

7809-04
Amd 4

**FOURTH AMENDMENT TO CONTRACT
BETWEEN
THE CITY OF JACKSONVILLE
AND
OREM ENTERPRISES, LLC d/b/a PESTMASTER SERVICES OF JACKSONVILLE
FOR
VEGETATION MANAGEMENT COUNTYWIDE**

THIS FOURTH AMENDMENT to Contract is executed as of this 26 day of Oct, 2015, by and between the CITY OF JACKSONVILLE, a municipal corporation in Duval County, Florida (hereinafter the "Owner" or the "City"), and OREM ENTERPRISES, LLC d/b/a PESTMASTER SERVICES OF JACKSONVILLE, a Florida limited liability company with principal office at 1170 Giovanni Street, Deltona, Florida 32725 (hereinafter the "Contractor"), for vegetation management countywide (hereinafter the "Project").

RECITALS:

WHEREAS, on April 11, 2014, City and Contractor made and entered into City of Jacksonville Contract No. 7809-04 (hereinafter the "Contract"); and

WHEREAS, said Contract has been amended three times previously; and

WHEREAS, said Contract should be amended further by increasing the award by \$25,000.00 for services through the renewal period ending September 30, 2015, to a new total expenditure not-to-exceed \$463,572.96, with all other provisions, terms, and conditions of the Contract remaining unchanged; now therefore

IN CONSIDERATION of the premises and of the mutual covenants and agreements hereinafter contained, 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 in part by increasing the award by \$25,000.00 for services through the renewal period ending September 30, 2015, to a new total expenditure not-to-exceed \$463,572.96, 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 the Right of Way and Grounds Maintenance Division of the Department of Public Works of the City of Jacksonville, bid numbered SC-0442-14, bid date March 12, 2014, designated as *Bid Specifications for Vegetation Management Countywide*, 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 specifically made a part hereof to the same extent as if fully set out herein, in the total amount not-to-exceed FOUR HUNDRED SIXTY-THREE THOUSAND FIVE HUNDRED SEVENTY-TWO AND 96/100 USD (\$463,572.96), at and for the prices and on the terms contained in the Contract Documents.”

SAVE AND EXCEPT as expressly amended in and by this instrument, the provisions, terms, and conditions of said City of Jacksonville Contract No. 7809-04, 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 Fourth Amendment in duplicate the day and year first above written.

ATTEST:

CITY OF JACKSONVILLE, FLORIDA

By James R. McCain
James R. McCain
Corporation Secretary



By Sam E. Mousa
Lenny Curry, Mayor

OWNER

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of:
Executive Order No. 2015-05

Approved as to form:

James R. McCain
Assistant General Counsel

WITNESS:

OREM ENTERPRISES, LLC d/b/a
PESTMASTER SERVICES OF
JACKSONVILLE

Randall Allen
Signature

Randall Allen
Type/Print Name

Title

Laura Orem
Signature

LAURA OREM
Type/Print Name

Vice President
Title

CONTRACTOR

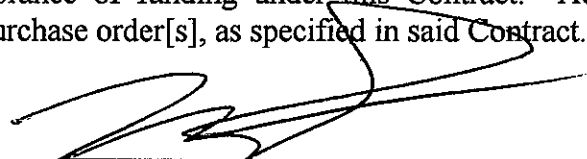
ENCUMBRANCE & FUNDING INFORMATION:


Account..... PWML011-03410

Amount..... \$25,000.00 for a revised total expenditure not to exceed \$463,572.96

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 one (1) or more subsequently issued purchase(s) that must reference the foregoing Contract. All financial examinations and funds control checking will be made at the time such check request(s) are 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 purchase order[s], as specified in said Contract.



Director of Finance
City Contract #7809-04, Amd #4 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/21/2015

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 Leavitt Ins Services of So California #0F13098 1820 E. First Street, Ste 500 Santa Ana CA 92705	CONTACT NAME: Certificate Department PHONE (A/C No. Ext): (714) 569-2700 FAX (A/C No): (714) 569-3099 E-MAIL ADDRESS: lisa-andrade@leavitt.com														
INSURED Orem Enterprises, LLC dba Pestmaster Services of Jacksonville, FL 1170 Giovanni St Delton FL 32725	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: StarNet Insurance Company</td> <td>40045</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D: ***AS REQUIRED BY WRITTEN</td> <td></td> </tr> <tr> <td>INSURER E: CONTRACT***</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: StarNet Insurance Company	40045	INSURER B:		INSURER C:		INSURER D: ***AS REQUIRED BY WRITTEN		INSURER E: CONTRACT***		INSURER F:	
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INSURER D: ***AS REQUIRED BY WRITTEN															
INSURER E: CONTRACT***															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** 2014 Orem **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		LLS000004500 Includes: Inspection Services; Pesticide or Herbicide Applicable Crge; Pollution Liability Extension	10/1/2014	10/1/2015	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 2,000,000
						GENERAL AGGREGATE	\$ 4,000,000
						PRODUCTS - COMP/OP AGG	\$ 4,000,000
						Liab Ded \$1,000 per occur	\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	<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				BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB					EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS	OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
RE: Contract No. 7809-04 The Fourth Amendment for Vegetation Management Countywide Contract
 City of Jacksonville is named as Additional Insured as respects to General Liability per endorsement IL1201 1185P attached.

CERTIFICATE HOLDER

CANCELLATION

City of Jacksonville 117 W. Duval Street, Suite 480 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 Gary Wells/JUBAE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/21/2015

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PRODUCER Leavitt Ins Services of So California #0F13098 1820 E. First Street, Ste 500 Santa Ana CA 92705	CONTACT NAME: PHONE (A/C No. Ext): (714) 569-2700 FAX (A/C No.): (714) 569-3099 E-MAIL ADDRESS: _____ _____														
INSURED Orem Enterprises, LLC dba/Pestmaster Services of Jacksonville, FL 1170 Giovanni St Deltona FL 32725	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Star Insurance Company</td> <td>18023</td> </tr> <tr> <td>INSURER B:</td> <td></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: Star Insurance Company	18023	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER: 15-16 WC** **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
	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 <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						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		N/A	WC0739128	7/16/2015	7/16/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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)
RE: Contract No. 7809-04 The Fourth Amendment for Vegetation Management Countywide Contract
 Evidence of Coverage

CERTIFICATE HOLDER City of Jacksonville 117 W. Duval Street, Suite 480 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 Gary Wells/CHYEOM
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

Policy Change
Number

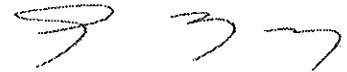
POLICY NUMBER LLS0000045 00	POLICY CHANGES EFFECTIVE 10/1/2014	COMPANY Stamet Insurance Company
NAMED INSURED Kaigan Corporation		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED Commercial General Liability Coverage Part		
<p style="text-align: center;">CHANGES</p> <p style="text-align: center;">ADDITIONAL INSURED (INCLUDING COMPLETED OPERATIONS) AUTOMATIC STATUS WHEN REQUIRED IN WRITTEN AGREEMENT WITH YOU</p> <p>The insurance provided by this endorsement shall not serve to increase our limits of insurance as described in SECTION III-LIMITS OF INSURANCE</p> <p>This endorsement modifies insurance provided under the following:</p> <p>COMMERCIAL GENERAL LIABILITY COVERAGE PART</p> <p>A. Section II – <u>Who Is An Insured</u> is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or written agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for:</p> <ol style="list-style-type: none"> 1. "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by: <ol style="list-style-type: none"> a. Your acts or omissions; or b. The acts or omissions of those acting on your behalf in the performance of your ongoing operations and for that additional insured. 2. bodily injury" or "property damage" included in the "products-completed operations hazard" (completed operations) in respect of "your work" performed for that additional insured <p>B. This insurance shall be considered primary if any other valid and collectible insurance is available to any person or organization included as an additional insured under this endorsement and such other insurance shall be excess of and will not contribute to the insurance afforded by this endorsement.</p> <p>C. We will waive any right of recovery we may have against any person or organization whom you have agreed to waive such right of recovery in a written contract or written agreement because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included within the "products-completed operations hazard."</p>		



D. With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:
This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

1. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
2. Supervisory, inspection, architectural or engineering activities.

All other terms, conditions and exclusions under the policy are applicable to this Endorsement and remain unchanged.



Authorized Representative Signature

SUBJECT: VEGETATION MANAGEMENT COUNTYWIDE

BID #: SC-0442-14

OPEN DATE: 3/12/2014

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT:

SERVICE CONTRACT – FROM DATE OF AWARD THROUGH SEPTEMBER 30, 2014, WITH THREE (3) ONE (1) YEAR RENEWAL OPTIONS.

AGENCY: MOWING AND LANDSCAPE

BASIS OF AWARD: TOTAL BASE BID, TO THE LOWEST RESPONSIVE, RESPONSIBLE BIDDER

NUMBER OF BIDS INVITED: 6 NUMBER RECEIVED: 3 OTHER 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend approval to increase the award with Orem Enterprises LLC dba Pestmaster Services of Jacksonville in the amount of \$25,000.00 for services through the renewal period ending September 30, 2015. Total revised estimated annual expenditure in the amount of \$275,000.00, for a not to exceed expenditure in the amount of \$463,572.96.

Funding Source: PWML011-03410 – To be encumbered by purchase order

Attachments: Recommendation Memo and Previous Awards

BUYER: *AN*
ANNETTE L. BURNEY

RESPECTFULLY SUBMITTED

Greg Pease
GREGORY PEASE, CHIEF
PROCUREMENT DIVISION

CONCURRENCE BY: Dave McDaniel, Chief, Mowing and Landscape Division

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)

ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 3 MEMBERS DISAPPROVING _____ DATE: 08/20/15

Catherine Stans
[Signature]
[Signature]

OTHER: _____

ACTION OF AWARDDING AUTHORITY DATE 8/20/15

MR

APPROVED DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION *Sam E. Mousa*

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of:
Executive Order No. 2015-05