

AGREEMENT

THIS AGREEMENT entered into this 14th day of October, 1986, by and between BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY, FLORIDA, hereinafter referred to as "BOARD" and LARRY THIGPEN, hereinafter referred to as "THIGPEN";

WHEREAS, the north roof of the County Building referred to as the Annex Building is in immediate need of work; and

WHEREAS, THIGPEN is qualified to perform said roofing work; and

WHEREAS, THIGPEN has the necessary insurance, including workman's compensation; and

WHEREAS, as the work must be begun immediately.

NOW, THEREFORE, it is for and in consideration of the sum of Ten and No/100 Dollars and other good and valuable considerations, the BOARD and THIGPEN agree as follows:

1.) THIGPEN shall immediately commence the roof work on the north roof of the County Annex Building located at 11 North 14th Street, Fernandina Beach, Florida.

2.) Said work shall commence on or after Tuesday, October 14, 1986 and shall be completed no later than Tuesday, October 21, 1986. Any extension of this time shall be indicated by a written extension agreement between the parties.

3.) The BOARD has been advised that due to the short length necessary to to the job, THIGPEN cannot obtain a bond for at least a thirty (30) day period, therefore, THIGPEN hereby gives the BOARD an unconditional guaranty of the work to be performed on the north roof. He shall be responsible for any and all costs incurred as a result of the Board having to do any roofing work on said north roof, after THIGPEN has completed his work for the BOARD.

4.) The parties agree that this unconditional guaranty shall be for a one year period from the date of completion of the work and shall cover all costs the BOARD may expend for work to be done on said roof, including costs to other contractors. THIGPEN may be given the opportunity to correct any problem discovered by the BOARD regarding said roof, however, THIGPEN shall address any problem within forty-eight (48) hours after notification by the BOARD. If THIGPEN has not addressed said problem(s) and satisfactorily corrected the same, the BOARD may obtain the services of another roofer.

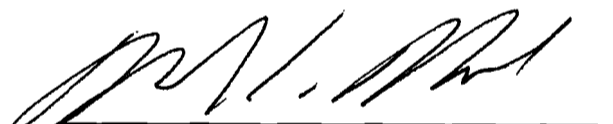
5.) Compensation paid by the BOARD to THIGPEN shall be the sum of \$ 14,370.00.

6.) The compensation shall be paid upon completion of the work and an inspection of the job by the BOARD.

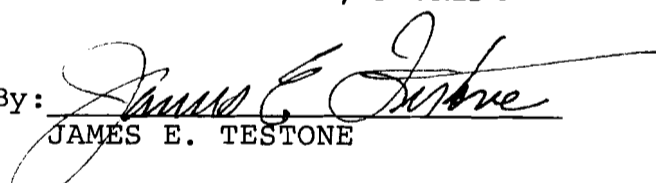
DATED this 14th day of October, at Fernandina Beach, Nassau County, Florida.

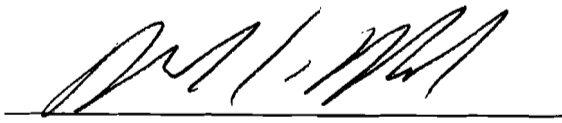
SIGNED, SEALED and DELIVERED
in the PRESENCE of:

BOARD OF COUNTY COMMISSIONERS
OF NASSAU COUNTY, FLORIDA



Margie Q. Armstrong

By: 
JAMES E. TESTONE
As Chairman



Margie Q. Armstrong

 (SEAL)
LARRY THIGPEN

PROPOSAL

<p>THIGPEN ROOFING 12143 St. Augustine Road JACKSONVILLE, FLORIDA 32223 Phone 262-8953</p>	Proposal No. 1 Sheet No. 1 Date 10/13/76
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Proposal Submitted To	Work To Be Performed At
Name <u>Passan Court House</u> Street <u>11 - Centre Street</u> City <u>Fernandina Beach</u> State <u>Florida</u> Telephone Number <u>262-2222</u>	Street <u>County Annex Bldg.</u> City _____ State _____ Date of Plans _____ Architect _____

We hereby propose to furnish the materials and perform the labor necessary for the completion of

A NEW 20 YEAR BUILT-UP ROOF.

- Remove old roofing, roll down to decking.
- Repair all rotten sheathing and rafters.
- Apply with 1 ply of 30# base felt.
- Top 1 ply of cold glass over crylin sheet using type B asphalt.
- Install all new leads for plumbing pipes.
- Flash walls and curbs with lead flashing.
- Install new vulcanized metal pipe on edges.
- Finish coat with asphalt, using grey rock for surface finish.
- 5 Year Guarantee on labor.
- All trash will be cleaned up and hauled away from premises.

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of Dollars (\$ 18,370.00).

with payments to be made as follows: on completion of work

Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance upon above work. Workmen's Compensation and Public Liability Insurance on above work to be taken out by

Respectfully submitted W. F. Higpen

Per _____

Note — This proposal may be withdrawn by us if not accepted within 10 days

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature James E. Esthene
 Date _____ Signature _____



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS
ISSUE DATE (MM/DD/YY)

PRODUCER

X FRANK H. TALLY, C.L.U.
1641 CASSAT AVENUE
JACKSONVILLE, FLORIDA 32210

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	AETNA CASUALTY & SURETY COMPANY
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

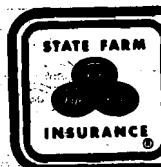
LARRY THIGPEN
12143 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FLORIDA 32223

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS	
					EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY					
	<input type="checkbox"/> COMPREHENSIVE FORM				BODILY INJURY	\$
	<input type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE	\$
	<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				BI & PD COMBINED	\$
	<input type="checkbox"/> CONTRACTUAL				PERSONAL INJURY	\$
	<input type="checkbox"/> INDEPENDENT CONTRACTORS					
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE					
	<input type="checkbox"/> PERSONAL INJURY					
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON)	\$
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				BODILY INJURY (PER ACCIDENT)	\$
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS				BI & PD COMBINED	\$
	<input type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> GARAGE LIABILITY					
	EXCESS LIABILITY					
	<input type="checkbox"/> UMBRELLA FORM				BI & PD COMBINED	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	094JC0656338851CAA	9/13/86	9/13/87	STATUTORY	
					\$ 100 (EACH ACCIDENT)	
					\$ 100 (DISEASE-POLICY LIMIT)	
					\$ 100 (DISEASE-EACH EMPLOYEE)	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS



FRANK H. TALLY, CLU, Agent
1641 Cassat Avenue
Jacksonville, Florida 32210
Phone: Off. 904-384-2226

CERTIFICATE HOLDER

BOARD OF COUNTY COMMISSIONERS
P. O. DRAWER 1010
FERNANDINA BEACH, FLORIDA 32034
ATTN: Margie Armstrong

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Frank H. Tally
FRANK H. TALLY, C.L.U., AGENT

CERTIFICATE OF INSURANCE

This is to certify that

STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
 STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois

has in force for

LARRY THIGPEN

Name of Policyholder

12143 OLD ST. AUGUSTINE ROAD

Address of Policyholder

JACKSONVILLE, FLORIDA 32223

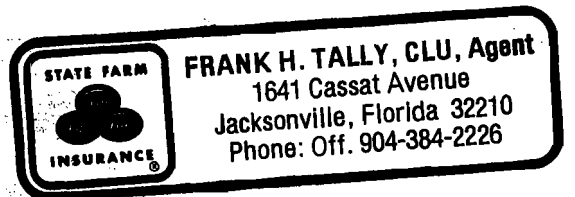
location of operations _____

the following coverages for the periods and limits indicated below.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD (eff./exp.)	LIMITS OF LIABILITY
90 07 7652 4	<input checked="" type="checkbox"/> Comprehensive General Liability	90 07 7652 4	<input checked="" type="checkbox"/> Dual Limits for: Each Occurrence \$ <u>300,000</u> Aggregate \$ <u>300,000</u> Each Occurrence \$ <u>100,000</u> Aggregate* \$ <u>100,000</u> <input type="checkbox"/> Combined Single Limit for: BODILY INJURY AND PROPERTY DAMAGE Each Occurrence \$ _____ Aggregate \$ _____ CONTRACTUAL LIABILITY LIMITS (If different than above) BODILY INJURY Each Occurrence \$ _____ Aggregate \$ _____ <input type="checkbox"/> Combined Single Limit for: BODILY INJURY AND PROPERTY DAMAGE Each Occurrence \$ _____ Aggregate \$ _____
	<input type="checkbox"/> Manufacturers' and Contractors' Liability		
	<input type="checkbox"/> Owners', Landlords' and Tenants' Liability		
The above insurance includes (applicable if indicated by <input checked="" type="checkbox"/>) <input type="checkbox"/> PRODUCTS-COMPLETED OPERATIONS <input type="checkbox"/> OWNERS' OR CONTRACTORS' PROTECTIVE LIABILITY <input type="checkbox"/> CONTRACTUAL LIABILITY <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> BROAD FORM COMPREHENSIVE GENERAL LIABILITY			
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD (eff./exp.)	
	<input type="checkbox"/> Watercraft Liability		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA <input type="checkbox"/> OTHER		
	<input type="checkbox"/> Workmen's/Workers' Compensation-Coverage A Employer's Liability -Coverage B		Coverage A STATUTORY Coverage B \$ _____

*Aggregate not applicable if Owners', Landlords' and Tenants' Liability Insurance excludes structural alterations, new construction or demolition.

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.



NAME AND ADDRESS OF PARTY TO WHOM CERTIFICATE IS ISSUED

BOARD OF COUNTY COMMISSIONERS
 P. O. DRAWER 1010
 FERNANDINA BEACH, FLORIDA 32034

OCTOBER 29, 1986

Date

Frank H. Tally

Signature of Authorized Representative
FRANK H. TALLY, C.L.U.
 AGENT

Title