



# TRANSMITTAL

**DATE:** October 31, 2017  
**TO:** Jeff Richardson  
**OF:** City of Vicksburg  
**FROM:** Stephanie Stewart/Karen Shook

*JS 11/2/17*  
*Stephanie*

MM  
GF  
AM  
NOV 08 2017

**PROJECT:** #1505

**TRANSMITTING:** Pay Application #6 and Closeout Docs

## DESCRIPTION/REMARKS:

Dear Mr. Richardson,

Enclosed please find (1) copy of Vicksburg City Hall- Application and Certificate for Payment #6, for payment and close out documents. Please contact our office with any questions or concerns regarding this information.

Thank you,

Kristian Berryhill  
Belinda Stewart Architects, PA

28/12/17

TO OWNER: CONTRACTOR: A1 Roof Savers, Inc. PROJECT: Vicksburg City Hall  
APPLICATION NO.: 6  
PERIOD TO: September 12, 2017  
PROJECT NOS.:  
DISTRIBUTION TO: ☐ OWNER ☐ ARCHITECT ☐ CONTRACTOR

SUB-  
FROM CONTRACTOR:  
VIA ARCHITECT: Belinda Stewart Architects, PA CONTRACT DATE: April 7, 2017

NOV 03 2017

CONTRACT FOR: Vicksburg City Hall Restoration - Roof Repairs

CONTRACTOR'S APPLICATION FOR PAYMENT  
Application is made for payment, as shown below, in connection with the Contract.  
Continuation Sheet, AIA Document G703, is attached.

- 1. ORIGINAL CONTRACT SUM ..... \$ 289,000.00
- 2. Net change by Change Orders ..... \$ 8,428.54
- 3. CONTRACT SUM TO DATE (Line 1 + 2) ..... \$ 297,428.54
- 4. TOTAL COMPLETED & STORED TO DATE ..... \$ 297,428.54  
(Column G on G703)

- 5. RETAINAGE:
  - a. \_\_\_\_\_ % of Completed Work ..... \$  
(Columns D + E on G703)
  - b. \_\_\_\_\_ % of Stored Material ..... \$  
(Column F on G703)Total Retainage (Line 5a + 5b or Total in Column I of G703) ..... \$

6. TOTAL EARNED LESS RETAINAGE ..... \$ 297,428.54  
(Line 4 less Line 5 Total)

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT ..... \$ 270,148.75  
(Line 6 from prior Certificate)

8. CURRENT PAYMENT DUE ..... \$ 27,279.79

9. BALANCE TO FINISH, INCLUDING RETAINAGE ..... \$  
(Line 3 less Line 6)

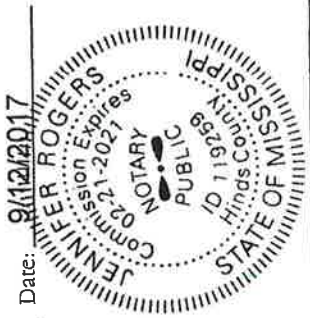
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	4,400.00	
Total approved this Month	4,028.54	
TOTALS		
NET CHANGES by Change Order	8,428.54	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

SUB-  
CONTRACTOR:  
By: Belinda Stewart Date: 9/12/2017

State of: MS  
County of: Hinds  
Subscribed and sworn to before me this 15 day of September 2017

Notary Public: Jennifer Rogers  
My Commission expires: 02/21/2021



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED ..... \$ 27,279.79  
(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

By: Belinda Stewart Date: 10/31/17  
This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

(Attach additional list of subcontractors and amounts, if necessary)

Contractor Name and Title: Charlene Milnick, Secretary

Contractor Certificate of Responsibility Number: 19284-SC

Contractor Signature: Chal Milnik Date: 9/14/17

State of Mississippi

COUNTY OF Hinds

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned notary public,

This the 15<sup>th</sup> day of September 2017

Jennifer Rogers  
NOTARY PUBLIC

My Commission Expires:

02/21/2021



# CONTRACTOR'S AFFIDAVIT OF PAYMENT OF DEBTS AND CLAIMS

**PROJECT:** Vicksburg City Hall, 1401 Walnut St., Vicksburg, MS 39180

**OWNER:** Vicksburg City

**CONTRACT DATE:** April 7, 2017

**CONTRACT FOR:** Restoration – Roof Repairs

**CONTRACTOR:** A1 Roof Savers, Inc., P.O. Box 878, Clinton, MS 39060

**STATE OF** MISSISSIPPI

**COUNTY OF** HINDS

The undersigned hereby certifies that, except as listed below, payment has been made in full and all obligations have otherwise been satisfied for all materials and equipment furnished, for all work, labor, and services performed, and for all known indebtedness and claims against the Contractor for damages arising in any manner in connection with the performance of the Contract referenced above for which the Owner or Owner's property might in any way be held responsible or encumbered.

**EXCEPTIONS:**

**NONE**

## **SUPPORTING DOCUMENTS ATTACHED HERETO:**

1. Consent of Surety to Final Payment.
2. Separate Releases or Waivers of Liens
3. Contractor's Affidavit of Release of Liens

**CONTRACTOR:** (Name and address)

**BY:**

(Signature of authorized representative)

Charlene Milnick

(Printed name and title)

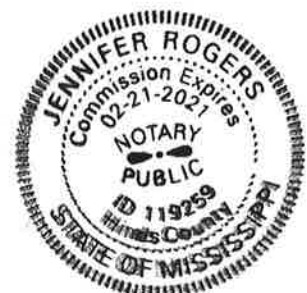
Subscribed and sworn to before me on this date

10/16/2017

Notary Public

My Commission Expires:

02/21/2021



I acknowledge that, pursuant to Miss. Code Ann. §31-5-25 and H.B. 1562, Laws of 2002, that I am required to submit monthly certification indicating payments to subcontractors on prior payment requests. I, the undersigned Contractor, do hereby certify that I have paid the following amounts to subcontractors for Work which has been performed and incorporated into previous Applications for Payment which were issued and payment received from the Owner on the project listed below. I understand that this document must be submitted on a monthly basis after the submittal, approval and payment of Application for Payment #1. I understand that the Owner / Using Agency reserves the right to require me, the undersigned, to provide verification of payment and/ or additional information.

**...Contractors shall submit monthly certification to the project engineer or architect indicating payments to subcontractors on prior payment request. . . .**

Subcontractor: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Subcontractor: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**CONSENT OF SURETY  
TO FINAL PAYMENT**

*AIA Document G707*

OWNER	<input type="checkbox"/>
ARCHITECT	<input type="checkbox"/>
CONTRACTOR	<input type="checkbox"/>
SURETY	<input checked="" type="checkbox"/>
OTHER	<input type="checkbox"/>

Bond No. 8001451

TO OWNER:  
*(Name and address)*

City of Vicksburg  
1415 Walnut Street  
Vicksburg, MS 39180

PROJECT:  
*(Name and address)*

Vicksburg City Hall Restoration - Roof Repairs

ARCHITECT'S PROJECT NO.:

CONTRACT FOR: See Below

CONTRACT DATED:

In accordance with the provisions of the Contract between the Owner and the Contractor as indicated above, the  
*(Insert name and address of Surety)*

FCCI Insurance Company  
6300 University Parkway  
Sarasota, FL 34240

, SURETY,

on bond of  
*(Insert name and address of Contractor)*

A1 Roof Savers, Inc.  
P.O. Box 878  
Clinton, MS 39060

, CONTRACTOR,

hereby approves of the final payment to the Contractor, and agrees that final payment to the Contractor shall not relieve the Surety of  
any of its obligations to  
*(Insert name and address of Owner)*

City of Vicksburg  
1415 Walnut Street  
Vicksburg, MS 39180

, OWNER,

as set forth in said Surety's bond.

IN WITNESS WHEREOF, the Surety has hereunto set its hand on this date: October 18, 2017  
*(Insert in writing the month followed by the numeric date and year.)*

Attest:  
(Seal):

Brody Buckley



FCCI Insurance Company

*(Surety)*

By:

*(Signature of authorized representative)*

Trina Cobb

Attorney-in-Fact

*(Printed name and title)*  
Resident Mississippi Agent  
Fisher Brown Bottrell Insurance, Inc.



## GENERAL POWER OF ATTORNEY

Know all men by these presents: That the FCCI Insurance Company, a Corporation organized and existing under the laws of the State of Florida (the "Corporation") does make, constitute and appoint:

**Trina Cobb**

Each, its true and lawful Attorney-In-Fact, to make, execute, seal and deliver, for and on its behalf as surety, and as its act and deed in all bonds and undertakings provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the sum of (not to exceed \$7,500,000): **\$7,500,000.00**

Surety Bond No.: 8001451  
Principal: A1 Roof Savers, Inc.  
Obligee: City of Vicksburg

This Power of Attorney is made and executed by authority of a Resolution adopted by the Board of Directors. That resolution also authorized any further action by the officers of the Company necessary to effect such transaction.

The signatures below and the seal of the Corporation may be affixed by facsimile, and any such facsimile signatures or facsimile seal shall be binding upon the Corporation when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached.

In witness whereof, the FCCI Insurance Company has caused these presents to be signed by its duly authorized officers and its corporate Seal to be hereunto affixed, this 25<sup>TH</sup> day of September, 2016.

Attest:

Craig Johnson  
Craig Johnson, President  
FCCI Insurance Company

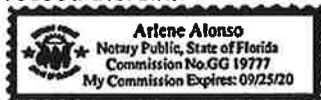


Thomas A. Koval Esq., EVP, Chief Legal Officer,  
Government Affairs and Corporate Secretary  
FCCI Insurance Company

State of Florida  
County of Sarasota

Before me this day personally appeared Craig Johnson, who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 9/25/2020



Arlene Alonso  
Notary Public

State of Florida  
County of Sarasota

Before me this day personally appeared Thomas A. Koval, Esq., who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 9/25/2020



Arlene Alonso  
Notary Public

## CERTIFICATE

I, the undersigned Secretary of FCCI Insurance Company, a Florida Corporation, DO HEREBY CERTIFY that the foregoing Power of Attorney remains in full force and has not been revoked; and furthermore that the February 24, 2011 Resolution of the Board of Directors, referenced in said Power of Attorney, is now in force.

Dated this 18th day of October, 2017.

Thomas A. Koval, Esq., EVP, Chief Legal Officer,  
Government Affairs and Corporate Secretary