

Town of Nags Head
Public Works Contract Review Cover Form

Your review and comments are needed no later than:

August 24, 2016

Contract Name : Fire Station 16 Roof Replacement

Contract Originator: Karen Heagy

- New contract
 Change Order
 Task Order
 Service Contract
 Equipment Contract
 Engineering Contract
 Construction Contract

Reviewer	Approval Date	Revisions to be made
Town Engineer	N/A	
Finance Director	8/23/16	
Town Clerk	8/23/16	
Town Attorney	8-24-16	Made revisions to the proposal

Robert C. Edwards
Mayor

Susie Walters
Mayor Pro Tem

Cliff Ogburn
Town Manager



M. Renée Cahoon
Commissioner

John Ratzenberger
Commissioner

Marvin Demers
Commissioner

Town of Nags Head
Post Office Box 99
Nags Head, North Carolina
27959
Telephone 252-441-5508
Fax 252-441-0776
www.nagsheadnc.gov

NORTH CAROLINA
DARE COUNTY

SERVICE CONTRACT
PURCHASE ORDER # _____

**THIS CONTRACT IS NOT VALID WITHOUT THE REQUIRED ACCOMPANYING/
CORRESPONDING PURCHASE ORDER**


(CONTRACTOR *initials*)

THIS CONTRACT is made and entered into this the 24th day of August 2016, by and between the TOWN OF NAGS HEAD, a public body corporate of the State of North Carolina, (hereinafter referred to as "the TOWN") party of the first part and Frasca Custom Homes, LLC, 2401 Colington Road Kill Devil Hills, NC 27948, (hereinafter referred to as "CONTRACTOR"), party of the second part.

1. SERVICES TO BE PROVIDED AND AGREED CHARGES

The services and/or material to be furnished under this contract (hereinafter referred to collectively as "SERVICES") and agreed charges are as follows:

To furnish all necessary materials and labor to remove and replace the Fire Station 16 roof located at 5314 S. Croatan Hwy, Nags Head, NC 27959. All work to be completed in accordance with CONTRACTOR's proposal, dated August 22, 2016 (copy attached).

Total contract price is \$119,653.69 (One hundred nineteen thousand six hundred fifty three dollars and sixty nine cents). Price is in accordance with CONTRACTOR's proposal dated August 22, 2016 (referenced above) plus applicable North Carolina taxes.

It is mutually agreed by and between the TOWN and CONTRACTOR that work under this contract will commence no later than September 6, 2016. The contract completion date shall be October 11, 2016 with time being of the essence. If CONTRACTOR fails to complete work under this contract by October 11, 2016, the TOWN will be damaged thereby, and because the amount of the TOWN's damages, inclusive of expenses for inspection, superintendence and necessary traveling expenses is difficult if not impossible to definitely ascertain and prove, it is hereby agreed that the sum of \$200.00 shall be due from CONTRACTOR, as liquidated damages for every day's delay in finishing the work in excess of the completion date prescribed; and the

CONTRACTOR hereby agrees that said sum shall be deducted from monies due the CONTRACTOR under the contract or, if no money is due the CONTRACTOR hereby agrees to pay to the TOWN as liquidated damages, and not by way of penalty, such total sum as shall be due for such delay computed aforesaid.

2. DESCRIPTION OF PROJECT

Removing previous cedar shake roofing system; hip and ridge cap, cedar shakes, underlayment, valley sheeting, starter strip, roof vents, pipe collars. Bringing roof to bare plywood; Inspecting for loose or rotten plywood. Cleaning and applying a new layer of caulking over all flashing. Installing and supplying new 30lb Warrior Felt Paper Underlayment. Installing and supplying new CSI WIP 100 Ice and Weather Shield Adhesive Underlayment in all valleys. Installing and supplying 16oz Copper Sheeting in all the valleys. Installing and supplying new AMC Coil Stock over Hips and Ridges. Fabricating Hurricane bends in Copper valley metal. Installing and supplying Warrior 30lb Felt Paper Cedar Split sheeting system behind each course of cedar shakes. Installing and supplying new Waldun Cedar Wood 18" #2 Shingle Starter strip along perimeter of the roof. Installing and supplying new Waldun 24"x3/4" Fire Treated Class B Heavyweight #1 Blue Label Cedar Shake Roofing system. Installing and supplying new Waldun 24"x5/8 #1 Fire Treated Hip and Ridge Cap. Installing and supplying 2 Air PC12 Power Fan Humidistat Ventilation system. Installing and supplying Copper Diverter system behind Power Fans, Fire Station Tower, and where the valleys meet the corners of the walls; This is not required however a suggested preventative for future maintenance. Installing and supplying new Lead Pipe Collar Plumbing boot Ventilation system. Installing and supplying Aluminum Drip Edging along perimeter of the roof. Installing shakes using 316 Degree Stainless steel 2 1/2" Ring Shank Coil 2400C Nails. Removing materials, cleaning job site and supplying waste disposal.

3. TERM OF CONTRACT

The term of this CONTRACT for SERVICES is from August 24, 2016 until the obligations of the CONTRACT are fulfilled and accepted by the TOWN pursuant to its terms or until the CONTRACT is terminated pursuant to its terms. Either party may nonetheless cancel this CONTRACT on thirty (30) days written notice to the other party by certified mail or personal delivery. This CONTRACT is subject to the availability of funds to purchase the specified SERVICES and may be terminated at any time if such funds become unavailable.

Notwithstanding provisions of this Section 3 to the contrary, the following shall survive the termination of this CONTRACT: any provision in Section 1 regarding liquidated damages; the provisions of Section 6 regarding indemnity; and the provisions of Section 10.

4. PAYMENT TO CONTRACTOR

The TOWN agrees to pay at the rates specified for SERVICES satisfactorily performed in accordance with this contract. Unless otherwise specified, the CONTRACTOR shall submit an itemized invoice to the TOWN by the end of the month in which SERVICES are completed. Payment will be processed promptly upon receipt and approval by the TOWN of the invoice.

5. INDEPENDENT CONTRACTOR

Both the TOWN and the CONTRACTOR agree that the CONTRACTOR shall act as an independent contractor and shall not represent itself as an agent or employee of the TOWN for any purpose in the performance of the CONTRACTOR'S duties under this contract. Accordingly, the CONTRACTOR shall be responsible for payment of all Federal, State and local taxes arising out of the CONTRACTOR'S activities in accordance with this contract, including by way of illustration but not limitation, Federal and State income tax, Social Security tax, Unemployment Insurance taxes, and any other taxes or business license fees as required.

In performing the SERVICES, the CONTRACTOR is acting as an independent contractor and shall perform SERVICES in accordance with currently approved methods and practice in the CONTRACTOR'S professional capacity and in accordance with the standards of applicable professional organizations and licensing agencies.

6. INSURANCE AND INDEMNITY

The CONTRACTOR shall indemnify and save harmless the TOWN, its agents and employees from and against all actions, liability, claims, suits, damages, cost or expenses of any kind which may be brought or made against the TOWN or which the TOWN must pay and incur by reason of or in any manner resulting from injury, loss or damage to persons or property resulting from negligent performance of or failure to perform any of its obligations under the terms of this CONTRACT.

The CONTRACTOR shall be fully responsible to the TOWN for the acts and omissions of its sub-contractors and of persons either directly or indirectly employed by it, as the CONTRACTOR is for the acts and omissions of persons directly employed by it.

In addition, the CONTRACTOR shall comply with the North Carolina Worker's Compensation Act and shall provide for the payment of workers' compensation to its employees in the manner and to the extent required by such Act. In the event the CONTRACTOR is excluded from the requirements of such Act and does not voluntarily carry workers' compensation coverage, the CONTRACTOR shall carry or cause its employees to carry adequate medical/accident insurance to cover any injuries sustained by its employees or agents during the performance of SERVICES.

The CONTRACTOR agrees to furnish the TOWN proof of compliance with said Act or adequate medical/accident insurance coverage upon request.

The CONTRACTOR upon request by the TOWN shall furnish a Certificate of Insurance from an insurance company, licensed to do business in the State of North Carolina and acceptable to the TOWN verifying the existence of any insurance coverage required by the TOWN. The Certificate will provide for sixty (60) days advance notice in the event of termination or cancellation of coverage.

7. HEALTH AND SAFETY

The CONTRACTOR shall be responsible for initiating, maintaining and supervising all safety precautions and programs in connection with the work. The CONTRACTOR shall take all necessary precautions for the safety of, and shall provide the necessary protection to prevent damage, injury or loss to all employees from the work and other persons who may be affected thereby.

8. NON-DISCRIMINATION IN EMPLOYMENT

The CONTRACTOR shall not discriminate against any employee or applicant for employment because of age, sex, race, creed, or national origin. The CONTRACTOR shall take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to their age, sex, race, creed, or national origin. In the event the CONTRACTOR is determined by the final order of an appropriate agency or court to be in violation of any non-discrimination provision of federal, state or local law or this provision, this Contract may be cancelled, terminated or suspended in whole or in part by the TOWN, and the CONTRACTOR may be declared ineligible for further contracts.

9. E-VERIFICATION OF EMPLOYEES

The CONTRACTOR represents and warrants that it has ensured and will ensure for itself and each subcontractor that it uses to perform obligations under this CONTRACT, that either:

- (1) The CONTRACTOR or subcontractor employs less than 25 employees who are employed for 9 months or more during a 12-consecutive period; or
- (2) The CONTRACTOR or subcontractor: (a) employs 25 or more employees who are employed for 9 months or more during a 12-consecutive-month period; and (b) has used the E-Verify program, which program is operated by the United States Department of Homeland Security and is defined in N.C. Gen. Stat. § 64-25 (5), to verify the work authorization of each employee.

10. GOVERNING LAW

This CONTRACT shall be governed by and in accordance with the laws of the State of North Carolina. All actions relating in any way to this CONTRACT shall be brought in the General Court of Justice of the State of North Carolina or in the Federal District Court for the Eastern District of North Carolina.

11. IRAN DIVESTMENT ACT CERTIFICATION

CONTRACTOR certifies that CONTRACTOR is not listed on the list of persons who engage in investment activities in Iran, which list is created by the North Carolina State Treasurer pursuant to N.C.G.S. 147-86.58 of the Iran Divestment Act.

12. OTHER PROVISIONS

This CONTRACT is subject to such additional provisions as are set forth in any addendum executed separately by each party and attached hereto.

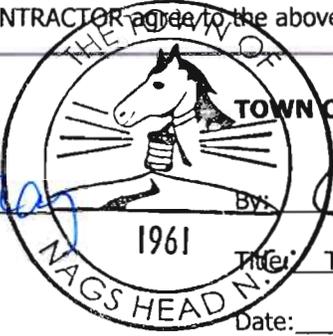
13. CONTRACT DOCUMENTS/AMENDMENTS

This document together with the purchase order and any attached exhibits constitutes the entire contract between the said two parties and may only be modified by a written mutual agreement signed by the parties and attached hereto. In the event of any conflict between this CONTRACT and any attached documents, the CONTRACT language will prevail.

15. SIGNATURES

Both the TOWN and the CONTRACTOR agree to the above contract.

Margaret H. Deane
Witnessed or Attested By: _____

 **TOWN OF NAGS HEAD**
By: [Signature]
Title: Town Manager
Date: 9-2-16

Ariana Hughes
Witnessed or Attested By: _____

Corporate Seal: _____

CONTRACTOR
By: [Signature]
Printed Name: William Frasca
Title: Owner / Manager
Date: 8/26/16

"This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act."

[Signature]
Finance Officer

APPROVED AS TO FORM AND LEGAL SUFFICIENCY.

[Signature]
TOWN ATTORNEY



Proposal
Frasca Custom Homes, LLC
 2401 Colington Rd
 Kill Devil Hills, NC 27948
 252-480-0515 (Office)

Proposal No: 080316-03 Rev

Date: August 23, 2016

Proposal Submitted To	Subject of Proposal: #16 Nags Head Fire Station
Name: Town of Nags Head Public Works% Mike Norris	Street: 5314 S Croatan Hwy
Address: 2200 Lark Ave, Nags Head, NC 27959	City, State, Zip: Nags Head, NC 27959
Phone: 252-441-1122	Email: mike.norris@nagsheadnc.gov

We hereby propose to furnish all the materials and perform all labor necessary to complete the following:

Removing previous cedar shake roofing system; hip and ridge cap, cedar shakes, underlayment, valley sheeting, starter strip, roof vents, pipe collars. Bringing roof to bare plywood; Inspecting for loose or rotten plywood. Cleaning and applying a new layer of caulking over all flashing. Installing and supplying new 30lb Warrior Felt Paper Underlayment. Installing and supplying new CSI WIP 100 Ice and Weather Shield Adhesive Underlayment in all valleys. Installing and supplying 16oz Copper Sheeting in all the valleys. Installing and supplying new AMC Coil Stock over Hips and Ridges. Fabricating Hurricane bends in Copper valley metal. Installing and supplying Warrior 30lb Felt Paper Cedar Split sheeting system behind each course of cedar shakes. Installing and supplying new Waldun Cedar Wood 18" #2 Shingle Starter strip along perimeter of the roof. Installing and supplying new Waldun 24"x3/4" Fire Treated Class B Heavyweight #1 Blue Label Cedar Shake Roofing system. Installing and supplying new Waldun 24"x5/8 #1 Fire Treated Hip and Ridge Cap. Installing and supplying 2 Air PC12 Power Fan Humidistat Ventilation system. Installing and supplying Copper Diverter system behind Power Fans, Fire Station Tower, and where the valleys meet the corners of the walls; This is not required however a suggested preventative for future maintenance. Installing and supplying new Lead Pipe Collar Plumbing boot Ventilation system. Installing and supplying Aluminum Drip Edging along perimeter of the roof. Installing shakes using 316 Degree Stainless steel 2 1/2" Ring Shank Coil 2400C Nails. Inspecting for loose or rotten plywood, if any rotten plywood is found there will be an additional charge of \$75.00 per sheet of plywood. Removing all materials, cleaning job site, and supplying waste disposal.

All materials are guaranteed to be as specified and the above work to be performed in accordance with the drawing and specifications submitted for the above work and completed in substantial workmanlike manner for the

Estimated Materials Cost: \$ 74,211.98

Estimated Sales Tax (6.75%): \$ 5,009.31

Estimated Labor and Company Cost: \$ 45,441.71

Town of Nags Head Contract: \$119,653.69*

Total Estimated Cost: \$ 124,663.00

**(price excluding sales tax)*

Any permits that are necessary for the above work will be taken out by **Frasca Custom Homes, LLC**, however paid for by the **Town of Nags Head**. Furthermore, Homeowner/Customer is required to pay for any additional work involved that was not estimated or foreseen (i.e Rotten wood). Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. The Town of Nags Head will be responsible to carry fire, tornado and commercial building insurance on the building. However, any Workmen's Compensation and Public Liability Insurance on above work will be taken out by **Frasca Custom Homes, LLC** for any unforeseen loss or injuries involving workers on job site. *This proposal may be withdrawn or changed after 30 days of date above.*

Acceptance of Proposal

This certifies that the above proposal is to my the satisfactory and are hereby accepted. I authorize **Frasca Custom Homes, LLC** to order and begin the proposed work. I understand that if I back out of this proposal that I may be required to pay a material re-stocking fee that varies based on the amount of materials ordered.

Customer/Client Signature _____ **Date:** / / .

WilliamS Frasca Signature _____ **Date:** / / .

(Manager/Foreman)

CERTIFICATE OF LIABILITY INSURANCE

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).

INSURED WILLIAM FRASCA
 NAME AND DBA/FRASCA CUSTOM HOMES LLC
 ADDRESS 2401 COLINGTON RD
 KILL DEVIL HILLS, NC 27948

CERTIFICATE TOWN OF NAGS HEAD
 HOLDER ATTN: MIKE NORRIS/PUBLIC WORKS
 2200 LARK AVE
 NAGS HEAD, NC 27959

COVERAGES

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.

x	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY - OCCURRENCE GEN'L AGGREGATE APPLIES PER POLICY			PENDING QGL4133208	8/19/2016	8/19/2017	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OPS AGGREGATE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea Occurrence)</td><td style="text-align: right;">\$100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$5,000</td></tr> </table>	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OPS AGGREGATE	\$1,000,000	PERSONAL & ADV INJURY	\$1,000,000	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$100,000	MED EXP (Any one person)	\$5,000
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<input type="checkbox"/>	AUTOMOBILE LIABILITY						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Each accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Each accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
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<input type="checkbox"/>	_____(Other)																		
<input type="checkbox"/>	EXCESS LIABILITY - OCCURRENCE						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$								
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<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY POLICY APPLIES TO THE WORKERS COMPENSATION LAW IN THE STATE OF NC		N/A				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>WC STATUTORY LIMITS</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td></tr> </table>	WC STATUTORY LIMITS	\$	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$				
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E.L. DISEASE - EA EMPLOYEE	\$																		
E.L. DISEASE - POLICY LIMIT	\$																		
<input type="checkbox"/>	OTHER:																		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES:

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
 JUNE JORDAN
 DATE 8/24/2016



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/30/2016

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).

PRODUCER N.C. Farm Bureau Ins. Agency 5301 Glenwood Avenue (27612) P.O. Box 27427 Raleigh NC 27611 INSURED Fraeda Custom Homes LLC 2401 colington Rd Kill Devil Hills NC 27948	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: FAX (A/C, No): INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Amguard Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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COVERAGES CERTIFICATE NUMBER: C11683008665 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.

INBR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/DP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY PROJECT LOC					\$
	OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	DED RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N x N/A	COMBO XDW 1045928	8/27/2016	8/27/2017	x PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Contractor- Project manager, construction executive, construction manager or construction superintendent
 Carpentry- Construction of residential dwellings not exceeding three stories in height

CERTIFICATE HOLDER Town of Nags Head Mark Norris- Public Works 2200 Lark Ave Nags Head, NC 27959	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 Kate Overby
---	---



TOWN OF NAGS HEAD
PO BOX 99
5401 SOUTH CROATAN HIGHWAY
NAGS HEAD, NC 27959
Phone: (252)441-5508

Purchase Order/Voucher

**THIS NUMBER MUST APPEAR ON ALL INVOICES,
 PACKING LISTS, CORRESPONDENCE, ETC.**

NO. 17-00414

SHIP TO

PUBLIC WORKS % KAREN HEAGY
 TOWN OF NAGS HEAD
 2200 LARK AVE
 NAGS HEAD, NC 27959

ORDER DATE: 08/22/16
 DELIVERY DATE:
 STATE CONTRACT:
 VENDOR ACCT NUM:
 VENDOR PHONE #: (252) 480-0515
 VENDOR FAX #:
 REQUISITION #: R1700176

VENDOR

Vendor #: FRASC005

FRASCA CUSTOM HOMES LLC
 2401 COLINGTON ROAD
 KILL DEVIL HILLS, NC 27948

MAIL INVOICE TO:

ATTN: ACCOUNTS PAYABLE
 P.O BOX 99
 NAGS HEAD, NC 27959

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	Sta 16 Roof replacement Please do not fax po work as in accordance with Contract Project Manager is Mike Norris this price does not include tax (5931.00) on req	10-530-4-5773-00 CAPITAL OUTLAY OTHER	119,653.6900	119,653.69
			TOTAL	===== 119,653.69

E-Verify Compliance Assurance by Vendor/Contractor: By accepting this purchase order from Town of Nags Head, I verify that I understand that E-Verify program operated by the United States Department of Homeland Security and other federal agencies used to verify the work authorization of newly hired employees pursuant to federal law. Furthermore, I confirm that I am aware of and in compliance with the requirements of E-Verify and Article 2 of Chapter 64 of the North Carolina General Statutes, which requires that the Contractor participate in E-Verify if it has at least 25 qualified employees. To the best of my knowledge, any subcontractors employed by me as part of this contract are in compliance with the requirements of E-Verify and Article 2 of Chapter 64 of the North Carolina General Statutes.

IRAN DIVESTMENT ACT CERTIFICATION REQUIRED BY N.C.G.S. 143C-6A-5(a): By acceptance of this purchase order, vendors, contractors, and/or subcontractors affirm they are not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. 143-6A-4, Iran Divestment Act Certification.

**THIS INSTRUMENT HAS BEEN PREAUDITED IN THE MANNER REQUIRED BY THE
 LOCAL GOVERNMENT BUDGET AND FISCAL CONTROL ACT.**

 FINANCE OFFICER

 PURCHASING AGENT

Please contact the Town of Nags Head if the prices indicated are not correct. The Town of Nags Head will not be responsible for incorrect pricing after the Purchase Order is received by the vendor for purchasing.