

FIRST AMENDMENT TO CONTRACT  
BETWEEN  
THE CITY OF JACKSONVILLE  
AND  
ONAS CORPORATION  
FOR  
ADA PROJECT – ACCESSIBLE CURB CUTS

C65  
7920-37  
Amd 1

THIS FIRST AMENDMENT to Contract is executed as of this 31 day of Oct, 2014, by and between the CITY OF JACKSONVILLE, FLORIDA (hereinafter the “Owner” or the “City”), a municipal corporation in Duval County, Florida, and ONAS CORPORATION, a Florida profit corporation with principal office at 2050 University Boulevard North, Jacksonville, Florida 32211 (hereinafter the “Contractor”), for ADA curb improvements.

WHEREAS, on July 28, 2014, City and Contractor made and entered into City of Jacksonville Contract No. 7920-37 (hereinafter the “Contract”); and

WHEREAS, this Contract has not been amended previously; and

WHEREAS, said Contract should be amended by increasing the award by \$220,000.00 to a new total estimated expenditure amount not to exceed \$540,000.00, with all other provisions, terms, and conditions of said Contract remaining unchanged; now therefore,

IN CONSIDERATION of the Contract and the mutual promises and covenants herein contained and for other good, valuable, and legally sufficient consideration, the parties agree as follows:

1. The above-stated recitals are accurate, true, and correct and are incorporated herein and made a part hereof by this reference.

2. Section 2 of said Contract is amended by increasing the award by \$220,000.00 to a new total estimated expenditure amount not to exceed \$540,000.00, and as amended shall read as follows:

“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 Eisman & Russo Consulting Engineers, bid numbered CF-0090-14, bid date May 28, 2014, designated as *Contract Documents & Specifications for ADA Project – Accessible Curb Cuts Zip Code 32202-A*, 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 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, by this reference, hereby specifically made a part hereof to the same extent as if fully set out herein for an amount not-to-exceed FIVE HUNDRED FORTY THOUSAND AND 00/100 DOLLARS (\$540,000.00), at and for the prices and on the terms contained in the Contract Documents.”

**SAVE AND EXCEPT** as expressly amended herein, the provisions, terms, and conditions of the Contract of July 28, 2014, shall remain unchanged and shall continue in full force and effect.

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

Karen Bowling  
Chief Administrative Officer  
For: Mayor Alvin Brown

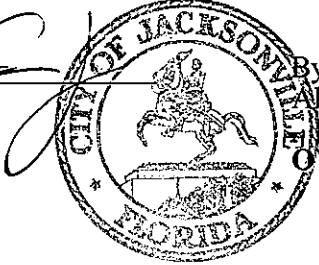
IN WITNESS WHEREOF, the parties hereto have duly executed this First Amendment  
Executive Order No. 2013-04

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.

C. Ronald Bell  
Director of Finance  
City Contract #7920-37, Amd #1  
CB

Encumbrance & funding information is found on the next page.

Form Approved:

James R. McCain, Jr.  
Office of General Counsel

WITNESS:

Renee Gadling  
Signature  
Renee Gadling  
Type/Print Name  
Admin. Assist  
Title

ONAS CORPORATION

Bandeke Onasanya  
Signature  
Bandeke Onasanya  
Type/Print Name  
President  
Title

CONTRACTOR

ENCUMBRANCE & FUNDING INFORMATION:

Account..... ERCD1A1-08301-005012-PDC001-14  
Amount..... \$220,000.00  
TOTAL..... \$540,000.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/14/2014

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).

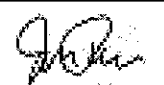
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|--|--|-----------------------|
| <b>PRODUCER</b><br>Stonehenge Insurance Solutions., Inc.<br>P.O. Box 3442<br>Tequesta, FL 33469  | <b>CONTACT NAME:</b> 888-925-2990 Ext. 20834 |                       |
|  | <b>PHONE (A/C, No., Ext):</b> 561-746-5027   | <b>FAX (A/C, No):</b> |
| <b>E-MAIL ADDRESS:</b> certs@progressiveemployer.com   |  |                       |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |  | <b>NAIC #</b>         |
| <b>INSURER A :</b> Technology Insurance Company, Inc.  |  | 42376                 |
| <b>INSURED</b><br>Progressive Employer Management Co, Inc. and all its affiliates and subsidiaries<br><br>For Co-employees of Onas Corporation<br>6407 Parkland Dr<br>Sarasota, FL 34243 | <b>INSURER B :</b>                           |                       |
|  | <b>INSURER C :</b>                           |                       |
|  | <b>INSURER D :</b>                           |                       |
|  | <b>INSURER E :</b>                           |                       |
|  | <b>INSURER F :</b>                           |                       |
|  |  |                       |

**COVERAGES** **CERTIFICATE NUMBER:**L335YQ22 **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   |  |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|--|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                    |  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N/A      | TWC3431595    | 09/15/2014              | 10/01/2015              | <input checked="" type="checkbox"/> WC STATUTORY LIMITS<br><input type="checkbox"/> OTH-ER   | E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
|          |  |           |          |               |                         |                         | \$<br>\$<br>\$<br>\$   |  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Coverage is extended to Co-employees but not subcontractors of Onas Corporation

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>City of Jacksonville<br>214 N. Hogan St.<br>Jacksonville, FL 32202 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|   | <b>AUTHORIZED REPRESENTATIVE</b><br><br>   |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/28/2014

**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.**

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|   |  |
|---|--|
| <b>PRODUCER</b><br><br>Insureon (BIN Insurance Holdings LLC.)<br>1301 Central Expy. South, Suite 115<br>Allen, TX 75013 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): 800-688-1984      FAX (A/C, No): (877) 826-9067<br>E-MAIL ADDRESS:<br>PRODUCER CUSTOMER ID #:<br>INSURER(S) AFFORDING COVERAGE      NAIC #<br>INSURER A: Preferred Contractors Ins Co RRG LLC      12497<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |
| <b>INSURED</b><br><br>Onas Inc.<br>2050 University N<br>Jacksonville, FL 32211  |  |

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

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|----------|---|-----------|----------|--------------------|-------------------------|-------------------------|---|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><hr/> GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          | PCIC5002-PCA518004 | 3/31/2014               | 3/31/2015               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |           |          |                    |                         |                         |   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DEDUCTIBLE \$<br>RETENTION \$   |           |          |                    |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      |                    |                         |                         | WC STATUTORY LIMITS    OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |

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|---|--|