

6533-51

CONTRACT
BETWEEN
THE CITY OF JACKSONVILLE
AND
J. B. COXWELL CONTRACTING, INC.
FOR
CONSTRUCTION OF SEWER MODIFICATIONS
AT
THOMAS JEFFERSON PARK AND THE NORTH YARD COMPLEX

THIS CONTRACT is executed as of this 29 day of January, ~~2013~~²⁰¹⁴, by and between the CITY OF JACKSONVILLE, FLORIDA, a municipal corporation in Duval County, Florida, (hereinafter the "Owner" or the "City"), and J.B. COXWELL, INC., a Florida profit corporation with office at 6741 Lloyd Road West, Jacksonville, Florida 32254 (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 to construct sewer modifications at Thomas Jefferson Park and at the North Yard Complex (hereinafter the "Project"), including, but not limited to, complete construction of the sewer force main connection to the existing 8" JEA Force Main, including construction of piping, fittings, valves, wiring, private pump out assembly, electrical work, lift station, clean outs, connection to the existing service at the building, stub out, erosion control, tree protection, chain link fence and gates, restoration of sod, asphalt, concrete, curb, and all other improvements required to complete construction of the sewage connection at Thomas Jefferson Park, and to complete sanitary sewer connection to a manhole on-site, including the demolition and repair of asphalt, sidewalk, and curb and removal and replacement of a 6' chain link fence, installation of approximately 750 LF of 8" SDR 26 PVC, Type "A" manholes, Type "C" manholes, fittings and clean outs, erosion control, and all other improvements required for the proposed sanitary sewer connection and construction at the North Yard Complex, and all other related work as shown on the construction

plans, all in accordance with plans and specifications and/or permits and approvals issued by FDEP and JEA for the Project and has been awarded this Contract for said work pursuant to award made November 25, 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 and Construction Management Division of the Department of Public Works, bid numbered CF-0003-14, bid date October 23, 2013, designated as *CONSTRUCTION OF SEWER MODIFICATIONS AT THE THOMAS JEFFERSON PARK AND AT THE NORTH YARD COMPLEX*, 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 lump sum Base Bid "A" of \$79,361.00 and a total lump sum Base Bid "B" of \$89,953.00 for a total amount not-to-exceed ONE HUNDRED SIXTY-NINE THOUSAND THREE HUNDRED FOURTEEN AND 00/100 DOLLARS (\$169,314.00), at and for the prices and on the terms contained in the Contract Documents.

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. 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.
Corporation Secretary



By Alvin Brown
Mayor

OWNER

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.

[Signature] 1/24/14
Director of Finance
6533-51 BT

Form Approved:

James R. McCain, Jr.
Office of General Counsel

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

ATTEST:

V. Wayne Williford
Signature
V. Wayne Williford
Type/Print Name
Secretary/Treasurer
Title

J.B. COXWELL CONTRACTING, INC.

[Signature]
Signature
Christopher C. Blank
Type/Print Name
Vice President of Operations
Title

CONTRACTOR



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/7/2014

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 Johnson & Company 801 N Orange Avenue Suite 510 Orlando FL 32801	CONTACT NAME: Alberta Justice	
	PHONE (A/C, No, Ext): (407) 843-1120	FAX (A/C, No): (407) 843-5772
INSURED J. B. COXWELL CONTRACTING, INC. 6741 LLOYD ROAD, WEST JACKSONVILLE FL 32254	E-MAIL ADDRESS: ajustice@johnsonandcompany.net	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Zurich American Insurance Co	NAIC # 16535
	INSURER B: American Guarantee & Liab Ins	26247
	INSURER C: National Union Fire Ins. Co.	19445
	INSURER D: The Phoenix Insurance Company	25623
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2014 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		GLO 9806400-02	1/1/2014	1/1/2015	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000	
	<input checked="" type="checkbox"/> Contractual					PERSONAL & ADV INJURY \$ 1,000,000	
	<input checked="" type="checkbox"/> Independent Contractor					GENERAL AGGREGATE \$ 2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000	
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$	
B	AUTOMOBILE LIABILITY		BAP 9806399-02	1/1/2014	1/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$	
						PIP-Basic \$ 10,000	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		BE 29157223	1/1/2014	1/1/2015	EACH OCCURRENCE \$ 5,000,000	
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000	
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		QT-660-7133P614-TIL-14	1/1/2014	1/1/2015	WC STATUTORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>				E.L. EACH ACCIDENT \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					N/A	E.L. DISEASE - EA EMPLOYEE \$
	Contractors Equipment						E.L. DISEASE - POLICY LIMIT \$
Leased/Rented \$500,000 Max 2% Deductible							
Per Item \$5,000 Min							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: Construction of Sewer Modifications at Thomas Jefferson Park and The North Yard Complex

CERTIFICATE HOLDER

City of Jacksonville
117 W Duval Street
Jacksonville, FL 32202

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

F T. O'Reardon/AJ

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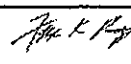
PRODUCER Cecil W. Powell & Co. P.O. Drawer 41490 219 Newnan St. Jacksonville, FL 32203-1490	CONTACT NAME: Dora Paratore, AAI, CHCS	
	PHONE (A/C, No, Ext): 904.353.3181 x248	FAX (A/C, No): 904.353.5722
E-MAIL ADDRESS: dparatore@cwpowellins.com		
INSURER(S) AFFORDING COVERAGE INSURER A: Bridgefield Casualty Ins Co		NAIC # 10335
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER: 2014 Master** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> 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"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			0196-07301	01/01/2014	01/01/2015	<input checked="" type="checkbox"/>	WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 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)
JBCCI #1342, COJ #121813 Project - Thomas Jefferson Park North Yard Complex
Waiver of Subrogation applies per the attached endorsement.

CERTIFICATE HOLDER City of Jacksonville 117 W. Duval Street Jacksonville, FL 32202	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  Fitzhugh K. Powell Jr AAI CRIS/DAP
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WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Blanket Waiver of Subrogation Applies

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

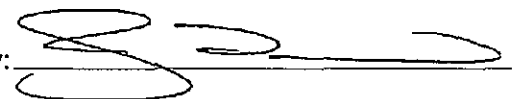
Date Prepared: November 19, 2013

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: January 1, 2014

Policy Number: 196-07301

Countersigned by:

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke, positioned above a horizontal line.

Insured: J B Coxwell Contracting, Inc.

WC 00 03 13 (Ed. 4-84)