

**SECTION 00622 - Contractor's Application for Payment
IRC HEALTH DEPARTMENT ROOF REPLACEMENT AND EXTERIOR
REPAIR PROJECT**

Application for Payment No. 06
For Work Accomplished through the period of 10-1-18 through 2-06-19

To: Indian River County (OWNER)
From: Advanced Roofing, Inc. (CONTRACTOR)
Bid No.: 2018013
Project No.: IRC-1736

1) **Attach detailed schedule and copies of all paid invoices.**

1. Original Contract Price:	\$509,406.00
2. Net change by Change Orders and Written Amendments (+ or -):	\$ 0.00
3. Current Contract Price (1 plus 2):	\$ 509,406.00
4. Total completed and stored to date:	\$ 483,431.00
5. Retainage (per Agreement):	
<u>5</u> % of completed Work:	
_____ % of retainage:	\$ _____
Total Retainage:	\$ 0.00
6. Total completed and stored to date less retainage (4 minus 5):	\$ 483,431.00
7. Less previous Application for Payments:	\$ 457,359.45
8. DUE THIS APPLICATION (6 MINUS 7):	\$ 26,071.55

CONTRACTOR'S CERTIFICATION:

UNDER PENALTY OF PERJURY, the undersigned CONTRACTOR certifies that (1) the labor and materials listed on this request for payment have been used in the construction of this Work; (2) payment received from the last pay request has been used to make payments to all subcontractors, laborers, materialmen and suppliers except as listed on Attachment A, below; (3) title of all Work, materials and equipment incorporated in said Work or otherwise listed in or covered by this Application for Payment will pass to OWNER at time of payment free and clear of all Liens, security interests and encumbrances (except such as are covered by a Bond acceptable to OWNER indemnifying OWNER against any such Lien, security interest or encumbrance); (4) all Work covered by this Application for Payment is in accordance with the Contract Documents and not defective; and (5) If this Periodic Estimate is for a Final Payment to project or improvement, I further certify that all persons doing work upon or furnishing materials or supplies for this project or improvement under this foregoing contract have been paid in full, and that all taxes imposed by Chapter 212 Florida Statutes, (Sales and Use Tax Act, as Amended) have been paid and discharged, and that I have no claims against the OWNER.

Attached to or submitted with this form are:

1. Signed release of lien forms (partial or final as applicable) from all subcontractors, laborers, materialmen and suppliers except as listed on Attachment A, together with an explanation as to why any release of lien form is not included;

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2. Updated Construction Schedule per Specification Section 01310, and

Dated 2/7/19

By: MLK
(CONTRACTOR – must be signed by an Officer of the Corporation)
Robert P. Kornahrens/President
Print Name and Title

STATE OF FLORIDA
COUNTY OF INDIAN RIVER Seminole

Before me, a Notary Public, duly commissioned, qualified, and acting, personally appeared Robert P. Kornahrens, who being by me first duly sworn upon oath, says that he/she is the President of the CONTRACTOR mentioned above and that he/she has been duly authorized to act on behalf of it, and that he/she executed the above Contractor's Application for Payment and Contractor's Certification statement on behalf of said CONTRACTOR; and that all of the statements contained herein are true, correct, and complete. Subscribed and sworn to before me this 7th day of February, 20 19.

Robert P. Kornahrens is personally known to me or has produced _____ as identification.

NOTARY PUBLIC: Dawn Emery

(SEAL)

Printed name: Dawn Emery

Commission No.: GG164588

Commission Expiration: 1/26/22



Please remit payment to:

Contractor's Name: Advanced Roofing, Inc.

Address: 1950 NW 22nd St.


Ft. Lauderdale, FL 33311

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SURETY'S CONSENT OF PAYMENT TO CONTRACTOR:


The Surety, The Guarantee Company of North America USA
One Towne Square, Suite 1470, Southfield, MI 48076, a
corporation, in accordance with Public Construction Bond Number 80157871, hereby
consents to payment by the OWNER to the CONTRACTOR, for the amounts specified in
this CONTRACTOR's APPLICATION FOR PAYMENT.

TO BE EXECUTED BY CORPORATE SURETY:

Attest:


Secretary

The Guarantee Company of North America USA
Corporate Surety
One Towne Square, Suite 1470
Southfield, MI 48076

Business Address
BY: 


Print Name: William Greffe Griffin
Title: Attorney-in-Fact

(Affix Corporate SEAL)

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

Before me, a Notary Public, duly commissioned, qualified, and acting, personally appeared
William Greffe Griffin, to me well known or who produced
_____ as identification, who being by me first duly sworn
upon oath, says that he/she is the Attorney-in-Fact for
_____ and that he/she has been authorized by *See Below it to approve payment
by the OWNER to the CONTRACTOR of the foregoing Contractor's Application for
Payment. Subscribed and sworn to before me this 8th day of
February, 20 19.





Notary Public, State of Florida
My Commission Expires: 03-24-2019

*The Guarantee Company of North America USA

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The Guarantee Company of North America USA
Southfield, Michigan

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS: That THE GUARANTEE COMPANY OF NORTH AMERICA USA, a corporation organized and existing under the laws of the State of Michigan, having its principal office in Southfield, Michigan, does hereby constitute and appoint

Michael Marino, William Grefe Griffin, Torre Taylor, Ricardo Davila Lamar, Elizabeth De La Caridad Lang
American Global, LLC

its true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise.

The execution of such instrument(s) in pursuance of these presents, shall be as binding upon THE GUARANTEE COMPANY OF NORTH AMERICA USA as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at the principal office.

The Power of Attorney is executed and may be certified so, and may be revoked, pursuant to and by authority of Article IX, Section 9.03 of the By-Laws adopted by the Board of Directors of THE GUARANTEE COMPANY OF NORTH AMERICA USA at a meeting held on the 31st day of December, 2003. The President, or any Vice President, acting with any Secretary or Assistant Secretary, shall have power and authority:

1. To appoint Attorney(s)-in-fact, and to authorize them to execute on behalf of the Company, and attach the Seal of the Company thereto, bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof; and
2. To revoke, at any time, any such Attorney-in-fact and revoke the authority given, except as provided below
3. In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.
4. In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

Further, this Power of Attorney is signed and sealed by facsimile pursuant to resolution of the Board of Directors of the Company adopted at a meeting duly called and held on the 8th day of December 2011, of which the following is a true excerpt:

RESOLVED that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, contracts of indemnity and other writings obligatory in the nature thereof, and such signature and seal when so used shall have the same force and effect as though manually affixed.



IN WITNESS WHEREOF, THE GUARANTEE COMPANY OF NORTH AMERICA USA has caused this instrument to be signed and its corporate seal to be affixed by its authorized officer, this 2nd day of October, 2015.

THE GUARANTEE COMPANY OF NORTH AMERICA USA

Stephen C. Ruschak

Randall Musselman

STATE OF MICHIGAN
County of Oakland

Stephen C. Ruschak, President & Chief Operating Officer

Randall Musselman, Secretary

On this 2nd day of October, 2015 before me came the individuals who executed the preceding instrument, to me personally known, and being by me duly sworn, said that each is the herein described and authorized officer of The Guarantee Company of North America USA; that the seal affixed to said instrument is the Corporate Seal of said Company; that the Corporate Seal and each signature were duly affixed by order of the Board of Directors of said company.



Cynthia A. Takai
Notary Public, State of Michigan
County of Oakland
My Commission Expires February 27, 2018
Acting in Oakland County

IN WITNESS WHEREOF, I have hereunto set my hand at The Guarantee Company of North America USA offices the day and year above written.

Cynthia A. Takai

I, Randall Musselman, Secretary of THE GUARANTEE COMPANY OF NORTH AMERICA USA, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by THE GUARANTEE COMPANY OF NORTH AMERICA USA, which is still in full force and effect.



IN WITNESS WHEREOF, I have thereunto set my hand and attached the seal of said Company this 8th day of February, 2019

Randall Musselman

Randall Musselman, Secretary

CERTIFICATION OF ENGINEER:

I certify that I have reviewed the above and foregoing Periodic Estimate for Partial Payment; that to the best of my knowledge and belief it appears to be a reasonably accurate statement of the work performed and/or material supplied by the Contractor. I am not certifying as to whether or not the Contractor has paid all subcontractors, laborers, materialmen and suppliers because I am not in a position to accurately determine that issue.

Dated _____

SIGNATURE

CERTIFICATION OF INSPECTOR:

I have checked the estimate against the Contractor's Schedule of Amounts for Contract Payments and the notes and reports of my inspections of the project. To the best of my knowledge, this statement of work performed and/or materials supplied appears to be reasonably accurate, that the Contractor appears to be observing the requirements of the Contract with respect to construction, and that the Contractor should be paid the amount requested above, unless otherwise noted by me. I am not certifying as to whether or not the Contractor has paid all subcontractors, laborers, materialmen and suppliers because I am not in a position to accurately determine that issue.

Dated _____

SIGNATURE

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**WAIVER AND RELEASE OF LIEN
UPON FINAL PAYMENT**

The undersigned lienor, in consideration of the sum of
Twenty Six Thousand Seventy One Dollars and Fifty Five Cents
hereby waives and releases its lien and right to claim a lien for labor, services, or materials furnished
to INDIAN RIVER COUNTY
on the job INDIAN RIVER HEALTH DEPARTMENT to the following property:

INDIAN RIVER HEALTH DEPT
1800 27TH STREET
VERO BEACH, FL 32960

This waiver and release does not cover any retention of labor, services, or materials furnished after
date specified and is contingent upon the receipt and clearance of above mentioned funds.

Dated on February 8, 2019

ADVANCED ROOFING, INC.

By:

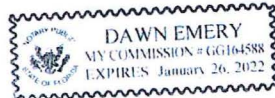



Joshua Gordon
Project Manager

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this 8th day of February, 2019 by Joshua Gordon
as Project Manager of Advanced Roofing, Inc., on behalf of the corporation. He/she is personally known
to me, or has produced _____ as identification, and did/did not take an oath.
If no type of identification is indicated, the above named person is personally known to me.

Seal:





Notary Public, State of Florida at Large

www.advancedroofing.com
SOUTH FLORIDA OFFICE