

8565-07

**CONTRACT
BETWEEN
THE CITY OF JACKSONVILLE
AND
CORE CONSTRUCTION COMPANY OF JACKSONVILLE
D/B/A CORE CONSTRUCTION CO., INC.
FOR
DUVAL COUNTY HEALTH DEPARTMENT TB UNIT EXPANSION**

THIS CONTRACT is executed as of this 11 day of 14, 2014, by and between the CITY OF JACKSONVILLE, FLORIDA, a municipal corporation in Duval County, Florida (hereinafter the "Owner" or the "City"), and CORE CONSTRUCTION COMPANY OF JACKSONVILLE, INC. D/B/A CORE CONSTRUCTION CO., INC., a Florida profit corporation with principal office at 4940 Emerson Street, Suite 205, Jacksonville, Florida 32207 (hereinafter the "Contractor").

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 for the TB Unit Expansion at the Duval County Department of Health, located at 515 West 6th Street, Jacksonville, Florida 32206, including, but not limited to, removal of plumbing fixtures, lavatory, chase, a portion of the chase wall, a portion of the wing wall, aluminum door, frame, sidelight, ceiling, folding door ceiling track, ceiling boards and grid, HVAC equipment, duct, fixtures, resilient sheet floor, wall covering, wainscot, selected roof areas, toilet, urinal partitions, and resilient sheet and base floor, modification of doors, and the construction of new partitions, wainscot, liquid roof finish, liquid epoxy base and floors, ceramic wall tile, roof top air handler, electric duct heater, urinal, lavatory, water closet, doors, new gypsum boards, insulation, air diffusers, air return grille, exhaust fan, acoustical ceiling board, light fixtures, exit fixture, occupancy sensor, room number signs, plumbing work, mechanical work, electrical work, and all other improvements and repairs required to complete the work, all in accordance with plans and specifications hereafter referred

to, and has been awarded this Contract for said work pursuant to award made September 16, 2013.

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 the Engineering Division of the City of Jacksonville's Public Works Department and VRL Architects, Inc., bid numbered JCF-0126-14, bid date August 6, 2014, designated as "Bid Specifications for Duval County Department of Health TB Unit Expansion," and strictly in accordance with the advertisement calling for bids, plans, specifications, blueprints, addenda, requirements of the City of Jacksonville, proposal of said Contractor, and award therefor (hereinafter collectively 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 a total maximum indebtedness not-to-exceed THREE HUNDRED TWENTY-SEVEN THOUSAND AND 00/100 DOLLARS (\$327,000.00), at and for the prices and on the terms contained in the Contract Documents.

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

4. 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.

[Remainder of page intentionally left blank. Signature page follows immediately.]

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
OWNER Administrative Officer
For: Mayor Alvin Brown
Under Authority of:
Executive Order No. 2013-04

In accordance with Section 24.103(e) of 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. Ronald Belton
Director of Finance
8565-07
BT

Form Approved:

James R. McCain, Jr.
Office of General Counsel

ATTEST:

CORE CONSTRUCTION COMPANY OF JACKSONVILLE, INC. D/B/A CORE CONSTRUCTION CO.,

Nerissa Hawkins
Signature

NERISSA HAWKINS
Type/Print Name

ACCOUNTANT
Title

Jay Chung
Signature

JAY CHUNG
Type/Print Name

PRESIDENT
Title

CONTRACTOR

ENCUMBRANCE & FUNDING INFORMATION:

Account No.	Encumbered Amount
PWCP341PB519-06505-PW0754-01	\$61,226.27
PWCP363PB519-06505-PW0754-01	\$45,837.40
PWCP32APB519-06505-PW0754-01	<u>\$219,936.33</u>
	\$327,000.00



CERTIFICATE OF LIABILITY INSURANCE

COREC-1

OP ID: 71

DATE (MM/DD/YYYY)
10/23/2014

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 Brown & Brown of Florida, Inc. Daytona Beach Office P.O. Box 2412 Daytona Beach, FL 32115-2412 House	CONTACT NAME: Jennifer Powell PHONE (A/C, No, Ext): 386-239-8874 FAX (A/C, No): 386-239-5773 E-MAIL ADDRESS: japowell@bbdaytona.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Vinings Insurance Company</td> <td>16632</td> </tr> <tr> <td>INSURER B: United Specialty Insurance Co</td> <td>12537</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Vinings Insurance Company	16632	INSURER B: United Specialty Insurance Co	12537	INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURED CORE CONSTRUCTION COMPANY OF JACKSONVILLE, INC. 4940 EMERSON STREET, SUITE 205 JACKSONVILLE, FL 32207														

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			GLP007093704	09/22/2013	09/22/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
A	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> XCU & CONTRACTUAL						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			USA40000123	08/13/2013	04/01/2014	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE \$ 3,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV007094706	08/28/2014	08/28/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

RE: DUVAL COUNTY DEPARTMENT OF HEALTH TB UNIT EXPANSION, JOB: JCF-0126-14

CERTIFICATE HOLDER**CANCELLATION**

CITY OF JACKSONVILLE
 214 N HOGAN ST. 8TH FL
 JACKSONVILLE, FL 32202

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

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