

City Hall Backup Generator Installation
Request for Bid No. 2021-28 | City of North Port
Submitted By: OAC Action Construction, Corp.

CONTRACTING OFFICE:
City of North Port
FINA Finance Department/Purchasing Division
4970 City Hall Blvd.
North Port, FK 34286

SUBMITTED BY:



OAC Action Construction, Corp.
Osvaldo "Ozzie" Cruz, President
Email: ozzie@oacconstruction.com

Corporate Headquarters
11980 SW 144 CT - Suite 101
Miami, FL 33186
Phone: (305) 256-6655
Duns: 874327153 | Cage Code: 3DQA5
Tax ID# 65-0742185 | Contractor License #CGC061561

City Hall Backup Generator Installation
Request for Bid No. 2021-28 | City of North Port
Submitted By: OAC Action Construction, Corp.

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1 | Bidder Checklist Documents

OAC Action Construction, Corp. has completed and provided the “bidder checklist” document on the next page.

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 and **notarize the Scrutinized Company Certification Form**
- 11. Fill out and sign **No Lobbying Affidavit**
- 12. Fill out and sign the **SWORN STATEMENT: THE FLORIDA TRENCH SAFETY ACT**
- 13. Vendor Form
- 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. E-Verify Form Fill Out and Sign "NEW"
- 18. Clearly mark the sealed bid with the **BID NUMBER & BID NAME** on the outside of the package AND YOUR COMPANY NAME.
- 19. Fill out and sign the FEMA Debarment Form and Appendix A 44CFR Part 18 Certification Regarding Lobbying

BID BOND (INCLUDED IN SUBMITTAL) 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. 2021-28 City Hall Backup Generator Installation Date: 4/23/2021
 Signed (Person authorized to bind the company): 
 Name (printed): Osvaldo "Ozzie" Cruz Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

BID FORM

Name of Bidder: OAC Action Construction, Corp.

Business Address: 11980 SW 144 CT - Suite 101, Miami, FL 33186

Telephone Number: 305-256-6655 Fax Number: 305-255-1004

E-mail Address: ozzie@oacconstruction.com

Contractor License #: CGC061561

FEID #: 65-0742185

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.

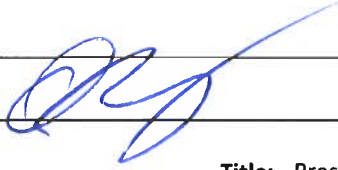
The undersigned, as bidder, does hereby declare that he has read the Request for Bids, Instructions to Bidders, General Provisions, Special Provisions, Technical Specifications & Conditions, Insurance Requirements, Bid Form, Permit Fees, Plan Revisions, Plans, and any other reports or documentation for: **City Hall Backup Generator Installation** 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 and that he/she will accept in full payment thereof the following prices, to wit:

TOTAL BID PRICE:
ONE MILLION SEVENTY EIGHT THOUSAND THREE HUNDRED EIGHTY \$ 1,078,389.02
 (TYPE/PRINT) NINE DOLLARS AND TWO CENTS (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: 4/23/2021

Signed (Person authorized to bind the company): 

Name (printed): Osvaldo "Ozzie" Cruz Title: President

(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	4/6/2021	Addendum No.		Dated	
Addendum No.	2	Dated	4/16/2021	Addendum No.		Dated	
Addendum No.	3	Dated	4/19/2021	Addendum No.		Dated	
Addendum No.		Dated		Addendum No.		Dated	

BID BOND AND PERFORMANCE/PAYMENT BOND

BID BOND: ACCOMPANYING THIS PROPOSAL IS Bidders Bond


(insert: "cash", "bidder's bond", or "certified check", as the case may be) in an amount equal to at least 5% of the total amount of the bid, payable to the City of North Port. Cashier's checks will be returned to all bidders after award of bid. If supplying a bid bond please use the attached bid bond form. **Note: Failure to submit a bid bond will be cause for rejection of bid.**

The undersigned deposits the above-named security as a proposal guarantee and agrees that it shall be forfeited to the City as liquidated damages in case this proposal is accepted by the City and the undersigned fails to execute a contract with the City as specified in the contract documents accompanied by the required labor and material and faithful performance bonds with sureties satisfactory to the City, and accompanied by the required certificates of insurance coverage. Should the City be required to engage the services of an attorney in connection with the enforcement of this bid, bidder promises to pay City's reasonable attorneys' fees incurred with or without suit.

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, bid bond) shall be in the name of "City of North Port".

Date: 4/23/2021

Signed (Person authorized to bind the company):  _____


Name (printed): Oswaldo "Ozzie" Cruz Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

BID SCHEDULE - SUMMARY OF PAY ITEMS

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 provided excel spreadsheet. **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.

Date: 4/23/2021
 Signed (Person authorized to bind the company): 
 Name (printed): Osvaldo "Ozzie" Cruz Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

**BID FORM
FOR
City of North Port - City Hall Generator**

ITEM	DESCRIPTION	ESTIMATED QUANTITY	UNIT PRICE	AMOUNT
I.				
1	Mobilization and Demobilization	1	\$ 37,727.02	\$ 37,727.02
2	Generator + (2) Automatic Transfer Switches	1	\$ 445,500.00	\$ 445,500.00
3	Concrete Diesel Fuel Tank + Piping	1	\$ 89,750.00	\$ 89,750.00
4	Electrical O/H & P (generator, switches, fuel tank)	1	\$ 77,500.00	\$ 77,500.00
5	Electrical underground feeders	1	\$ 147,500.00	\$ 147,500.00
6	Minor electrical work (lighting, general power, generator ancillary power circuits)	1	\$ 83,600.00	\$ 83,600.00
7	City Hall building service to Life Safety branch	1	\$ 26,000.00	\$ 26,000.00
8	Structural - Concrete/Masonry work	23	\$ 5,104.00	\$ 117,392.00
9	Site/Civil	14	\$ 1,580.00	\$ 22,120.00
10	Exterior Patching/Painting - New Access to Existing Chiller Yard	8	\$ 650.00	\$ 5,200.00
11	Demolition / Clean-up	18	\$ 1,450.00	\$ 26,100.00
			CONSTRUCTION TOTAL	\$ 1,078,389.02

Notes:

Bid prices shall include all required equipment, material, labor and other costs as necessary to perform the contract work in accordance with the plans and specifications.

Incomplete bids may not be acceptable. Where required, quantities shall be bid as lump sum based on the amount needed for the areas indicated to achieve the design intent of the plans. Associated unit prices may be used for changes in the extent of work.

Date:

4/23/2021

Signed (Person authorized to bind the company):



Name (printed): Osvaldo Cruz

EQUIPMENT AND SUBCONTRACTOR/SUPPLIER LIST

Equipment is located at: 11980 SW 144 CT - Suite 101, Miami, FL (OAC Warehouse / Office)

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.)

Equipment List on the Next Page

Description	Manufacturer	Year	Condition	Leased/Owned (If leased, date of expiration)

SOURCE OF SUPPLY AND SUBCONTRACTOR FORM

The following sources of supply and subcontractors shall be used for the RFB NO. 2021-28 CITY HALL BACKUP GENERATOR INSTALLATION. 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. Cruz Electrical 11980 SW 144 CT - Suite 103 | Miami, FL 33186 (305) 256-6655 Email: ozzie@cruzelectrical.com
2. _____
3. _____

SUPPLIER(S)

1. To Be Determined
2. _____
3. _____

Date: 4/23/2021
 Signed (Person authorized to bind the company): 
 Name (printed): Osvaldo "Ozzie" Cruz Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

OAC | EQUIPMENT LIST

QTY	NAME	MODEL #
3	10" Tablr Saw Delta	
2	Air Compressors	
	Single Stage 130 PSI	
2	10" Miter Saw Craftzman	113.23528
7	BRAD NAILER 18G 5/8-2"	
	Crasftzman	351.18424
1	Plate Joiner	JM80
1	41/2 Sander Grinder Ryobi	
2	Orbit Sander Ryobi	
2	10" MITER SAW Dewalt	
2	71/4 Circular Saw Skil	
3	Jigsaw Kit Skil	
1	Variable-Speed Makita	
	Reciprocating Saw	
3	Drywall Screwdriver	DeWALT
3	Drywall Screwdriver	B&D
2	Spiral Cut Saws	ROTO ZIP
2	Convertible Truck	CHT 600P
5	6' Stepladders	FIBERGLASS
2	6' Stepladders	WOOD
2	Extension Ladders 32'	D1332-2
4	Extension Ladders 24'	D1124-2
7	Shovels	
2	Grain Scoops	
4	Post Hole Diggers	
3	Pick Mattocks	
6	Wheelbarrows	
4	Contractor Wheelbarrows	
1	Hamer Drill Dewalt	Dewalt
3	Demolition Hammer Bosch	11316EVS
10	Bits	
1	Computer 32x Max	
2	COLOR PRINTER HP DESKJET	680C
1	Pentium III System 133 MHz	750 MHz
1	4.0 CU. FT. Compat Refrigerator	
1	Fax Machine	KX-FLM600
2	Porter-Cable Router	100
1	Welding Torch Kit	11292
1	Welding Kit Regulator Hose 1640873	
2	Portable Air Compressor	t-638XCLP1398
1	Sony Vaio Laptop	
1	HP Laptop	
1	HP Laptop	G42-415DX Notebook PC // #584037-001
2	Dell Personal Computers	

QTY	NAME	MODEL #
2	HP Personal Computers	
1	Dell Inspiron (Desktop) Model: D11M	Product Key: TJCMRFYTF622VYJT7Q2M
1	Dell Monitor-Model#IN2030MC	Serial #:110067-12
1	PowerHorse 4000 Watt Generator	166112
1	Warranty for Generator	ADW09
1	HP Printer/ Elvira	Model CN2CS2116M
1	Titan Speedflo Powrtwin 12000	Model-0290023
2	Ford F-150	
2	Ford F-250	
1	Chevrolet Silverado	
1	John Deere Skid Steer	
2	Tractor Trailers Kimoko	
4	Back Up Generators	

QUALIFICATIONS AND REFERENCES

The Bidder (Company) shall have been in Commercial Construction Business with experience in projects involving Generator and backup power installation, connections to facilities, and all associated testing, miscellaneous work, restoration, and clean-up. Bidder shall demonstrate successful completion of a minimum of Three (3) projects completed within the past five (5) years of similar size and scope to the CITY HALL BACKUP GENERATOR INSTALLATION.

1. Business/Customer Name: OK2 Construction

Name of Contact Person/Title: Billy Thomas, Project Manager

Telephone# 910-358-0811 Fax _____ E-mail billy@ok2construction.com

Address 263 Batchelor Rd., Richlands, NC 28574

Phone Number 910-358-0811

Duration of Contract or business relationship 2016 to Current

Type of Services Provided Construction Management, Interior/Exterior Finish and Electrical

Contract Period: FROM 2018 TO 2020

Contract Price \$ 1,200,000 Contract Price at Completion of the Project \$ 1,200,000

2. Business/Customer Name: Comen Construction

Name of Contact Person/Title: Nico Mendoza, Project Manager

Telephone# 206-459-5898 Fax _____ E-mail nico@comenconstruction.com

Address 1941 NW 105th Terrace, Pembroke Pines, FL 33026

Phone Number 206-459-5898

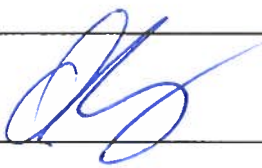
Duration of Contract or business relationship 2016 to Current

Type of Services Provided Construction Management, Interior/Exterior Finish and Electrical

Contract Period: FROM 2017 TO 2019

Contract Price \$ 600,000 Contract Price at Completion of the Project \$ 600,000

Date: 4/23/2021

Signed (Person authorized to bind the company): 

Name (printed): Oswaldo "Ozzie" Cruz Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

3. Business/Customer Name: US Coast Guard

Name of Contact Person/Title: Odalys McGee, Contracting Officer

Telephone# 305-278-6727 Fax _____ E-mail odalys.mcgee@uscg.mil

Address Miami Beach Coast Guard Base, Civil Engineering Unit

Contract Period: FROM 2018 TO 2020

Contract Price \$ \$3,050,065 Contract Price at Completion of the Project \$ \$3,050,065

Phone Number 305-278-6727

Duration of Contract or business relationship 2012 to Current

Type of Services Provided Construction Management Services and Interior/Exterior Repairs

Contract Period: FROM _____ TO _____

Contract Price \$ _____ Contract Price at Completion of the Project \$ _____

4. Business/Customer Name: _____

Name of Contact Person/Title: _____

Telephone# _____ Fax _____ E-mail _____

Address _____

Phone Number _____

Duration of Contract or business relationship _____

Type of Services Provided _____

Contract Period: FROM _____ TO _____

Contract Price \$ _____ Contract Price at Completion of the Project \$ _____

Date: 4/23/2021

Signed (Person authorized to bind the company):  _____

Name (printed): Osvaldo "Ozzie" Cruz Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

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 OAC Action Construction, Corp.

<u>(305) 256-6655</u>	<u>ozzie@oaconstruction.com</u>	<u>(305) 256-6655</u>
Telephone #	E-Mail	Fax #
<u>11980 SW 144 CT - Suite 101</u>		

Main Office Address		
<u>Miami</u>	<u>FL</u>	<u>33186</u>

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 #
<u>Oswaldo "Ozzie" Cruz, President</u>		

Name & Title of Firm Representative

Federal Identification Number: 65-0742185

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: Florida

Name as spelled in that State: OAC Action Construction, Corp.

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.: Attached

Does it use a registered fictitious name: Yes or No

Names of Officers:

President: Oswaldo "Ozzie" Cruz **Secretary:** Tatianna Cruz

Vice President: Orlando Cruz, Sr. **Treasurer:** Elvira Cruz

Director: Orlando Cruz, Jr. **Director:** Omar Cruz

Other: _____ **Other:** _____

Name of Corporation (As used in Florida):

_____ OAC Action Construction, Corp.

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

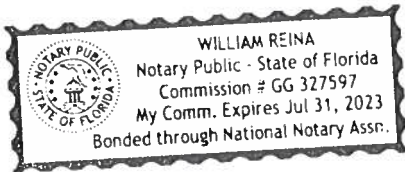
Corporate Address:

Post Office Box: _____
City, State Zip: _____
Street Address: 11980 SW 144 CT - Suite 101
City, State, Zip: Miami, FL 33186

STATE OF Florida

COUNTY OF Miami-Dade

Sworn to and subscribed before me this 23rd day of April, 2021, by Oswaldo Cruz who is personally known to me or has produced his/her driver's license as identification.



Notary Public - State of Florida

Print Name: William Reina

Commission No: GG 327597

Date: 4/23/2021

Signed (Person authorized to bind the company): _____

Name (printed): Oswaldo "Ozzie" Cruz Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

NON-COLLUSIVE AFFIDAVIT

State of Florida
County of Miami-Dade } SS.

Before me, the undersigned authority, personally appeared:

Oswaldo "Ozzie" Cruz who, being first duly sworn, deposes and says that:

- 1. He/She is the Owner (Owner, Partner, Officer, Representative or Agent) of OAC Action Construction, Corp., 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.

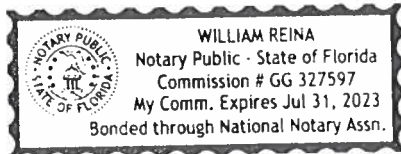
Signed, sealed and delivered this 23rd day of April, 2021.

By: [Signature]
Oswaldo Cruz
(Printed Name)
President
(Title)

STATE OF Florida
COUNTY OF Miami-Dade

Sworn to and subscribed before me this 23rd day of April, 2021, by Oswaldo Cruz who is personally known to me or has produced his/her driver's license as identification.

Notary Seal:



[Signature]
Notary Public - State of Florida
Print Name: William Reina
Commission No: GG 327597

(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: 4/23/2021

Signed (Person authorized to bind the company):  _____

Name (printed): Osvaldo "Ozzie" Cruz Title: President

(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, Oswaldo "Ozzie" Cruz, being an authorized representative of the Respondent OAC Action Construction, Corp.,

Located at: 11980 SW 144 CT - Suite 101,

City: Miami State: FL Zip Code: 33186, 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: _____ Date: 4/23/2021

Telephone #: 305-256-6655 Fax #: 305-255-1004

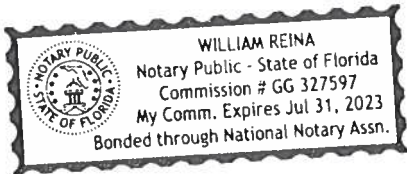
Federal ID #: 65-0742185 E-mail: ozzie@oacconstruction.com

State of Florida

County of Miami-Dade

Sworn to and subscribed before me this 23rd day of April, 2021, by Oswaldo "Ozzie" Cruz who is personally known to me or has produced his driver's license as identification.

NOTARY SEAL:



[Signature]

Notary Public - State of Florida

Print Name: William Reina

Commission No: GG 327597

Date: 4/23/2021

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

Name (printed): Oswaldo "Ozzie" Cruz Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

**DRUG FREE
WORKPLACE FORM**


The undersigned Respondent in accordance with Florida Statute §287.087 hereby certifies that:
OAC Action Construction, Corp. 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

Osvaldo "Ozzie" Cruz
Print Name

4/23/2021
Date

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

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. 2021-28 for the construction of Backup Generator Installation
2. This Sworn Statement is submitted by OAC Action Construction, Corp. whose business address is 11980 SW 144 CT - Suite 101, Miami, FL 33186 and (if applicable) its Federal Employer Identification Number (FEIN) is 65-0742185.
3. My name is Oswaldo "Ozzie" Cruz
(PRINTED OR TYPED NAME OF INDIVIDUAL SIGNING) and hold the position of President 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 \$ N/A 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:

7. The undersigned has appropriated \$ N/A per square foot for compliance with shoring safety requirements and intends to comply by instituting the following procedures:
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.



 President
 Authorized Signature/Title

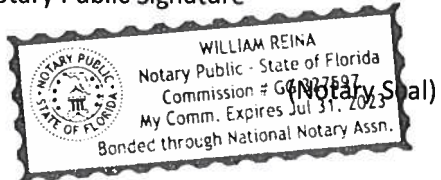
Sworn to and subscribed before me
 this 4/23/2021

 (date)



 Notary Public Signature

My Commission Expires: July 31, 2023



(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

Scrutinized Company Certification Form

Company Name: OAC Action Construction, Corp.

Authorized Representative Name and Title: Osvaldo "Ozzie" Cruz, President

Address: 11980 SW 144 CT - Suite 101 City: Miami State: FL ZIP: 33186

Phone Number: 305-256-6655 Email Address: ozzie@oacconstruction.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: 
AUTHORIZED REPRESENTATIVE SIGNATURE

Print Name and Title: Osvaldo "Ozzie" Cruz, President

Date Certified: 4/23/2021

Solicitation/Contract/PO Number (Completed by Purchasing): _____

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

LOBBYING CERTIFICATION

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

STATE OF Florida

COUNTY OF Miami-Dade

This 23rd day April of 2021 Osvaldo "Ozzie" Cruz, being first duly sworn, deposes and says that he or she is the authorized representative of OAC Action Construction, Corp. (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.

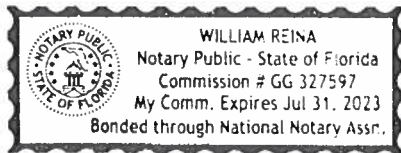
Signed, sealed and delivered this 23rd day of April, 2021.

By: [Signature]
Osvaldo "Ozzie" Cruz
(Printed Name)
President
(Title)

STATE OF Florida

COUNTY OF Miami-Dade

Sworn to and subscribed before me this 23rd day of April, 2021, by Osvaldo "Ozzie" Cruz who is personally known to me or has produced his/her driver's license as identification.



[Signature]
Notary Public - State of Florida
Print Name: William Reina
Commission No: GG 327597

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

VENDOR'S CERTIFICATION FOR E-VERIFY SYSTEM

STATE OF Florida

COUNTY OF Miami-Dade

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 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).
5. Vendor will maintain the original affidavit of all subcontractors for the duration of the contract.
6. 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.

VENDOR: OAC Action Construction, Corp. (Vendor's Company Name)

[Signature] (Vendor signature)

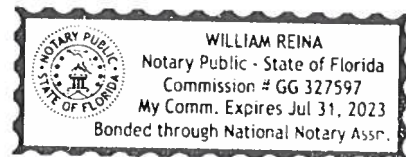
Oswaldo "Ozzie" Cruz (Vendor's name printed)

President (Title)

Sworn to and subscribed before me by means of physical presence or online notarization, this 23rd day of April, 2021, by Oswaldo "Ozzie" Cruz, as President.

[Signature]
Notary Public

Personally Known X OR Produced Identification _____
Type of Identification Produced _____





CITY OF NORTH PORT PROCUREMENT
VENDOR INFORMATION FORM



Vendor Name: OAC Action Construction, Corp. Contact Person: Oswaldo "Ozzie" Cruz

Phone Number: (305) 256-6655 E-mail: ozzie@oacconstruction.com Fax Number: (305) 255-1004

Business Address: 11980 SW 144 CT - Suite 101

City: Miami State: FL Zip: 33186 -

Remittance Address: _____

City: _____ State: _____ Zip: _____ -

Payment Information:

Do you accept Visa credit card payments? Yes No

Is there a convenience fee for credit card payment? Yes Amount of fee: _____ No

Organization Type:

Individual/Sole Proprietor Partnership Not for Profit Corporation Corporation Providing Legal Services

Corporation Providing Health/Medical Services MBE/WBE/DBE Other (Please specify):

Please Check All Applicable Boxes:

Business is licensed (unless exempt by applicable law), permitted or certified to do business in the State of Florida:

Yes No N/A

Business is located in North Port: Yes No

If "Yes", is annual North Port Business Tax current? Yes No

Do you wish to participate as an Emergency Vendor with the City of North Port? Yes No

Documents – I am submitting the following documents with the Vendor Information Form:

- W-9 Form (revised October 2018) must be signed & dated within current calendar year
- Conflict of Interest Form must be signed & dated within current calendar year
- Insurance Certificate(s) as indicated by Risk Management on Insurance Requirements Form (if applicable)
- Florida Divisions of Corporations Document (if applicable)
- MBE/WBE/DBE (if applicable)

Signature _____

Date 4/23/2021

CITY OF NORTH PORT

BID BOND

In Compliance with F.S. Chapter 255.051

STATE OF FLORIDA, CITY OF NORTH PORT

KNOW ALL BY THESE PRESENTS, that OAC Action Construction Corp., authorized by law to do business as a Corporation contractor in the State of Florida, as Principal, and United States Fire Insurance Company, a Corporation chartered and existing under the laws of the State of Delaware, as Surety, with its principal offices in the City of Morristown, NJ, and authorized to do business in the State of Florida, and in accordance with Section 255.051, Florida Statutes, are held and firmly bound unto the City of North Port, Florida, in the full and just sum of 5% of the Total Bid Price, in good and lawful money of the United States of America, to be paid upon demand by the City of North Port, to which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, and assigns, joint and severally and firmly by these presents.

The condition of the obligation is such, that whereas the Principal has submitted the attached Bid, dated April 26, 2021, for (CITY HALL BACKUP GENERATOR INSTALLATION, RFB 2021-28).

NOW, THEREFORE, if the Principal shall withdraw said bid prior to the date of opening the same, or shall within 10 days after the prescribed forms are presented to him for signature enter into a written Contract with City of North Port, Florida, in accordance with the bid as accepted and give a Performance and Payment Bond with good and sufficient surety or sureties as may be required for the faithful performance and proper fulfillment of such Contract and for the prompt payment of all persons furnishing labor or materials in connection therewith or, in the event of failure to enter into such Contract and give such bond within the time specified, if the Principal shall pay the City the difference between the amount specified in said bid and the amount for which the City may procure the required work and/or supplies provided the latter amount to be excess of the amount specified in said bid, then the above obligations shall be void; otherwise, to remain in full force and effect.

IN THE WITNESS WHEREOF, the above written parties have executed this instrument under their several seals dated April 26, 2021, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

Witness as to Principal:

[Signature]
(By)

OAC Action Construction Corp. (SEAL)

(Principal) [Signature]

Donald Cruz

Printed Name
United States Fire Insurance Company (SEAL)

(Surety's Name)

[Signature]
(By-As Attorney-in-Fact, Surety)

Affix Corporate Seals and attach proper Power of Attorney for Surety. Joseph P. Nielson

POWER OF ATTORNEY
UNITED STATES FIRE INSURANCE COMPANY
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY

00927402021

KNOW ALL MEN BY THESE PRESENTS: That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

*Ian A. Nipper, David Russell Hoover, Joseph Penichet Nielson,
Charles David Nielson, Charles Jackson Nielson, Shawn Alan Burton, Jarrett Merlucci*

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties not exceeding: **Seven Million, Five Hundred Thousand Dollars (\$7,500,000)**.

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney revokes all previous Powers of Attorney issued on behalf of the Attorneys-In-Fact named above and expires on January 31, 2022.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

(a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;

(b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 22nd day of August 2019.

UNITED STATES FIRE INSURANCE COMPANY



Anthony R. Slimowicz

Anthony R. Slimowicz, President

State of Pennsylvania }
County of Philadelphia }

On this 22nd day of August 2019, before me, a Notary public of the State of Pennsylvania, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.

Commonwealth of Pennsylvania – Notary Seal
Tamara Watkins, Notary Public
Philadelphia County
My commission expires August 22, 2023
Commission number 1348843

Tamara Watkins

Tamara Watkins

(Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the 26th day of April 20²¹

UNITED STATES FIRE INSURANCE COMPANY



Al Wright

Al Wright, Senior Vice President

2 | Attachments

On the next page, OAC Action Construction, Corp. has provided the following attachments:

- W-9 Form
- Debarment, Suspension, Ineligibility and Voluntary Exclusion Form
- Florida Corporation Document
- Insurance Certificates
(Sample Certificates utilized by existing customers/projects)

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line, do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above OAC Action Construction, Corp.</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see Instructions) ▶ _____</p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> <p>5 Address (number, street, and apt. or suite no.) See instructions. 11980 SW 144 Court, Suite 101</p> <p>6 City, state, and ZIP code Miami, FL 33186</p> <p>7 List account number(s) here (optional)</p> <p>Requester's name and address (optional)</p>
--	--

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
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Employer identification number										
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6	5	-	0	7	4	2	1	8	5	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 4/23/2021
------------------	----------------------------	-------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**Certification Regarding
Debarment, Suspension, Ineligibility
And Voluntary Exclusion**

Contractor Covered Transactions

- (1) The prospective subcontractor of the Recipient, Cruz Electrical, Corp. certifies, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the Recipient's subcontractor is unable to certify to the above statement, the prospective contract shall attach an explanation to this form.

CONTRACTOR

OAC Action Construction, Corp.

By: 

Signature

Osvaldo "Ozzie" Cruz, President

Name and Title

11980 SW 144 CT - Suite 101

Street Address

Miami, FL 33186

City, State, Zip

4/23/2021

Date

City of North Port

Recipient's Name

H0131

DEM Contract umber

4337-28-R

FEMA Project Number

State of Florida

Department of State

I certify from the records of this office that OAC ACTION CONSTRUCTION CORP. is a corporation organized under the laws of the State of Florida, filed on April 1, 1997.

The document number of this corporation is P97000029355.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on April 22, 2021, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-second day of April,
2021*



Samuel R. Bee
Secretary of State

Tracking Number: 8394712477CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



OACACTI-01

ALDAZR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/25/2021

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).

PRODUCER License # 0E67768 Insurance Office of America Centrum Doral Two 3750 NW 87th Avenue, Suite 260 Doral, FL 33178	CONTACT NAME: Lauren Mayer PHONE (A/C, No, Ext): (954) 334-0293 FAX (A/C, No): E-MAIL ADDRESS: Lauren.Mayer@ioausa.com														
INSURED OAC Action Construction Corp 11980 SW 144 Ct Suite 101 Miami, FL 33186	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Hallmark Specialty Insurance Company</td> <td>26808</td> </tr> <tr> <td>INSURER B : Admiral Insurance Company</td> <td>24856</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Hallmark Specialty Insurance Company	26808	INSURER B : Admiral Insurance Company	24856	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

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
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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	G094014141	6/4/2020	6/4/2021	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 \$ Included \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			GX000003309-01	6/4/2020	6/4/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER 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)
 South Broward Hospital District d/b/a Memorial Healthcare System, its Commissioners, officials, officers, agents, volunteers, and employees are listed as additional insureds with respect to general liability on a primary and non-contributory basis for all parties named as additional insureds. Waiver of subrogation in favor of additional insureds applies to the general liability when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

South Broward Hospital District d/b/a Memorial Healthcare System Legal Department 3111 Stirling Road Hollywood, FL 33312	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/26/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER THOMAS LEDWIDGE INSURANCE AGENCY 6177 MIAMI LAKES DRIVE E MIAMI LAKES, FL 33014	CONTACT NAME: Tom Ledwidge PHONE (A/C, No, Ext): 305-822-2424 FAX (A/C, No): 305-822-2558 E-MAIL ADDRESS: Tom@LedwidgeAgency.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED OAC ACTION CONSTRUCTION CORP (10260) 11980 SW 144 Ct. Suite 101 MIAMI FL 33186-6266	DISURER A: State Farm Mutual Automobile Insurance Company	NAIC # 26178
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 VOVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		447 7958 E22 59F 689 4492 E22 59F 927 4908 E22 59D 945 4338 E22 59C	11/22/2020 11/22/2020 11/22/2020 11/22/2020	05/22/2021 05/22/2021 05/22/2021 05/22/2021	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ Comp & Cal \$500 deductible

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

2008 Chevrolet C1500 Vin# 2GCEC13J281158461 2017 Acura Infinity QX680 Vin # 5N1d10MN9HC543707
 2019 Lexus RX 350L Vin# JTJGZKCA6K2010055 2011 Ford F250 SD Pickup Vin :1FT7W2BT18EB52505

Memorial Healthcare System as additional insured as follows: South Broward Hospital District d/b/a Memorial Healthcare Systems

CERTIFICATE HOLDER South Broward Hospital d/b/a Memorial Healthcare System Legal Dept. 3111 Stirling Road Hollywood, FL 33312	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Thomas Ledwidge by M. Roddy</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/26/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER



THOMAS LEDWIDGE INSURANCE AGENCY
6177 MIAMI LAKES DRIVE E
MIAMI LAKES, FL 33014

CONTACT NAME: Tom Ledwidge

PHONE (A/C, No, Ext): 305-822-2424

FAX (A/C, No): 305-822-2558

E-MAIL ADDRESS: Tom@LedwidgeAgency.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: State Farm Mutual Automobile Insurance Company

25178

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

OAC ACTION CONSTRUCTION CORP (10260)
11980 SW 144 Ct. Suite 101
MIAMI FL 33186-6266

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	ADDITIONAL SUBROGATED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	C87 0586-E22-59 A C87 0587-E22-59A G17 1524 -C07 -59 G17 1522-C07-59	11/22/2020 11/22/2020 03/07/2021 03/07/2021	05/22/2021 05/22/2021 09/07/2021 09/07/2021	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS					\$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ Comp & Cot \$500 deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
14 FORD F150 PICKUP VIN # 1FTFW1CF7EFA90329 14 FORD F150 PICKUP VIN: 1FTMF1CM7EFB57405
16 FORD F150 PICKUP VIN: 1FTMF1C88GKD62163 16 Ford F150 PICK UP VIN: 1FTEW1CFXGFB22009

Memorial Healthcare System as additional insured as follows: South Broward Hospital District d/b/a Memorial Healthcare Systems

CERTIFICATE HOLDER

South Broward Hospital District d/b/a
Memorial Healthcare System Legal Dept.
3111 Stirling Road
Hollywood, FL 33312

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

T. Ledwidge by M. Rod



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
2/25/2021

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).

PRODUCER MICHAEL GEE INC 786 S Orange Ave, North Unit Sarasota, FL 34236	CONTACT NAME: MICHAEL C GEE	
	PHONE (A/C No Ext): (941) 907-0914 FAX (A/C No): (941) 907-0916 E-MAIL ADDRESS: btron@verizon.net	
INSURED OAC ACTION CONSTRUCTION CORP. 11980 SW 144 CT., STE 101 MIAMI, FL 33186 (305) 256-6655	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: INSURANCE COMPANY OF THE WEST	19593
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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.

INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Anyone person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	YFL 5028312 06	12/21/20	12/21/21	<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)
A Waiver of Subrogation in favor of South Broward Hospital District d/b/a Memorial Healthcare System is included on the above worker compensation policy

CERTIFICATE HOLDER South Broward Hospital District d/b/a Memorial Healthcare System 3111 Stirling Road Hollywood, FL 33312	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Michael C. Gee</i>
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WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

**ANY PERSON OR ORGANIZATION FOR WHOM THE NAMED INSURED IS
REQUIRED UNDER WRITTEN CONTRACT TO FURNISH THIS WAIVER.**

RE: ALL FLORIDA OPERATIONS

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective **12-21-20** Policy No. **WFL 5028312 06**
Insured **OAC ACTION CONSTRUCTION CORP**
Insurance Company **INSURANCE COMPANY OF THE WEST**

Endorsement No.
Premium \$ **INCL.**

Countersigned By _____