



PROPOSAL FOR
GENERAL CONTRACTOR SERVICES
CHANGE ORDER 01

Date: **7/18/2019**

Proposal No: **19-09**

Submitted to: **Luis Lopez P.E. and Walter Wernecke R.A.- City of Hollywood -Dpt of Development Services**

Contact Info: llopez@hollywoodfl.org --- wwernecke@hollywoodfl.org

Project: **Montella Park Precast Restroom PR-18-007**

Address: **1231 N 69th Way, Hollywood, FL 33024**

We hereby submit specifications and estimate as follows:

We offer the following limited warranty: 1 Year

We plan to start and finish this job in a continuous manner, unless special circumstances arise.

It is estimated to be NOT Determined at this time

Refer to notes for specifics about this job.

We propose to furnish: Labor and limited amount of materials as indicated below

In accordance with specifications and Bid Plans TO BE PROVIDED AS PART OF THE CONTRACT

~~A FINAL CONTRACT BASED ON FORM AIA-A105 (2007) IS REQUIRED.~~

LIABILITY INSURANCE FOR UP TO \$1 MILLION DOLLARS AVAILABLE

PROPOSED PAYMENT SCHEDULE:

Based on Production

PROPOSED AMOUNTS BASED ON:

Available preliminary plans

	ITEM DESCRIPTION	VALUE
98	Additional sloped concrete side walk, additional excavation to grade rainwater swale, additional new pad 3+ elevation to set building, additional sidewalk repairs allowances after delivery, additional fencing, additional soil removal, additional grass to match existing	\$ 24,430.00
101	CXT will deliver, place and connect to utilities stub up for final setting.	
102	Crane rental by Others	\$ -
103	XXXX	
109	Subtotal GC Services	\$ 24,430.00
110	Management	0% INCLUDED
111	Profit	0% INCLUDED
112	TOTAL GC Services ON THIS CHANGE ORDER 01	\$ 24,430.00
113		
114	INITIAL PROPOSAL	\$ 48,720.00
115	THIS CHANGE ORDER 01	\$ 24,430.00
116	UPDATED CONTRACT VALUE	\$ 73,150.00
117	Allowances and notes:	
119	XXXX	\$ -
120	Items not specifically included will be charged as a change order	
121	**	
122	The designated Project manager for this project is Oscar Echeverri	
123	XXXX	



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124	Deductions and Additions (Change Orders) to be explained in detail to client before proceeding with additional work
125	XXXX
126	
127	ACCEPTANCE OF PROPOSAL:
128	
129	The above prices, specifications, and conditions are satisfactory and hereby accepted.
130	You are authorized to do our work as specified. Payment will be made as outlined above.
131	
132	
133	
134	Print name: _____ Date: _____
135	
136	
137	Signature: _____

 RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



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

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

ECHEVERRI, OSCAR EDINSON
GAIA GC CONSTRUCTION INC
2640 HOLLYWOOD BLVD STE 200
HOLLYWOOD FL 33020

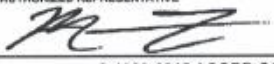
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ACORD		GAIAG-1	QP ID: HP														
CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 11/21/2018															
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE 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.</p> <p>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 certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>																	
PRODUCER INNOVATIVE INSURANCE CONSULTANTS, INC. 5461 UNIVERSITY DRIVE, #103 CORAL SPRINGS, FL 33067 MATTHEW B. FALUSKI		CONTACT NAME: MATTHEW B. FALUSKI PHONE (A/C, No, Ext): 954-340-9551 FAX (A/C, No): 954-340-9456 E-MAIL ADDRESS: MATT@INNOVATIVE-INSURANCE.COM															
INSURED GAIA GC CONSTRUCTION INC 2640 HOLLYWOOD BLVD, STE 200 HOLLYWOOD, FL 33020		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : NATIONAL BUILDERS INS. CO.</td> <td>16632</td> </tr> <tr> <td>INSURER B : AMERICAN BUILDERS INS. CO.</td> <td>11240</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> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : NATIONAL BUILDERS INS. CO.	16632	INSURER B : AMERICAN BUILDERS INS. CO.	11240	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
<p>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.</p>						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BLKT ADDL INSD <input checked="" type="checkbox"/> BLKT WAIVER GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: </div>	Y	GLP0275179-00 PRIMARY NON-CONTRIBUTORY	11/12/2018	11/12/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY </div>					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCV0275181-00 BLANKET WAIVER INCL.	11/12/2018	11/12/2019	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER IS NAMED ADDITIONAL INSURED.						

CERTIFICATE HOLDER	CANCELLATION
<div>HOLLY-1</div> <div> CITY OF HOLLYWOOD 2600 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 </div>	<div> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. </div> <div> <div>AUTHORIZED REPRESENTATIVE</div>  </div>
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