


CENTRAL FLORIDA EXPRESSWAY AUTHORITY

MEMORANDUM

TO: CFX Board Members

FROM: Aneth Williams
Director of Procurement 

DATE: June 27, 2016

RE: Approval of Subconsultant for the
Landscape Maintenance Services Contract with
Groundtek of Central Florida, Inc.
Contract No. 000965

Groundtek of Central Florida, Inc., one of our landscape maintenance contractors, has requested approval to use La Roka Company, Inc. (LA Roka), to provide pine straw mulching as needed along S.R. 408, S.R. 417, and at the CFX Headquarters Building. The cost is expected to be in the range of \$150,000.00, which exceeds the \$25,000.00 threshold established by the Procurement Policy for subcontractors not disclosed by Groundtek when its contract with CFX was originally awarded.

Board approval of La Roka as a subcontractor to Groundtek is requested.

Reviewed by:



Claude Miller
Director of Maintenance



CENTRAL FLORIDA EXPRESSWAY AUTHORITY
REQUEST FOR AUTHORIZATION TO SUBLET SERVICES

Consultant/Contractor: Groundtek of Central Florida Inc.

Date: June 14, 2016

CFX Contract Name: Landscape Maintenance Services CFX Contract No.: 000965

Authorization is requested to sublet the services identified below which are included in the above referenced Contract. Consultant/Contractor requests approval to sublet services to:

Subconsultant/Subcontractor Name: Lo Roka Company, Inc.

Address: 224 Lee Avenue NE, Live Oak, FL 32064

Phone No.: 386-590-1138

Federal Employee ID No.: 45-0574114

Description of Services to Be Sublet: Pine straw mulching

Estimated Beginning Date of Sublet Services: Upon approval

Estimated Completion Date of Sublet Services: _____

Estimated Value of Sublet Services*: \$150,000.00

*(Not to exceed \$24,999.99 without prior Board Approval)

Consultant/Contractor hereby certifies that the proposed subconsultant/subcontractor has been advised of, and agrees to, the terms and conditions in the Consultant's/Contractor's Contract with CFX that are applicable to the subconsultant/subcontractor and the services to be sublet:

Requested By: _____

(Signature of Consultant/Contractor Representative)

Vice President

Title

Recommended by: _____
(Signature of Appropriate CFX Director/Manager)

Date: _____

Approved by: _____
(Signature of Appropriate Services Chief)

Date: 6/27/16

Attach Subconsultant's/Subcontractor's Certificate of Insurance to this Request.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/14/2016

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 McCaffister Insurance First South Inc 210 W. Howard St. Live Oak FL 32064	CONTACT NAME: Jennifer M. Manning, Agent PHONE (A/C No. Ext): 386-269-0719 E-MAIL: jmanning@firstsouthinsurance.com ADDRESS: INSURER(S) AFFORDING COVERAGE: INSURER A: VICTORIA INSURANCE INSURER B: SCOTTSDALE INSURANCE CO. INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C No.): 386-269-1121 NAIC #
INSURED LA ROKA COMPANY INC. P.O. BOX 731 LIVE OAK, FL 32064		

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 INSR	WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC	X	X	LHWSB-Q	9-2-15	9-2-16	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/PROP AGG \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X	6306919	03/25/16	09/25/16	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$10,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTH. LB E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
X	COMP \$500						
X	COLLISION \$500						
X	PIP \$10,000						

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

2013 CHEVY EXPRESS VIN# 1GAZG1FG7D1135790

2012 DODGE PICKUP VIN# 3C7WDTCL6CG134312

WAIVER OF SUBROGATION ON AUTO AND GENERAL LIABILITY

its subsidiaries and subsidiaries thereof

CERTIFICATE HOLDER

GROUNDTEK OF CENTRAL FLORIDA, LLC
 858 MAGUIRE RD
 OCOEE, FL 34761

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

ALSO ADDITIONAL INSURED ON POLICY

Jennifer M. Manning