



## INVITATION TO BID

### NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS

Bid Title: <b>HVAC Replacement – James S. Page Governmental Complex</b>	
Bid Number: <b>NC17-012</b>	
Requesting Department: <b>Facilities Maintenance</b>	Bid Contact: <b>Charlotte J. Young, Contract Management</b>
Contact Address: <b>96135 Nassau Place, Suite 6, Yulee, FL 32097</b>	Contact Number and Email: <b>904-530-6040 cyoung@nassaucountyfl.com</b>
Bid Due Date or Closing Date/Time: <b>Tuesday, June 21, 2017 @ 4:00 p.m.</b>	Bid Opening Date/Time: <b>Wednesday, June 22, 2017 @ 10:00 or soon there after</b>
Location to Deliver Bid: Nassau County Board of County Commissioners, John A. Crawford, Ex-Officio Clerk, 76347 Veterans Way, Suite 456, Yulee, FL 32097	

In accordance with the intent and content of this Invitation to Bid (ITB), we the undersigned do hereby offer to perform as stipulated in this response. Failure to do so may result in the forfeiting of bid security, removal from the County's bidder list, or other remedies available to the County under the laws of the State of Florida.

Legal Name of Bidder: <b>W.W. Gay Mechanical Contractor, Inc.</b>		
Business Address <b>524 Stockton Street, Jacksonville, FL 32204</b>		
Phone Number <b>904-388-2696</b>	Fax Number <b>904-794-7944</b>	E-Mail Address: <b>jharrison@wwgmc.com</b>
Contractor's Florida License Number (as applicable): <b>59-0977396</b>		
Authorized Signature (manual) 		Date: <b>June 20th, 2017</b>
Printed Signature: <b>Terry Shepard</b>		Title: <b>Executive Vice President</b>

#### BIDDER DECLARATION / ACKNOWLEDGMENT

- Bids will be opened by a representative of the Clerk's Office in the Clerk's Small Conference Room (76347 Veterans Way, Yulee, FL 32097) on the appropriate date and time as shown above. Bid documents will be available upon notice of an intended decision or after 30 days after bid opening (whichever is earliest), pursuant to FS 119.071 (b).
- Bids must be SUBMITTED ON THE FORM FURNISHED BY THE COUNTY and in accordance with specifications and list of quantities desired.
- Page One must be completed and submitted as the top sheet of your bid response.
- It is the intent and purpose of Nassau County that this Invitation to Bid promotes competitive bidding. It shall be the bidder's responsibility to advise the Contract Management Office at the address noted above, if any language, requirements, etc., or any combination thereof, inadvertently restricts or limits the requirements stated in this Invitation to Bid to a single source. Such notification must be submitted in writing and must be received by the Contract Management Office not later than seven (7) calendar days prior to the bid closing date.
- THERE WILL BE A PRE-BID MEETING FOR THIE ITB (SEE SECTION A18 FOR DETAILS)**

**(THIS PAGE MUST BE RETURNED WITH YOUR BID)**

## ATTACHMENT "B"

## BID PRICE SHEET

HVAC REPLACEMENT – JAMES S. PAGE GOVERNMENTAL COMPLEX  
BID NUMBER NC17-012

Location/Description	Lump Sum Bid
Provide all engineering, necessary materials, labor, insurances and permits required for the replacement of the HVAC system at the James S. Page Governmental Complex, pursuant to the Scope of Work/Technical Specifications set forth in Attachment "A" and terms and conditions detailed in the bid documents referenced above.	\$ <u>189,527.<sup>00</sup></u>

(Total bid amount in words)

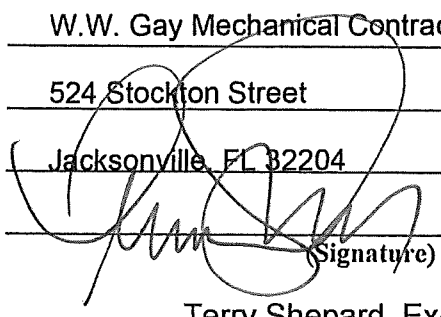
The projects shall be completed within 45 Working days from the date Contractor receives a Purchase Order and Notice to Proceed.

The undersigned declares that they have examined the Notice to Bidders, Instructions to Bidders, and Technical Specifications/Scope of Work and is informed fully with regard to all terms and conditions pertaining thereto and agrees under these specifications at the prices set forth above.

Company: W.W. Gay Mechanical Contractor, Inc.

Address: 524 Stockton Street

City, State, Zip: Jacksonville, FL 32204

By:   
(Signature)

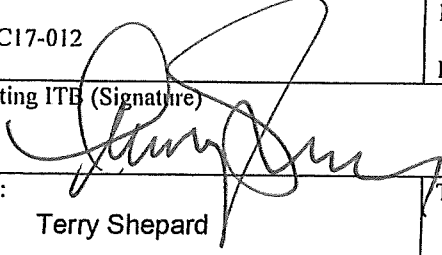
Terry Shepard, Executive Vice President  
(Above name printed or typed)

Phone: 904-388-2696 Fax: 904-394-7944

Email: jharrison@wwgmc.com

## ATTACHMENT "D"

## Addenda Acknowledgment

<p>Acknowledgment is hereby made of receipt of addenda issued during the solicitation period.</p> <p>Bid Number NC17-012</p>	<p>Addendum # <u>1</u> through # <u>2</u></p> <p>Initial:</p> <p>Date: <b>June 20th, 2017</b></p>
<p>Person Completing ITB (Signature)</p> 	
<p>Name (Printed):</p> <p><b>Terry Shepard</b></p>	<p>Title:</p> <p><b>Executive Vice President</b></p>

>>>Failure to submit this form may disqualify your response<<<

## ATTACHMENT "E"

## NASSAU COUNTY

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

THIS 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 for  
Nassau County Board of County Commissioners.
2. This sworn statement is submitted by W.W. Gay Mechanical Contractor, Inc. (entity submitting sworn statement), whose business address is 524 Stockton Street, Jacksonville, FL 32204  
and its Federal Employee Identification Number (FEIN) is  
59-0977396. (if the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: \_\_\_\_\_).
3. My name is Terry Shepard (please print name of individual signing), and my relationship to the entity named above is Executive 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, any leases for real property, or any contract for the construction or repair of a public building or public work, 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 or 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, non-jury 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:
  - a) A predecessor or successor of a person convicted of a public entity crime; or
  - b) 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 to fair market value under an arm's length agreement, shall be 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 thirty-six (36) months shall be considered an affiliate.
7. I understand that a "person" as defined in Paragraph 287.133(1)(e), 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 binding contract and which bids or applies to bid on contracts 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.)

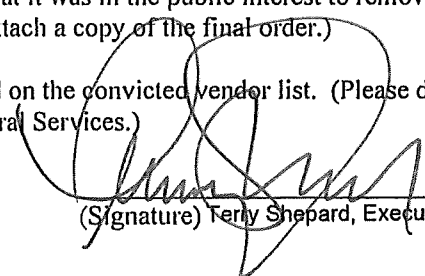
X Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent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

\_\_\_\_\_ The entity submitting this sworn statement, or one of 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.)

  
(Signature) Terry Shepard, Executive Vice President

June 26th, 2017

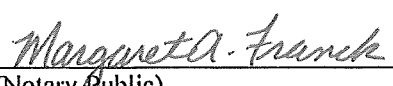
Date

STATE OF FLORIDA  
COUNTY OF DUVAL

PERSONALLY APPREAED BEFORE ME, the undersigned authority, Terry Shepard, who, after first being sworn by me, affixed his/her signature in the space provided above on this 26th day of June, 2017.



Margaret A. Franck  
Notary Public State of Florida  
My Comm. Expires July 14, 2019  
Commission # FF 226123

  
(Notary Public)

My Commission Expires: \_\_\_\_\_

(seal)

### ATTACHMENT "F" EXPERIENCE OF BIDDER

The following questionnaire shall be answered by the bidder for use in evaluating the bid to determine the lowest, responsive, and responsible bidder, meeting the required specifications.

1. **FIRM NAME:** W.W. Gay Mechanical Contractor, Inc  
**Address:** 524 Stockton Street  
**City/State/Zip:** Jacksonville, FL 32204  
**Phone:** 904-388-2696 **Fax:** 904-394-7944  
**Name of primary contact responsible for work performance:** Jeff Hendricks  
**Phone:** 904-394-7380 **Cell Phone:** 904-394-7221 **Email:** jhendricks@wwgmc.com

2. **INSURANCE:**  
**Surety Company:** Construction Underwriters, Inc.  
**Agent Company:** Barbara McClelland  
**Agent Contact:** 904-296-3331  
**Total Bonding Capacity:** \$ \$3 00,000,000.00 **Value of Work Presently Bonded:** \$75,000,000.00

3. **EXPERIENCE:**  
**Years in business:** 55 Years  
**Years in business under this name:** 55 Years  
**Years performing this type of work:** Plumbing, HVAC, Contracting  
**Value of work now under contract:** \$150,000,000.00  
**Value of work in place last year:** \$245,000,000.00  
**Percentage (%) of work usually self-performed:** 100%  
**Name of subcontractors you may use:** Rays, Ferber, S&M Insulation  
**Has firm:** **Failed to complete a contract:** NO  
**Been involved in bankruptcy or reorganization:** NO  
**Pending judgment claims or suits against firm:** NO

4. **PERSONNEL**  
**How many employees does your company employ:**

Management	<u>X</u> Full time	<u>    </u> Part time
Site/Crew Supervisors	<u>X</u> Full time	<u>    </u> Part time
Workers/Laborers	<u>X</u> Full time	<u>X</u> Part time
Clerical	<u>    </u> Full time	<u>    </u> Part time
Other	<u>X</u> Full time	<u>X</u> Part time

**5. WORK EXPERIENCE:**

List your three (3) most significant commercial/governmental accounts where the contract was similar in scope and size to this bid.

Reference #1:

Company/Agency Name: Universiry of North Florida  
Address: 1UNF Drive Jacksonville, FL 32224  
Contract Person: Dianna White  
Phone: 904-620-2730 Fax: N/A Email: N/A  
Project Description: Hodges Stadium Chiller Replacement  
Contract \$ Amount: 400,750.00  
Date Completed: In Progress

Reference #2:

Company/Agency Name: University of North Florida  
Address: 1 UNF Drive, Jacksonville, FL 32224  
Contract Person: Diana White  
Phone: 904-620-2730 Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Project Description: Building 39 Heating Hot Water Pipe Replacement  
Contract \$ Amount: \$207,453.00  
Date Completed: In Progress

Reference #3:

Company/Agency Name: Univeristy Of North Florida  
Address: 1 UNF Drive, Jacksonville, FL 32224  
Contract Person: Diana White  
Phone: 904-620-2730 Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Project Description: Arena HVAC Replacement  
Contract \$ Amount: \$1,379,161.00  
Date Completed: In Progress

**REMINDER:**

THIS FORM IS TO BE INCLUDED WITH BID. FAILURE TO SUBMIT ALONG WITH BID MAY BE CAUSE FOR DISQUALIFICATION.

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 09/09/2016												
<b>PRODUCER</b> Construction Underwriters, Inc 4168 Southpoint Pkwy - Ste 305 Jacksonville, FL 32216		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.												
<b>INSURED</b> W.W. Gay Mechanical Contractor, Inc. 524 Stockton Street Jacksonville, FL 32204		<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Amerisure Insurance Co</td> <td>19488</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Amerisure Insurance Co	19488	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #													
INSURER A: Amerisure Insurance Co	19488													
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blkt Addl Insd <input checked="" type="checkbox"/> Blkt Waiver of Subro GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<b>GL2002616</b> <b>\$100,000 -</b> <b>Jobsite Poll</b> <b>XCU Included</b> <b>Contractual Liab</b> <b>Included</b>	09/12/16	09/12/17	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$1,000,000</b> MED EXP (Any one person) <b>\$10,000</b> PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS - COMP/OP AGG <b>\$2,000,000</b>
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 <input checked="" type="checkbox"/> <b>\$3,000 Comp Ded</b> <input checked="" type="checkbox"/> <b>\$3,000 Coll Ded</b>	<b>CA2002615</b> <b>Includes MCS90</b> <b>\$100,000</b> <b>Auto Pollution</b>	09/12/16	09/12/17	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				
A		<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	<b>CU2071655</b>	09/12/16	09/12/17	EACH OCCURRENCE <b>\$5,000,000</b> AGGREGATE <b>\$5,000,000</b> \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		<b>OTHER</b> <b>Design Svc Liab</b>	<b>GL2002616</b>	09/12/16	09/12/17	<b>\$1 Mill Occ/\$2 Mill Agg</b> <b>\$1,000 Ded</b>

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Any or All Operations.

All policies listed have been endorsed to include the certificate holder as an additional insured on a primary and noncontributory basis. All policies include a Waiver of Subrogation in favor of the additional insured. \*\*\*\*\*This wording will only be added once the project is awarded our insured\*\*\*\* For information Only

## CERTIFICATE HOLDER

## CANCELLATION 10 Days for Non-Payment

<b>** Sample For Bid Purposes Only**</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE <i>Kimberly Carroll</i>





WWGAYME-03 MACEACHERNA

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/31/2016

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> License # 0E67768 Insurance Office of America, Inc. 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	<b>CONTACT NAME:</b>	<b>FAX (A/C, No):</b> (904) 448-9788
	<b>PHONE (A/C, No, Ext):</b> (904) 448-9777	
<b>INSURED</b>  W.W. Gay Mechanical Contractor Inc. 524 Stockton St. Jacksonville, FL 32204	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Midwest Employers Casualty Company	
	<b>NAIC #</b> 23612	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
<b>INSURER D:</b>		
<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
	<b>COMMERCIAL GENERAL LIABILITY</b>						<b>EACH OCCURRENCE</b> \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$
							<b>MED EXP (Any one person)</b> \$
							<b>PERSONAL &amp; ADV INJURY</b> \$
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>						<b>GENERAL AGGREGATE</b> \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						<b>PRODUCTS - COMPIOP AGG</b> \$
	<b>OTHER:</b>						\$
	<b>AUTOMOBILE LIABILITY</b>						<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$
	<input type="checkbox"/> ANY AUTO						<b>BODILY INJURY (Per person)</b> \$
	<input type="checkbox"/> ALL OWNED AUTOS						<b>BODILY INJURY (Per accident)</b> \$
	<input type="checkbox"/> HIRED AUTOS						<b>PROPERTY DAMAGE (Per accident)</b> \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	<b>UMBRELLA LIAB</b>						<b>EACH OCCURRENCE</b> \$
	<input type="checkbox"/> OCCUR						<b>AGGREGATE</b> \$
	<b>EXCESS LIAB</b>						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	<b>DED</b> <b>RETENTION \$</b>						\$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>Y/N</b>	<b>N/A</b>	<b>EWC009207</b>	<b>09/01/2016</b>	<b>09/01/2017</b>	<b>X</b> <b>PER STATUTE</b> <b>OTH-ER</b>
	<b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b>	<b>N</b>					<b>E.L. EACH ACCIDENT</b> \$ <b>1,000,000</b>
	<b>If yes, describe under DESCRIPTION OF OPERATIONS below</b>						<b>E.L. DISEASE - EA EMPLOYEE</b> \$ <b>1,000,000</b>
							<b>E.L. DISEASE - POLICY LIMIT</b> \$ <b>1,000,000</b>

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

\*\*Sample for Bid Purposes Only\*\*

## CERTIFICATE HOLDER

## 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

Sample for Bid Purposes Only

\*\*Sample for Bid Purposes Only\*\*

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STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD  
2601 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-0783

(850) 487-1395

GAY, WILLIAM W  
W W GAY MECHANICAL CONTRACTOR INC  
526 STOCKTON STREET  
JACKSONVILLE FL 32204

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

CMC008140

ISSUED: 08/25/2016

CERTIFIED MECHANICAL CONTRACTOR  
GAY, WILLIAM W  
W W GAY MECHANICAL CONTRACTOR INC

IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date: AUG 31, 2018 L1608250002429

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CMC008140	

The MECHANICAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2018

GAY, WILLIAM W  
W W GAY MECHANICAL CONTRACTOR INC  
526 STOCKTON STREET  
JACKSONVILLE FL 32204



ISSUED: 08/25/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608250002429