

February 15, 2016

### MEMORANDUM

TO:

District Board of Trustees

FROM:

Jim Murdaugh, President

SUBJECT:

Annual Renewal - 2015-2016 Construction Manager Agreements

### **Item Description**

This item will request renewal of the recommended list of Construction Managers selected in response to RFP 2015-01.

### Overview and Background

At the January 20, 2015 Board meeting, the District Board of Trustees approved a list of Construction Managers for projects valued at one million dollars or less. The list was in effect for one year with the option of extending the term for an additional one year period. This request is for the second year of the current two year period.

The selected firms are listed below:

Gadsden and Wakulla County projects:

- Cook Brothers, Inc.
- CSI Contracting, Inc.

Main Campus and Leon County projects:

- Albritton-Williams, Inc.
- Rippee Construction, Inc.

TCC Facilities has verified that the license, insurance and financial capabilities of each firm continue to meet the criteria for RFP 2015-01.

### Past Actions by the Board

The Board approved the recommended list of Construction Managers at the January 20, 2015 Board meeting.

### **Funding/Financial Implications**

Funds for the various projects are available from PECO funds appropriated each year by the Legislature, Capital Outlay & Debt Service (CO&DS) funds, grants and local funds.

### Staff Resource

Barbara Wills

### **Recommended Action**

Approve the renewal of the recommended list of Construction Managers as presented above.



Mr. Lamont Cook Cook Brothers, Inc. 1255 Commerce Boulevard Midway, Florida 32343

Re: Annual Renewal of Construction Manager Agreement

Dear Mr. Cook:

The TCC Board of Trustees approved the recommended list of Construction Managers selected in response to RFP 2015-01 at the January 20, 2015 meeting. The RFP stipulated an approval period of one year with an option to renew for one additional year.

Prior to renewal, TCC must verify that key criteria continue to be met. By return mail, please provide a current copy of your license and insurance information. Please also certify by your signature below that there has been no decrease in your firm's bonding capacity or financial standing as represented in the financial statements submitted during the initial selection.

Upon satisfactory completion of the above items, your firm will be recommended for the second year renewal for construction management services for projects valued at one million dollars or less.

Sincerely,

David	Wildes
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Director, Physical Plant, Facilities Planning & Construction

Certified:

Mr. Lamont Cook

Date: 1-28-16

### STATE OF FLORIDA

### DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

CGC06106E

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS
Expiration date AUG 31, 2016







### STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

The GENERAL CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489 FS Expiration date AUG 31, 2016

> COOK, SIDNEY LAMONT COOK BROTHERS INC 1255 COMMERCE BOULEVARD MIDWAY FL 32343





COOKBROT ACORD. CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 1/29/2016 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION Construction Underwriters, Inc ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR 4168 Southpoint Pkwy - Ste 305 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. Jacksonville, FL 32216 **INSURERS AFFORDING COVERAGE** NAIC# INSURED INSURER A: Amerisure Insurance Corp 19488 Cook Brothers, Inc. INSURER B 1255 Commerce Blvd INSURER C Midway, FL 32343 INSURER O 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 ADD'L LTR INSRE POLICY EFFECTIVE DATE (MM/DD/YY) POLICY EXPIRATION DATE (MM/DD/YY) TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY GL2006379 01/01/16 01/01/17 EACH OCCURRENCE \$1,000,000 X COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 CLAIMS MADE X OCCUR MED EXP (Any one person) \$10,000 Blkt addl Insd PERSONAL & ADV INJURY \$1,000,000 Blkt Waiver of Subro GENERAL AGGREGATE \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$2,000,000 POLICY X PRO-LOC A AUTOMOBILE LIABILITY CA2006377 01/01/16 01/01/17 COMBINED SINGLE LIMIT (Ea accident) Х ANY AUTO \$1,000,000 ALL OWNED AUTOS BODILY INJURY (Per person) SCHEDULED AUTOS Х HIRED ALITOS BODILY INJURY (Per accident) X s NON-OWNED AUTOS X \$1000 Comp Ded PROPERTY DAMAGE X \$1000 Coll Ded (Per accident) GARAGE LIABILITY AUTO ONLY - EA ACCIDENT ANY ALITO EA ACC OTHER THAN AUTO ONLY: AGG A **EXCESS/UMBRELLA LIABILITY** CU2006380 01/01/16 01/01/17 EACH OCCURRENCE \$5,000,000 X OCCUR CLAIMS MADE AGGREGATE s10,000,000 S DEDUCTIBLE RETENTION WORKERS COMPENSATION AND WC2095364 01/01/16 01/01/17 X WC STATU-OTH **EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? s100,000 E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under SPECIAL PROVISIONS below E.L. DISEASE - POLICY LIMIT s500.000 L/R Equipment CPP2006378 01/01/16 01/01/17 \$25,000 item/\$50,000Max A Design Svc iab GL2006379 01/01/16 01/01/17 \$1 Million/\$2 Million DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS RFP 2015-01 Construction Manager Services for projects \$1M or less Certificate holder is named as an additional insured with respects to General Liability and Automobile Liability for work being performed by the named insured for the certificate holder. Policies provide a 30 day notice of cancellation or nonrenewal with a 10 day notice for non-payment of premium. CERTIFICATE HOLDER 10 Days for Non-Payment CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION Tallahassee Community College DATE THEREOF, THE ISSUING INSURER WILL RINDSWARTS MAIL 30 DAYS WRITTEN 444 Appleyard Dr NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, SHIRRAINISCONDO CONTRACT Tallahassee, FL 32304 RESERVED EXCHANGE AX AUTHORIZED REPRESENTATIVE Kimberly Carroll



Mr. Norman McMillan III CSI Contracting, Inc. 1131 Dade Street Quincy, Florida 32351

Re: Annual Renewal of Construction Manager Agreement

Dear Mr. McMillan:

The TCC Board of Trustees approved the recommended list of Construction Managers selected in response to RFP 2015-01 at the January 20, 2015 meeting. The RFP stipulated an approval period of one year with an option to renew for one additional year.

Prior to renewal, TCC must verify that key criteria continue to be met. By return mail, please provide a current copy of your license and insurance information. Please also certify by your signature below that there has been no decrease in your firm's bonding capacity or financial standing as represented in the financial statements submitted during the initial selection.

Upon satisfactory completion of the above items, your firm will be recommended for the second year renewal for construction management services for projects valued at one million dollars or less.

Sincerely,

David Wildes
Director, Physical Plant, Facilities Planning & Construction

Certified: 1-28-16
Date:

Mr. Norman McMillan III



### STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD 1940 NORTH MONROE STREET TALLAHASSEE FL 32399-0783

(850) 487-1395

MCMILLAN, WILLIAM NORMAN III CSI CONTRACTING, INC. 1131 DADE STREET QUINCY FL 32351

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives:

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC1513092

ISSUED: 09/01/2014

CERTIFIED GENERAL CONTRACTOR MCMILLAN, WILLIAM NORMAN III CSI CONTRACTING, INC.

IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date: AUG 31, 2016 L1409010000747

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

## STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER

CGC1513092

The GENERAL CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2016 THE ST.

MCMILLAN, WILLIAM NORMAN III CSI CONTRACTING, INC. 1131 DADE STREET QUINCY FL 32351



ISSUED: 09/01/2014 DISPLAY AS REQUIRED BY LAW

SEQ# L1409010000747



DATE (MM/DD/YYYY) 1/28/2016

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 THE NORRIS INSURANCE AGCY INC PHONE (A:C No Ext): (850) 769-8889 FAX (A/C, No.: (850) 747-4750 PO Box 16118 E-MAN ADDRESS: norrisagency100@thenorrisagency.com Panama City, FL 32406-6118 INSURER(S) AFFORDING COVERAGE INSURER A Bridgefield Employers Ins. Co. VSURED CSI Contracting, Inc. INSURER B 1131 Dade Street INSURER C Quincy, FL 32351 INSURER D 850-875-1471 INSURER E INSURER F 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. ADDL SUBF TYPE OF INSURANCE POLICY EFF POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ CLAIMS-MADE OCCUR DAMAGE TO HENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) ŝ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$ PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER \$ AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANYAUTO BODILY INJURY (Per person) \$ ALL OWNED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE HIRED AUTOS AUTOS \$ \$ UMBRELLA LIAB OCCUB EACH OCCURRENCE \$ EXCESS LIAB **CLAIMS-MADE AGGREGATE** \$ DED RETENTION \$ \$ RKERS COMPENSATION AND EMPLOYERS' LIABILITY X STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 0830-30721 1/1/2016 1/1/2017 E.L. EACH ACCIDENT \$ 1,000,000 N/A E.L. DISEASE - EA EMPLOYEE\$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION FOR INSURANCE PURPOSE 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



DATE (MM/DD/YYYY)

01/28/2016

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).

PROI	NUCER				CONTAI NAME:	Allsn	a Smith			
	Pat Thomas & Associa	tes			PHONE IA/C, No		75-1776	FAX (A/C, No):	850-87	5-2776
P.O. Box 1919		E-MAIL ADDRESS: asmith@patthomas.com								
	Quincy, FL 32353					INS	SURER(S) AFFOR	ICING COVERAGE		NAIC#
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CFF	TIFICATE HOLDER				CANO	ELLATION				
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CSI Contracting, Inc. 1131 Dade Street Quincy, FL 32351			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THERE OF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE							
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						© 19	88-2014 ACC	ORD CORPORATION.	All righ	its reserved.

ACORD 25 (2014/01)

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Printed by AAS on January 28, 2016 at 09:22AM



Mr. Jack Chason Albritton Williams, Inc. 2850 Industrial Plaza Drive Tallahassee, Florida 32301

Annual Renewal of Construction Manager Agreement Re:

Dear Mr. Chason:

The TCC Board of Trustees approved the recommended list of Construction Managers selected in response to RFP 2015-01 at the January 20, 2015 meeting. The RFP stipulated an approval period of one year with an option to renew for one additional year.

Prior to renewal, TCC must verify that key criteria continue to be met. By return mail, please provide a current copy of your license and insurance information. Please also certify by your signature below that there has been no decrease in your firm's bonding capacity or financial standing as represented in the financial statements submitted during the initial selection.

Upon satisfactory completion of the above items, your firm will be recommended for the second year renewal for construction management services for projects valued at one million dollars or less.

Sincerely,

**David Wildes** 

Director, Physical Plant, Facilities Planning & Construction

Certified:

Mr. Jack Chason

Date: 1-28-2016

4:17:40 PM 12/3/2014

### Licensee Details

**Licensee Information** 

Name:

CHASON, THADDEUS J JR (Primary Name)

ALBRITTON - WILLIAMS INC (DBA Name)

Main Address:

2850 INDUSTRIAL PLAZA DR

TALLAHASSEE Florida 32301-3539

County:

LEON

License Mailing:

LicenseLocation:

2850 INDUSTRIAL PLAZA DR

TALLAHASSEE FL 32301-3539

County:

**LEON** 

**License Information** 

License Type:

**Certified General Contractor** 

Rank:

Cert General

License Number:

CGC018600

Status:

Current, Active

Licensure Date:

03/11/1981

Expires:

08/31/2016

**Special Qualifications** 

**Qualification Effective** 

**Construction Business** 

02/20/2004

<u>View Related License Information</u> <u>View License Complaint</u>

1940 North Monroe Street, Tallahassee FL 32399 :: Email: Customer Contact Center: 850.487.1395

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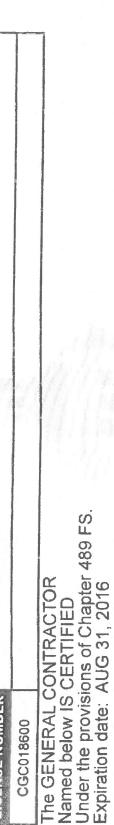
Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. \*Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our <a href="Chapter 455">Chapter 455</a> page to determine if you are affected by this change.

## RICK SCOTT, GOVERNOR

# DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD STATE OF FLORIDA

KEN LAWSON, SECKELARY

The GENERAL CONTRACTOR Named below IS CERTIFIED CENSE NUMBER CGC018600





DISPLAY AS REQUIRED BY LAW

09/02/2014

ISSUED:



SEQ # L1409020000553

# DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD STATE OF FLORIDA

LICENSE NUMBER
CGC018642

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016



DISPLAY AS REQUIRED BY LAW

08/28/2014

ISSUED:

SEQ # L1408280002493





DATE (MM/DD/YYYY) 1/26/2016

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 Teri Love **GHG** Insurance PHONE (A/C, No, Ext): 904-421-8600 E-MAIL ADDRESS: tlove@ghgins.com FAX (A/C, No): 904-421-8601 751 Oak Street, Suite 100 Jacksonville FL 32204 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Westfield Insurance Group 24112 INSURED ALBRWIL-01 INSURER B: Bridgefield Employers Ins. Co. 10701 Albritton Williams Inc. INSURER C : 2850 Industrial Plaza Drive INSURER D : Tallahassee FL 32301 INSURER E: INSURER F: **COVERAGES** CERTIFICATE NUMBER: 1222680703 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. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LTR INSD WVD POLICY NUMBER **COMMERCIAL GENERAL LIABILITY** CMM4221575 Χ 1/31/2016 1/31/2017 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$150,000 LTD Pollution MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$2,000,000 POLICY X PRO-LOC PRODUCTS - COMP/OP AGG \$2,000,000 OTHER: LTD Pollution \$500,000 **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMI 1/31/2016 1/31/2017 CMM4221575 (Ea accident) \$1,000,000 ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE HIRED AUTOS **AUTOS** \$ (Per accident) \$ UMBRELLA LIAB Α CMM4221575 1/31/2016 1/31/2017 OCCUR EACH OCCURRENCE \$2,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$2,000,000 DED X RETENTION \$0 WORKERS COMPENSATION 083038864 1/31/2016 1/31/2017 X PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$1,000,000 N/A E.L. DISEASE - EA EMPLOYEE \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$1,000,000 Leased and Rented CMM4221575 1/31/2016 1/31/2017 L/R Equip \$1000 Ded 230,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CERTIFICATE HOLDER** 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. Evidence of Insurance AUTHORIZED REPRESENTATIVE

.



Mr. David Rippee, Jr. Rippee Construction, Inc. 2107 Delta Way Tallahassee, Florida 32303

Re: Annual Renewal of Construction Manager Agreement

Dear Mr. Rippee:

The TCC Board of Trustees approved the recommended list of Construction Managers selected in response to RFP 2015-01 at the January 20, 2015 meeting. The RFP stipulated an approval period of one year with an option to renew for one additional year.

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Sincerely,

David Wildes

Director, Physical Plant, Facilities Planning & Construction

Certified:

Mr. David Rippee, Jr.

Date: 1/28/16

### STATE OF FLORIDA

## DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER

CGC1522435

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016



RIPPEE, CAROL VENSEL RIPPEE CONSTRUCTION, INC. 2107 DELTA WAY TALLAHASSEE FL 32303



ISSUED: 07/17/2014

DISPLAY AS REQUIRED BY LAW

SEQ# L1407170000219



RIPPCON-01 KNOWLTONR

DATE (MM/DD/YYYY)

6/30/2015

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 INSUE

PROD					CONTACT Chris	Massey			
insur	ance Office of America, Inc. East Mahan Drive				PHONE (A/C, No, Ext): (850	877_8379	FAX	/05/	077 0074
	hassee, FL 32308				E-MAIL Chris.		Pausa.com	o): (00U	9 877-8674
							ORDING COVERAGE		NAIC#
100000000000000000000000000000000000000					INSURER A : Chart	er Oak Fire	Insurance Company		25615
INSURED					INSURER 8 : Phoenix Insurance Company				
	Rippee Construction, Inc.				INSURER C: Travelers Property Casualty Company of America				
	2107 Deita Way				INSURER D : Association Insurance Company				
	Tallahassee, FL 32303				INSURER E :				11240
					INSURER F:		The second secon	2004 T 100	1
	RAGES CE	RTI	ICA	TE NUMBER:			REVISION NUMBER:		
CER	S IS TO CERTIFY THAT THE POLIC CATED NOTWITHSTANDING ANY TIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUC	Y PE	RTAI	N, THE INSURANCE AFFORDS. LIMITS SHOWN MAY HAVE B	ED BY THE POLICED BY	CIES DESCRI PAID CLAIMS	ER DOCUMENT WITH RESI BED HEREIN IS SUBJECT S.	THE PO ECT TO TO ALL	LICY PERIOD WHICH THIS THE TERMS.
A X	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INS	L SUE	POLICY NUMBER	(MM/DD/YYYY	POLICY EXP	) LIM	ITS	
	-1	-	1	CORSECTABLE			EACH OCCURRENCE	\$	1,000,00
	CLAIMS-MADE X OCCUR	X	X	CO862K7088COF15	07/01/2015	07/01/2016	PREMISES (Ea occurrence)	\$	300,000
İ		j					MED EXP (Any one person)	\$	5,000
00	ANII ACODECATE LIVET ADD. IND. OFF.	1		4			PERSONAL & ADV INJURY	\$	1,000,000
-66	POLICY X PRO- LOC	l					GENERAL AGGREGATE	\$	2,000,000
	POLICY A JECT LOC				ļ		PRODUCTS - COMP/OP AGG	\$	2,000,000
X	ANY AUTO ALL OWNED SCHEDULED	x	х	BA862K7088COF15	07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
X	ALL OWNED AUTOS AUTOS  HIRED AUTOS  X NON-OWNED AUTOS	The second secon					BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
X	UMBRELLA LIAB X OCCUR						FACURE	\$	2.222.22
	DED X RETENTIONS 10,000	4		CUP862K7088TIL15	07/01/2015	07/01/2016	EACH OCCURRENCE AGGREGATE	\$	2,000,000 2,000,000
	RKERS COMPENSATION	-					L PED LATE	\$	
	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE Y/N		Y	WCV012518103	OE/OTMO4E	DEIOTIONA	PER OTH-		a shower in the Agreement of Symposium and
OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A	^	1104012010103	05/07/2015	05/07/2016	E L EACH ACCIDENT	\$ .	1,000,000
If yes	describe under CRIPTION OF OPERATIONS below				1		E L DISEASE - EA EMPLOYEE	\$	1,000,000
1	ord flore of Evertions below						E L DISEASE - POLICY LIMIT	\$	1,000,000
			The state of the s						
	ON OF OPERATIONS / LOCATIONS / VEHICL NAL INSURED, as required by writte 08 05 - Blanket Additional Insured							nt (on g	joing) and
IVER (	OF SLIBROGATION as required by	writte	n on	momentinentnet for Consul	11-114-		An Promess Will Extells	ion end	iorsement.
lorsen	OF SUBROGATION as required by nent , Workers Comp Form #: WC 0	0 03	i3 an	d Auto, Form #: CA T3 53 06 (	Lisbility, Form: G D9 Business Auto	eneral Liabili Extension E	ity - Form: CG D3 16 11 C	ontracto	ors Xtend
MARY	NON-CONTRIBUTORY FOR ADDIT							D2 46 (	)B 05 -
	CATE HOLDER								
	-nipily		-	CA	NCELLATION				
				11	HOULD ANY OF TH HE EXPIRATION CCORDANCE WITH	DATE THE	SCRIBED POLICIES BE CAN REOF, NOTICE WILL BE PROVISIONS.	DELIV	BEFORE ERED IN
	Tallahassee Community Colle			AUT	HORIZED REPRESENT	ATIVE			

AGENCY CUSTOMER ID: R	IPP	2C(	אכ	1-0	1
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LOC #: 1

KNOWLTONR

ACORD

### ADDITIONAL REMARKS SCHEDULE

Page f of 1

AGENCY Insurance Office of America, Inc. POLICY NUMBER SEE PAGE 1		NAMED INSURED Rippee Construction, Inc. 2107 Delta Way Tallahassee, FL 32303
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Blanket Additional Insured (Contractors)

CANCELLATION NOTIFICATION: 30 days except 10-days for non payment of premium.

The Board of Trustees, Tallahassee Community College, Florida are listed as additional insured with respect to General Liability and Automobile Liability. Thirty days notice of cancellation with ten days for non pay, per FL statutus.