



C. W. ROBERTS CONTRACTING, INC.



August 16, 2010

Sumter County Board of County Commissioners
C/O Kimley Horn and Associates, Inc
1321 SE 25th Loop, Suite 101
Ocala, Florida 34471

RE: Saddlebrook Construction Entrance
Multi-Model Trail Reconstruction Project

Gentlemen,

This is to confirm our agreement with the proposed terms of use as outlined in Kimley-Horne's e-mail of Aug 2, 2010.

C W Roberts Contracting does hereby agree that the temp construction access off Buena Vista Will

1. Only be used from the Northbound lane.
2. MOT devices complying with standard Index 612 will be installed.
3. A Flagman will be utilized at the point of entrance and exit on Buena Vista Blvd.
4. U Turns will not be allowed at The Buena Vista/Southern Trace intersection.
5. The Right of Way will be restored to its original condition upon completion of the construction activities.

Sincerely,

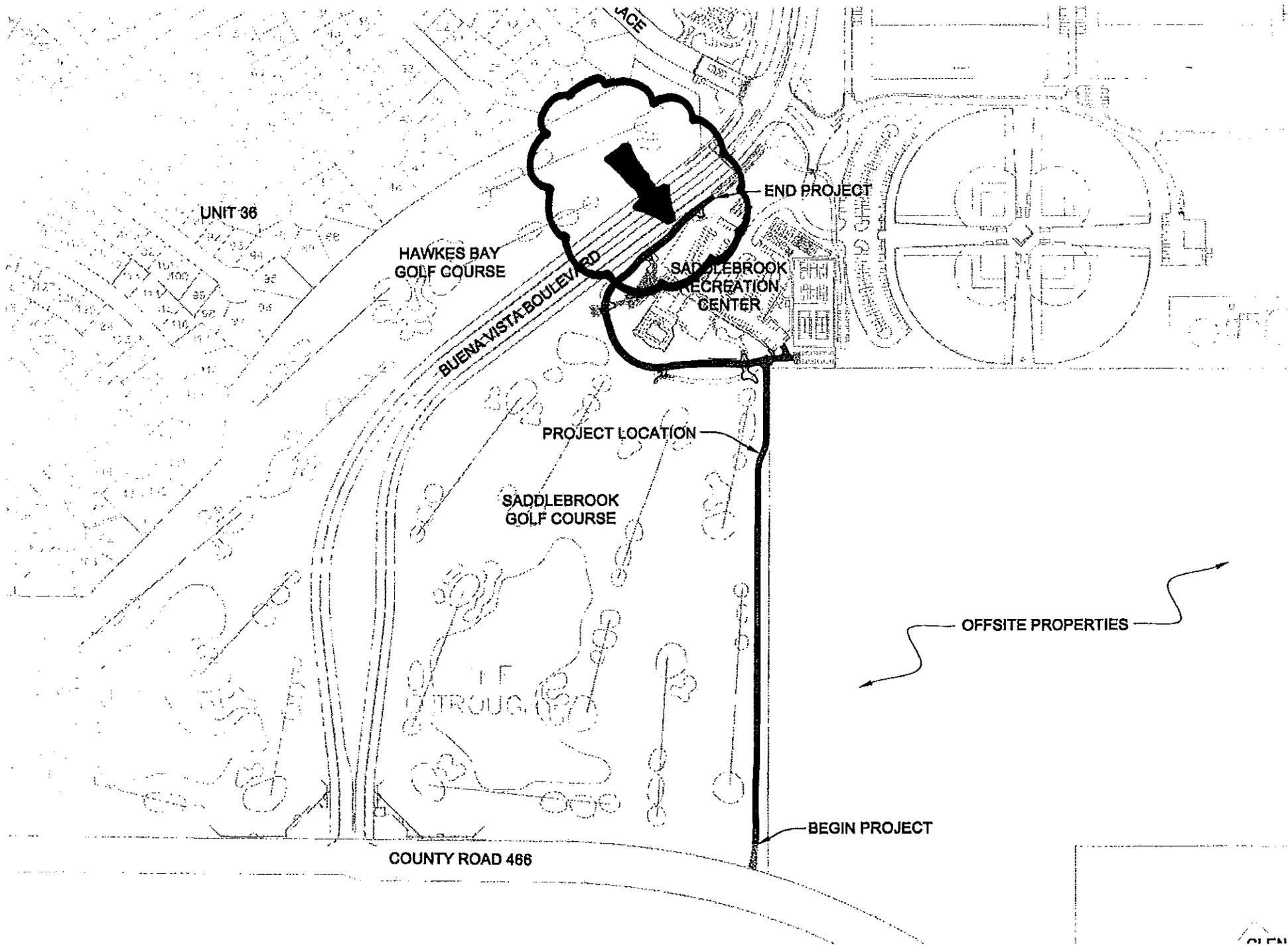
Charles F. Taylor
C W Roberts Contracting Inc.

HOSFORD OFFICE:
P.O. BOX 188
HOSFORD, FLORIDA 32334
PHONE: (850) 379-8116
FAX: (850) 379-8188

FREEPORT OFFICE:
160 INDUSTRIAL PARK ROAD
FREEPORT, FLORIDA 32439
PHONE: (850) 835-3500
FAX: (850) 835-3519

WILDWOOD OFFICE:
4208 COUNTY ROAD 124-A
WILDWOOD, FLORIDA 34785
PHONE: (352) 330-2540
FAX: (352) 330-2609

PANAMA CITY OFFICE:
1603 BAY AVENUE
PANAMA CITY, FLORIDA 32405
PHONE: (850) 769-6640
FAX: (850) 769-7775





CERTIFICATE OF LIABILITY INSURANCE

OP ID BW
STEVEN7DATE (MM/DD/YYYY)
08/18/10

PRODUCER Brown & Brown Insurance 47 SW 17th Street Ocala FL 34471-8141 Phone: 352-732-5010 Fax: 352-732-5344	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Steven Counts, Inc. 16611 SE 58th Avenue Summerfield FL 34491	INSURER A: Bituminous Fire & Marine Ins.	20109
	INSURER B: Bituminous Casualty Corp.	20095
	INSURER C: National Union Fire Ins. Co	19445
	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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY	CLP3266882	09/01/10	09/01/11	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
		<input checked="" type="checkbox"/> Contractual				PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
						Emp Ben.	1,000,000
A		AUTOMOBILE LIABILITY	CAP3532525	09/01/10	09/01/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
C		EXCESS / UMBRELLA LIABILITY	BE11579406	09/01/10	09/01/11	EACH OCCURRENCE	\$ 5,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 5,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$10,000					\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC3523524	09/01/10	09/01/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	\$ 500,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
B		OTHER	CLP3266881	09/01/10	09/01/11	E.L. DISEASE - POLICY LIMIT	\$ 500,000
		Contractors Equip					

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

Re: Renovations of the Multi-Modal Path System Phase 1A Saddlebrook, Buena Vista D3, Buena Vista D4. Renovations of the Multi-Modal Path System Phase 1B Summerchase, Morse Blvd. Project Numbers: 10B-28, 10B-29. Certificate holder and L&N Land Investments are listed as additional insured with respects to the general liability when required by written contract.

CERTIFICATE HOLDER

ORANG33

Orange Blossom Utilities
PO Box 250
Lady Lake FL 32158

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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

ACORD 25 (2009/01)

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OP ID BW
STEVEN7DATE (MM/DD/YYYY)
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	INSURER D:	
	INSURER E:	

COVERAGES

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INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CLP3266882	09/01/10	09/01/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Emp Ben. 1,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CAP3532525	09/01/10	09/01/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
C		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	BE11579406	09/01/10	09/01/11	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	WC3523524	09/01/10	09/01/11	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B		OTHER Contractors Equip	CLP3266881	09/01/10	09/01/11	

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CERTIFICATE HOLDER

CWROBE2

C.W. Roberts Contracting, Inc.
 3372 Capital Circle, NE
 Tallahassee FL 32308

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Whitney Stayer

NOTEPAD:HOLDER CODE CWROBE2
INSURED'S NAME Steven Counts, Inc.STEVEN7
OP ID BWPAGE 2
DATE 08/18/10

when required by written contract on the general Liability policy and Additional Insured on the Auto Liability. General Liability, Auto Liability and Workers Compensation policies include a waiver of subrogation. General Liability policy is primary and noncontributory. Umbrella policy Follows Forms of all underlying policies (General Liability, Auto & Workers Compensation). 10 days notice of cancellation applies for non-payment of premium.