

**SECTION 11**  
**SOLICITATION SUMMARY**

The City of Delray Beach  
100 N.W. 1<sup>st</sup> Avenue  
Delray Beach, FL 33444

PURCHASING DIVISION

**SOLICITATION SUMMARY**

**IMPORTANT NOTICE**

The information you provide on this page will be read aloud at the PUBLIC OPENING for this Solicitation. It is VERY IMPORTANT that the summary information you provide below is exactly the same information contained in your Bid. If subsequent to the opening of Bids, the City determines that the information contained in the electronic version of your Bid is different from the information on this Solicitation Summary, the City reserves the right to deem your Bid NON-RESPONSIVE, and remove your Bid from further evaluation and consideration for contract award.

**BID INFORMATION**

Bid Number: ITB No. 2025-028

Title: General Contractor Services for Minor Construction Projects

Due Date and Time: March 21, 2025, 2:00 P.M. (EASTERN STANDARD TIME)

Name of Bidder: CJ Contracting, LLC

Address: 11420 Fortune Circle Ste i-37, Wellington, FL 33414

Contact Person: Carl Fleury

Bid Amount: \$ 497,500.00

Authorized Signature: Carl Fleury

Date: 3/20/2025

By signing and submitting this Solicitation Summary, the Bidder affirms that the information provided above is an exact and correct summary of the information contained in the electronic version of the Bidder's Bid to the City of Delray Beach.

**THIS SOLICITATION SUMMARY MUST BE SIGNED AND INCLUDED WITH YOUR SECURE ELECTRONIC BID SUBMITTAL THROUGH <https://www.bidnetdirect.com/florida/cityofdelraybeach>.**

**SECTION 4**  
**BID SUBMITTAL SIGNATURE PAGE**

**This Page and all following pages comprise your original Bid Submittal package.**

**Please also attach any additional information or documentation requested in this Invitation to Bid. There is no need to include the preceding Sections 1 and 2 in your Bid Submittal package.**

By signing this Bid the Bidder certifies that it satisfies all legal requirements as an entity to do business with the City, including all Conflict of Interest and Code of Ethics provisions.

Firm CJ Contracting, LLC

Name:

Street 11420 Fortune Circle Ste i-37, Wellington, FL 33414

Address:

Mailing Address (if different than Street Address):

11924 Forest Hill Blvd Ste 10A-267  
Wellington, FL 33414

Telephone Number(s): 561-273-9985

Fax Number(s): 561-228-1354

Email Address: Carl.CJContracting@gmail.com

Federal  
26-3730772

Employer

Identification

Number:

Signature:

Carl Fleury

(Signature of authorized agent)

Print Name: Carl Fleury

Title: Manager

By signing this document, the Bidder agrees to all Terms and Conditions of this Solicitation and the resulting Contract/Agreement.

**THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER TO BE BOUND BY THE TERMS OF ITS OFFER, FOR NOT LESS THAN 120 DAYS, AND THE BIDDER'S UNEQUIVOCAL OFFER TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH IN THIS INVITATION TO BID. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED ABOVE, BY AN AUTHORIZED**

**REPRESENTATIVE, SHALL RENDER THE BID NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER TO THE TERMS OF ITS OFFER.**

END OF SECTION 4

## SECTION 3 EXHIBITS

### Exhibit A - Bidder Questionnaire

Bidder shall furnish the following information with its Bid. Failure to comply with this requirement may result in Bidder being deemed non-responsive.

1. Bidder's full and complete legal name including any dba.  
[CJ Contracting, LLC](#)
2. Organization Type (e.g., corporation, partnership, LLC).  
[LLC](#)
3. Bidder's FEIN number.  
[26-3730772](#)
4. Years in Business.  
[17 Years](#)
5. Address of Bidder's corporate headquarters.  
[11420 Fortune Circle Ste i-37, Wellington, FL 33414](#)
6. Address of Bidder's local office (if applicable).
7. Bidder's corporate office telephone number.  
[561-273-9985](#)
8. Bidder's website URL address.
9. Bidder's primary representative and contact for this ITB.  
  
Name and Title: [Carl Fleury / Manager](#)  
Phone: [561-662-4514](#)  
Email: [Carl.CJContracting@gmail.com](mailto:Carl.CJContracting@gmail.com)
10. Number of years Bidder has provided General Contractor services.  
[17 Years](#)
11. Names and titles of all officers, owners, or partners of Bidder's firm.  
[Carl Fleury / Manager](#)
12. Identify the most recent project for General Contractor services and/or each of its key subcontractors have completed. Provide the following:  
  
Brief description of the services provided  
Date of services: [1/2025](#)  
Owner's name: [Steve Kennedy- Consultant/Building official](#)  
Project location: [Palm Beach County](#)  
Owner's contact phone number: [561-602-8773](#)  
Owner's email address: [Steve@pbcmbga.com](mailto:Steve@pbcmbga.com)
13. Provide an explanation of Bidder's failure to complete any awarded project in the last five years for any reason. If yes, identify the project, where it was located, and provide an explanation why Bidder did not complete the work.  
  
[n/a](#)



14. Briefly explain Bidder's plan for monitoring and ensuring full performance of the requirements of this Bid, if awarded.

END OF SECTION 3

Founded in 2008, CJ Contracting , LLC is a full service general contracting and roofing firm that has been providing excellent services to various public agencies throughout the State of Florida. If selected, CJ Contracting will continue to provide excellent services to the City by promptly responding to all RFPs and perform all projects in a timely and efficient manner . CJ Contracting will also dedicate an on staff superintendent to monitor the projects by verifying that the projects are being completed per the City's standards . CJ Contracting will provide daily reports to the City as the work is being completed , implement quality control measures and also conduct post project evaluations to ensure the scope of work provided by the City has been completed. It is worth noting that CJ Contracting similar services to the City for over 10 years through neighborhood services or through our current roofing contract. CJ Contracting looks forward to continuing the relationship with the City of Delray Beach .

## SECTION 5 PRICING SCHEDULE

### 5.1 PRICES AND RATES

Bids will be accepted through a secure mailbox at Bidnet Direct (<https://www.bidnetdirect.com/florida/cityofdelraybeach>) until the Deadline for Submission as indicated in this ITB. The City will only accept electronic bids for this ITB. Late Bids will not be accepted.

In addition to the "Place Offer" bid submission section, the Bidder shall indicate in the spaces provided, the firm and fixed prices and rates offered to the City for the goods and/or services described below.

GROUP 1 – LABOR HOURS						
Item	Description	Estimated Annual Hours		Hourly Rate		Estimated Annual Total
1	General Contractor	1,000	x	60.00	=	60,000.00
2	Foreman	1,000	x	60.00	=	60,000.00
3	Project Manager	1,000	x	25.00	=	25,000.00
4	Journeyman	3,000	x	50.00	=	150,000.00
5	Helper/Laborer	1,000	x	25.00	=	25,000.00
6	Certified Plumber	500	x	75.00	=	37,500.00
7	Certified HVAC	500	x	75.00	=	37,500.00
8	Certified Electrician	500	x	75.00	=	37,500.00
ESTIMATED ANNUAL TOTAL						432,500.00

GROUP 2 – MATERIALS & MARK-UP						
Item	Description	Estimated Annual Amount		Mark-up/Mark-down		Estimated Annual Total
1	Parts/Materials (actual cost + percentage of mark-up or mark-down on actual cost)  <i>For example, if mark-up is 10%, the calculation should be \$50,000 + 10% = \$55,000</i>  Percentage mark-up above contractors cost for parts and/or materials used during the performance of the work should not exceed 15%.	\$50,000	+	10%	=	55,000.00
ESTIMATED ANNUAL TOTAL						

GROUP 3 – SPECIALTY EQUIPMENT RENTAL		
Item	Description	Estimated Annual Total
1	Specialty Equipment	\$10,000
ESTIMATED ANNUAL TOTAL		\$10,000
TOTAL ESTIMATED COST PER YEAR		
GROUP 1	+	GROUP 2 + GROUP 3 = 497,500.00

TOTAL BID PRICE (Written Amount) Four hundred ninety seven thousand five hundred

END OF SECTION 5

### Three (3) client references

- i. Entity Name: Broughton Construction LLC
- ii. Entity's Primary Contact for contract (Name & Title): Steve Broughton, Owner
- iii. Phone Number: 561-635-0566
- iv. Email Address: broughtonconstructionllc@gmail.com
- v. Project Term (Start/End Date): 2023-2024
- vi. Types of Work: General Contracting Services. Roof replacement, Concrete repair and replacement
- vii. Beginning and ending contract/PO amounts: \$600k

- i. Entity Name: South Florida Water Management District
- ii. Entity's Primary Contact for contract (Name & Title): Tim Harper
- iii. Phone Number: 561-845-0665
- iv. Email Address: Tim.Harper@kimley-horn.com
- v. Project Term (Start/End Date): 2023-2024
- vi. Types of Work: General Contracting Services. HC1 and HC2 Steel walkway / water control structures installation complete with new Scada equipment
- vii. Beginning and ending contract/PO amounts: \$400K

- i. Entity Name: Private owner
- ii. Entity's Primary Contact for contract (Name & Title): Steve Kennedy- Consultant/Building official
- iii. Phone Number: 561-602-8773
- iv. Email Address: Steve@pbcmbga.com
- v. Project Term (Start/End Date): 10/2024-
- vi. Types of Work: General Contracting Services.: Multiple Site Development - Various New Construction Residential and Commercial
- vii. Beginning and ending contract/PO amounts: \$689,900.00

\*CJ Contracting, LLC has performed multiple General Contracting services with the City of Delray Beach Neighborhood Services since 2008.

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## ACKNOWLEDGEMENT OF ADDENDA

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INSTRUCTIONS: COMPLETE PART I OR PART II, WHICHEVER APPLIES

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### PART I:

List below the dates of issue for each addendum received in connection with this Solicitation:

Addendum #1, Dated \_\_\_\_\_

Addendum #2, Dated \_\_\_\_\_

Addendum #3, Dated \_\_\_\_\_

Addendum #4, Dated \_\_\_\_\_

Addendum #5, Dated \_\_\_\_\_

Addendum #6, Dated \_\_\_\_\_

Addendum #7, Dated \_\_\_\_\_

Addendum #8, Dated \_\_\_\_\_

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### PART II:

☒ NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS SOLICITATION

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CJ Contracting, LLC

Firm Name

*Carl Fleury*

Signature

Carl Fleury / Manager

Name and Title (Print or Type)

3/20/2025

Date



## CONFLICT OF INTEREST DISCLOSURE FORM

The award of this contract is subject to the provisions of Chapter 112, *Florida Statutes*. All Bidders must disclose within their Bids: the name of any officer, director, or agent who is also an employee of the City of Delray Beach.

Furthermore, all Bidders must disclose the name of any City employee who owns, directly, or indirectly, an interest of more than five percent (5%) in the Bidder's firm or any of its branches.

The purpose of this disclosure form is to give the City the information needed to identify potential conflicts of interest for evaluation team members and other key personnel involved in the award of this contract.

The term "conflict of interest" refers to situations in which financial or other personal considerations may adversely affect, or have the appearance of adversely affecting, an employee's professional judgment in exercising any City duty or responsibility in administration, management, instruction, research, or other professional activities.

Please check one of the following statements and attach additional documentation if necessary:

- X   To the best of our knowledge, the undersigned firm has no potential conflict of interest due to any other Cities, Counties, contracts, or property interest for this Bid.
- The undersigned firm, by attachment to this form, submits information which may be a potential conflict of interest due to other Cities, Counties, contracts, or property interest for this Bid.

Acknowledged by:

CJ Contracting, LLC

Firm Name

Carl Fleury

Signature

Carl Fleury / Manager

Name and Title (Print or Type)

3/20/2025

Date

## NOTIFICATION OF PUBLIC ENTITY CRIMES LAW

Pursuant to Section 287.133, *Florida Statutes*, you are hereby notified that a person or affiliate who has been placed on the convicted contractors list following a conviction for a public entity crime may not submit a Bid on a contract to provide any goods or services to a public entity, may not submit a Bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit Bids on leases or real property to a public entity, may not be awarded or perform work as a contractor, supplier, sub-vendor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 [F.S.] for Category Two [\$35,000.00] for a period of thirty-six (36) months from the date of being placed on the convicted contractors list.

Acknowledged by:

CJ Contracting, LLC

Firm Name

Carl Fleury

Signature

Carl Fleury / Manager

Name and Title (Print or Type)

3/20/2025

Date

## **Notification of Public Records Law Pertaining to Public Contracts and Requests for Contractor Records Pursuant to Chapter 119, *Florida Statutes***

Pursuant to Chapter 119, *Florida Statutes*, Contractor shall comply with the public records law by keeping and maintaining public records required by the City of Delray Beach in order to perform the service. Upon request from the City of Delray Beach' custodian of public records, contract shall provide the City of Delray Beach with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, *Florida Statutes* or as otherwise provided by law. Contractor shall ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract. If the Contractor does not transfer the records to the City of Delray Beach. Contractor upon completion of the contract, shall transfer, at no cost, to the City of Delray Beach all public records in possession of the Contractor or keep and maintain public records required by the City of Delray Beach in order to perform the service. If the Contractor transfers all public records to the City of Delray Beach upon completion of the contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of the contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the City of Delray Beach, upon request from the City of Delray Beach' custodian of public records, in a format that is compatible with the information technology systems of the City of Delray Beach.

**IF THE SUCCESSFUL BIDDER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE SUCCESSFUL BIDDER'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT CITY OF DELRAY BEACH, CITY CLERK, 100 N.W. 1<sup>ST</sup> AVE., DELRAY BEACH FLORIDA. THE CITY CLERK'S OFFICE MAY BE CONTACTED BY PHONE AT 561-243-7050 OR VIA EMAIL AT [CITYCLERK@MYDELRAYBEACH.COM](mailto:CITYCLERK@MYDELRAYBEACH.COM).**

Acknowledged:

CJ Contracting, LLC

Firm Name

Carl Fleury

Signature

Carl Fleury / Manager

Name and Title (Print or Type)

3/20/2025

Date

## DRUG-FREE WORKPLACE

CJ Contracting, LLC is a drug-free workplace and has  
(Company Name)  
a substance abuse policy in accordance with and pursuant to Section 440.102, *Florida Statutes*.

Acknowledged by:

CJ Contracting, LLC

Firm Name

Carl Fleury

Signature

Carl Fleury / Manager

Name and Title (Print or Type)

3/20/2025

Date



### NON-COLLUSION AFFIDAVIT

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_, who, after being by me first duly sworn, deposes and says of his/her personal knowledge that:

- a. He/She is Manager of CJ Contracting, LLC, the Bidder that has submitted a Bid to perform work for the following:

ITB No.: \_\_\_\_\_ Title: MANAGER

- b. He/She is fully informed respecting the preparation and contents of the attached Request for Bids, and of all pertinent circumstances respecting such Solicitation.

Such Bid is genuine and is not a collusive or sham Bid.

- c. Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affiant, has in any way colluded, conspired, connived, or agreed, directly or indirectly, with any other Bidder, firm, or person to submit a collusive or sham Bid in connection with the Solicitation and contract for which the attached Bid has been submitted or to refrain from proposing in connection with such Solicitation and contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Bidder, firm, or person to fix the price or prices in the attached Bid or any other Bidder, or to fix any overhead, profit, or cost element of the Bid price or the Bid price of any other Bidder, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against the City or any person interested in the proposed contract.
- d. The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

[Signature]  
Signature

Subscribed and sworn to (or affirmed) before me this 19th day of March, 2025, by Carl Fleury, who is personally known to me or who has produced FLDL as identification.

SEAL



Notary Signature [Signature]  
Notary Name: Donna Jimenez  
Notary Public (State): Florida  
My Commission No: HH 374647  
Expires on: 03/15/27



### TRUTH – IN – NEGOTIATION CERTIFICATE

The undersigned warrants (i) that it has not employed or retained any company or person, other than bona fide employees working solely for the undersigned, to solicit or secure the Agreement and (ii) that it has not paid or agreed to pay any person, company, corporation, individual, or firm other than its bona fide employees working solely for the undersigned or agreed to pay any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of the Agreement.

The undersigned certifies that the wage rates and other factual unit costs used to determine the compensation provided for in the Agreement are accurate, complete, and current as of the date of the Agreement.

(This document must be executed by a Corporate Officer.)

Name: Carl Fleury

Title: Manager

Date: 3/20/2025

Signature: Carl Fleury

## Scrutinized Company Certification

This certification is required pursuant to Florida State Statute Section 287.135.

As of July 1, 2011, a company that, at the time of bidding or submitting a proposal for a new contract or renewal of an existing contract, is on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List is ineligible for, and may not bid on, submit a proposal for, or enter into or renew a contract with an agency or local governmental entity for goods or services of \$1 million or more.

Companies must complete and return this form with its response.

Company. CJ Contracting, LLC FID or EIN No. 26-3730772

Address. 11420 Fortune Circle Ste i-37

City. Wellington State. FL Zip. 33414

I, Carl Fleury, as a representative of CJ Contracting, LLC

certify and affirm that this company is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

Carl Fleury

Signature

Carl Fleury

Printed Name

Manager

Title

3/20/2025

Date

## **Affidavit Regarding the Use of Coercion for Labor and Services**

Vendor Name: CJ Contracting, LLC

Vendor FEIN: 26-3730772

Vendor's  
Authorized  
Representative  
Name and Title: Carl Fleury

Address: 11420 Fortune Circle Ste i-37

City: Wellington State: FL Zip: 33414

Phone Number: 561-273-9985

Email Address: Carl Fleury

**Florida Statute §787.06(13) requires all non-governmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the non-governmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. The City of Delray Beach, Florida is a governmental entity for the purposes of this statute.**

**As the officer or representative of the company, I certify that the company identified above does not:**

- Use or threaten to use physical force against any person;
- Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against his or her will;
- Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied towards the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
- Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification, of any person;
- Cause or threaten to cause financial harm to any person;
- Entice or lure any person by fraud or deceit;
- Provide controlled substances as outlined in Schedule I or Schedule II of Florida State Statute §893.03 to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare that I have read the foregoing document and the at the facts stated in it are true.

Signature: Carl Fleury  
(Authorized Signature)

Print Name and Title: Carl Fleury / Manager

Date: 3/20/2025



Ron DeSantis, Governor

Melanie S. Griffin, 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

**FLEURY, CARL**

CJ CONTRACTING LLC  
11924 FOREST HILL BLVD STE10A-267  
WELLINGTON FL 33414

**LICENSE NUMBER: CGC1516638**

**EXPIRATION DATE: AUGUST 31, 2026**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)

ISSUED: 07/11/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





# *State of Florida*

## *Department of State*

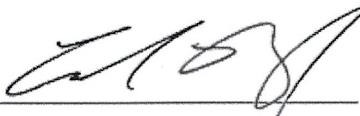
I certify from the records of this office that CJ CONTRACTING, LLC is a limited liability company organized under the laws of the State of Florida, filed on November 18, 2008, effective January 1, 2009.

The document number of this limited liability company is L08000106857.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025, that its most recent annual report was filed on February 11, 2025, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Nineteenth day of March, 2025*



  
Secretary of State

Tracking Number: 9265523624CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



CJCONTR-01

JVEGA

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/28/2024

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 certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Evergreen Insurance Agency 583 105th Ave. N Suite 2 Royal Palm Beach, FL 33411	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, No, Ext):</b> (561) 966-8883	<b>FAX (A/C, No):</b> (561) 964-8885	
	<b>E-MAIL ADDRESS:</b> info@evergreeninsurance.com		
<b>INSURED</b>  CJ Contracting, LLC 11924 Forest Hill Blvd., Ste 10A Wellington, FL 33414	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> Clear Blue Insurance Company		
	<b>INSURER B :</b> Mercury Indemnity Co.of Americ		
	<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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		BGFL0027588901	3/31/2024	3/31/2025	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	\$ 1,000,000
								\$
								\$
								\$
								\$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> \$1000 Comp Ded <input checked="" type="checkbox"/> \$1000 Coll Ded			BA090000017435	3/31/2024	3/31/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							PIP	\$ 10,000
								\$
								\$
								\$
								\$
								\$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
								\$
								\$
								\$
								\$
								\$
								\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
City of Delray Beach is listed as additional insured on general liability as required by contract

## CERTIFICATE HOLDER

## CANCELLATION

City of Delray Beach  
Fax 561-243-7221  
100 NW1st Ave  
Delray Beach, FL 33444

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/06/2024

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 certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue Clearwater, FL 33756	<b>CONTACT NAME:</b> FrankCrum Certificate Department	
	<b>PHONE:</b> (800) 277-1620 X 4800	<b>FAX:</b> (727) 797-0704
<b>INSURED</b>  FrankCrum L/C/F CJ Contracting, LLC 100 South Missouri Avenue Clearwater, FL 33756	<b>E-MAIL ADDRESS:</b> certs@frankcrum.com	
	<b>INSURERS(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Frank Winston Crum Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 1308967 **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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <div><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR</div> <div>GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER</div>						<div>EACH OCCURRENCE \$</div> <div>DAMAGE TO RENTED PREMISES (Ea occurrence) \$</div> <div>MED EXP (Any one person) \$</div> <div>PERSONAL &amp; ADV INJURY \$</div> <div>GENERAL AGGREGATE \$</div> <div>PRODUCTS-COMP/OP AGG \$</div> <div></div>
	AUTOMOBILE LIABILITY <div><input type="checkbox"/> ANY AUTO</div> <div><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS</div> <div><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY</div>						<div>COMBINED SINGLE UNIT (Ea accident) \$</div> <div>BODILY INJURY (Per person) \$</div> <div>BODILY INJURY (Per accident) \$</div> <div>PROPERTY DAMAGE (Per accident) \$</div> <div></div>
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <div>DED <input type="checkbox"/> RETENTION \$</div>						<div>EACH OCCURRENCE \$</div> <div>AGGREGATE \$</div> <div></div>
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC202500000	01/01/2025	01/01/2026	<div><input checked="" type="checkbox"/> PER STATUE <input type="checkbox"/> OTHER</div> <div>E.L. EACH ACCIDENT \$1,000,000</div> <div>E.L. DISEASE-EA EMPLOYEE \$1,000,000</div> <div>E.L. DISEASE-POLICY LIMIT \$1,000,000</div>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Effective 03/30/2015, coverage is for 100% of the employees of FrankCrum leased to CJ Contracting, LLC (Client) for whom the client is reporting hours to FrankCrum. Coverage is not extended to statutory employees.

<b>CERTIFICATE HOLDER</b>  City of Delray Beach 100 NW 1st Ave. Delray Beach, FL 33444	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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