

**FIRST AMENDMENT TO CONTRACT
(PAID BY SUBSEQUENT PURCHASE ORDER)
BETWEEN
THE CITY OF JACKSONVILLE
AND
LEWIS TREE SERVICE, INC.
FOR
HAZARDOUS TREE SERVICES, TREE PRUNING
AND RIGHT-OF-WAY ENCROACHMENT CLEARING**

THIS FIRST AMENDMENT to Contract is executed as of this 21ST day of JANUARY, 2015, by and between the CITY OF JACKSONVILLE, FLORIDA, a municipal corporation in Duval County, Florida, (hereinafter the Owner or the City), and LEWIS TREE SERVICE, INC., a foreign profit corporation with principal address at 300 Lucius Gordon Drive, West Henrietta, New York 14586 (hereinafter the Contractor) for hazardous tree services, tree pruning, and right-of-way encroachment clearing (hereinafter the "Project").

RECITALS:

WHEREAS, on November 4, 2014, the parties made and entered into City Contract #10053 (hereinafter the "Contract") for the Project; and

WHEREAS, said Contract has not been amended previously; and

WHEREAS, said Contract should be amended by increasing the award by \$700,000.00 to a new cumulative maximum not to exceed \$1,452,718.40, with all other provisions, terms, and conditions of said Contract remaining unchanged; now therefore

IN CONSIDERATION of the Contract and of the mutual covenants and agreements hereinafter contained and for other good and valuable consideration which the parties admit is legally sufficient, the parties agree as follows:

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

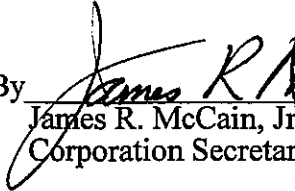

2. Section 2 of said Contract is amended in part by increasing the award by \$700,000.00 to a new cumulative maximum not to exceed \$1,452,718.40, and as amended shall read as follows:

“2. The Contractor will, at its own cost and expense, do the work required to be done on said Project and, if asked by the City, furnish the materials required to be furnished on said Project in accordance with plans and specifications prepared by the Mowing and Landscape Maintenance Division of the Department of Public Works entitled *Bid Specifications for Hazardous Tree Services, Tree Pruning, and Right-of-Way Encroachment Clearing*, City of Jacksonville Bid Number CP-0004-15, Bid Date September 3, 2014, 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 AContract 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 and incorporated herein by this reference to the same extent as if fully set out herein, for a total amount not-to-exceed ONE MILLION FOUR HUNDRED FIFTY-TWO THOUSAND SEVEN HUNDRED EIGHTEEN AND 40/100 DOLLARS (\$1,452,718.40) for the Project, at and for the prices and on the terms contained in the Contract Documents; *provided however*, the above-stated amount will not be encumbered by this Contract. Instead, it will be encumbered in whole by a subsequently issued Master Blanket Order for all work involved at all locations. Such Master Blanket Order shall be binding upon the parties hereto and must incorporate the provisions of this Contract. All funds control checking shall be made and performed at the time such Master Blanket Order issued.”

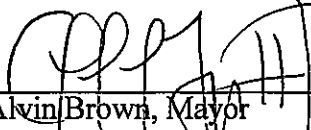
SAVE AND EXCEPT as expressly amended by this instrument, the provisions, terms, and conditions of said Agreement of November 4, 2014, shall remain unchanged and shall continue in full force and effect.

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

ATTEST:

By  
James R. McCain, Jr.
Corporation Secretary


CITY OF JACKSONVILLE, FLORIDA

By 
Alvin Brown, Mayor

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

WITNESS:

LEWIS TREE SERVICE, INC.


Signature

Jillian M. Stapleton
Type/Print Name

Bid & Contract Coordinator
Title


Signature

James W. Stenger
Type/Print Name

Senior Vice President/CFO
Title

CONTRACTOR

Encumbrance, funding information, and approval as to form for internal City use
are contained on the following page.

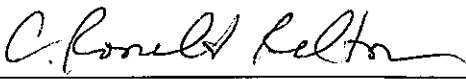
Encumbrance and funding information for internal City use:


**Accounts..... PWML011TR-03410
PWML15F-04904
PWML461SW-03410
PWML011PP-03410**

Amount..... \$1,452,718.40

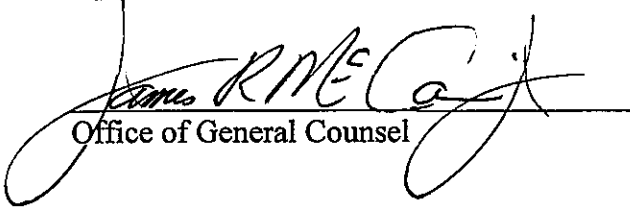
This above stated amount is the maximum fixed monetary amount of the foregoing contract. It shall not be encumbered by the foregoing contract. It shall be encumbered by a subsequently issued Master Blanket Order that must reference the foregoing Contract. All financial examinations and funds control checking will be made at the time such Master Blanket Order is issued.

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; *provided however*, this certification is not nor shall it be interpreted as an encumbrance of funding under this Contract. Actual encumbrance[s] shall be made by subsequent Master Blanket Order, as specified in said Contract.



Director of Finance
City Contract #10053 

Approved as to form:



Office of General Counsel



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/29/2014

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 MARSH USA INC. 70 LINDEN OAKS, SUITE 310 ROCHESTER, NY 14625 Attn: Upstate.certrequest@Marsh.com Fax: 212-948-0930	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:		FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
310001-MAIN-CAS-14-15 16	INSURER A: ACE American Insurance Company	22667	
INSURED LEWIS TREE SERVICE, INC. ATTN: RISK MANAGEMENT DEPARTMENT 300 LUCIUS GORDON DRIVE WEST HENRIETTA, NY 14586-9686	INSURER B: Indemnity Ins Co Of North America	43575	
	INSURER C: N/A	N/A	
	INSURER D: N/A	N/A	
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** NYC-005846263-29 **REVISION NUMBER:** 5

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			HDOG27338689	11/01/2014	11/01/2015	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ISAH08829391	11/01/2014	11/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WLRC48137660 (AOS)	11/01/2014	11/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
A	Y/N <input checked="" type="checkbox"/> N N/A			WLRC48137672 (MA)	11/01/2014	11/01/2015	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)
 City of Jacksonville is added as Additional Insured.

CERTIFICATE HOLDER City of Jacksonville Procurement & Supply Division 117 W. Duvall Street Suite 335 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 of Marsh USA Inc. Kimberly M Tortora 
---	--