subject: NEW CONTRACT REQUEST - (RSK) RISK MANAGEMENT/230094:Liability/Workers' Comp Admin Agreement Renewal



Contract Request Form

Document Name	Liability/Workers' Comp Admin Agreement Renewal
Contract Number	230094
Request Type	<input type="text" value="Draft"/>
Draft Contract Type	<input type="text" value="Renewal"/>
Managing Department	<input type="text" value="(RSK) RISK MANAGEMENT"/>
City Contract Manager	Richard Dennis
Request Description	Please draft renewal for 3-year term
Is Council Approval Required?	<input type="text" value="Yes"/>
City Council Date	12-16-2025
Contract Value	\$353250
Urgent Priority?	<input type="text" value="No"/>
Contract Needed By Date	12-04-2025
File Upload	Renewal Confirmation 230094.pdf EXECUTED CONTRACT - Third Party Liability. PMA Mangagment

[Corp. \(RSK 230094\).pdf](#)

Requestor Email rdennis@ocalaf1.gov

Courtesy Copy Email 1 pedmond@ocalaf1.gov

Courtesy Copy Email 2 tswanon@ocalaf1.gov

Edit contract request: [Edit Submission](#)