CHANGE ORDER APPROVAL FORM

PROJECT: <u>Am</u>	elia Island WTP Booster Pump Modifi	cation Project	
CHANGE ORDER	R NUMBER: <u>07</u>		
DATE: <u>3/5/24</u>			
CONTRACT NUM	MBER: <u>CM3xxx</u> x 3003		
TO CONTRACTO	OR: Sawcross Contractors and Eng	ineers Inc.	
Description: NA	U booster pump replacement.		
	e Order: <u>Time delays associated with desting constraints</u> . Time needs to be		nstrumentation and controls
Net Change by Pre	Sum evious Change Order/Supplemental Ag r to This Change Order	reement. \$	3,488,000.00 _68,863.75 _3,556,863.75
Amount of this Ch	ange Order (Add)	. \$	0
New Contract Sum	Including this Change Order	\$	_3,556,863.75
	will be increased al Completion:09/30/2023		n: 10/30/2023
APPROVED BY:	Curis Lacambra Department Head/Managing Agent	DATE: _	3/5/2024
APPROVED BY:	Procurement	DATE: _	3/6/2024
APPROVED BY: 3/5/2024		DATE:	3/5/2024
	Denise C. May County Attorney	DATE: _	3/8/2024
3/8/2024	County Attorney Taco E. Pope, AIC	CP.	3/8/2024
APPROVED BY:	County Manager	DATE: _	3, 0, 202 .

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APPROVED BY:	N/A		DATE:	
	John F. Martin, Chairman	Ĺ		
ATTEST:	N/A		DATE:	
	John A. Crawford, Clerk	of Courts		
Account No(s)	71500533-562002 BPS	(PO 22000101)		

SECTION 00 63 63

CHANGE ORDER REQUEST FORM

(Instructions on 00 63 63-2)	No. 7			
DATE OF ISSUANCE PROJECT 02/27/24 EFFECTIVE I	DATE 02/25/24			
NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS				
COUNTY Contract / Purchase Order No.: CM3003/PO 2200010 CONTRACTOR Sawcross Contractors and Engineers, Inc.)I ENGINEER / ARCHITECT: FGUA (GAI)			
You are directed to make the following changes in the Contract Documents.				
Due to time delays associated with the existing transformer, instrumentation and controls changes and start and testing constraints, extend the contract time by 244 days.				
CHANGE IN CONTRACT PRICE:	CHANGE IN CONTRACT TIMES:			
0.1.10	Original Contract Times			
Original Contract Price S 3.488,000.00	Ready for Final Payment: 3/23/2023 575 days (days and dates)			
Net change from previous Change Orders No. 0 to No 5	Net change from previous Change Orders No.0 to No.5			
\$ 68,863.75	221 (days)			
Contract Price prior to this Change Order \$ 3.556,863.75	Contract Times Prior to this Change Order Substantial Completion: 09/30/23 (766 days) Final Payment: 10/30/2023 (796 days) (days and dates)			
Net Increase (decrease) of this Change Order	Net Increase (decrease) of this Change Order			
\$ 0.00				
Contract Price with all approved Change Orders \$ 3,556,863.75	Contract Times with all approved Change Orders Substantial Completion: 05/31/24 (1010 days) Final Payment: 06/30/24 (1040 days) (days and dates)			
RECOMMENDED: By: Teresa Arby-BUttler FGUA Project Manager (Authorized Signature) O2/27/24 Date: APPROXED By: COUNTY (A	Authorized Signature) By: M Contractor (Authorized Signature)			

SAWCRINC

CERTIFICATE OF LIABILITY INSURANCE $ACORD_{\scriptscriptstyle{\sqcap}}$

DATE (MM/DD/YYYY) 12/28/2023

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 have ADDITIONAL INSURED provisions or 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 cartificate does not confer any rights to the cartificate holder in lieu of such endorsement(s)

ting octanioate accession contenting rights to the certifical	the Holder III lied of Saon endorsement(5).		
PRODUCER	CONTACT Amanda Schneider		
USI Insurance Svcs LLC, CL	PHONE (A/C, No, Ext): 352-390-2768 FAX (A/C, No):		
4600 Touchton Rd Building 100, Suite 275 Jacksonville, FL 32246	E-MAIL ADDRESS: Amanda.Schneider@usi.com		
	INSURER(S) AFFORDING COVERAGE NAIC #		
	INSURER A: National Fire Insurance Co. of Hartford 20478		
INSURED Sawcross, Inc. 10970 New Berlin Road Jacksonville, FL 32226	INSURER B: Continental Insurance Company 35289		
	INSURER C: Valley Forge Insurance Company 20508		
	INSURER D: AXIS Surplus Insurance Company 26620		
	INSURER E: Continental Casualty Company 20443		
	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.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR						
TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
X COMMERCIAL GENERAL LIABILITY		7036358631	01/01/2024	01/01/2025		\$1,000,000
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
X PD Ded:5,000					MED EXP (Any one person)	\$15,000
					PERSONAL & ADV INJURY	\$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
OTHER:						\$
AUTOMOBILE LIABILITY		7036358628	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
X ANY AUTO					BODILY INJURY (Per person)	\$
AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						\$
X UMBRELLA LIAB X OCCUR		7036358614	01/01/2024	01/01/2025	EACH OCCURRENCE	\$5,000,000
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000
DED X RETENTION \$10000						\$
WORKERS COMPENSATION		7036462181	01/01/2024	01/01/2025	X PER OTH-	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A				E.L. EACH ACCIDENT	\$500,000
(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$500,000
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,000
Poll/Prof Liab		CM004461032023	01/01/2024	01/01/2025	\$1,000,000	
Leased/ Rent Equi		7036484214	01/01/2024	01/01/2025	\$500,000	
E Installation Cov		7036484214	01/01/2024	01/01/2025	\$2,000,000	
	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DED SCHEDULED AUTOS ONLY AUTOS AUTOS ONLY AUTOS AUTOS ONLY X NON-OWNED AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (If yes describe under DESCRIPTION OF OPERATIONS below) POII/Prof Liab Leased/ Rent Equi	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (If yes, describe under DESCRIPTION OF OPERATIONS below POII/Prof Liab Leased/ Rent Equi	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY NOFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below POLICY NUMBER 7036358631 7036358628 7036358628 7036358628 7036358614 7036358614 CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N / A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below POII/Prof Liab Leased/ Rent Equi	TYPE OF INSURANCE	TYPE OF INSURANCE ADDL SUBR INSR WYD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY 7036358631 01/01/2024 01/01/2025 X PD Ded:5,000 7036358631 01/01/2024 01/01/2025 GENL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY 7036358628 01/01/2024 01/01/2025 X ANY AUTO OWNED AUTOS ONLY A	TYPE OF INSURANCE NSR WYD POLICY NUMBER (MM/DD/YYYY) (POLICY EFF, MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYY) (MM/DD/YYYYY) (MM/DD/YYYY) (MM/D

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

Project Name: NAU Booster Pump Station.

The General Liability, Automobile Liability and Umbrella Liability policies include an automatic Additional Insured endorsement that provides Additional Insured status to Nassau County Board of County Commissioners, respective officers, engineer, directors, members, partners, employees, agents, consultants, and subcontractors, only when there is a written contract that requires such status, and only with regard to (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION	
Nassau County Building Department 96161 Nassau Place	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
Yulee, FL 32097	AUTHORIZED REPRESENTATIVE	

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DESCRIPTIONS (Continued from Page 1)					
work performed on behalf of the named insured. The General Liability and Automobile Liability policies contains a special endorsement with Primary and Noncontributory wording, when required by written contract. The General Liability, Automobile Liability and Workers Compensation policies includes a Waiver of Subrogation endorsement in favor of Additional Insuredsas referenced above.					

DocuSign

Certificate Of Completion

Envelope Id: F3A3440CF8EE49E996E6DC599AE7A79D

Subject: Complete with DocuSign: Sawcross CM3003 CO #7 TIME ONLY

Source Envelope:

Document Pages: 5

Certificate Pages: 3 AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Envelope Originator:

Tracy Poore

tpoore@nassaucountyfl.com IP Address: 50.238.237.26

Record Tracking

Status: Original

3/5/2024 10:48:23 AM

Holder: Tracy Poore

tpoore@nassaucountyfl.com

Location: DocuSign

Signer Events

Tracy Poore

tpoore@nassaucountyfl.com

OMB Admin

Nassau County BOCC

Security Level: Email, Account Authentication

(None)

Signature

Signatures: 5

Initials: 2

17

Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26

Timestamp

Sent: 3/5/2024 10:53:33 AM Viewed: 3/5/2024 10:53:40 AM Signed: 3/5/2024 10:53:44 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

chris lacambra

clacambra@nassaucountyfl.com

OMB Director

Nassau County BOCC

Security Level: Email, Account Authentication

(None)

Cliris Lacambra

Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26

Using IP Address: 50.238.237.26

Sent: 3/5/2024 10:53:46 AM Viewed: 3/5/2024 10:56:39 AM Signed: 3/5/2024 10:56:52 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Tracy Poore

tpoore@nassaucountyfl.com

OMB Admin

Nassau County BOCC

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Lanaee Gilmore

lgilmore@nassaucountyfl.com

Procurement Director

Nassau County BOCC

Security Level: Email, Account Authentication

(None)

Completed

Lanau Kelmou

Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26

Sent: 3/5/2024 11:03:41 AM Viewed: 3/5/2024 11:09:08 AM Signed: 3/5/2024 11:09:11 AM

Sent: 3/5/2024 10:56:53 AM Resent: 3/5/2024 11:09:12 AM Viewed: 3/5/2024 5:49:03 PM Signed: 3/6/2024 1:07:42 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Signer Events	Signature	Timestamp
Abigail F. Jorandby		Sent: 3/6/2024 1:07:44 PM
ajorandby@nassaucountyfl.com	AFS	Viewed: 3/8/2024 2:59:14 PM
Assistant County Attorney		Signed: 3/8/2024 2:59:26 PM
Nassau BOCC	Circoture Adention, Dr. colorted Chile	
Security Level: Email, Account Authentication	Signature Adoption: Pre-selected Style	
(None)	Using IP Address: 50.238.237.26	
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Denise C. May	N . 0	Sent: 3/8/2024 2:59:28 PM
dmay@nassaucountyfl.com	Denise C. May	Viewed: 3/8/2024 3:29:25 PM
Assistant County Attorney		Signed: 3/8/2024 3:30:21 PM
Nassau County BOCC	Cignotius Adoption, Dropological Chilo	
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Taco E. Pope, AICP		Sent: 3/8/2024 3:30:23 PM
tpope@nassaucountyfl.com	Taco E. Pope, AICP	Viewed: 3/8/2024 4:07:13 PM
County Manager	· ·	Signed: 3/8/2024 4:07:18 PM
Nassau County BOCC		
Security Level: Email, Account Authentication	Signature Adoption: Pre-selected Style	
(None)	Using IP Address: 50.238.237.26	
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/5/2024 10:53:33 AM
Envelope Updated	Security Checked	3/5/2024 11:03:40 AM
Envelope Updated	Security Checked	3/5/2024 11:03:40 AM
Envelope Updated	Security Checked	3/5/2024 11:03:40 AM
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Envelope Updated	Security Checked	3/5/2024 11:03:40 AM
Envelope Updated	Security Checked	3/6/2024 10:23:19 AM
Certified Delivered	Security Checked	3/8/2024 4:07:13 PM
Signing Complete	Security Checked	3/8/2024 4:07:18 PM
Completed	Security Checked	3/8/2024 4:07:20 PM
Payment Events	Status	Timestamps