

10117

**CONTRACT  
BETWEEN  
THE CITY OF JACKSONVILLE  
AND  
A PLUS CONSTRUCTION SERVICES, INC.  
FOR  
JFRD WAREHOUSE LINTEL REPAIRS**

**THIS CONTRACT** is made and entered into as of this 19 day of May, 2015, by and between the **CITY OF JACKSONVILLE**, a municipal corporation in Duval County, Florida (hereinafter the "Owner" or the "City"), and **A PLUS CONSTRUCTION SERVICES, INC.**, a Florida profit corporation with principal office at 14040 Ridgewick Drive, Jacksonville, Florida 32218 (hereinafter the "Contractor").

**WITNESSETH**, that for the consideration and under the provisions hereinafter stated and referred to moving from each to the other of said parties respectively, it is mutually understood and agreed as follows:

1. That Contractor is the lowest responsive and responsible bidder for furnishing, not by way of limitation, all permits, labor, materials, equipment, and supervision and performing all operations necessary for complete installation of the structural steel lintel materials in the JFRD warehouse located at 909 Haines Street, Jacksonville, Florida 32206 (hereinafter the "Project") and all other related work not specified herein but which is necessary to complete the Project in accordance with plans and specifications and/or permits and approvals for construction of the Project, and has been awarded this Contract for said work pursuant to award made May 7, 2015.

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 for Luis Flores, Chief of the Public Building Division of the department of Public Works of the City of Jacksonville, bid numbered CF-0129-15, bid date April 28, 2015, designated as BID SPECIFICATIONS FOR JFRD WAREHOUSE LINTEL REPAIRS, 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 FORTY-NINE THOUSAND FOUR HUNDRED FIFTY AND 00/100 USD (\$49,450.00), at and for the prices and on the terms contained in the Contract Documents.

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

4. Notwithstanding any provision to the contrary in this Contract or in the Contract Documents, Owner has the absolute right to terminate this Contract without cause, for convenience, by giving Contractor thirty (30) days' advance written notice of the date of termination. Such notice shall be delivered by Certified United States Mail, return receipt requested, or by any other delivery method with evidence of receipt, to Contractor's representative who signed this Contract at the address specified above.

5. This Contract and all amendments hereto may be executed in several counterparts, each of which shall be deemed to be an original, and all of such counterparts together shall constitute one and the same instrument.

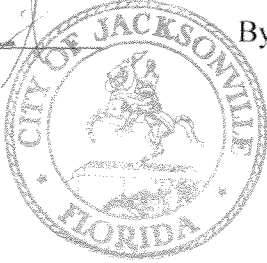
**[Remainder of page left blank intentionally. Signature page follows immediately.]**

IN WITNESS WHEREOF, the parties hereto have duly executed this Contract 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, Mayor  
Alvin Brown, Mayor  
OWNER

Form Approved:

James R. McCain, Jr.  
Office of General Counsel

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

WITNESS:

A PLUS CONSTRUCTION SERVICES, INC.

Kristal LeClerc  
Signature

Kristal LeClerc  
Type/Print Name

\_\_\_\_\_  
Title

Chaddy Brubbs  
Signature

Chaddy Brubbs  
Type/Print Name

President  
Title

CONTRACTOR

ENCUMBRANCE & FUNDING INFORMATION:

Account: PWCP31OPB519-06505-PW0677-01

Amount: \$49,450.00

TOTAL: \$49,045.00

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 # 10117





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/16/2014

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 <b>NEW JAX CITY INSURANCE</b> 9943 Beach Blvd Jacksonville, FL 32246	CONTACT NAME: <b>BRANDY MCCAUL</b>	FAX (A/C, No): (904) 998-1388	
	PHONE (A/C, No, Ext): (904) 998-1966	E-MAIL ADDRESS: <b>BRANDY@JAXCITY.NET</b>	
INSURED <b>CHASIDY COLSON</b> <b>A PLUS CONSTRUCTION SERVICES INC</b> 14040 RIDGEWICK DRIVE JACKSONVILLE, FL 32218 904-612-0597	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A: <b>MAXUM INDEMNITY</b>		
	INSURER B: <b>INFINITY COMM AUTO</b>		
	INSURER C:		
	INSURER D:		
	INSURER E:		


COVERAGES CERTIFICATE NUMBER: 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>X</b>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <b>A X DEDUCT \$500</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>BDG0085354]01</b>	<b>12/10/14</b>	<b>12/10/15</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>1,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
<b>B</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			<b>509560632701001</b>	<b>01/02/14</b>	<b>01/02/15</b>	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ <b>10,000</b> BODILY INJURY (Per accident) \$ <b>20,000</b> PROPERTY DAMAGE (Per accident) \$ <b>10,000</b>
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**GENERAL CONTRACTOR LICENSE# CBC1259919**  
**INTERIOR CARPENTRY CONSTRUCTION AND DRYWALL INSTALLATION -**  
**RESIDENTIAL AND COMMERCIAL USE OF SUBCONTRACTORS.**  
**RATED CLASSES 91341, 91342, 92338, 91585**

CERTIFICATE HOLDER <b>A PLUS CONSTRUCTION SERVICES INC</b> 14040 RIDGEWICK DRIVE JACKSONVILLE FL 32218  INSUREDS COPY: chas.aplus@yahoo.com	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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/8/2015

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.

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PRODUCER <b>NEW JAX CITY INSURANCE</b> 9943 Beach Blvd Jacksonville, FL 32246 WWW.JAXCITY.NET	CONTACT NAME: <b>BRANDY MCCAUL</b> PHONE (A/C, No, Ext): <b>(904)998-1966 X 252</b>	FAX (A/C, No): <b>(904)998-1388</b>	
	E-MAIL ADDRESS: <b>BRANDY@JAXCITY.NET</b>		
INSURED <b>CHASIDY COLSON</b> <b>A PLUS CONSTRUCTION SERVICES INC</b> 14040 RIDGEWICK DRIVE JACKSONVILLE, FL 32218 904-612-0597 chas.aplus@yahoo.com	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A: <b>MAXUM INDEMNITY</b>		
	INSURER B: <b>INFINITY COMM AUTO</b>		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES                      CERTIFICATE NUMBER:                      REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	<input checked="" type="checkbox"/> DEDUCT \$500						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ <b>1,000</b>
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS			509560632701001	01/02/15	01/02/16	COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$ <b>10,000</b>
							BODILY INJURY (Per accident) \$ <b>20,000</b>
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						PROPERTY DAMAGE (Per accident) \$ <b>10,000</b>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							PER STATUTE
							OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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**INTERIOR CARPENTRY CONSTRUCTION AND DRYWALL INSTALLATION - RESIDENTIAL AND COMMERCIAL USE OF SUBCONTRACTORS.**  
**RATED CLASSES 91341, 91342, 92338, 91585**

CERTIFICATE HOLDER  <b>DUVAL COUNTY CONSTRUCTION TRADES QUALIFYING BOARD</b> <b>231 EAST FORSYTH STREET</b> <b>JACKSONVILLE FL 32202</b>  <b>FAX(904) 630-1692</b>	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 
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