

## FORM OF AGREEMENT Sheffield Village Drainage Survey

THIS AGREEMENT, made this 21st day of December, 1993, as awarded by the Nassau County Commission on the 13th day of December, 1993, by and between the NASSAU COUNTY BOARD OF COMMISSIONERS, hereinafter called "OWNER", and PGMS CORPORATION, hereinafter called "CONTRACTOR".

WITNESSETH: That for and in consideration of the payments and agreements hereinafter mentioned:

1. The CONTRACTOR will commence and complete the Drainage Survey as shown in the attached Proposal within the timeframes in the Proposal.
2. The CONTRACTOR will furnish all of the material, supplies, tools, equipment, labor, and other services necessary for the construction and completion of the PROJECT described herein.
3. The CONTRACTOR will commence the work required by the CONTRACT DOCUMENTS and will complete the same within the time limits as specified in the attached Proposal.
4. The CONTRACTOR agrees to perform all of the WORK described in the CONTRACT DOCUMENTS and comply with the terms therein for the amounts as shown in the attached Proposal.
5. The term CONTRACT DOCUMENTS means and includes the following:
  - \* Advertisement for Bids
  - \* Instructions to Bidders
  - \* Scope of Services
  - \* Proposal
  - \* Agreement
  - \* Public Entities Crime Form
  - \* Conflict of Interest Form
  - \* Drawings prepared by Nassau County
  - \* Specifications prepared or issued by Nassau County
  - \* Addendum
6. The CONTRACTOR shall invoice the OWNER upon completion of the survey.
7. The OWNER, shall, upon review and approval of the work submitted, pay the CONTRACTOR in a timely fashion in a total amount not to exceed \$5,600.00 as shown in the attached Proposal.

Page Two

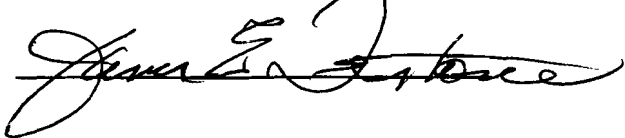
Form of Agreement - PGMS, Corp.  
Sheffield Village Drainage Survey

8. This agreement shall be binding upon all parties hereto and their respective heirs, executors, administrators, successors, and assigns.
9. The OWNER reserves the right to cancel this agreement if CONTRACTOR fails to complete the work as specified in the attached Proposal.

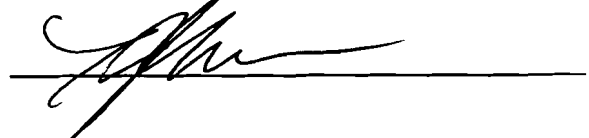
IN WITNESS WHEREOF, the parties hereto have executed or caused to be executed by their duly authorized officials, this Agreement in triplicate, each of which shall be deemed an original, on the date first above written.

NASSAU COUNTY BOARD OF COMMISSIONERS  
P.O. BOX 1010  
FERNANDINA BEACH, FL 32035-1010

JAMES E. TESTONE, CHAIRMAN

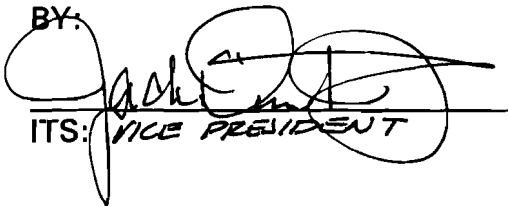


ATTEST: T. J. GREESON, CLERK



PGMS CORPORATION  
312 SOUTH 8TH STREET  
FERNANDINA BEACH, FL 32034

BY:

  
ITS: VICE PRESIDENT

ATTEST:

  
ITS: VICE PRESIDENT

APPROVED AS TO FORM:

  
MICHAEL S. MULLIN  
COUNTY ATTORNEY

1-10-94  
DATE:



# PGMS Corporation

CIVIL ENGINEERING — SURVEYING — LAND PLANNING

312 SOUTH EIGHTH STREET, FERNANDINA BEACH, FLORIDA, 32034  
P. O. DRAWER 1526, FERNANDINA BEACH, FL. 32035-1526

OFFICE: 904-261-5393, FAX: 904-277-4450  
GEORGIA WATTS: 1-800-217-4119

November 12, 1993

Nassau County  
Board of County Commissioners  
c/o T. J. Greeson, Clerk  
Room 9, County Courthouse  
Fernandina Beach, FL 32034

RE: Sheffield Village Drainage Study

Gentlemen;

We are pleased to offer our proposal to provide Professional Survey Services for the above referenced project.

We could commence field work on this project within three (3) working days of notice to proceed, and furnish preliminary drawings within ten (10) working days of notice to proceed. Final drawings would be delivered within fifteen (15) working days.

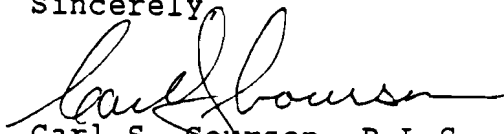
Completed drawings will be one (1) set of 1 inch = 100 feet scale, ink on mylar, six (6) sets of signed and sealed blue lines, and one (1) 5 1/4" or 3 1/2" AutoCAD-11 disk. All field work and mapping will meet or exceed minimum Technical Standards for Surveying, Chapter 21HH-6, Florida Administrative Code.

The total fee for this project will be Five Thousand Six Hundred Dollars (\$5,600.00), to be invoiced at completion of project and delivery of final drawings.

We appreciate the opportunity of offering this proposal and look forward to serving you in the near future.

Thank you very much.

Sincerely,

  
Carl S. Courson, P.L.S.  
Vice President

CSC/slw  
Enclosures

# PROPOSAL

## SHEFFIELD VILLAGE DRAINAGE STUDY NOVEMBER, 1993

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Survey Complete . . . . . \$ 5,600.00  
Five Thousand Six Hundred Dollars

PGMS Corporation

**Contractor Name**

312 S. 8th Street, P. O. Drawer 1526

**Address**

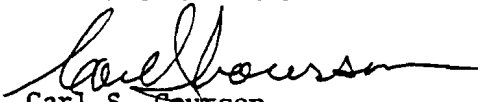
Fernandina Beach, FL 32035-1526

(904) 261-5393

**Telephone Number**

(904) 277-4450

**Facsimile Number**

By:  /S/  
Carl S. Courson

**Its:** Vice President

**Date:** November 16, 1993

SWORN STATEMENT UNDER SECTION 287.133(3)(a),  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with Bid, Proposal or Contract No. \_\_\_\_\_  
for Sheffield Village Drainage Study.
2. This sworn statement is submitted by PGMS Corporation  
[name of entity submitting sworn statement]  
whose business address is 312 S. 8th Street, P. O. Drawer 1526  
Fernandina Beach, FL 32035-1526 and  
(if applicable) its Federal Employer Identification Number (FEIN) is 59-3017283  
(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: \_\_\_\_\_.)
3. My name is Carl S. Courson and my relationship to the  
[please print name of individual signing]  
entity named above is Vice President.
4. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
  1. A predecessor or successor of a person convicted of a public entity crime; or
  2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
7. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
8. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

X Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND [Please indicate which additional statement applies.]

\_\_\_\_\_ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. [Please attach a copy of the final order.]

\_\_\_\_\_ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. [Please attach a copy of the final order.]

\_\_\_\_\_ The person or affiliate has not been placed on the convicted vendor list. [Please describe any action taken by or pending with the Department of General Services.]

Carl S. Courson  
[Signature]

Date: 11/16/93

STATE OF FLORIDA

COUNTY OF NASSAU

PERSONALLY APPEARED BEFORE ME, the undersigned authority,

CARL S. COURSON  
[name of individual signing]

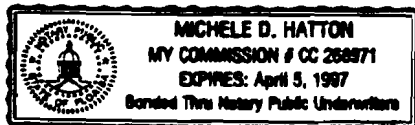
who, after first being sworn by me, affixed his/~~her~~ signature

in the space provided above on this 16TH day of Nov., 1993.

Michele D. Hatton

NOTARY PUBLIC

My commission expires:



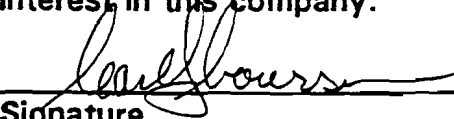
# CONFLICT OF INTEREST CERTIFICATION

## SHEFFIELD VILLAGE DRAINAGE STUDY

Bidder must execute either Section I or Section II hereunder relative to Florida Statute 112.313(12). Failure to execute either Section may result in rejection of this bid proposal.

### SECTION I

I hereby certify that no official or employee of the County or independent agency requiring the goods or services described in these specification has a material financial interest in this company.

  
Signature

Carl S. Courson  
Name of Official - TYPED OR PRINTED

PGMS Corporation  
Company Name  
312 S. 8th Street, P. O. Drawer 1526  
Business Address

Fernandina Beach, FL 32035-1526  
City, State, Zip Code

### SECTION II

I hereby certify that the following named County official(s) and employee(s) having material financial intere(s) (in excess of 5%) in this company have filed Conflict of Interest statement with the Supervisor of Elections, 11 North 14th Street, Fernandina Beach, Florida, Nassau County, Florida, prior to bid opening date.

Name	Title/Position	Date of Filing
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Official - TYPED OR PRINTED

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City, State, Zip Code

PROJECT SCHEDULE

SHEFFIELD VILLAGE DRAINAGE STUDY

Preliminary Drawings: . . . . .  
Date (10) working days from notice to proceed

Final Drawings: . . . . .  
Date (15) working days from notice to proceed



# CERTIFICATE OF INSURANCE

This certifies that ☒ STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois ☐ STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois insures the following policyholder for the coverages indicated below:

PGMS CORP

Name of policyholder

P.O. Drawer 1526

Address of policyholder

Fernandina Beach, FL 32034

Location of operations

North Florida Region

Description of operations

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD Effective Date : Expiration Date	LIMITS OF LIABILITY (at beginning of policy period)
90-N1-7442-0	Comprehensive Business Liability	07/06/93 07/06/94	Each Occurrence \$ 1000000 General Aggregate \$ 2000000 Products - Completed Operations Aggregate \$ 2000000 Operations Aggregate \$ 2000000
This insurance includes: <input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> General Aggregate Limit applies to each project			
90-N6-6019-4	<input checked="" type="checkbox"/> Umbrella <input type="checkbox"/> Other	POLICY PERIOD Effective Date : Expiration Date 07/06/93 07/06/94	BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) \$ 1000000.00 Each Occurrence \$ 1000000.00 Aggregate \$ 1000000.00
497-0112-A07-10	TYPE OF INSURANCE	POLICY PERIOD Effective Date : Expiration Date 07/07/93 01/07/94	LIMITS OF LIABILITY (at beginning of policy period) Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ Disease Each Employee \$ Disease - Policy Limit \$

Name and Address of Certificate Holder

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder \_\_\_\_\_ days before cancellation. If, however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Signature of Authorized Representative

Title

Date

# Certificate of Insurance

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 LISTED BELOW.

NAME AND ADDRESS OF SERVICE COMPANY

EXECUTIVE RISK CONSULTANTS, INC.  
P O BOX 166007  
ALTAMONTE SPRINGS FL 32716

## COMPANIES AFFORDING COVERAGES

COMPANY LETTER **A** FLORIDA HOME BUILDERS SELF INSUR

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

NAME AND ADDRESS OF INSURED

TOTAL EMPLOYEE LEASING SE  
P. O. BOX 991  
BRADENTON FL 34206

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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT. <input type="checkbox"/>				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <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 <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
<b>A</b>	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	060-06904	3/01/93	3/01/94	STATUTORY LIMITS <b>100,000</b> EACH ACCIDENT \$ <b>500,000</b> DISEASE-POLICY LIMIT \$ <b>100,000</b> DISEASE-EACH EMPLOYEE \$
	<b>OTHER</b>				
	STATE OF FLORIDA/FLORIDA EMPLOYEES ONLY				A-63380

Effective Date: 09/26/93

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

This Certificate remains in effect provided your account is in good standing with TELSI. TELSI does not provide coverage for any employee for which the client is not reporting hours to TELSI.

**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 below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

NAME AND ADDRESS OF CERTIFICATE HOLDER

1058

P.G.M.S. CORP.  
P.O. BOX 1526  
FERNANDINA, FL 32034

ISSUE DATE 10/11/93

*Will R. Rf*  
AUTHORIZED REPRESENTATIVE



For All the Commitments You Make™

PROFESSIONAL LIABILITY  
LAND SURVEYORS

DECLARATIONS CONTINUED

Policy SUR 00-608-83-45 Effective 11/01/92

3. ADDRESS:

220 Sterling Street  
Watertown, New York 13601-3313

4. EFFECTIVE DATE:

11/01/87 is the effective date of the first policy issued  
and continuously renewed by us.

5. SELF-INSURED RETENTION:

\$ 20,000 Purchased Self-Insured Retention  
\$ 0 Self-Insured Retention Credit  
\$ 20,000 is Self-Insured Retention per claim

6. LIMIT OF LIABILITY:

\$ 1,000,000 is the maximum we will pay for all claims and claim  
expenses during this policy term.

7. CANCELLATION:

Notice will be given to you in accordance with the  
State of New York cancellation and non-renewal requirements.

8. EXTENDED CLAIM REPORTING PERIOD COVERAGE:

If this policy is terminated on the next anniversary date, the premium  
for the 3 year Extended Reporting Period Coverage will be 1.50 of the  
policy premium charged on the date the policy was issued or last  
renewed.

9. Insured's liability arising out of joint ventures is covered  
in accordance with the terms of Endorsement No. 5

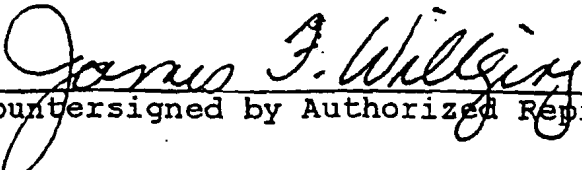
10. \$ 800,000 Reported Total Billings  
\$ 0 Reported Construction Values

11. PREMIUM:

\$ 12,632 Standard Premium  
\$ 320 Reserve Premium  
\$ 12,952 Total Premium  
\$ 3,200 Basic Premium

12. INSTALLMENT PREMIUM PAYMENT:

\$ 5,244.00 Due 11/01/92  
\$ 3,886.00 Due 02/01/93  
\$ 3,886.00 Due 05/01/93

  
Countersigned by Authorized Representative

DECLARATIONS ADDENDUM

AGENCY BRANCH	PREFIX	POLICY NUMBER
056124 970	SUR	00-608-83-45

INSURANCE IS PROVIDED BY  
CONTINENTAL CASUALTY COMPANY,  
CNA PLAZA, CHICAGO, IL 60685,  
A STOCK INSURANCE COMPANY,  
HEREIN CALLED WE, US, OR OUR.

1. NAMED INSURED:

Gozalkowski, Yaussi, Moncrief & Olley

2. POLICY TERM: 11/01/92 TO: 11/01/93 at 12:01 AM  
Standard Time at your address shown below.

3. ADDRESS:

220 Sterling Street  
Watertown, New York 13601-3313

4. EFFECTIVE DATE:

11/01/87 is the effective date of the first policy issued  
and continuously renewed by us.

IMPORTANT NOTICE

DURING THE FIRST SEVERAL YEARS OF THE CLAIMS-MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES. SUBSTANTIAL ANNUAL PREMIUM INCREASES CAN BE EXPECTED, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY.

UPON TERMINATION OF COVERAGE, FOR ANY REASON, A 60 DAY AUTOMATIC EXTENDED CLAIM REPORTING PERIOD WILL APPLY. IF THE POLICY HAS BEEN TERMINATED FOR REASONS OTHER THAN NON-PAYMENT OF PREMIUM OR FRAUD, DURING THE FIRST YEAR OF COVERAGE, WITHIN 30 DAYS AFTER TERMINATION OF COVERAGE, THE COMPANY WILL GIVE WRITTEN NOTIFICATION TO YOU THAT THE AUTOMATIC EXTENDED CLAIM REPORTING PERIOD APPLIES, AND WILL ALSO INCLUDE THE IMPORTANCE OF PURCHASING ADDITIONAL EXTENDED CLAIM REPORTING PERIOD COVERAGE FOR A TOTAL PERIOD OF THREE YEARS, TOGETHER WITH THE PREMIUM FOR SUCH ADDITIONAL COVERAGE. THE PREMIUM FOR SUCH COVERAGE WILL BE BASED UPON THE RATES FOR SUCH COVERAGE ON THE DATE THE POLICY WAS ISSUED OR LAST RENEWED.

NO COVERAGE WILL EXIST AFTER THE TERMINATION OF SUCH EXTENDED CLAIM REPORTING PERIOD, RESULTING IN A POTENTIAL COVERAGE GAP IF PRIOR ACTS COVERAGE IS NOT SUBSEQUENTLY PROVIDED BY ANOTHER INSURER.

# RENEWAL NOTICE

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  
JACKSONVILLE FL 32232-5061

POLICY NUMBER	DATE DUE	PLEASE PAY THIS AMOUNT
0113-A07-10D	JAN 07 93	\$284.94

ALL PAYMENT BY DATE DUE CONTINUES  
THIS POLICY IN FORCE UNTIL JUL 07 93.



1-6198-71

PGMS CORP  
PO DRAWER 1526  
FRNANDINA BCH FL 32034-1526

RECEIVED NOV 20 1992

Your premium is based on the following... If not correct, contact your agent.

Number of vehicle in your household... Class 1L3H1

HERE ARE NO UNMARRIED MALE DRIVERS  
UNDER AGE 25.

YOUNGER DRIVERS INCLUDED IF RATED ON  
ANOTHER CAR INSURED WITH US.

Ordinary use of vehicle...

NON-FARM UTILITY VEHICLE/BUSINESS.

See reverse side for important information affecting your insurance.  
Please keep this part for your record.

*Thanks for letting us serve you...*

Agent DENNIS MICHAELIS  
Telephone 904-261-3622

YOUR CAR/VEHICLE  
1989 FORD F150

COVERAGE/LIMITS	PREMIUM
A LIABILITY: BODILY INJURY 500,000/500,000	
PROPERTY DAMAGE 100,000	128.82
P10 NO-FAULT 10,000	25.46
C MEDICAL PAYMENT 10,000	19.50
D 500 DED COMPREHENSIVE	13.68
G 500 DEDUCT COLLISION	42.18
H EMERGENCY ROAD SERVICE	1.70
U3 UNINSURED MOTOR VEHICLE BODILY INJURY 500,000/500,000	53.60

PLEASE PAY THIS AMOUNT\* 284.94

DISCOUNTS  
THE PREMIUM AMOUNT HAS ALREADY  
BEEN REDUCED BY THE FOLLOWING:  
ANTI-LOCK BRAKE \$10.45  
MULTICAR \$33.18

PLEASE SEE THE ENCLOSED  
"DISCOUNTS" INSERT ABOUT  
ADDITIONAL PREMIUM REDUCTIONS  
YOU MAY BE ELIGIBLE FOR:  
ANTI-THEFT  
DEFENSIVE DRIVER

**RENEWAL NOTICE**STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  
JACKSONVILLE FL 32232-5061POLICY NUMBER  
0112-A07-10CDATE DUE  
JAN 07 93PLEASE PAY THIS AMOUNT  
\$324.50

YOUR CAR/VEHICLE

1991 FORD

F150

ALL PAYMENT BY DATE DUE CONTINUES  
THIS POLICY IN FORCE UNTIL JUL 07 93.

1-6198-71

PGMS CORP  
PO DRAWER 1526  
FRNANDINA BCH FL 32034-1526

COVERAGE/LIMITS		PREMIUM
A	LIABILITY: BODILY INJURY 500,000/500,000	
	PROPERTY DAMAGE 100,000	149.16
P10	NO-FAULT 10,000	29.48
C	MEDICAL PAYMENT 10,000	19.50
D	500 DED COMPREHENSIVE	17.38
G	500 DEDUCT COLLISION	53.68
H	EMERGENCY ROAD SERVICE	1.70
U3	UNINSURED MOTOR VEHICLE BODILY INJURY 500,000/500,000	53.60

PLEASE PAY THIS AMOUNT\* 324.50

*Your premium is based on the following... If not correct, contact your agent.*

Drivers of vehicle in your household...

Class 6H3H1

A PRINCIPAL DRIVER IS AGE 50 OR OLDER, AND  
THERE ARE NO UNMARRIED DRIVERS UNDER 25 IN  
YOUR HOUSEHOLD UNLESS RATED AS PRINCIPAL  
OPERATOR OF ANOTHER CAR.

Ordinary use of vehicle...

BUSINESS.

DRIVEN OVER 12,000 MILES ANNUALLY.

See reverse side for important information affecting your insurance.  
Please keep this part for your record.*Thanks for letting us serve you...*Agent DENNIS MICHAELIS  
Telephone 904-261-3622

## DISCOUNTS

THE PREMIUM AMOUNT HAS ALREADY  
BEEN REDUCED BY THE FOLLOWING:ANTI-LOCK BRAKE \$12.32  
MULTICAR \$34.05PLEASE SEE THE ENCLOSED  
"DISCOUNTS" INSERT ABOUT  
ADDITIONAL PREMIUM REDUCTIONS  
YOU MAY BE ELIGIBLE FOR:  
ANTI-THEFT  
DEFENSIVE DRIVER



COMMERCIAL LIABILITY UMBRELLA POLICY

Coverage afforded by this policy is provided by  
STATE FARM FIRE AND CASUALTY COMPANY

PO BOX 45061, JACKSONVILLE FL 32232-5061

a Stock Company with Home Offices in Bloomington, Illinois. 6198/71

DECLARATIONS  
We will provide the insurance described in this  
policy in return for the premium and compliance  
with all applicable provisions of this policy.

POLICY NO. 90-N6-1787-7

REPLACES NO 90-N1-4752-5

PG&S CORP  
PO DRAWER 1526

FRANNDINA BCH FL 32034-1526

Named Insured and Mailing Address

NAMED INSURED - CORPORATION

THE POLICY PERIOD BEGINS AND ENDS AT 12:01 AM  
STANDARD TIME AT THE ADDRESS OF THE NAMED  
INSURED AS SHOWN  
08/23/92 - EXPIRATION DATE  
SHORT TERM POLICY PERIOD  
07/04/93 - EXPIRATION OF POLICY PERIOD  
COVERAGE 1 - BUSINESS LIABILITY  
\$ 1,000,000 EACH OCCURRENCE  
\$ 1,000,000 ANNUAL AGGREGATE  
\$ 10,000 RETAINED LIMIT  
UNDERLYING INSURANCE POLICIES CONTAINING REQUIREMENTS

COVERAGE	
APPLICABLE	LIABILITY
BODILY INJURY	PROPERTY DAMAGE
BODILY INJURY/PROPERTY DAMAGE (SINGLE LIMIT)	\$ 500,000/500,000
ADDITIONAL AGGREGATE	\$ 100,000

COMPREHENSIVE BUSINESS LIABILITY	
EMPLOYERS	LIABILITY
BODILY INJURY BY ACCIDENT (EACH EMPLOYEE)	BODILY INJURY BY DISEASE (EACH EMPLOYEE)
BODILY INJURY BY DISEASE (EACH EMPLOYEE)	BODILY INJURY BY DISEASE (POLICY LIMIT)
PER OCCURRENCE OR PER CLAIM	EXCLUDED

EMPLOYERS / NON-EMPLOYERS / THIRD PARTY LIABILITY	
BODILY INJURY/PROPERTY DAMAGE (SINGLE LIMIT)	\$ 1,000,000
ADDITIONAL AGGREGATE	\$ 1,000,000

INSURED POLICY NO. 90-N1-4752-5	\$ 500,000/500,000
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FORMS, CONDITIONS AND ENDORSEMENTS  
COMMERCIAL LIABILITY UMBRELLA POLICY  
STATE FARM FIRE AND CASUALTY COMPANY  
BLOOMINGTON, ILLINOIS 6198/71



## INFORMATION PAGE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

FEIN NO.

59-3017383

RENEWAL OF: 1413-00-105738

Policy Number  
1414-00-105738

DENNIS J. MICHAELIS  
C/O STATE FARM INS  
1894 S 14TH ST STE 4  
FERNANDINA BEACH FL 32034

1. Insured and Mailing Address  
PGMS CORPORATION  
D/B/A KING & ASSOCIATES  
P.O. BOX 1626  
FERNANDINA BEACH, FL 32034

Insured is: CORPORATION

2. The policy period is from 02 07 93 to 02 07 94 12:01 A.M., standard time at the insured's mailing address.

3. Coverage:

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: FLORIDA

B. Employers Liability Insurance: Part Two of this policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:  
Bodily Injury by Accident \$100,000 each accident  
Bodily Injury by Disease \$500,000 policy limit Bodily Injury by Disease \$100,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states listed here.  
ALL STATES EXCEPT STATES LISTED IN ITEM 3.A. AND NEVADA, NORTH DAKOTA, OHIO, WASHINGTON, WEST VIRGINIA AND WYOMING

4. Premium. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code Number	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
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See Extension of Information Page

Minimum Premium: Workers Compensation \$269 (FL)  
Total estimated premium

\$3,920

Premium will be billed: ANNUALLY

Deposit Premium \$3,920

This policy includes at its effective date form WC0022 Extension of Information Page and all endorsements listed here:

Symbol Endorsements:

Other Endorsements: W5426 W3001 W4528.1 W6191

Issued by: EMPLOYERS INSURANCE OF WAUSAU A MUTUAL COMPANY  
ENCLOSURES: EN1020

FORM WC0040/WC 00 00 00A

Countersigned by

*P. Chomyszak*

Authorized Representative

Issued 12-07-92

WC0020  
(11-15-88)

WC 00 00 01A