

RFB 2020-41 INFLOW AND INFILTRATION REHABILITATION

BIDDER CHECKLIST

This checklist is provided to assist each Bidder in the preparation of their bid response. Included in this checklist are important requirements, which is the responsibility of each Bidder to submit with their response in order to make their response fully compliant. This checklist is only a guideline it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety (Instructions to Bidders, General Provisions, Special Conditions and Technical Provisions, Permits, Inspections Reports, Surveys, Insurance Requirements and all City Forms).

- THIS CHECKLIST, complete and sign
1.Fill out and sign Bid Form (acknowledge addenda, bond information, subcontractors and suppliers, and Qualifications/Reference Form if applicable)
2.Fill out and sign Bid Price Schedule (unit prices must be filled in every block where applicable) (EXCEL SPREADSHEET, DO NOT PDF ON USB DRIVE).
3.Fill out Statement of Organization and have it properly notarized.
4.Provide State of Florida Registration (http://www.sunbiz.org/search.html)
5.Fill out and sign the Non-Collusive Affidavit and have it properly notarized.
7.Fill out and sign the Conflict of Interest Form
8.Fill out and sign Public Entity Crime Information
9.Fill out and Sign the Drug Free Workplace Form.
10. Fill out and sign the "Local Business Affidavit" or "North Port Local Business Affidavit"
11. Fill out and sign and notarize the Scrutinized Company Certification Form
12. Fill out and sign No Lobbying Affidavit
13. Fill out and sign the SWORN STATEMENT: THE FLORIDA TRENCH SAFETY ACT
14. Provide any additional documentation requested within the Bid Document.
15. Submit ONE (1) Original AND ONE (1) Copy of submittal AND Provide USB drive (pdf of submittal and excel version of the Bid Schedule, If applicable)
16. Review "SAMPLE CONTRACT".
17. Clearly mark the sealed bid with the BID NUMBER AND BID NAME on the outside of the package AND YOUR COMPANY NAME.

Letter of Bondability (INCLUDED IN SUBMITTAL) [X] YES [] NO

PERFORMANCE BOND IS ONLY TO BE SUPPLIED BY THE AWARDED VENDOR AT TIME OF PRE CONSTRUCTION MEETING.

City of North Port
Finance Department/Purchasing Division
Keith Raney, Contract Administrator II
4970 City Hall, Suite 337
North Port, Florida 34286

RFB NO. 2020-41 Inflow and Infiltration Rehabilitation

Date: July 13, 2020

Signed (Person authorized to bind the company): [Signature]

Name (printed): Diane Partridge Title: Contracting and Attesting Officer

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

BID FORM

Name of Bidder: Insituform Technologies, LLC
 Business Address: 17988 Edison Avenue, Chesterfield, MO 63005
 Telephone Number: (636) 530-8000 Fax Number: (636) 530-8701
 E-mail Address: dpartridge@aegion.com
 Contractor License #: CGC1510306
 FEID #: 13-3032158

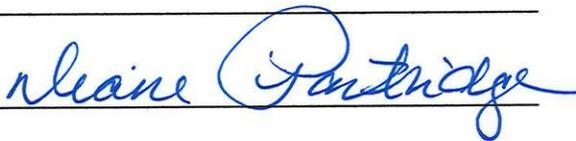
To the City Commission of the City of North Port pursuant to and in compliance with your notice inviting sealed bids (Invitation to Bid), Instructions to Bidders, and the other documents relating thereto, the undersigned bidder, having familiarized himself/herself with the terms of the Contract documents, local conditions affecting the performance of the Contract, and the cost of the work at the place where the work is to be done, hereby proposes and agrees to perform within the time stipulated in the Contract, including all of its component parts and everything required to be performed, and to provide and furnish any and all of the labor, material, tools, expendable equipment, and all utility and transportation services and design of certain items necessary to perform the Contract and complete in a workmanlike manner, all of the work required in connection with the construction of said work all in strict conformity with the plans and specifications and other Contract documents for the prices hereinafter set forth.

The undersigned, as bidder, does hereby declare that he has read the Request for Bids, Instructions to Bidders, General Provisions, Special Provisions, Technical Specifications & Conditions, Insurance Requirements, Bid Form, Permit Fees, Plan Revisions, Plans, and any other reports or documentation for: **INFLOW AND INFILTRATION REHABILITATION** and further agrees to furnish all items listed on the attached Bid Form in accordance with the unit price line items as indicated on the bid schedule form submitted. The above specified documents are herein incorporated into the Bid Form.

The undersigned as bidder, declares that the only persons or parties interested in this submittal as principals are those named herein; that this submittal is made without collusion with any person, firm, or corporation; and he/she proposes and agrees, if the proposal is accepted, that he/she will execute a Contract with the City in the form set forth in the Contract documents.

Through the signing of this Bid Form, Bidder attests his/her bid is guaranteed for a period of not less than **NINETY (90) DAYS** from the date of the official bid opening.

Date: July 13, 2020

Signed (Person authorized to bind the company): 

Name (printed): Diane Partridge Title: Contracting and Attesting Officer

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

ADDENDA AND BOND FORM

The undersigned acknowledges receipt of the following addenda, and the cost, if any, of such revisions has been included in the bid price.

Addendum No.	1	Dated	6/22/2020	Addendum No.		Dated	
Addendum No.	2	Dated	6/30/2020	Addendum No.		Dated	
Addendum No.	3	Dated	7/6/2020	Addendum No.		Dated	
Addendum No.	4	Dated	7/7/2020	Addendum No.		Dated	

LETTER OF BONDABILITY AND PERFORMANCE/PAYMENT

This bid does not require a Bid Bond, however the Bidder must submit with their bid a Letter of Bondability from their Surety Company (not the surety agent) showing their bonding capacity which shall not be less than \$1,000,000.00. Any issuer of a Letter of Bondability must be licensed to transact a fidelity and surety business in the State of Florida, with an A.M. Best rating of B+ (Very Good) or better if Contractor's bid is under \$500,000.00, and A- (Excellent) or better if Contractor's bid is over \$500,000.00.

If the surety agent is named on the Surety's Power of Attorney as a true and lawful Attorney-in-Fact, to make, execute, seal and deliver said letter then a letter from the surety's agent will be allowed as long as a copy of the Surety's Power of Attorney documenting said appointment is included with the Letter of Bondability.

The undersigned agrees, if awarded this bid, to furnish a Performance and Payment Bond in the amount of 100% of the total project price within ten (10) calendar days after notification of award to the Purchasing Department. The undersigned shall be responsible and bear all costs associated to record Performance and Payment Bond with Sarasota County Clerk's Office. Receipt of said recording and a certified copy of the Bond shall be furnished to the Purchasing Division at the time of the pre-construction meeting.

All contract documents (i.e.; performance and payment bond, cashier's check, Letter of bondability) shall be in the name of "City of North Port".

Date: July 13, 2020

Signed (Person authorized to bind the company): 

Name (printed): Diane Partridge Title: Contracting and Attesting Officer

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

BID SCHEDULE - SUMMARY OF PAYITEMS

It is understood that the estimated summary of pay item quantities are approximate only and are solely for the purpose of facilitating the comparison of bids, and that the Contractor's compensation shall be computed upon the basis of the actual quantities in the completed work, whether they be more or less than those shown.

Preparation of Bid Schedules: Contractor MUST use the City provided bid schedule below or the provided excel spreadsheet, if provided with the solicitation. **DO NOT RECREATE THIS FORM.** All blank spaces in the Bid Form must be filled in legibly. *Bidder should not reference the words "No Charge, N/A, included, dash, etc." in any of the blocks. Bidder must identify a monetary amount for each UNIT COST and EXTENDED COST (unless the unit price is "x" out by the City). UNIT COST prevails over EXTENDED COST. Failure to identify a monetary amount in any of the UNIT COST line items shall cause bidder to be deemed non-responsive and bid response be rejected.* In case of discrepancy between unit price and extended price, the unit price will govern. Apparent errors in extension will be corrected.

Gravity Sewer and Manhole Rehabilitation to Reduce Inflow and Infiltration					
Unit Rate Pricing Spreadsheet					
<u>No.</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Cost</u>	<u>Item Cost</u>
REHABILITATION²					
CURED-IN-PLACE LINER					
1	Cured in Place Liner - 6" Dia. (6 mm thick)	50	LF	\$ 33.00	\$ 1,650.00
2	Cured in Place Liner - 8" Dia. (6 mm thick)	400	LF	\$ 27.00	\$ 10,800.00
3	Cured in Place Liner - 10" Dia. (6 mm thick)	50	LF	\$ 32.50	\$ 1,625.00
4	Cured in Place Liner - 12" Dia. (6 mm thick)	50	LF	\$ 40.00	\$ 2,000.00
5	Reinstate Service Lateral Connection	25	EA	\$ 160.00	\$ 4,000.00
6	Sealing Service Lateral Connection via Chemical Grouting	10	EA	\$ 335.10	\$ 3,351.00
7	Sealing Service Lateral Connection via Hydrophillic Rubber Seal	15	EA	\$ 5,584.60	\$ 83,769.00
CURED-IN-PLACE SPOT REPAIR					
8	Cured-In-Place Spot Repair - 0-10' deep	100	LF	\$ 670.10	\$ 67,010.00

RFB 2020-41 INFLOW AND INFILTRATION REHABILITATION

9	Cured-In-Place Spot Repair - >10' deep	100	LF	\$ 781.80	\$ - 78,180.00
10	Reinstate Service Lateral Connection	5	EA	\$ 250.00	\$ 1,250.00
11	Sealing Service Lateral Connection via Chemical Grouting	2	EA	\$ 335.10	\$ 670.20
12	Sealing Service Lateral Connection via Hydrophilic Rubber Seal	3	EA	\$ 5,584.60	\$ 16,753.80
	MANHOLE REHABILITATION				
13	MH Rehabilitation (48" Dia.) - 0-6' deep	15	EA	\$ 1,452.00	\$ 21,780.00
14	MH Rehabilitation (48" Dia.) - 6-8' deep	20	EA	\$ 2,010.40	\$ 40,208.00
15	MH Rehabilitation (48" Dia.) - 8-10' deep	10	EA	\$ 2,457.20	\$ 24,572.00
16	MH Rehabilitation (48" Dia.) - 10-12' deep	1	EA	\$ 2,904.00	\$ 2,904.00
17	MH Rehabilitation (48" Dia.) - >12' deep	1	EA	\$ 3,462.40	\$ 3,462.40
	EPOXY MONOLITHIC MANHOLE LINING SYSTEM³				
25	Epoxy MH Monolithic Lining (EMML) System (48" Dia.) - 0-6' deep	15	EA	\$ 1,787.10	\$ - 26,806.50
26	Epoxy MH Monolithic Lining (EMML) System (48" Dia.) - 6-8' deep	20	EA	\$ 2,959.80	\$ - 59,196.00
27	Epoxy MH Monolithic Lining (EMML) System (48" Dia.) - 8-10' deep	10	EA	\$ 3,557.40	\$ - 35,574.00
28	Epoxy MH Monolithic Lining (EMML) System (48" Dia.) - 10-12' deep	1	EA	\$ 4,268.80	\$ - 4,268.80
29	Epoxy MH Monolithic Lining (EMML) System (48" Dia.) - >12' deep	1	EA	\$ 4,268.80	\$ - 4,268.80

Note 1 The City will review the information to make a condition assessment, and determine what types and where rehabilitation will be completed. **ANY ADDITIONAL CLEANING AND CCTV INSPECTION REQUIRED AS PART OF THE REHABILITATION ITEMS ARE TO BE INCLUDED IN THE REHABILITATION UNIT COSTS**

Note 2 Rehabilitation unit costs include all work to construct, test and inspect (including but not limited to maintenance of traffic, taking samples and having them tested at a lab, cleaning/preparing pipe and manholes, CCTV post inspections, by-pass pumping).

RFB 2020-41 INFLOW AND INFILTRATION REHABILITATION

Note If renewals of the contract are executed the unit prices shall be increased by the most recent 12-month percentage
3 change All Items, as published by the United States Department of Labor, Bureau of Labor Statistics,
<https://www.bls.gov/cpi/>.

Date: July 13, 2020

Signed (Person authorized to bind the company):



Name (printed): Diane Partridge

Title: Contracting and Attesting Officer

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

RFB 2020-41 INFLOW AND INFILTRATION REHABILITATION

EQUIPMENT AND SUBCONTRACTOR/SUPPLIER LIST

Equipment is located at: 3016 North US Highway 301, Suite 900 Tampa FL, 33619

The following is a listing of your equipment, inclusive of manufacturer, year and condition. List the condition of equipment/vehicles utilized for this project in accordance with the following scale: **1-Excellent; 2-Good; 3-Fair; 4-Poor.** (Attach additional sheets, if required.)

Description	Manufacturer	Year	Condition	Leased/Owned (If leased, date of expiration)
See Attached			All equip is 2-good	All equip is owned

SOURCE OF SUPPLY AND SUBCONTRACTOR FORM

The following sources of supply and subcontractors shall be used for the RFB NO. 2020-41 INFLOW AND INFILTRATION REHABILITATION. If bidder does not have a source of supply or subcontractor, insert "to be determined". When a source or subcontractor is determined, selection will be subject to City approval. (If not applicable, state N/A).

SUBCONTRACTOR(S)

(PLEASE INCLUDE ADDRESS/TELEPHONE NUMBER & E-MAIL)

- To be Determined -
- Praline Vactor Services - Po Box 541149 Lake Worth FL 33454 - 561-340-1459 -
- Tadd@pralinevactor.com

SUPPLIER(S)

- Insituform Technologies LLC - CIPP Liners
- Sewpercoat - MH Rehab - Raven - MH Rehab
- To be determined - other

Date: July 13, 2020

Signed (Person authorized to bind the company): 

Name (printed): Diane Partridge Title: Contracting and Attesting Officer

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

QUALIFICATIONS AND REFERENCES

The Bidder (Company) shall have been in Commercial Construction Business with experience in projects and shall submit a minimum of four (4) recent (within the past five (5) years) references of projects that meet the Qualifications in Section 336084 Cure in Place Pipe Lining Starting on Page 204 of the Technical Specifications. Each reference shall include a project description, project location, name and phone number of a contact person, total project amount, and completion date. The City reserves the right to contact references.

1. Business/Customer Name: Miami Dade Water and sewer

Name of Contact Person/Title: Mr. Isaac Smith

Telephone# 305-903-5712 Fax _____ E-mail isaac.smith@miamidade.gov

Address 3071 SW 38th Avenue, Miami FL, 33146

Phone Number 786-552-8989

Duration of Contract or business relationship 15+ years of working relationship

Type of Services Provided Clean and CCTV/CIP Lining / Lateral Lining / Bypass / MOT

Contract Period: FROM 8/15 TO 12/19

Contract Price \$ 9,150,075.00 Contract Price at Completion of the Project \$ 12,010,142.65

2. Business/Customer Name: County of Sarasota

Name of Contact Person/Title: Mr. Jason Brown

Telephone# 941-861-0589 Fax _____ E-mail jkbrown@scgovanet

Address 1001 Sarasota Center Blvd, Sarasota FL, 34240

Phone Number 941-861-0589

Duration of Contract or business relationship 10+ years of working relationship

Type of Services Provided CCTV-Cleaning / CIP Lining / Bypass / Mot / Lateral Lining / Contract Period - 12/14 - 9/18
Contract Price: \$ 1,180,620.00 - Contract Price at completion of Project: \$ 3,762,593.00

Date: July 13, 2020

Signed (Person authorized to bind the company): 

Name (printed): Diane Partridge Title: Contracting and Attesting Officer

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

RFB 2020-41 INFLOW AND INFILTRATION REHABILITATION

3. Business/Customer Name: City of Melbourne
 Name of Contact Person/Title: Mr. Matt Simon
 Telephone# 321-674-5726 Fax _____ E-mail matthew.simon@mlbfl.org
 Address 2891 Harper Road Melbourne FL, 32904
 Contract Period: FROM 11/14 TO 10/16
 Contract Price \$ 2,975,000.00 Contract Price at Completion of the Project \$ 2,983,386.64
 Phone Number 321-674-5726

Duration of Contract or business relationship 10+ years of working relationship
 Type of Services Provided CCTV and cleaning/CIP Lining/MH rehab/Bypass/MOT
 Contract Period: FROM 11/14 TO 10/16
 Contract Price \$ 2,975,000.00 Contract Price at Completion of the Project \$ 2,983,386.64

4. Business/Customer Name: City of Sarasota
 Name of Contact Person/Title: Mr. Carlos Marin
 Telephone# 941-320-8909 Fax 941-316-1890 E-mail carlos.marin@sarasotafl.gov
 Address 1750 12th Street, Sarasota FL, 34236
 Phone Number 941-320-8909
 Duration of Contract or business relationship 10+ years working relationship
 Type of Services Provided CCTV-Cleaning/CIP Lining/Bypass/MOT/MH rehab
 Contract Period: FROM 2/18 TO 3/20
 Contract Price \$ 3,212,861.00 Contract Price at Completion of the Project \$ 3,613,873.00

Date: July 13, 2020

Signed (Person authorized to bind the company): 
 Name (printed): Diane Partridge Title: Contracting and Attesting Officer

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

RFB 2020-41 INFLOW AND INFILTRATION REHABILITATION

in Florida: Yes or No

State of Florida Department of State Certificate of Authority Document No.: M12000000304

Does it use a registered fictitious name: Yes or No

Names of Officers:

President: See attached List of Officers Secretary: _____

Vice President: _____ Treasurer: _____

Director: _____ Director: _____

Other: _____ Other: _____

Name of Corporation (As used in Florida):

Insituform Technologies, LLC
(Spelled exactly as it is registered with the state or federal government)

Corporate Address:

Post Office Box: _____
City, State Zip: _____
Street Address: 17988 Edison Avenue
City, State, Zip: Chesterfield, MO 63005

STATE OF ~~FLORIDA~~ MISSOURI

COUNTY OF ST. LOUIS

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 13th day of July, 2020, by Diane Partridge, Contracting and Attesting Officer



JANA LAUSE
My Commission Expires
December 5, 2021
St. Louis County
Commission # 13806615

Jana Lause
Notary Public - State of ~~Florida~~ Missouri

Personally Known OR Produced Identification

Type of Identification Produced _____

Date: July 13, 2020

Signed (Person authorized to bind the company): Diane Partridge

Name (printed): Diane Partridge Title: Contracting and Attesting Officer

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)



INSITUFORM TECHNOLOGIES, LLC
BOARD OF MANAGERS AND OFFICERS
 (Current as of February 1, 2020)

<u>BOARD OF MANAGERS</u>
<i>Charles R. Gordon</i> Member, Board of Managers
<i>David F. Morris</i> Member, Board of Managers

<u>OFFICERS</u>	
<u>Name</u>	<u>Office</u>
Ralph E. Western	– President
David F. Morris	– Executive Vice President
Mark A. Menghini	– Senior Vice President and Secretary
Kenneth L. Young	– Senior Vice President, Treasury and Tax
John L. Heggemann	– Senior Vice President
Stephen Callahan	– Senior Vice President
Kent W. Bartholomew	– Vice President, Deputy General Counsel and Assistant Secretary
Dennis Pivin	– Vice President – Safety
Larry Mangels	– Vice President, Operational Controller

<u>CONTRACTING AND ATTESTING OFFICERS</u>
Christlanda Adkins
Gina Gurrieri
Janet Hass
Jana Lause
Diane Partridge
Whittney Schulte
Ursula Youngblood

Business Address for Officers and Board of Managers:
 17988 Edison Avenue
 Chesterfield, MO 63005

INSITUFORM TECHNOLOGIES, LLC

**PRESIDENT APPOINTMENT OF
CONTRACTING AND ATTESTING OFFICERS**

The undersigned, being the President of Insituform Technologies, LLC, a Delaware Limited Liability Company (the "Company"), and pursuant to the authority set forth in the Limited Liability Company Operating Agreement of the Company, hereby determines that:

1. Christlanda Adkins, Gina Gurrieri, Janet Hass, Jana Lause, Diane Partridge, Whitney Schulte, and Ursula Youngblood are appointed as Contracting and Attesting Officers of the Company, each with the authority, individually and in the absence of the others, subject to the control of the Board of Managers of the Company, to: (i) certify and attest to the signature of any officer of the Company; (ii) enter into and bind the Company to perform pipeline rehabilitation activities of the Company and all matters related thereto, including the maintenance of one or more offices and facilities of the Company; (iii) execute and to deliver documents on behalf of the Company; and (iv) take such other action as is or may be necessary and appropriate to carry out the project, activities and work of the Company.
2. Any person previously appointed or serving as a Contracting and Attesting Officer of the Company prior to the date hereof and who is not named above is hereby removed from any such appointment.

Dated: March 6, 2020



Ralph E. Western
President

NON-COLLUSIVE AFFIDAVIT

State of Missouri
County of St. Louis } SS.

Before me, the undersigned authority, personally appeared:

Diane Partridge who, being first duly sworn, deposes and says that:

1. He/She is the Contracting and Attesting Officer (Owner, Partner, Officer, Representative or Agent) of Insituform Technologies, LLC, the Respondent that has submitted the attached reply;
2. He/She is fully informed respecting the preparation and contents of the attached reply and of all pertinent circumstances respecting such reply;
3. Such reply is genuine and is not a collusive or sham reply;
4. Neither the said Respondent nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other respondent, firm, or person to submit a collusive or sham reply in connection with the work for which the attached reply has been submitted; or have in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any respondent, firm, or person to fix the price or prices in the attached reply or of any other respondent, or to fix any overhead, profit, or cost elements of the reply price or the reply price of any other respondent, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the reply work.

Signed, sealed and delivered this 13th day of July, 2020.

By: *Diane Partridge*
Diane Partridge (Printed Name)
Contracting and Attesting Officer
(Title)

STATE OF ~~FLORIDA~~ MISSOURI
COUNTY OF ST. LOUIS

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 13th day of July, 2020 by Diane Partridge, Contracting and Attesting Officer

Jana Lause
Notary Public - State of ~~Florida~~ Missouri



JANA LAUSE
My Commission Expires
December 5, 2021
St. Louis County
Commission # 13806615

Personally Known OR Produced Identification

Type of Identification Produced _____

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

CONFLICT OF INTEREST FORM

F.S. §112.313 places limitations on public officers (including advisory board members) and employees' ability to contract with the City either directly or indirectly. Therefore, please indicate if the following applies:

PART I.

- I am an employee, public officer or advisory board member of the City
_____ (List Position Or Board)
- I am the spouse or child of an employee, public officer or advisory board member of the City
Name: _____
- An employee, public officer or advisory board member of the City, or their spouse or child, is an officer, partner, director, or proprietor of Respondent or has a material interest in Respondent. "Material interest" means direct or indirect ownership of more than 5 percent of the total assets or capital stock of any business entity. For the purposes of [§112.313], indirect ownership does not include ownership by a spouse or minor child.
Name: _____
- Respondent employs or contracts with an employee, public officer or advisory board member of the City
Name: _____
- None of The Above

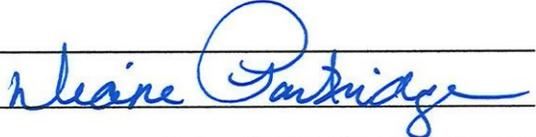
PART II:

Are you going to request an advisory board member waiver?

- I will request an advisory board member waiver under §112.313(12)
- I will NOT request an advisory board member waiver under §112.313(12)
- N/A

The City shall review any relationships which may be prohibited under the Florida Ethics Code and will disqualify any bidders whose conflicts are not waived or exempt.

Date: July 13, 2020

Signed (Person authorized to bind the company): 

Name (printed): Diane Partridge Title: Contracting and Attesting Officer

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

PUBLIC ENTITY CRIME INFORMATION

As provided by F.S. §287.133, a person or affiliate who has been placed on the convicted vendor 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 of real property to a public entity, may not be awarded or perform work as a Contractor, supplier, Subcontractor, 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, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

I, Diane Partridge, Contracting and Attesting Officer, being an authorized representative of the Respondent Insituform Technologies, LLC,

Located at: 17988 Edison Avenue

City: Chesterfield State: MO Zip Code: 63005, have read and understand the contents above. I further certify that Respondent is not disqualified from replying to this solicitation because of F.S. §287.133.

Signature: *Diane Partridge* Date: July 13, 2020
Telephone #: (636) 530-8000 Fax #: (636) 530-8701
Federal ID #: 13-3032158 E-mail: dpartridge@aegion.com

STATE OF ~~FLORIDA~~ MISSOURI
COUNTY OF ST. LOUIS

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 13th day of July, 2020, by (name of person making statement).
Diane Partridge, Contracting and Attesting Officer



JANA LAUSE
My Commission Expires
December 5, 2021
St. Louis County
Commission # 13805615

Jana Lause
Notary Public - State of ~~Kansas~~
Missouri

Personally Known OR Produced Identification

Type of Identification Produced _____

Date: July 13, 2020

Signed (Person authorized to bind the company): _____

Name (printed): Diane Partridge Title: Contracting and Attesting Officer

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

**DRUG FREE
WORKPLACE FORM**

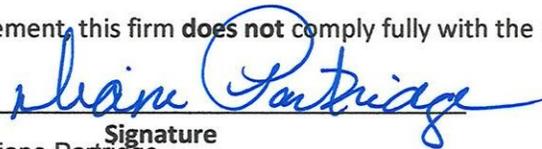
The undersigned Respondent in accordance with Florida Statute §287.087 hereby certifies that:
Insituform Technologies, LLC does:
(Company Name)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that Respondent complies fully with the above requirements.

Check one:

- As the person authorized to sign this statement, I certify that this firm complies fully with above requirements.
- As the person authorized to sign this statement, this firm **does not** comply fully with the above requirements.



Signature
Diane Partridge
Contracting and Attesting Officer

Print Name

July 13, 2020

Date

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

AFFIDAVIT

Claiming Status as a LOCAL BUSINESS

****CONTRACTOR MUST MEET ALL 4 REQUIREMENTS BELOW TO CLAIM LOCAL BUSINESS STATUS****

State of _____ }
County of _____ } SS.

Before me, the undersigned authority, personally appeared:

who, being first duly sworn, deposes and says that:

1. I am the _____ (Owner, Partner, Officer, Representative or Agent) of _____, the Bidder that has submitted the attached proposal;

AND

2. I am fully informed respecting the operation and employees of the Bidder;

AND

3. I affirm that the Bidder has maintained a physical business address located within the limits of Sarasota County, Charlotte County or Desoto County for a period of six (6) months or more before submitting this bid, from which the Bidder operates or performs business. The qualifying local address is:

AND

4. I affirm that at least fifty percent (50%) of the Bidder's employees are residents of the City of North Port. If requested by the City, the bidder will be required to provide documentation substantiating the information given in this affidavit. City of North Port reserves the right to request supporting documentation as evidence to substantiate the information given in this affidavit. Failure to do so will result in the bidder's submission being deemed non-responsive.

Any bidder that misrepresents its status as a local business or North Port local business shall be barred from receiving any City contracts for a period of three (3) years.

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ___ day of ___, 20___, by _____.

Notary Public - State of Florida

___ Personally Known OR ___ Produced Identification

Type of Identification Produced _____

This page to be returned ONLY if Contractor is claiming a Local Business Status.

{THIS PAGE MUST BE COMPLETED AND SUBMITTED}

AFFIDAVIT

Claiming Status as a North Port Local Business

****CONTRACTOR MUST MEET ALL 4 REQUIREMENTS BELOW TO CLAIM NORTH PORT BUSINESS STATUS****

State of _____ }
County of _____ } SS.

Before me, the undersigned authority, personally appeared: _____

who, being first duly sworn, deposes and says that:

1. I am the _____ (Owner, Partner, Officer, Representative or Agent) of _____, the Bidder that has submitted the attached bid;

AND

2. I am fully informed respecting the operation and employees of the Bidder;

AND

3. I affirm that the Bidder has maintained its primary physical business address within the limits of the City of North Port for a period of six (6) months or more before submitting this bid, from which the Bidder operates or performs business. The qualifying local address is

_____ N/A

AND

4. I affirm that at least fifty percent (50%) of the Bidder's employees are residents of the City of North Port.

If requested by the City, the bidder will be required to provide documentation substantiating the information given in this affidavit. City of North Port reserves the right to request supporting documentation as evidence to substantiate the information given in this affidavit. Failure to do so will result in the bidder's submission being deemed non-responsive.

Any bidder that misrepresents its status as a local business or North Port local business shall be barred from receiving any City contracts for a period of three (3) years.

State of Florida
County of _____

Sworn to and subscribed before me this _____ day of _____, 20____, by _____ who is personally known to me or has produced his driver's license as identification.

NOTARY SEAL:

Notary Public - State of Florida
Print Name: _____
Commission No: _____

This page to be returned **ONLY** if Contractor is claiming a **North Port Local Business Status**.
(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

RFB 2020-41 INFLOW AND INFILTRATION REHABILITATION

SWORN STATEMENT: THE FLORIDA TRENCH SAFETY ACT
(Complete if applicable)

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC BY AN OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This Sworn Statement is submitted with Bid No. RFB2020-41 for the construction of Inflow and Infiltration Rehabilitation
2. This Sworn Statement is submitted by Insituform Technologies, LLC whose business address is _____ and (if applicable) its Federal Employer Identification Number (FEIN) is 13-3032158.
3. My name is Diane Partridge
(PRINTED OR TYPED NAME OF INDIVIDUAL SIGNING) and hold the position of Contracting and Attesting Officer with the above entity.
4. The Trench Safety Standards that will be in effect during the construction of this Project are Florida Statute Section 553.60-55.64, Trench Safety Act, and OSHA Standard.
5. The undersigned assures that the entity will comply with the applicable Trench Safety Standards and agrees to indemnify and hold harmless the County and ENGINEER, and any of their agents or employees from any claims arising from the failure to comply with said standard.
6. The undersigned has appropriated \$ 1.00 per linear foot of trench to be excavated over 5' deep for compliance with the applicable standards and intends to comply by instituting the following procedures: Trench Shoring - OSHA
7. The undersigned has appropriated \$ 1.00 per square foot for compliance with shoring safety requirements and intends to comply by instituting the following procedures: OSHA - Trench Shoring
8. The undersigned, in submitting this Bid, represents that he or she has reviewed and considered all available geotechnical information and made such other investigations and tests as he or she may deem necessary to adequately design the trench safety system(s) he or she will utilize on this Project.

Diane Partridge
Authorized Signature/Title Diane Partridge
Contracting and Attesting Officer

Sworn to and subscribed before me

this July 13, 2020
(date)

Jana Lause
Notary Public Signature

(Notary Seal)

My Commission Expires: 12/5/2021



JANA LAUSE
My Commission Expires
December 5, 2021
St. Louis County
Commission # 13805615

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

Scrutinized Company Certification Form

Company Name: Insituform Technologies, LLC
 Authorized Representative Name and Title: Diane Partridge, Contracting and Attesting Officer
 Address: 17988 Edison Avenue City: Chesterfield State: MO ZIP: 63005
 Phone Number: (636) 530-8000 Email Address: dpartridge@aegion.com

A company is ineligible to, and may not, bid on, submit a proposal for, or enter into or renew a contract with the City of North Port for goods or services of any amount if, at the time of bidding on, submitting a proposal for, or entering into or renewing such contract, the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Florida Statutes, section 215.4725, or is engaged in a boycott of Israel.

A company is ineligible to, and may not, bid on, submit a proposal for, or enter into or renew a contract with the City of North Port for goods or services of \$1 million or more if, at the time of bidding on, submitting a proposal for, or entering into or renewing such contract, the company is on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to Florida Statutes, section 215.473, or with companies engaged in business operations in Cuba or Syria.

CHOOSE ONE OF THE FOLLOWING

- This bid, proposal, contract or contract renewal is for goods or services of less than \$1 million. As the person authorized to sign on behalf of the above-named company, and as required by Florida Statutes, section 287.135(5), I hereby certify that the above-named company is not participating in a boycott of Israel.
- This bid, proposal, contract or contract renewal is for goods or services of \$1 million or more. As the person authorized to sign on behalf of the above-named company, and as required by Florida Statutes, section 287.135(5), I hereby certify that the above-named company is not participating in a boycott of Israel, is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, and it does not have business operations in Cuba or Syria.

I understand that pursuant to Florida Statutes, section 287.135, the submission of a false certification may result in the termination of the contract if one is entered into, and may subject the above-named company to civil penalties, attorney's fees and costs.

Certified By: *Diane Partridge*
 AUTHORIZED REPRESENTATIVE SIGNATURE

Print Name and Title: Diane Partridge, Contracting and Attesting Officer
 Date Certified: July 13, 2020

STATE OF ~~FLORIDA~~ MISSOURI COUNTY OF ST. LOUIS

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 13th day of July, 2020 by Diane Partridge, Contracting and Attesting Officer

Jana Lause
 Notary Public - State of ~~Florida~~ Missouri

Personally Known OR Produced Identification Type of Identification Produced _____
 Solicitation/Contract/PO Number (Completed by Purchasing): _____



JANA LAUSE **THIS PAGE MUST BE COMPLETED AND SUBMITTED**
 My Commission Expires December 5, 2021
 St. Louis County
 Commission # 13805615

LOBBYING CERTIFICATION

"The undersigned hereby certifies, to the best of his or her knowledge and belief, that":

STATE OF MISSOURI

COUNTY OF ST. LOUIS

This 13th day July of 2020 ^{Diane Partridge,} ~~Contracting and Attesting Officer,~~ being first duly sworn, deposes and says that he or she is the authorized representative of Insituform Technologies, LLC (Name of the contractor, firm or individual), and that the vendor and any of its agents agree to have no contact or communication with, or discuss any matter related in any way to any active City of North Port solicitation, with any City of North Port elected officials, officers, their appointees or their agents or any other staff or outside individuals working with the city in respect to this request other than the designated Procurement Official Contact and to abide by the restrictions outlined in the General Terms and Conditions of the Solicitation. Technical questions directed to the project manager, is prohibited. These persons shall not be lobbied, either individually or collectively, regarding any questions for bid, proposal, qualification and/or any other solicitations released by the city. To do so is grounds for immediate disqualification from the selection process. The selection process is not considered final until such a time as the Commission has made a final and conclusive determination.

- (a) No City appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence either directly or indirectly an officer or employee of the City, City Commission in connection with the awarding of any City Contract.
(b) If any funds other than City appropriated funds have been paid or will be paid to any person for influencing or attempting to influence a member of City Commission or an officer or employee of the City in connection with this contract, the undersigned shall complete and submit Standard Form-L "Disclosure Form to Report Lobbying", in accordance with its instructions.

Signed, sealed and delivered this 13th day of July, 2020.

By: [Signature]

Diane Partridge
(Printed Name)
Contracting and Attesting Officer
(Title)

STATE OF ~~FLORIDA~~ MISSOURI
COUNTY OF ST. LOUIS

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 13th day of July, 2020, by Diane Partridge, Contracting and Attesting Officer



JANA LAUSE
My Commission Expires
December 5, 2021
St. Louis County
Commission # 13805615

[Signature]
Notary Public - State of ~~Florida~~ Missouri

Personally Known OR Produced Identification
Type of Identification Produced _____

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

J.W.TERRILL

a Marsh & McLennan Agency LLC company

Insurance, Benefits & Risk Management

Suite 200
825 Maryville Centre Drive
St. Louis, MO 63017

314-594-2700

www.jwterrell.com

July 7, 2020

City of North Port
Finance Department/Purchasing Division
4970 City Hall Blvd.
North Port, FL 34286

Re: Insituform Technologies, LLC
Project: RFB 2020-41 Inflow and Infiltration Rehabilitation
Bid Date: July 13, 2020

To Whom It May Concern:

Insituform Technologies, LLC is a valued Travelers Casualty and Surety Company of America surety customer. Travelers Casualty and Surety Company of America is one of the most financially sound insurance companies in the United States and enjoys a Best Rating of A++ with financial strength category of XV.

Due to Insituform Technologies, LLC's reputation, technical expertise, financial strength, quality equipment and experienced labor force, J.W. Terrill is prepared to consider performance and payment bonds for single jobs in the \$250,000,000 range with an aggregate work program of \$700,000,000.

Should a project be awarded to and accepted by Insituform Technologies, LLC, we are prepared to consider providing the required bonds on their behalf. Any bonds are subject to acceptable review of the contract terms and conditions, bond forms, confirmation of financing, and any other underwriting considerations at the time of the request. It should be understood that any arrangement for bonds is strictly a matter between Insituform Technologies, LLC and Travelers Casualty and Surety Company of America. We assume no liability to third parties or to you if for any reason we do not execute said bonds.

Please feel free to contact me if you have any specific questions regarding Insituform Technologies, LLC or their surety bond program.

Sincerely,



Andrew P. Thome
Attorney-in-Fact for Travelers Casualty and Surety Company of America

State of Missouri
County of St. Louis

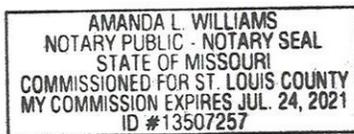
On 7/07/2020 before me, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared Andrew P. Thome known to me to be Attorney-in-Fact of

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

the corporation described in and that executed the within and foregoing instrument, and known to me to be the person who executed the said instrument in behalf of said corporation, and he duly acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year stated in this certificate above.


Amanda L. Williams, Notary Public



My Commission Expires: _____



**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Andrew P. Thome**, of **Chesterfield, Missouri**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February**, 2017.



State of Connecticut

City of Hartford ss.

By: *Robert L. Raney*
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February**, 2017, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, 2021



Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **7** day of **July**, 2020



Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.**

Ron DeSantis, Governor

Halsey Beshears, 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

WELSH, KENDALL THOMAS

INSITUFORM TECHNOLOGIES LLC
4144 LONICERA LOOP
ST. JOHNS FL 32259

LICENSE NUMBER: CGC1510306

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com



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.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2012

BECKY PEIRCE
CSC
TALLAHASSEE, FL

Qualification documents for INSITUFORM TECHNOLOGIES, LLC were filed on January 18, 2012, and assigned document number M12000000304. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to www.irs.gov.

Please notify this office if the limited liability company address changes.

Should you have any questions regarding this matter, please contact this office at the address given below.

Buck Kohr
Regulatory Specialist II
Registration/Qualification Section
Division of Corporations

Letter Number: 712A00001262

Account number: I20000000195

Amount charged: 125.00

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 18 PM 3:50

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. INSITUFORM TECHNOLOGIES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. DE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 03/27/1980 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Filing
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 17988 Edison Ave. Chesterfield MO 63005
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

Joe Burgess 17988 Edison Ave. Chesterfield MO 63005

David Martin 17988 Edison Ave. Chesterfield MO 63005

David F. Morris 17988 Edison Ave. Chesterfield MO 63005

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____
Any lawful business, purpose or activity.

David F. Morris
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

David F. Morris, Manager

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Insituform Technologies, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

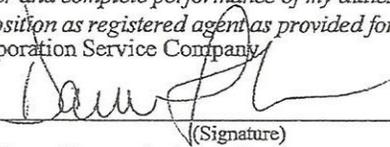
Tallahassee

FL 32301

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

By: 

(Signature)

Dawn Frantz, Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSITUFORM TECHNOLOGIES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF JANUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INSITUFORM TECHNOLOGIES, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 1980.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

0889565 8300

120055464

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9301204

DATE: 01-17-12

Equipment List



St	Aegion Unit	VIN	Make Name	VIN Model	Status	Short Descrip	Model
FL	PTK8522	1FTFW1EF6CFB90724	FORD	F150	Active	PICKUP	2012
FL	ESC7215	1FMCU93G49KA59841	FORD	ESCAPE	Active	SUV	2009
FL	FBK7738	1HTJSSKK1CJ383649	INTERNATIO	TERRASTAR	Active	FLATBED	2012
FL	FBK7742	1HTJSSKK3CJ383653	INTERNATIO	TERRASTAR	Active	FLATBED	2012
FL	FBK8869	1FD0W5GT2EEB53738	FORD	F550	Active	FLATBED	2014
FL	FBK8898	1FD0W5GT9EEB69158	FORD	F550	Active	FLATBED	2014
FL	JTK8962	1FDUF5GT7FEB13013	FORD	F550	New	TRUCK JETTER	2015
FL	JTK9143	2NKHHM7X1FM447713	KENWORTH	T270-T370	New	TRUCK JETTER	2015
FL	PTK7320	1FTSW2BR7AEA18157	FORD	F250	Active	PICKUP	2010
FL	PTK7323	1FTSW2BR7AEA18160	FORD	F250	Active	PICKUP	2010
FL	PTK7724	1FTFW1EV9AFC92443	FORD	F150	Active	PICKUP	2010
FL	PTK7725	1FTFW1EV0AFC92444	FORD	F150	Active	PICKUP	2010
FL	PTK7736	1FT7W2B62BEA86752	FORD	F250	Active	PICKUP	2011
FL	PTK8796	1FT7W2B67EEA61740	FORD	F250	Active	PICKUP	2014
FL	PTK8797	1FT7W2B69EEA61741	FORD	F250	Active	PICKUP	2014
DV	141414		MISCELLAN	KELLER TRIP	Active	DUMMY VEH	2003
FL	ACR7096	4FVCBBFA08U400392	EQUIPMENT	INGERSOL	Active	AIR COMPRESS	2008
FL	BTK5549	1HTWNAZT65J153467	INTERNATIO	7500	Active	TRUCK BOILER	2005
FL	BTK7227	1HTWNAZT8AJ224694	INTERNATIO	7500	Active	TRUCK BOILER	2010
FL	BTK7430	1HTWNAZT2BJ336912	INTERNATIO	WORKSTAR 7500	Active	TRUCK BOILER	2011
FL	CHR5170	1B9US16203M274037	TRAILER	SL-162-E BROOKS	Active	TRL CHIP	2003
FL	CHR5699	1B9US16235M274147	BROOKS BRO	CHP TRAILER	Active	TRL CHIP	2005
FL	CRN5879	2FZHATDC04AL06490	STERLING	L7500 SERIES	Active	TRUCK CRANE	2004
FL	FBR9151	16VGX2022E2048008	BIG TEX TR		Active	TRL FLATBED	2014
FL	ITK1502	1HTHCADROYH312098	INTERNATIO	F-8100	Active	TRUCK BOILER	2000
FL	JTK2501	2FZHRJAA7XAA73361	STERLING	L7501	Active	TRUCK JETTER	1999
FL	JTK5426	1HTWKAZR65J045993	INTERNATIO	7500	Active	TRUCK JETTER	2005
FL	JTK5650	1HTWKAZR35J157599	INTERNATIO	7500	Active	TRUCK JETTER	2005
FL	JTK7112	1HTMKAAN59H102309	INTERNATIO	4400	Active	TRUCK JETTER	2009
FL	JTK7114	1HTMKAAN39H102311	INTERNATIO	4400	Active	TRUCK JETTER	2009
FL	LDR10657	789884	EQUIPMENT	520 JCB LOADALL	Active	FORK LIFT	2000
FL	RFR7170	1B9UP13188M274128	BROOKS	BROS UTILITY	Active	TRL RFM	2008
FL	RFR7469	1B9UP1314AM274018	BROOKS	BROS UTILITY	Active	TRL RFM	2010
FL	TTK7225	1HTMMAAN05H121063	INTERNATIO	4300	Active	TRUCK TOOL	2005
FL	TTK7226	1HTMMAAN25H121064	INTERNATIO	4300	Active	TRUCK TOOL	2005
FL	TTR7182	4DYGS242X91028685	TRAILER	GNALRAN20	Active	TRL TOOL	2009
FL	TTR7183	4DYGS242X91028671	TRAILER	GNALRAN20	Active	TRL TOOL	2009
FL	TTR7184	4DYGS242891028670	TRAILER	GNALRAN20	Active	TRL TOOL	2009
FL	TVK5372	1HTMNAAL65H101623	INTERNATIO	4300 LP	Active	TRUCK TV	2005
FL	TVK7091	1HTMNAAL67H522793	INTERNATIO	4300 LP	Active	TRUCK TV	2007
FL	TVK7189	1HTMNAALX9H143900	INTERNATIO	4300 LP	Active	TRUCK TV	2009
FL	TVK7407	1HTMNAAL4BH319216	INTERNATIO	DURASTAR 4300	Active	TRUCK TV	2011
FL	UTR5796	4P7U816283F002800	LWOLF	LW16T	Active	TRL UTILITY	2003

Equipment listed meets all bid requirements and is utilized per Insituform's ISO 9001 certified quality assurance program