

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

COJ  
8401-08  
Amd 1

**THIS FIRST AMENDMENT** to Contract is executed as of this 10 day of Nov, 2014, 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 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 not been amended previously; and

**WHEREAS**, said Contract should be amended by increasing the award by \$220,000.00 so as to increase the maximum indebtedness to a new estimated expenditure amount not-to-exceed \$599,620.00, 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 increasing the award by \$220,000.00 so as to increase the maximum indebtedness to a new estimated expenditure amount not-to-exceed \$599,620.00, 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 FIVE HUNDRED NINETY-NINE THOUSAND SIX HUNDRED TWENTY AND 00/100 DOLLARS (\$599,620.00), 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 the Contract of July 9, 2014, shall remain unchanged and shall continue in full force and effect.

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

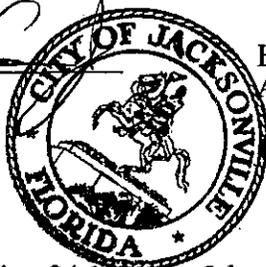
IN WITNESS WHEREOF, the parties hereto have duly executed this First Amendment

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

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. Donald Bolton  
Director of Finance  
City Contract #8401-08, Amd #1

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.

Patricia A. Peterson  
Signature

Genovis Peterson  
Signature

Patricia A. Peterson  
Type/Print Name

Genovis Peterson  
Type/Print Name

Office Manager  
Title

President  
Title

CONTRACTOR

ENCUMBRANCE & FUNDING INFORMATION:

Account..... ERCD1A1-08301-005012-PDC001-14  
Amount..... \$220,000.00  
  
TOTAL MAXIMUM INDEBTEDNESS..... \$599,620.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/16/2014

PRODUCER Phone: (904) 828-4010 Fax: (904) 828-4030  
**SHIRLEY C. MARSHALL**  
**INSURANCE PORTFOLIO MANAGERS, INC.**  
**9060 CRAVEN ROAD**  
**JACKSONVILLE FL 32257**

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.

Agency Lic#: A165915

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: <b>SCOTTSDALE INSURANCE COMPANY</b>	
INSURER B: <b>INTEGON NATIONAL INSURANCE COMPANY</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	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	YES	<b>GENERAL LIABILITY</b>	<b>CPS1786194</b>	<b>06/11/14</b>	<b>06/11/15</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED. EXP (Any one person) \$ <b>5,000</b>
		<input checked="" type="checkbox"/> POLLUTION				PERSONAL & ADV INJURY \$ <b>1,000,000</b>
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ <b>2,000,000</b>
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
B	YES	<b>AUTOMOBILE LIABILITY</b>	<b>2002845175</b>	<b>09/17/14</b>	<b>09/17/15</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
						AGG \$
		<b>EXCESS / UMBRELLA LIABILITY</b>				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N				OTHER \$
		E.L. EACH ACCIDENT \$				E.L. DISEASE-EA EMPLOYEE \$
		E.L. DISEASE-POLICY LIMIT \$				E.L. DISEASE-POLICY LIMIT \$
A		<b>OTHER EQUIPMENT FLOATER</b>	<b>CPS1786194</b>	<b>06/11/14</b>	<b>06/11/15</b>	TOTAL LIMIT IN TRANSIT \$25000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS**  
 Certificate holder is additional insured

**CERTIFICATE HOLDER**

City of Jacksonville  
 117 West Duval Street  
 Jacksonville, Florida 32202

**CANCELLATION**

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.

AUTHORIZED REPRESENTATIVE

**SHIRLEY C. MARSHALL**

Attention:

ACORD 25 (2009/01)

Certificate # 26427

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# CERTIFICATE OF LIABILITY INSURANCE

Date  
10/16/2014

**Producer:** Lion Insurance Company  
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		
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> 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	\$	
		<b>AUTOMOBILE LIABILITY</b> <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)	\$	
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence		
						Aggregate		
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? <b>NO</b> If Yes, describe under special provisions below.	WC 71949	01/01/2014	01/01/2015	X	WC Statutory Limits E.L. Each Accident E.L. Disease - Ea Employee E.L. Disease - Policy Limits	OTH-ER \$1,000,000 \$1,000,000 \$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.

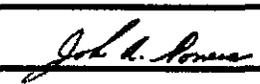
Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

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 06-27-14 (EP) REISSUE 10-17-14 (MT)

Begin Date 8/18/2010

CERTIFICATE HOLDER	CANCELLATION
CITY OF JACKSONVILLE  117 WEST 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>