

DOCUMENT ROUTING FORM

② ✓ 3/22/14 ④

NAME OF DOCUMENTS: **FIRST CONTRACT RENEWAL FOR WEEKLEY ASPHALT PAVING, INC. - ANNUAL ASPHALTIC CONCRETE PAVEMENT**

Approved Comm. Mtg. on **SEPTEMBER 3, 2013** CAM #13-1163 ITEM: M-10

Routing Origin: CAO Also attached: copy of CAR copy of document

On 3/6/14 LINDA B. forwarded to: **RAFEELA PERSAUD, PUBLIC WORKS ENGINEERING**

1.) Approved as to Content: [Signature]
Department Director

3/8/2014
for [Signature]

Capital Improvements defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, fixtures) that add value and/or extend useful life, inc. major repairs such as roof replacement, etc. Term "Real Property" include: land, real estate, realty, real.

Please Check the proper box: CIP FUNDED YES NO
Capital Improvement Projects

2.) Approved as to Funds Available: by [Signature]
Finance Director

Date: 3/24/14
P11761.332 1,108,163

Amount Required by Contract/Agreement \$ 2,133,738

Funding Source: P11945.332 295,575

Dept./Div. PBS/ENG

Index/Sub-object 659

Project # P11945.332 730,000

3.) City Attorney's Office: Approved as to Form:# 3 Originals to City Mgr. By: L. Blanco

PAUL BANGEL

2014 MAR 24 PM 1:26
CITY CLERK'S OFFICE

4.) Approved as to content: Assistant City Manager:

By: Stanley Hawthorne, Assistant City Manager

By: Susanne Torrienti, Assistant City Manager

5.) City Manager: Please sign as indicated and forward 3 original to Clerk.

6.) To City Clerk for attestation and City seal.

INSTRUCTIONS TO CLERK'S OFFICE

7.) City Clerk: retains one original document and forwards 2 originals document to:

JAMES HEMPHILL, PROCUREMENT

2014 MAR 27 PM 1:07
CITY CLERK

Original Route form to Linda Blanco, CAO

3/27

**FIRST RENEWAL OF AGREEMENT
BETWEEN THE CITY OF FORT LAUDERDALE
AND WEEKLEY ASPHALT PAVING, INC.**

THIS IS A FIRST RENEWAL OF AGREEMENT, made and entered into this 3rd day of September, 2013 by and between CITY OF FORT LAUDERDALE, a Florida municipality, ("CITY"), and WEEKLEY ASPHALT PAVING, INC., a Florida corporation, ("CONSULTANT").

WHEREAS, the CITY and the CONSULTANT entered into a 2012-2013 Annual Asphaltic Concrete Pavement Contract, Bid #223-11007, for the period September 5, 2012, through September 4, 2013, and an Addendum to Contract dated May 21, 2013, (collectively, "Agreement"); and

WHEREAS, the Agreement provides for three one-year renewal options; and

WHEREAS, at its meeting of September 3, 2013, (M-10), the City Commission of the City of Fort Lauderdale authorized the first one-year extension of the Agreement,

NOW, THEREFORE, the CITY and the CONSULTANT agree as follows:

1. The Agreement is renewed for one year beginning on September 5, 2013, and ending on September 4, 2014.

IN WITNESS WHEREOF, the parties execute this First Renewal of Agreement as follows:

WITNESSES:

Miranda Scott
Print Name: MIRANDA SCOTT

Aixa D. Penelo
Print Name: Aixa D. Penelo

CITY OF FORT LAUDERDALE, a Florida municipality:

By: Lee R. Feldman
Lee R. Feldman, City Manager

ATTEST:

Jonda K. Joseph
Jonda K. Joseph, City Clerk

Approved as to form

Paul Samp
Senior Assistant City Attorney

WITNESSES:

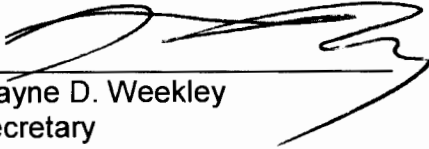
Diana Capato
Print Name: Diana Capato

Cathy Brown
Print Name: Cathy Brown

WEEKLEY ASPHALT PAVING, INC.:

By: Daniel D. Weekley
Daniel D. Weekley, President

ATTEST:


Wayne D. Weekley
Secretary

(CORPORATE SEAL)

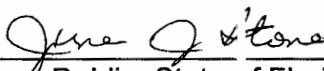
STATE OF FLORIDA :
COUNTY OF BROWARD :

The foregoing instrument was acknowledged before me this 10TH day of MARCH, 2014, by Daniel D. Weekley as president for Weekley Asphalt Paving, Inc., a Florida corporation.

(SEAL)



JUNE J. STONE
MY COMMISSION # FF 054586
EXPIRES: December 8, 2017
Rended Thru Budget Notary Services


Notary Public, State of Florida
(Signature of Notary Public)

JUNE J. STONE
Name of Notary Typed, Printed or Stamped

Personally Known OR Produced Identification _____
Type of Identification Produced _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/12/2014

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 Wells Fargo Ins Services USA, Inc. (MIA) 2601 S Bayshore Dr, Suite 1600 Coconut Grove FL 33133	CONTACT NAME: Richard Rodriguez	
	PHONE (A/C, No, Ext): (305) 443-4886 FAX (A/C, No): (877) 302-4033 E-MAIL ADDRESS:	
INSURED Weekley Asphalt Paving, Inc. 20701 Stirling Road Pembroke Pines FL 33332 (954) 680-8005	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: American Guarantee & Liability I	26247
	INSURER B: Old Republic Insurance Company	24147
	INSURER C: Westches: er Surplus Lines Insura	10172
	INSURER D:	
	INSURER E:	

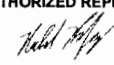
COVERAGES **CERTIFICATE NUMBER:** Cert ID 422017 **REVISION NUMBER:**

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
B	<input checked="" type="checkbox"/> GENERAL LIABILITY			MWZY 301770	3/1/2014	3/ /2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM/PROP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			MWTB 301776	3/1/2014	3/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			AUC593410900	3/1/2014	3/1/2015	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 5,000,000
							\$
	DED						
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			MWC 301512 00	3/1/2014	3/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N					E.L. EACH ACCIDENT \$ 1,000,000
	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Lease/Rent All Risk			TBA	3/1/2014	3/1, 2015	L&R Equipment 200,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Annual Asphaltic Concrete Pavement Contract First Extension - Bid No: 223-11007

City of Fort Lauderdale is listed as additional insured with respects to the general liability policy.

CERTIFICATE HOLDER City of Fort Lauderdale 100 N Andrews Avenue Fort Lauderdale FL 33301	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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