

**CF- 1: BIDDER CHECKLIST**

**CITY FORMS**

**BIDDER:** Please submit one **original hard copy**, one **copy**, and a digital version on a **USB flash drive**. The bid schedule must be in **Excel format**, and all other documents must be in **PDF format**.

**Please check (v) off all documents that have been submitted.**

- CF-1:** Bidder checklist (Include this list with submittal and place v by forms)
- CF-2:** Sealed Bid Label (if not using the provided label on the next page, please make sure all information is provided on envelope as label).
- CF-3:** Insurance – Bidder to acknowledge by initialing the bottom of page.
- CF-4:** Bid Schedule (save on USB in Excel format) **DO NOT RECREATE SPREADSHEET**  
 Must complete the entire schedule, print original, copy, and save on USB drive in excel format.
- CF-5:** Bid Form
- CF-6:** Statement of Organization
- CF-7:** Addenda Acknowledgement
- CF-8:** Equipment and Source of Supply/Subcontractor List
- CF-9:** Qualifications and References
- CF-10:** Non-Collusive Affidavit
- CF-11:** Conflict of Interest Form
- CF-12:** Public Entity Crime Information Form
- CF-13:** Drug-Free Workplace Form
- CF-14:** Affidavit Claiming Status as a Local Business or North Port Local Business Status (If not claiming, state N/A)
- CF-15:** Scrutinized company Certification Form
- CF-16:** Certification Regarding Lobbying
- CF-17:** Vendor’s Certification For E-Verify System
- CF-18:** Foreign Entities of Concern Affidavit
- CF-19:** Human Trafficking Affidavit
- CF-20:** Standard Indemnification Agreement

**THIS PAGE MUST BE COMPLETED AND SUBMITTED**

### CF-3: INSURANCE REQUIREMENTS

Contractor and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors.

The insurance requirements herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The City in no way warrants that the minimum limits contained herein are sufficient to protect the Contractor from liabilities that might arise out of the performance of the work under this Contract by the Contractor, his agents, representatives, employees, or subcontractors. Contractor is free to purchase such additional insurance as may be determined necessary.

**LIMITS OF INSURANCE** - Contractor shall provide coverage with limits of liability not less than those stated below. An excess liability policy or umbrella liability policy may be used to meet the minimum liability requirements provided that the coverage is written on a "following form" basis.

#### Requirements:

##### 1. Commercial General Liability – Occurrence Form (CG 00 01)

Policy shall include bodily injury, property damage, broad form contractual liability, and Explosion, Collapse and Underground (XCU) coverage. The general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.

The Contractor shall procure and maintain, and require all subcontractors to procure and maintain a comprehensive general liability policy, including, but not limited to

- Each Occurrence \$1,000,000
- General Aggregate \$1,000,000
- Products and completed ops \$1,000,000
- Damage to rented premises \$100,000

- a. The policy shall be endorsed to include the following additional insured language: "City of North Port and its officers, employees, agents and volunteers" shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor.
- b. Contractor's subcontractors shall be subject to the same minimum requirements identified above.
- c. Policy shall be endorsed for a waiver of subrogation against the City of North Port.

##### 2. Commercial Automobile Liability

- a. \$1,000,000 each accident for property damage and bodily injury with contractual liability coverage
- b. Contractor's sub-contractors shall be subject to the same minimum requirements identified in this section.
- c. Policy shall contain a waiver of subrogation against the City of North Port.

##### 3. Worker's Compensation and Employers' Liability (PER CHAPTER 440. FLORIDA STATUTES)

The Contractor shall procure and maintain Worker's Compensation insurance for all his employees to be engaged in work on the project under this Contract and, in case any such work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation insurance for all of the latter's employees to be engaged in such work unless such employees are covered by protection afforded by the Contractor's Workers' Compensation insurance. For additional information contact the Department of financial Services, Workers' Compensation Division at 850.413.1601 or on the web at [www.fldfs.com](http://www.fldfs.com). In case any class of employees engaged

in hazardous work on the project under this Contract is not protected under the Worker's Compensation Statute, the Contractor shall provide, and shall cause each subcontractor to provide, Employer's Liability Insurance for the protection of such of his employees not otherwise protected under such provisions. The minimum liability limits of such insurance shall not be less than herein specified or in that amount specified by law for that type of damage claim.

Proof of such insurance shall be filed by the Contractor with the City within ten (10) days after the execution of this Contract.

**Workers' Compensation Employers' Liability**

- Each Accident, each employee, bodily injury or disease \$500,000.00
  - a. Policy shall contain a waiver of subrogation against the City of North Port.
  - b. Contractor's sub-contractors shall be subject to the same minimum requirements identified in this section.
  - c. If the contractor has no employees, the contractor must submit to the City the Workers Compensation Exemption from the State of Florida.

**GENERAL REQUIREMENTS:**

- A. The City of North Port is to be named additional insured on **Comprehensive Commercial General Liability Policy and Auto Policy**. All certificates of insurance must be on file with and approved by the City before commencement of any work activities under this Contract.

Any and all deductibles to the above referenced policies are to be the responsibility of the Contractor. The Contractor's insurance is considered primary for any loss regardless of any insurance maintained by the City. The Contractor is responsible for all insurance policy premiums, deductibles, or SIR (self-insured retentions) or any loss or portion of any loss that is not covered by any available insurance policy.

All insurance policies must be issued by companies of recognized responsibility licensed to do business in Florida and must contain a provision that prohibits cancellation unless the City is provided notice as stated within the policy. It is the Contractor's responsibility to provide notice to the City.

- B. **WAIVER OF SUBROGATION:** All required insurance policies, with the exception of Workers Compensation, are to be endorsed with a waiver of subrogation. The insurance companies, by proper endorsement or thru other means, agrees to waive all rights of subrogation against the City, its officers, officials, employees and volunteers, and the City's insurance carriers, for losses paid under the terms of these policies that arises from the contractual relationship or work performed by the Contractor for the City. It is the Contractor's responsibility to notify their insurance company of the Waiver of Subrogation and request written authorization or the proper endorsement. Additionally, the Contractor, its officers, officials, agents, employees, volunteers, and any Subcontractors, agrees to waive all rights of subrogation against the City and its insurance carriers for any losses paid, sustained or incurred, but not covered by insurance, that arise from the contractual relationship or work performed. This waiver also applies to any deductibles or self-insured retentions the Contractor or its agents may be responsible for.

C. **POLICY FORM:**

1. All policies, required by this Contract, **with the exception of Workers Compensation**, or unless specific approval is given by Risk Management through the City's Purchasing Office, are to be **written on an occurrence basis**, shall name the City of North Port, its Commissioners, officers, agents, employees and

volunteers as additional insured as their interest may appear under this Contract. Insurer(s), with the exception of Professional Liability and Workers Compensation, shall agree to waive all rights of subrogation against the City of North Port, its Commissioners, officers, agents, employees, or volunteers.

2. Insurance requirements itemized in this Contract, and required of the Contractor, shall be provided by or on behalf of all subcontractors to cover their operations performed under this Contract. The Contractor shall be held responsible for any modifications, deviations, or omissions in these insurance requirements as they apply to subcontractors.
3. Each insurance policy required by this Contract shall:
  - a. Apply separately to each insured against whom claim is made and suit is brought, except with respect to limits of the insurer's liability.
  - b. Be endorsed to state that coverage shall not be suspended, voided or cancelled by either party except after notice is delivered in accordance with the policy provisions. The Contractor is to notify the City Purchasing Office by written notice via certified mail, return receipt requested.
4. The City shall retain the right to review, at any time, coverage, form, and amount of insurance.
5. The procuring of required policies of insurance shall not be construed to limit Contractor's liability nor to fulfill the indemnification provisions and requirements of this Contract. The extent of Contractor's liability for indemnity of the City shall not be limited by insurance coverage or lack thereof, or unreasonably delayed for any reason, including but not limited to, insurance coverage disputes between the Contractor and its carrier.
6. The Contractor shall be solely responsible for payment of all premiums for insurance contributing to the satisfaction of this Contract and shall be solely responsible for the payment of all deductibles and retentions to which such policies are subject, whether or not the City is an insured under the policy.
7. Claims Made Policies will be accepted for professional and hazardous materials and such other risks as are authorized by the City's Risk Office. All Claims Made Policies contributing to the satisfaction of the insurance requirements herein shall have an extended reporting period option or automatic coverage of not less than two (2) years. If provided as an option, the Contractor agrees to purchase the extended reporting period on cancellation or termination unless a new policy is affected with a retroactive date, including at least the last policy year.
8. Certificates of Insurance Evidencing Claims Made or Occurrences form coverage and conditions to this Contract, as well as the contract number and description of work, are to be furnished to the City's Purchasing Office (4970 City Hall Boulevard, Suite 337, North Port, FL 34286) prior to commencement of work AND a minimum of thirty (30) calendar days prior to expiration of the insurance contract when applicable. All insurance certificates shall be received by the City's Purchasing Office before the Contractor will be allowed to commence or continue work. The Certificate of Insurance issued by the underwriting department of the insurance carrier shall certify compliance with the insurance requirements provided herein.

**Bidders should carefully review their existing insurances and consider their ability to meet these requirements prior to submission. The requirements should be forwarded to their agent, broker, and insurance providers for review**

Unless otherwise specified, it shall be the responsibility of the contractor to ensure that all subcontractors

comply with the same insurance requirements spelled out above.

All certificates of insurance must be on file with and approved by the City of North Port Risk Division before the commencement of any work activities.

Bidder Statement:

We understand the requirements requested and agree to fully comply.

BIDDER'S NAME TITLE Luke Davis TITLE President  
AUTHORIZED SIGNATURE DATE [Signature] DATE 12-9-25

**THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/10/2025

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).

<b>PRODUCER</b> iBusinessSolutions 7020 Professional Parkway E Ste 100 Sarasota FL 34240	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 941-487-7275 Ext. 3 E-MAIL ADDRESS: WorkComp@ibusinesssolutions.com	FAX (A/C, No): 941-761-5181
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Olive Branch Enterprises of Florida dba Bradenton Tree Service 2904 45th ST E Bradenton FL 34208	<b>INSURER A:</b> AMERITRUST INSURANCE CORPORATION	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:**      **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	AVWCFL3355952025	4/3/2025	4/3/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b> City of North Port 4970 City Hall Blvd North Port FL 34286	<b>CANCELLATION</b> 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 <i>Jamie Dunnam</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/09/2025

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Trout & Leigh Insurance, Inc. 2110 Manatee Avenue W  Bradenton FL 34205	<b>CONTACT NAME:</b> Martha A Hix	<b>PHONE (A/C, No, Ext):</b> (941) 748-1641	<b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b> marty@troutandleigh.com	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Olive Branch Enterprises of FL Inc  2904 45th St E  Bradenton FL 342087027	<b>INSURER A:</b> Hamilton Select Insurance Inc		<b>NAIC #</b> 17178	
	<b>INSURER B:</b> Auto Owners Insurance Company		<b>NAIC #</b> 18988	
	<b>INSURER C:</b>			
	<b>INSURER D:</b>			
	<b>INSURER E:</b>			
<b>INSURER F:</b>				


**COVERAGES** AV **CERTIFICATE NUMBER:** Cert ID 3198 (223) **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VVVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Aggregate pp\$5MM			PCHS00114819	02/17/2025	02/17/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Per Project Aggreg \$ 5,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			4831299200	02/04/2025	02/04/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 City of North Port and it's officers, employees, agents & volunteers

**CERTIFICATE HOLDER****CANCELLATION**

City of North Port Finance Department/Purchasing Division 4970 City Hall Blvd  North Port FL 34286	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 
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CF-4: BID SCHEDULE

# EXCEL TABULATION

## SEPARATE ATTACHMENT

- DO NOT RECREATE
- COMPLETE AND SUBMIT IN EXCEL FORMAT ON USB DRIVE

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 excel spreadsheet. **DO NOT RECREATE FORM**. All blank spaces in the Bid Form to be filled. *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 (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.

**RFB 2026-05 Citywide Tree and Brush Abatement Services**  
**BID FORM - TABULATION- COST SCHEDULE**

Bidders are required to complete all fields shaded in green. All other fields will be automatically calculated.

**NAME OF BUSINESS:** Olive Branch Enterprises of FL Inc.

**CONTACT PERSON:** Luke Davis

**EMAIL ADDRESS:** [kdavis@olivebranchsecare.com](mailto:kdavis@olivebranchsecare.com)

**AUTHORIZED SIGNATURE:** 

ITEM #	Category	DESCRIPTION	EST QTY	UNIT	TOTAL UNIT COST	EXTENDED COST
1	Tree Trimming	4" to 12" Diameter Breast Height	1200	EA	\$25.00	\$ 30,000.00
2	Tree Trimming	>12" to 24" Diameter Breast Height	700	EA	\$ 125.00	\$ 87,500.00
3	Tree Trimming	>24" to 36" Diameter Breast Height	300	EA	\$ 275.00	\$ 82,500.00
4	Tree Trimming	>36" Diameter Breast Height	100	EA	\$ 400.00	\$ 40,000.00
5	Tree Removal	4" to 12" Diameter Breast Height	100	EA	\$ 150.00	\$ 15,000.00
6	Tree Removal	>12" to 24" Diameter Breast Height	100	EA	\$ 375.00	\$ 37,500.00
7	Tree Removal	>24" to 36" Diameter Breast Height	50	EA	\$ 1,400.00	\$ 70,000.00
8	Tree Removal	>36" Diameter Breast Height	40	EA	\$ 2,200.00	\$ 88,000.00
9	MISC	Invasive Impinging Foliage	75,000	SF	\$ 0.75	\$ 56,250.00
10	MISC	Additional Services	15	HR	\$ 100.00	\$ 1,500.00
11	MISC	Additional Equipment Need	25	HR	\$ 200.00	\$ 5,000.00
<b>TOTAL BID</b>					\$	\$ 513,250.00

**CF-5: BID FORM**

Name of Bidder: Olive Branch Enterprises of FL Inc  
 Business Address: 2904 45<sup>th</sup> Street East  
Bradenton, FL 34208  
 Telephone Number: (941) 748-5030 Fax Number: N/A  
 E-mail Address: general@olivebranchtreecare.com  
 Contractor License #: N/A  
 FEID #: 65 1083193

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, Special Provisions, Attachments, Insurance Requirements, Bid Form, and any other reports or documentation for: RFB 2026-05 **CITYWIDE TREE AND BRUSH ABATEMENT SERVICES** 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(s) 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 and that he/she will accept in full payment thereof the following prices, to wit:

**PROJECT TOTAL:**

Five hundred thirteen thousand two hundred fifty<sup>00/100</sup> \$ 513,250.<sup>00</sup>  
 (TOTAL BID PRICE - TYPE/PRINT) (NUMERIC)

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: 12-9-25  
 Signed (Person authorized to bind the company): [Signature]  
 Name (printed): Luke Davis Title: President

**THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.**

**CF-6: STATEMENT OF ORGANIZATION**

The following information will be provided to the City of North Port for incorporation in legal documents. It is, therefore, vital all information is accurate and complete. Please be certain all spelling, and capitalization is exactly as registered with the state or federal government.

Company Name Olive Branch Enterprises of FL Inc.

(941) 748-5030      general@olivebranchtreecare.com      N/A

Telephone #      E-Mail      Fax #  
2904 45<sup>th</sup> Street East

Main Office Address  
Bradenton      FL      34208

City      State      Zip Code

Address of Office Servicing City of North Port, if different than above:  SAME AS ABOVE

Office Address

City      State      Zip Code

Telephone #      E-mail      Fax #

Name & Title of Firm Representative

Federal Identification Number: 65 1083193

Bidder shall submit proof that it is authorized to do business in the State of Florida unless registration is not required by law.

(Please Check One)

Is this a Florida Corporation:  Yes or  No

If not a Florida Corporation,  
 In what state was it created: \_\_\_\_\_  
 Name as spelled in that State: \_\_\_\_\_

What kind of corporation is it:  "For Profit" or  "Not for Profit"

Is it in good standing:  Yes or  No

Authorized to transact business in Florida:  Yes or  No

State of Florida Department of State Certificate of Authority Document No.: \_\_\_\_\_

Does it use a registered fictitious name:  Yes or  No

Names of Officers:

RFB NO. 2026-05 CITYWIDE TREE AND BRUSH ABATEMENT SERVICES

President: Luke Davis Secretary: Shelbie Davis  
Vice President: Ginger Davis Treasurer: \_\_\_\_\_  
Director: Jared Allman Director: \_\_\_\_\_  
Other: \_\_\_\_\_ Other: \_\_\_\_\_

Name of Corporation (As used in Florida):

Olive Branch Enterprises of FL, Inc.

(Spelled exactly as it is registered with the state or federal government)

Corporate Address:

Post Office Box: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Street Address: 2904 45<sup>th</sup> Street East  
City, State, Zip: Bradenton, FL, 34208

Date: 12-9-25

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

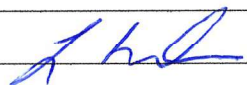
Name (printed): Luke Davis Title: President

**THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.**

**CF-7: ADDENDA ACKNOWLEDGEMENT**

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	Dec 2 <sup>nd</sup> , 2025	Addendum No.		Dated	
Addendum No.		Dated		Addendum No.		Dated	
Addendum No.		Dated		Addendum No.		Dated	
Addendum No.		Dated		Addendum No.		Dated	

Date: 12-9-25  
 Signed (Person authorized to bind the company):   
 Name (printed): Luke Davis Title: President

**THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.**

**CF-8: EQUIPMENT AND SUBCONTRACTOR/SUPPLIER LIST**

Equipment is located at: 2650 Whitfield Avenue, Sarasota, FL 34243

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)
Bucket truck	Freightliner	2017	1	own
Bucket truck x 2	Ford	2015	1	own
Chip truck x 6	International-x 4 Ford x 2	2011-2017 ranges	1	own
Grapple truck x 3	International x 3	1986 2017 2015	1	own
Chippers x 5	Brush bandit x 3 Conehead x 2	1996-2016 ranges	1	own

**SOURCE OF SUPPLY AND SUBCONTRACTOR FORM**

The following sources of supply and subcontractors shall be used for the **CITYWIDE TREE AND BRUSH ABATEMENT SERVICES**. 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)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**SUPPLIER(S)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date: 12.9.25

Signed (Person authorized to bind the company): 

Name (printed): Luke Davis Title: President

**THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.**

**CF-9: QUALIFICATIONS AND REFERENCES**

Vendor shall submit a minimum of three (3) recent (within the past five (5) years) references of projects of similar size and scope involving tree and brush abatement services as listed in the scope of services.

1. Business/Customer Name: City of Sarasota

Name of Contact Person/Title: Kevin Greene

Telephone# (941) 263-6117 Fax N/A E-mail Kevin.greene@sarasotafl.gov

Address 111 South Orange Ave, Sarasota, FL 34236

Phone Number (941) 263-6117

Duration of Contract or business relationship 4 years

Type of Services Provided tree removal, trimming, stump grinding, skid steer work, crane work

Contract Period: FROM Nov 2022 TO Nov 8 2026

Contract Price \$ 121, 222.80 Contract Price at Completion of the Project \$ present

2. Business/Customer Name: Sarasota County

Name of Contact Person/Title: James Cavdell

Telephone# (941) 415-4218 Fax N/A E-mail jcavdell@scgov.net

Address P.O. Box 8, Sarasota, FL 34230

Phone Number (941) 415-4218

Duration of Contract or business relationship previous contract for 5 years, just received new contract in September, 2024

Type of Services Provided removal, trimming, stump grinding, skid steer work, crane work

Contract Period: FROM Oct 2016 / Jan 2022 / Aug 2024 TO present

Contract Price \$ 973,025.00 Contract Price at Completion of the Project \$ present

Date: 12-9-25

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

Name (printed): Lynn Davis Title: President

**THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.**

3. Business/Customer Name: Manatee County Government

Name of Contact Person/Title: Kevin Wicks

Telephone# (941) 932-6822 Fax N/A E-mail Kevin.wicks@mymanatee.org

Address 5851 65<sup>th</sup> Street West, Bradenton, FL 34210

Contract Period: FROM 2016 TO present

Contract Price \$ 400,000 Contract Price at Completion of the Project \$ present

Phone Number (941) 932-6822

Duration of Contract or business relationship 9 years, present

Type of Services Provided removals, trimming, stump grinding, skid steer work, crane work

Contract Period: FROM 2016 TO present

Contract Price \$ 400,000 Contract Price at Completion of the Project \$ present

4. Business/Customer Name: Manatee County School Board

Name of Contact Person/Title: Mike Lowe

Telephone# (941) 708-8800 ext 44108 Fax \_\_\_\_\_ E-mail lowem@manateeschools.net

Address 2802 27<sup>th</sup> Street East, Bradenton, FL 34208

Phone Number (941) 708-8800 ext 44108

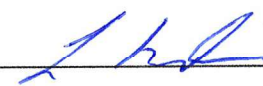
Duration of Contract or business relationship 2016 / present

Type of Services Provided removals, trimming, skid steer work, crane work

Contract Period: FROM 2016 TO present

Contract Price \$ 120,000 Contract Price at Completion of the Project \$ present

Date: 12.9.25

Signed (Person authorized to bind the company): 

Name (printed): Luke Davis Title: President

**THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.**

CF-10: NON-COLLUSIVE AFFIDAVIT

Before me, the undersigned authority ("Affiant"), personally appeared:

Lucas L Davis who, being first duly sworn, deposes and says that:

1. Affiant is the President [insert Owner, Partner, Officer, Representative or Agent] of Olivebranch Enterprises of FL Inc. [insert name of Contractor] the Respondent that has submitted the attached reply;

2. Affiant 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 on Dec 9, 2025.

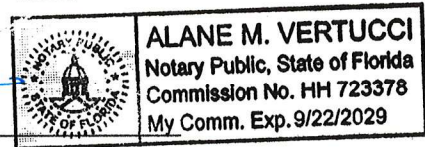
[Signature]  
Signature  
Lucas Davis  
Printed Name  
President  
Title

SWORN ACKNOWLEDGMENT

STATE OF FL  
COUNTY OF MANATEE

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 9 day of DEC 2022, by LUKE DAVIS

[Signature]  
Notary Public



Personally Known  OR Produced Identification   
Type of Identification Produced \_\_\_\_\_

THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.

**CF-11: CONFLICT OF INTEREST FORM**

Florida Statutes Section 112.313 places limitations on public officers (including advisory board members) and employees' ability to contract with the City of North Port, Florida ("City") either directly or indirectly.

PART I. [Select and complete all that apply]:

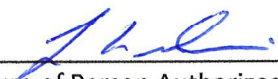
- I am an employee, public officer, or advisory board member of the City.  
Identify the position and/or board: \_\_\_\_\_
- I am the spouse or child of an employee, public officer, or advisory board member of the City.  
Identify the name of the spouse or child: \_\_\_\_\_
- I am an employee, public officer or advisory board member of the City, or my spouse or child, is an officer, partner, director, or proprietor of Respondent/Contractor or has a material interest in Contractor. "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 Florida Statutes Section 112.313, indirect ownership does not include ownership by a spouse or minor child.  
Identify the name of the person and the entity \_\_\_\_\_
- Bidder/Contractor employs or contracts with an employee, public officer, or advisory board member of the City.  
Identify the name of the employee, public officer, or advisory board member \_\_\_\_\_

None of the Above

PART II: Will you 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 will review any relationships which may be prohibited under the Florida Ethics Code and will disqualify any Contractor whose conflicts are not waived or exempt.

  
Signature of Person Authorized to Bind the Contractor  
Luke Deon  
Printed Name  
President  
Title  
12-9-25  
Date

**THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.**

**RFB NO. 2026-05 CITYWIDE TREE AND BRUSH ABATEMWT SERVICES  
CF-12: PUBLIC ENTITY CRIME INFORMATION  
(REVISED – Addendum #1)**

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, LUKE DAVIS, being an authorized representative of the Contractor, have read and understand the contents above.

I certify that the Contractor is not disqualified from replying to this solicitation/contracting because of Florida Statutes Section 287.133.

Telephone #: 941-748-5030  
Federal ID #: 65 108 3193

Fax #: N/A  
Email: General@OliveBranchTreeCare.com

[Signature]  
Signature of Contractor's Authorized Representative

LUKE DAVIS  
Name and Title of Contractor's Authorized Representative

12-9-25  
Date

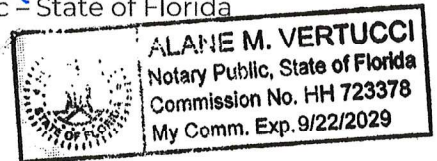
**SWORN ACKNOWLEDGMENT**

STATE OF FLORIDA  
COUNTY OF MANATEE

Sworn to (or affirmed) and subscribed before me by means of  physical presence or \_\_\_\_\_ online notarization, this 9 day of DEC 2025, by LUKE DAVIS.

[Signature]  
Notary Public - State of Florida

Personally Known  OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_



**CF-13: DRUG-FREE WORKPLACE FORM**


The undersigned, in accordance with Florida Statutes Section 287.087, hereby certifies that the Contractor,  
Olivebranch Enterprises of FL Inc (Company Name):

1. Publishes 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. Informs 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. Gives 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), notifies 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. Imposes 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. Makes a good faith effort to continue to maintain a drug free workplace through implementation of this section.

**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  
Luke Davis  
Printed Name  
President  
Title  
12-9-25  
Date

**THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.**

**CF-15: SCRUTINIZED COMPANY CERTIFICATION FORM**

Contractor Name: Olive Branch Enterprises of FL Inc.  
Authorized Representative Name and Title: Luke Davis / president  
Address: 2904 45<sup>th</sup> Street East City: Bradenton State: FL ZIP: 34208  
Phone Number: (941) 748-5030 Email Address: general@olivebranchtreecare.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 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:

  
Signature of Contractor's Authorized Representative

Luke Davis  
Name

President  
Title

12-9-25  
Date

**THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.**



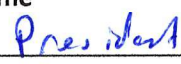
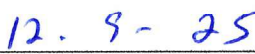
**CF-16: CERTIFICATION REGARDING LOBBYING**

The undersigned certifies, to the best of his or her knowledge, that:

1. No Federal 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 an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801 et seq., apply to this certification and disclosure, if any.

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Print Name  
  
\_\_\_\_\_  
Title  
  
\_\_\_\_\_  
Date

**THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.**

**CF-17: VENDOR'S CERTIFICATION FOR E-VERIFY SYSTEM**

The undersigned Vendor/Consultant/Contractor (Vendor), after being duly sworn, states the following:

1. Vendor is a person or entity that has entered into or is attempting to enter into a contract with the City of North Port (City) to provide labor, supplies, or services to the City in exchange for salary, wages or other remuneration.
2. Vendor has registered with and will use the E-Verify System of the United States Department of Homeland Security to verify the employment eligibility of:
  - a. All persons newly hired by the Vendor to perform employment duties within Florida during the term of the contract; and
  - b. All persons, including sub-contractors, sub-vendors or sub-consultants, assigned by the Vendor to perform work pursuant to the contract with the City.
3. If the Vendor becomes the successful Contractor who enters into a contract with the City, then the Vendor will comply with the requirements of Section 448.095, Fla. Stat. "Employment Eligibility", as amended from time to time.
4. Vendor will ensure that all contracts the Vendor has with its sub-contractors, sub-vendors, and sub-consultants assigned by the Vendor to perform work pursuant to the contract with the City requires the Vendor's sub-contractor, sub-vendor, or sub-consultant to register with and use the E-Verify System.
5. Vendor will obtain an affidavit from all subcontractors attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien as defined in 8 United States Code, Section 1324A(H)(3).
6. Vendor will maintain the original affidavit of all subcontractors for the duration of the contract.
7. Vendor affirms that failure to comply with the state law requirements can result in the City's termination of the contract and other penalties as provided by law.
8. Vendor understands that pursuant to Florida Statutes, section 448.095, the submission of a false certification may result in the termination of the contract if one is entered into, and may subject the Vendor named in this certification to civil penalties, attorney's fees and costs.

VENDOR: Olivebranch Enterprises of FL Inc  
(VENDOR'S COMPANY NAME)

Certified By: [Signature]  
(AUTHORIZED REPRESENTATIVE SIGNATURE)

Print Name and Title: Luke Davis President

Date Certified: 12-9-25

**THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.**

**CF-18: AFFIDAVIT OF COMPLIANCE REGARDING FOREIGN ENTITY OF CONCERN LAWS**

The undersigned, on behalf of the entity listed below ("Entity"), hereby attests and declares as follows:

1. Entity is not owned by the government of a foreign country of concern as defined in Florida Statutes Section 287.138.
2. The government of a foreign country of concern does not have a controlling interest in Entity.
3. Entity is not organized under the laws of, and does not have a principal place of business in, a foreign country of concern.
4. Entity is not owned or controlled by the government of a foreign country of concern, as defined in Florida Statutes Section 692.201.
5. Entity is not a partnership, association, corporation, organization, or other combination of persons organized under the laws of or having its principal place of business in a foreign country of concern, as defined in Florida Statutes Section 692.201, or a subsidiary of such entity.
6. Entity is not a foreign principal, as defined in Florida Statutes Section 692.201.
7. Entity complies, if purchasing real property, with all applicable requirements of Florida Statutes Sections 692.202, 692.203, and 692.204.
8. If purchasing real property, Entity is not a foreign principal prohibited from purchasing the subject real property. Entity is either (1) not a person or entity described in Florida Statutes Section 692.204(1)(a) or (2) authorized under Florida Statutes Section 692.204(2) to purchase the subject property. Entity complies with the requirements of Florida Statutes Section 692.204.
9. The undersigned is authorized to execute this affidavit on behalf of Entity.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

ENTITY

OLIVE BRANCH ENTERPRISES OF FL INC. [Name of legal entity, in bold ALLCAPS]

[Signature] [Signature]

Lisa Davis President [Insert name and title]

12-9-25 [Insert date]

**THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.**

**CF-19: ANTI-HUMAN TRAFFICKING AFFIDAVIT**

Instructions: This form must be completed by an officer or representative of an entity registering as a vendor, entering into, renewing, or extending, a contract with the City of North Port.

The undersigned, on behalf of Olivebranch Enterprises of FL Inc ("Entity"), verifies the following:

A. I have read and understand that Florida Statutes Section 787.06(13), prohibits the City of North Port ("City") from executing, renewing, or extending a contract to entities that use coercion for labor or services, with such terms defined in Florida Statutes Section 787.06(2) as follows:

· "Coercion" means: (1) using or threatening to use physical force against any person; (2) restraining, isolating, or confining or threatening to restrain, isolate, or confine any person without lawful authority and against her or his will; (3) using lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined; (4) destroying, concealing, removing, confiscating, withholding, or possessing any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person; (5) causing or threatening to cause financial harm to any person; (6) enticing or luring any person by fraud or deceit; or (7) providing a controlled substance as outlined in Schedule I or Schedule II of Section 893.03, Florida Statutes, to any person for the purpose of exploitation of that person.

· "Labor" means work of economic or financial value.

· "Services" means any act committed at the behest of, under the supervision of, or for the benefit of another. The term includes, but is not limited to, forced marriage, servitude, or the removal of organs.

B. I declare, under penalties of perjury, that Entity does not use coercion for labor or services as defined in Florida Statutes Section 787.06(2).

C. I understand that this affidavit applies to any City contract executed, renewed, or extended for the duration of the contract; and the Entity must execute and submit this affidavit at least annually in the vendor registration and renewal process.

I, the undersigned, understand and affirm that the above statements are based upon personal knowledge; that I am over the age of 18 years and otherwise competent to make the above

**THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.**

statements; and am authorized to legally bind the Entity, and make the above statements on behalf of Entity. Under penalties of perjury, I declare that I have read the forgoing document and that the facts stated in it are true.

Authorized Signature: Date: 12-9-25

Printed Name: Title: Luke Davis President

STATE OF FL

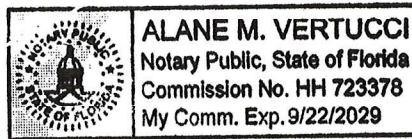
COUNTY OF MANATEE

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 9<sup>th</sup> day of DEC., 2025, by

LUKE DAVIS, as PRESIDENT of OLIVE BRANCH ENTERPRISES OF FL INC.

the Entity, and is  personally known to me or  produced identification. Type of Identification produced . \_\_\_\_\_

[Signature]  
Signature of Notary Public



\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped

My Commission Expires: 9/22/2029

**THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.**

**CF-20: STANDARD INDEMNIFICATION AGREEMENT  
(NON-CONSTRUCTION/NON DESIGN PROFESSIONAL)**

The CONTRACTOR shall be fully liable for the actions of its directors, officers, members, partners, or subcontractors, and the employees and agents of each of them, and shall fully indemnify, defend and hold harmless the CITY, its commissioners, employees, agents and assigns from all demands, claims, suits, actions, judgments, damages, fines, fees, taxes, assessments, penalties, losses, expenses, costs of every type and description, and reasonable attorneys' fees (at both trial and appellate levels), of any nature or kind whatsoever caused by, or arising out of or related to the performance or breach of this Contract by the CONTRACTOR, its officers, directors, members, partners, or subcontractors, and employees or agents of any of them; provided, however, that the CONTRACTOR shall not indemnify for that portion of any loss or damages proximately caused by the negligent act or omission of the CITY.


To the extent applicable, the CONTRACTOR shall fully indemnify, defend and hold harmless the CITY, and its commissioners, agents, employees and assigns from any demands, claims, suits, actions, judgments, damages, fines, fees, taxes, assessments, penalties, losses, expenses, costs of every type and description, and reasonable attorneys' fees (at both trial and appellate level), arising from or relating to violation or infringement of a trademark, copyright, patent, trade secret or intellectual property right; provided, however, that the foregoing obligation shall not apply to the misuse or modification of CONTRACTOR's products by the CITY or any of its commissioners, agents, employees, and assigns, or to the operation or use of CONTRACTOR's products by the CITY or any of its commissioners, agents, employees, and assigns in a manner not contemplated by the Contract.

In the event of a claim, the CITY shall promptly notify the CONTRACTOR in writing by prepaid certified mail (return receipt requested), or by delivery through any nationally recognized courier service (such as Federal Express or UPS) which provides evidence of delivery to the address provided below or may be sent via fax to the number provided below.

The CITY shall provide all available information and assistance that the CONTRACTOR may reasonably require regarding any claim. This agreement for indemnification shall survive termination or completion of this Contract. The insurance coverage and limits required in this Contract may or may not be adequate to protect the CITY and such insurance coverage shall not be deemed a limitation on the CONTRACTOR's liability under the indemnity provided in this section. In any proceedings between the parties arising out of or related to this Indemnity provision, the prevailing party shall be reimbursed all costs, expenses and reasonable attorney fees through all proceedings (at both trial and appellate levels).

Name of Bidding Firm: Olive Branch Enterprises of FL Inc.  
 Mailing Address: 2904 45<sup>th</sup> Street East, Bradenton, FL 34208  
 Location Address: 2904 45<sup>th</sup> Street East, Bradenton, FL 34208  
 City & State: Bradenton / FL Zip: 34208  
 Telephone: (941) 748-5030 Fax Number: N/A  
 E-mail: general@olivebranchtreecare.com

**THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.**

Signature of person authorized to bind the Company: 

Print name and title of person above: Luke Davis President

Date: 12-9-25

**THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.**