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**CONTRACT
BETWEEN
THE CITY OF JACKSONVILLE
AND
J. L. RUBY CONSTRUCTION, LLC
FOR
MURRAY HILL ARTS CENTER ADA RENOVATIONS**

THIS CONTRACT is executed as of this 11 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 J. L. RUBY CONSTRUCTION, LLC, a Florida limited liability company with principal office at 2236 Jones Road, Jacksonville, Florida 32220 (hereinafter the "Contractor") for Murray Hill Arts Center ADA renovations.

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 and best responsible bidder for furnishing all labor, materials, and equipment and performing all operations necessary to make the ADA renovations at Murray Hill Arts Center, located at 4327 Kerle Street, Jacksonville, Florida 32205, including, but not limited to, renovating the building according to plans dated May, 2014, to make the building ADA compliant by adding a driveway, a new ADA parking space, and a new entrance to the building with an ADA ramp, and by renovating restrooms, replacing floors, and enhancing the work areas, all in accordance with plans and specifications hereafter referred to, and has been awarded this Contract for said work pursuant to award made October 9, 2014.

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 the Department of Parks, Recreation and Community Services, bid numbered JCF-0139-14, bid date September 12, 2014, designated as "Bid Specifications for Murray Hill Arts Center ADA Renovations," and strictly in accordance with the advertisement calling for bids, plans, specifications, blueprints, addenda, requirements of the City of

Jacksonville, proposal of 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 hereby specifically made a part hereof by reference to the same extent as if fully set out herein, for the total base bid amount of ONE HUNDRED EIGHTY-FIVE THOUSAND AND 00/100 DOLLARS (\$185,000.00), at and for the prices and on the terms contained in the Contract Documents.

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

4. This Contract and all amendments thereto 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 intentionally left blank. 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.
Corporation Secretary



By Alvin Brown
Alvin Brown, Mayor

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. Ronald Bolton
Director of Finance
10057
BT

Form Approved:

James R. McCain, Jr.
Office of General Counsel

WITNESS:

J. L. RUBY CONSTRUCTION, LLC

Debra Matthew
Signature

Kenneth M. Keene Jr.
Signature

Debra Matthew
Type/Print Name

Kenneth M. Keene Jr.
Type/Print Name

Managing Member
Title

Manager
Title

CONTRACTOR



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/11/2014

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 All Lines Insurance Agency, Inc. 4828 Blanding Blvd Suite 1 Jacksonville FL 32210-7390	CONTACT NAME: Sherri Barrett PHONE (A/C, No, Ext): 904-384-0783 E-MAIL ADDRESS: sbarrett@all-lines.com	FAX (A/C, No): 904-384-0550	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED J.L.Ruby Construction, LLC 2236 Jones Rd Jacksonville FL 32220	RUBYC-1	INSURER A : Southern-Owners Insurance Co INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	10190

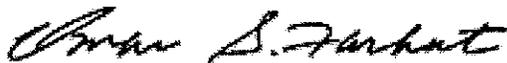
COVERAGES **CERTIFICATE NUMBER: 1047134848** **REVISION NUMBER:**

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Hired Auto <input checked="" type="checkbox"/> Non-Owned Auto GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			78121480	8/7/2014	8/7/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 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 H/NO Auto \$1,000,000
	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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

CERTIFICATE HOLDER **CANCELLATION**

Citrus County Development Services Building Department 3600 W. Sovereign Path, #111 Lecanto FL 324461	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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