




February 15, 2016

## MEMORANDUM

**TO:** District Board of Trustees

**FROM:** Jim Murdaugh, President 

**SUBJECT:** Annual Renewal - 2015-2016 Construction Manager Agreements

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### 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.



444 Appleyard Drive  
Tallahassee, Florida 32304-2895  
850.201.6200 | www.tcc.fl.edu

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January 26, 2016

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  
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

LICENSE NUMBER:

CGC001066

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

COOK LAWRENCE FINLEY  
COOK BROTHERS INC  
1255 COMMERCE BOULEVARD  
MIDWAY FL 32343



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

LICENSE NUMBER:

CGC040567

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









444 Appleyard Drive  
Tallahassee, Florida 32304-2895  
850.201.6200 | www.tcc.fl.edu

---

January 26, 2016

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:

A handwritten signature in black ink, appearing to read 'Norman McMillan III'.

Date:

1-28-16

---

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](http://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**

<b>LICENSE NUMBER</b>
<b>CGC1513092</b>

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



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



**ISSUED: 09/01/2014**

**DISPLAY AS REQUIRED BY LAW**

**SEQ # L1409010000747**





# CERTIFICATE OF LIABILITY INSURANCE

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 <b>THE NORRIS INSURANCE AGCY INC</b> PO Box 16118 Panama City, FL 32406-6118	CONTACT NAME:		
	PHONE (A/C No. Ext):	(850) 769-8889	FAX (A/C No.): (850) 747-4750
	E-MAIL ADDRESS:	norrisagency100@thenorrisagency.com	
	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A:	Bridgefield Employers Ins. Co.	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

INSURED  
**CSI Contracting, Inc.**  
1131 Dade Street  
Quincy, FL 32351  
850-875-1471

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.

SR TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD YYYY)	POLICY EXP (MM/DD YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			0830-30721	1/1/2016	1/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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  <b>FOR INSURANCE PURPOSE</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 



# CERTIFICATE OF LIABILITY INSURANCE

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).

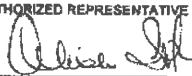
PRODUCER	<b>Pat Thomas &amp; Associates</b> P.O. Box 1919 Quincy, FL 32353	CONTACT NAME: <b>Alisha Smith</b>	PHONE (A/C No., Ext.): <b>850-875-1776</b>	FAX (A/C No.): <b>850-875-2776</b>
		E-MAIL ADDRESS: <b>asmith@patthomas.com</b>		
INSURED	<b>CSI CONTRACTING, INC</b> 1131 Dade St Quincy, FL 32351-4219	INSURER(S) AFFORCING COVERAGE		NAIC #
		INSURER A: <b>Southern Owners Insurance</b>		
		INSURER B: <b>Auto-Owners Insurance Co.</b>		<b>18988</b>
		INSURER C: <b>Auto Owners Insurance</b>		
		INSURER D:		
		INSURER E:		

COVERAGES CERTIFICATE NUMBER: 00000000-0 REVISION NUMBER: 27

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 WOOD	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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			78162222	01/01/2016	01/01/2017	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea. occurrence)	\$ 50,000
							VED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COM/PROP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			4786245300	01/01/2016	01/01/2017	COMBINED SINGLE LIMIT (Ea. accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			4416222201	01/01/2016	01/01/2017	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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	\$
C	<input checked="" type="checkbox"/> Owners & Contractors Protective Liability			22202255	04/30/2015	04/30/2016	Each occurrence	1,000,000
							Per aggregate	2,000,000

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

<b>CERTIFICATE HOLDER</b>  CSI Contracting, Inc. 1131 Dade Street Quincy, FL 32351	<b>CANCELLATION</b>  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  (AAS)



444 Appleyard Drive  
Tallahassee, Florida 32304-2895  
850.201.6200 | [www.tcc.fl.edu](http://www.tcc.fl.edu)

January 26, 2016

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

Re: Annual Renewal of Construction Manager Agreement

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

## 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**

[View Related License Information](#)

[View License Complaint](#)

[1940 North Monroe Street, Tallahassee FL 32399](#) :: Email: [Customer Contact Center](#) :: 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 [Chapter 455](#) page to determine if you are affected by this change.

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

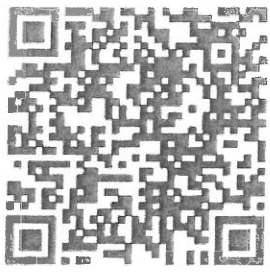


LICENSE NUMBER

CGC018600

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

CHASON, THADDEUS J JR  
ALBRITTON - WILLIAMS INC  
2850 INDUSTRIAL PLAZA DR  
TALLAHASSEE FL 32301-3539



ISSUED: 09/02/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1409020000553

RICK SCOTT, GOVERNOR

KEVIN LAWSON, SECRETARY

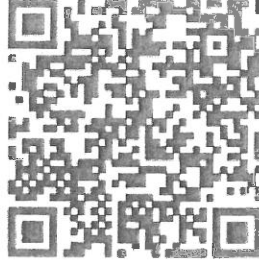
STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD



<b>LICENSE NUMBER</b>	CGC018642
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The GENERAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016

CHASON, JAMES F  
ALBRITTON - WILLIAMS INC  
2850 INDUSTRIAL PLAZA DRIVE  
TALLAHASSEE FL 32301



ISSUED: 08/28/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1408280002493



# CERTIFICATE OF LIABILITY INSURANCE

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).

<b>PRODUCER</b> GHG Insurance 751 Oak Street, Suite 100 Jacksonville FL 32204	<b>CONTACT NAME:</b> Teri Love	
	<b>PHONE (A/C, No, Ext):</b> 904-421-8600 <b>FAX (A/C, No):</b> 904-421-8601 <b>E-MAIL ADDRESS:</b> tlove@ghgins.com	
<b>INSURED</b> Albritton Williams Inc. 2850 Industrial Plaza Drive Tallahassee FL 32301	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> Westfield Insurance Group	24112
	<b>INSURER B :</b> Bridgefield Employers Ins. Co.	10701
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	

**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.

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> LTD Pollution GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CMM4221575	1/31/2016	1/31/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$150,000 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 LTD Pollution \$500,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CMM4221575	1/31/2016	1/31/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			CMM4221575	1/31/2016	1/31/2017	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	083038864	1/31/2016	1/31/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	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**

Evidence of Insurance	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 <i>William R. Handwerker</i>







444 Appleyard Drive  
Tallahassee, Florida 32304-2895  
850.201.6200 | www.tcc.fl.edu

---

January 26, 2016

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.

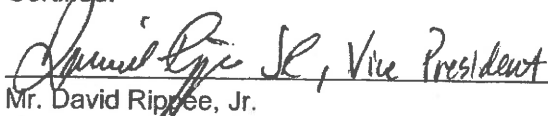
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Sincerely,

David Wildes  
Director, Physical Plant, Facilities Planning & Construction

Certified:

  
Mr. David Rippee, Jr.

Date: 1/28/16

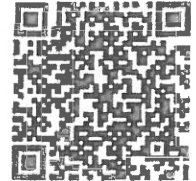
STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

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

# CERTIFICATE OF LIABILITY INSURANCE

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 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).

<b>PRODUCER</b> Insurance Office of America, Inc. 1725 East Mahan Drive Tallahassee, FL 32308		<b>CONTACT NAME:</b> Chris Massey <b>PHONE (A/C, No, Ext):</b> (850) 877-8379 <b>E-MAIL ADDRESS:</b> Chris.Massey@ioausa.com <b>FAX (A/C, No):</b> (850) 877-8674	
<b>INSURED</b>  Rippee Construction, Inc. 2107 Delta Way Tallahassee, FL 32303		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Charter Oak Fire Insurance Company	<b>NAIC #</b> 25615
		<b>INSURER B:</b> Phoenix Insurance Company	<b>NAIC #</b> 25623
		<b>INSURER C:</b> Travelers Property Casualty Company of America	<b>NAIC #</b> 25674
		<b>INSURER D:</b> Association Insurance Company	<b>NAIC #</b> 11240
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

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

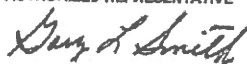
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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(SUBR) INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X X	CO862K7088COF15	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X X	BA862K7088COF15	07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: <input checked="" type="checkbox"/> RETENTION \$ 10,000		CUP862K7088TIL15	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WCV012518103	05/07/2015	05/07/2016	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 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)  
 ADDITIONAL INSURED, as required by written agreement/contract for: General Liability - Form: CG D3 16 11 Contractors Xtend Endorsement (on going) and CG D2 46 08 05 - Blanket Additional Insured (Contractors) - Completed Operations, and Auto -Form: CA T3 53 06 09 Business Auto Extension Endorsement.

WAIVER OF SUBROGATION as required by written agreement/contact for: General Liability, Form: General Liability - Form: CG D3 16 11 Contractors Xtend Endorsement, Workers Comp Form #: WC 00 03 13 and Auto, Form #: CA T3 53 06 09 Business Auto Extension Endorsement.

PRIMARY NON-CONTRIBUTORY FOR ADDITIONAL INSURED'S as required by written agreement/contract for General Liability, Form #: CG D2 46 08 05 - SEE ATTACHED ACORD 101

<b>CERTIFICATE HOLDER</b>  Tallahassee Community College 444 Appleyard Drive Tallahassee, FL 32304	<b>CANCELLATION</b>  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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### ADDITIONAL REMARKS SCHEDULE

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