

COS
7812-01

**CONTRACT
BETWEEN
THE CITY OF JACKSONVILLE
AND
R. G. WHITE CONSTRUCTION, INC.
FOR
RELOCATION OF HISTORIC MANDARIN SCHOOL HOUSE**

THIS CONTRACT is executed as of this 27 day of Oct, 2014, by and between the **CITY OF JACKSONVILLE**, a municipal corporation in Duval County, Florida, (hereinafter the "Owner" or the "City"), with an address at 117 West Duval Street, Jacksonville, Florida 32202, and **R. G. WHITE CONSTRUCTION, INC.**, a Florida profit corporation with its principal office at 5800 Firestone Road, Jacksonville, Florida 32244 (hereinafter the "Contractor") for relocation of the historic Mandarin School House to Walter Jones Historical Park (the "Project").

WITNESSETH, that for the consideration and under the provisions hereinafter stated and referred to moving from each to the other of said parties, respectively, it is mutually understood and agreed as follows:

1. That Contractor is the lowest and best responsible bidder for furnishing all labor, materials, and equipment and performing all operations necessary to relocate the historic Mandarin School House to Walter Jones Historical Park, including, but not limited to supplying all necessary permits to move the structure; coordinating notification, clearance, and all approvals for proposed route with the City of Jacksonville; bracing, supporting, and transporting structure in two parts; constructing new brick pier foundations and footers at Walter Jones Historical Park; setting and structurally tying the School House into the new foundation; setting and structurally connecting the roof; supplying an arborist for all tree trimming on the designated route; demolishing and disposing of the existing foundation at 14109 Mandarin Road; constructing accessible route, signage, access ramp, and entrance door; patching and repairing siding; and providing new electrical circuiting and emergency lighting fixture, all in accordance with the plans and specifications hereinafter referred to, and has been awarded this Contract for said work pursuant to award made September 8, 2014.

2. The Contractor will, at its own cost and expense, do the work required to be done and furnish the materials required to be furnished on said work in accordance with plans and specifications prepared by Sheryl Kurtz, Procurement Division, and Amy Ver Beek Brown, Parks, Recreation and Community Services Department, bid numbered CF-0135-14, bid date August 19, 2014, designated as "Bid Specifications for Relocation of Mandarin School House 11964 Mandarin Road, Jacksonville, Florida," and strictly in accordance with the advertisement calling for bids, plans, specifications, blueprints, addenda, requirements of the City of Jacksonville, proposal of the said Contractor, and award therefor (hereinafter collectively called the "Contract Documents") now on file in the Office of the Chief of the Procurement Division of the City of Jacksonville, all of which are hereby specifically made a part hereof by reference to the same extent as if fully set out herein for the total base bid amount of EIGHTY-FIVE THOUSAND SEVEN HUNDRED TWENTY-ONE AND 00/100 DOLLARS (\$85,721.00), at and for the prices and on the terms contained in the Contract Documents, with \$46,036.00 of such being provided by the Mandarin Museum and Historical Society, resulting in a total maximum indebtedness to City in the not-to-exceed amount of \$39,685.00.

3. On the faithful performance of this Contract by the Contractor, the Owner will pay the Contractor in accordance with the terms and on the conditions stated in the Contract Documents.

4. The Contractor shall indemnify and hold harmless the Owner and the Owner's officers and employees from liabilities, damages, losses, and costs, including but not limited to environmental claims, reasonable attorney's fees, and reasonable expert witness fees to the extent caused by the negligence, recklessness, or intentionally wrongful misconduct of the Contractor and persons employed or utilized by the Contractor in the performance of this Contract. To the extent this provision is in conflict with Section 20.43.1 of the Contract Documents, this provision shall take precedence. It is the intent of the parties that any such indemnification shall be in accord with Section 725.06(2), Florida Statutes (2008).

5. This Contract and all amendments thereto may be executed in several counterparts, each of which shall be deemed to be an original, and all of such counterparts together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the parties hereto have duly executed this Contract, in duplicate, the day and year first above written.

ATTEST:

CITY OF JACKSONVILLE, FLORIDA

By *James R. McCain, Jr.*
James R. McCain, Jr.
Corporation Secretary



Karen Bowling
Alvin Brown, Mayor
Karen Bowling
OWNERS
Chief Administrative Officer
For: Mayor Alvin Brown
Under Authority of:
Executive Order No. 2013-04

In accordance with the Ordinance Code of the City of Jacksonville, I do hereby certify that there is an unexpended, unencumbered, and unimpounded balance in the appropriation sufficient to cover the foregoing agreement, and that provision has been made for the payment of monies provided therein to be paid.

C. Donald Bolton
Director of Finance
7812-01
CB

Form Approved:

James R. McCain, Jr.
Office of General Counsel

ATTEST:

R. G. WHITE CONSTRUCTION, INC.

Georgia White
Signature
Georgia White
Type/Print Name
Vice-President/Secy.-Treas.
Title

Robert White
Signature
ROBERT WHITE
Type/Print Name
PRESIDENT
Title

CONTRACTOR

Amount: \$39,685.00

Account: RPCP32CF5720



CERTIFICATE OF LIABILITY INSURANCE

4/30/2015

DATE (MM/DD/YYYY)
4/28/2014

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 Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME: PHONE (City, St, Ext): FAX (City, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE: NAIC #: INSURER A: New Hampshire Insurance Company 23841 INSURER B: Insurance Company of the State of PA 19429 INSURER C: INSURER D: INSURER E: INSURER F:
---	---

INSURED
1049528 JACKSONVILLE
 TRADESMEN INTERNATIONAL, INC
 9440 PHILIPS HIGHWAY, SUITE 10
 JACKSONVILLE FL 32256

COVERAGES TRAIN02 **CERTIFICATE NUMBER:** 3536888 **REVISION NUMBER:** XXXXXXXX

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	ADDITIONAL (REQ) WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC OTHER:		NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (BA schedule) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		NOT APPLICABLE			COMBINED SINGLE LIMIT (Per accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (If yes, describe under DESCRIPTION OF OPERATIONS below)	Y/N	N	WC034157228 (CA) WC034157229 (FL) WC034157230 (AK, AZ, GA, VA) WC034157231 (NJ, PA)	4/30/2014 4/30/2014 4/30/2014 4/30/2014	4/30/2015 4/30/2015 4/30/2015 4/30/2015	<input checked="" type="checkbox"/> STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYER \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
B	WORKERS COMPENSATION CONTINUED	N	N	WC034157232 (MA, WI) WC034157227 (IL, KY, NH, UT, VT) WC034157226 (AOS) WC034157233 (ME)	4/30/2014 4/30/2014 4/30/2014 4/30/2014	4/30/2015 4/30/2015 4/30/2015 4/30/2015	***SEE ABOVE***

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

CERTIFICATE HOLDER 3536888 R G WHITE CONSTRUCTION PO BOX 14734 JACKSONVILLE FL 32238	CANCELLATION 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
---	--

#

#

ALLSTATE INSURANCE COMPANY

Calendar Date: 10/06/2014

Home Office

Policy Number: 941153832 11/15

Northbrook, Illinois

Insured : ROBERT & GEORGIA WHITE

Address : 5300 FIRESTONE RD

City : JACKSONVILLE

St.: FL Zip

Code: 32244

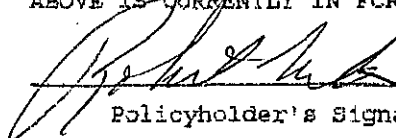
Home Phone No.: 904-779-8352

CHANGE COVERAGE

	2005	2000	2003
	ACCORD	ECONOLINE	SILVERADO4WD
Bodily Injury	: 250/500	1000/1000	250/500

REMARKS NO VALIDATED BY CI
HOME OWNERSHIP WAS VALIDATED BY THE NEW OR EXISTING CROSS INDEXED POLICY.

THIS REQUEST IS SUBJECT TO POLICY TERMS AND IS EFFECTIVE ONLY IF THE POLICY NOTED ABOVE IS CURRENTLY IN FORCE



Policyholder's Signature

Effective 09 : 27 A.M. 10/06/2014

John T. Crowell

Agent/Agency Name

00005214 B1H 904-538-9440 PH
Agent # Location Agent's Phone #

AR1871

+

+

Customer Name: **ROBERT & GEORGIA WHITE**

Control Number: **941153832**

Document Center Summary

Trailing Documents/Forms for Customer

Legal Trailing Documents **Form No.**
URM/UIM Selection/Rejection Form X67121 -3

Forms **Form No.**
Document Center Summary
Service Request SAR1871
Life Teaser Quote

Premium Summary

Premiums displayed are Full-Term

	2005 HONDA ACCORD	2000 FORD VANS ECONOLINE	2003 CHEVY TRUCKS SILVERADO4WD
Adjusted Vehicle Premium	\$431.96	\$619.40	\$484.93
Current Vehicle Premium	\$431.96	\$573.73	\$484.93

Adjusted Total Premium \$1536.29

Current Total Premium \$1490.62

Difference from Current Premium \$45.67

Rates as of Date 03/17/2014

#

**UNINSURED MOTORISTS INSURANCE
FLORIDA SELECTION/REJECTION FORM**

#

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Instructions:

For A Motor Vehicle Liability Policy Insuring Only One Vehicle

If you are electing to reject Uninsured Motorists Insurance or selecting Uninsured Motorists Insurance limits lower than your Bodily Injury limits please:

- 1. Complete Section A; and
- 2. Read the last paragraph of this form, then please sign and date it.

For A Motor Vehicle Liability Policy Insuring More Than One Vehicle

- 1. If you are electing to reject Uninsured Motorists Insurance Coverage or selecting Uninsured Motorists Insurance limits lower than your Bodily Injury Liability limits, please complete Section A;
- 2. If you did not reject Uninsured Motorists Insurance Coverage and are electing to purchase the non-stacked form of Uninsured Motorists Insurance, please complete Section B; and
- 3. Read the last paragraph of this form, then please sign and date it.

Section A

Uninsured Motorists Insurance provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which bodily injury limits are less than your damages.

Florida law requires that motor vehicle liability policies include Uninsured Motorists Insurance at limits equal to the Bodily Injury Liability limits in your policy, unless you select a lower limit offered by the company, or reject Uninsured Motorists Insurance entirely.

Please indicate whether you desire to entirely reject Uninsured Motorists Insurance, or to whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy:

- I hereby reject Uninsured Motorists Insurance.
- I hereby select Uninsured Motorists Insurance limits of \$ 30000 per person/\$ 100000 per accident which are lower than my Bodily Injury Liability limits.

Section B (Do not complete this section if your policy covers only one vehicle)

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorists Insurance. Under this form of coverage, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorists Insurance available on any one vehicle for which you are a named insured, insured family member, or an insured resident of the named insured's household.

If you do not elect to purchase the non-stacked form of coverage, your Uninsured Motorists Insurance limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, the Uninsured Motorists Insurance limits available to you would automatically change during the policy term if you increase or decrease the number of motor vehicles covered under the policy.

Please indicate whether you desire to select the non-stacked form of Uninsured Motorists Insurance:

- I hereby select the non-stacked form of Uninsured Motorists Insurance.

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Name ROBERT & GEORGIA WHITE

Policy Number 941153832

Signature

Date



8/6/11

+

+

