

8401-08
Amd 2

**SECOND AMENDMENT TO CONTRACT
BETWEEN
THE CITY OF JACKSONVILLE
AND
C.A.P. CONTRACTING, INC.
FOR
ADA CURB RAMP IMPROVEMENTS**

THIS SECOND AMENDMENT to Contract is executed as of this 28 day of April, 2015, by and between the CITY OF JACKSONVILLE, FLORIDA, a municipal corporation in Duval County, Florida (hereinafter the "Owner" or the "City"), and C.A.P. CONTRACTING, INC., a Florida profit corporation with principal office at 1115 Edgewood Avenue West, Jacksonville, Florida 32208 (hereinafter the "Contractor"), for additional ADA curb ramp improvements.

RECITALS:

WHEREAS, on July 9, 2014, City and Contractor made and entered into City of Jacksonville Contract No. 8401-08 (hereinafter the "Contract"); and

WHEREAS, said Contract has been amended once previously; and

WHEREAS, said Contract should be amended further by providing additional funding in the amount of \$106,460.50 for the purpose of constructing additional curb ramps in the Riverside area of Zip Code 32204 at the same unit prices so as to increase the maximum indebtedness of the City to a new estimated expenditure amount not-to-exceed \$706,080.50, and extending the substantial completion date to 60 days after the effective date of this Second Amendment, with all other provisions, terms, and conditions of said Contract remaining unchanged; now therefore

IN CONSIDERATION of the premises and of the mutual covenants and agreements hereinafter contained and for other good and valuable 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 providing additional funding in the amount of \$106,460.50 for the purpose of constructing additional curb ramps in the Riverside area of Zip Code 32204 at the same unit prices so as to increase the maximum indebtedness of the City to a new estimated expenditure amount not-to-exceed \$706,080.50, and as amended shall read as follows:

“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 City of Jacksonville – Planning and Development Department, bid numbered CF-0082-14, bid date May 21, 2014, designated as *ADA Curb Ramp Improvements Zip Code 32204 – Part A Contract Documents & Specifications*, 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 SEVEN HUNDRED SIX THOUSAND EIGHTY AND 50/100 DOLLARS (\$706,080.50.00), at and for the prices and on the terms contained in the Contract Documents.”

3. Section 3 of said Contract is amended by extending the substantial completion date to 60 days after the effective date of this Second Amendment, and as amended shall read as follows:

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

Documents. The substantial completion date of this Contract shall be 60 days after the effective date of this Second Amendment.”

SAVE AND EXCEPT as expressly amended in and by this instrument, the provisions, terms, and conditions of the Contract of July 9, 2014, as previously amended, shall remain unchanged and shall continue in full force and effect.

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

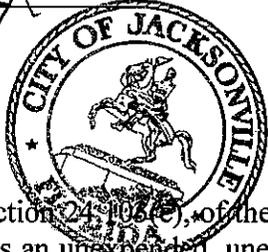
IN WITNESS WHEREOF, the parties hereto have duly executed this Second Amendment in duplicate the day and year first above written.

ATTEST:

CITY OF JACKSONVILLE, FLORIDA

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

By *Alvin Brown*
Alvin Brown, Mayor
OWNER
Cleveland Ferguson III
Deputy Chief Administrative Officer
For: Mayor Alvin Brown
Under Authority of:
Executive Order No. 2015-01



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 Bolton
Director of Finance
City Contract #8401-08, Amd #2
CRB

Encumbrance & funding information is found on the next page.

Form Approved:

James R. McCain, Jr.
Office of General Counsel

WITNESS:

C.A.P. CONTRACTING, INC.

Shirley C. Peterson
Signature
Shirley A. Peterson
Type/Print Name
Office Manager
Title

Genavis Peterson
Signature
Genavis Peterson
Type/Print Name
President
Title

CONTRACTOR

ENCUMBRANCE & FUNDING INFORMATION:

Account..... PDCD1A1-08301-005217-PDC001-15
Amount..... \$106,460.50

TOTAL MAXIMUM INDEBTEDNESS..... \$706,080.50



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/06/2015

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 Phone: (904) 828-4010 Fax: (904) 828-4030

SHIRLEY C. MARSHALL
INSURANCE PORTFOLIO MANAGERS, INC.
9060 CRAVEN ROAD
JACKSONVILLE FL 32257

Agency Lic#: A165915

CONTACT NAME: **INSURANCE PORTFOLIO MANAGERS, INC.**PHONE (A/C, No, Ext): **904-828-4010**FAX (A/C, No): **904-828-4030**E-MAIL ADDRESS: **ipmanagers@comcast.net**

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : SCOTTSDALE INSURANCE COMPANY	
INSURER B : INTEGON NATIONAL INSURANCE COMPANY	
INSURER C :	
INSURER D:	
INSURER E :	
INSURER F :	

INSURED
CAP CONTRACTING, INC.
1115 EDGEWOOD AVENUE WEST
P.O. BOX 9531
JACKSONVILLE FL 32208

COVERAGES

CERTIFICATE NUMBER: 27191

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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> POLLUTION GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	X	CPS1786194	06/11/14	06/11/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED. EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			2002845175	09/17/14	09/17/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ WC STATUTORY LIMITS OTH ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				
A	EQUIPMENT FLOATER			CPS1786194	06/11/14	06/11/15	TOTAL LIMIT IN TRANSIT \$25000 \$500/1000

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

Certificate holder is additional insured

CERTIFICATE HOLDER**CANCELLATION**

City of Jacksonville
 117 West Duval Street
 Jacksonville, Florida 32202

Attention:

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

SHIRLEY C. MARSHALL

CERTIFICATE OF LIABILITY INSURANCE

Date
4/6/2015

Producer: Plymouth Insurance Agency
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insured: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34691

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	11075
Insurer B:		
Insurer C:		
Insurer D:		
Insurer E:		

Coverages

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits									
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$								
						Damage to rented premises (EA occurrence)	\$								
						Med Exp	\$								
						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"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$								
						Bodily Injury (Per Person)	\$								
						Bodily Injury (Per Accident)	\$								
						Property Damage (Per Accident)	\$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence									
						Aggregate									
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2015	01/01/2016	X	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">WC Statutory Limits</th> <th style="width: 50%;">OTHER</th> </tr> <tr> <td>E.L. Each Accident</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>E.L. Disease - Ea Employee</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>E.L. Disease - Policy Limits</td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	WC Statutory Limits	OTHER	E.L. Each Accident	\$1,000,000	E.L. Disease - Ea Employee	\$1,000,000	E.L. Disease - Policy Limits	\$1,000,000
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E.L. Disease - Ea Employee	\$1,000,000														
E.L. Disease - Policy Limits	\$1,000,000														

Other

Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Client ID: 80-90-014

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

C.A.P. Contracting, Inc

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.

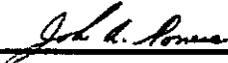
Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.

Project Name:

ISSUE 04-06-15 (EP)

Begin Date 2/25/2015

CERTIFICATE HOLDER	CANCELLATION
CITY OF JACKSONVILLE 117 W. DUVAL ST. JACKSONVILLE, FL 32202	Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. <div style="text-align: right; font-family: cursive;">  </div>

SUBJECT: ADA CURB RAMP IMPROVEMENTS ZIP CODE 32204-PART A

BID# CF-0082-14

OPEN DATE: 2014-05-21

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT:
CONSTRUCTION FIXED

AGENCY: PUBLIC WORKS

BASIS OF AWARD: CDBG SECTION 3 EVALUATION

NUMBER OF BIDS INVITED 7 NUMBER RECEIVED 3 OTHER 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Amd #1

Subject bid was awarded to C.A.P. Contracting, Inc. contract #8401-08, on 06/12/14 in the amount of \$379,620.00. ~~Change Order #1~~ was awarded on 10/3/14 in the amount of \$220,000.00.

Amd #2
~~Recommend approval of change order #2~~ to C.A.P. Contracting, Inc., in the amount \$106,460.50, for the purpose of constructing additional curb ramps in the Riverside Area of Zip Code 04 unit prices remains the same as listed in the contract. Total revised estimated expenditure amount not-to-exceed \$706,080.50, extend the substantial completion date to sixty (60) days after the effective date of the amendment.

Funding for this award to be encumbered by account: PDCD1A1-08301-005217-PDC001-15 to be executed by contract amendment through Office of General Counsel.

Attachments: Recommendation Memo, Map of Area, Previous Award(s)

BUYER: *Marilyn Laidler*
ML
MARILYN LAIDLER

RESPECTFULLY SUBMITTED: *Gregory Pease*
GREGORY PEASE, CHIEF
PROCUREMENT DIVISION

CONCURRENCE BY: David M. Schneider, P.E., Senior Project Manager, Public Works Department

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)

ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 3 MEMBERS DISAPPROVING _____ DATE: 03/19/15

OTHER: _____

ACTION OF AWARDING AUTHORITY _____ DATE: 3/19/15

APPROVED *[Signature]* _____ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION *[Signature]*
Cleveland Ferguson III
Deputy Chief Administrative Officer
For: Mayor Alvin Brown
Under Authority of _____
Executive Order No. 2015-01
FORM GB-108, Revised 12/2007