

MCWTP CHEMICAL FEED AND PIPING IMPROVEMENTS
RFB NO. 2016-57

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.

ITEM #	SUBMITTAL	BIDDERS RESPONSE		
		INCLUDED		
		YES	NO	N/A or OTHER
1	Bidder has completed, signed and/or notarized all required and included this checklist with bid submittal	X		
2	State of Florida Registration: Proposer shall be registered with the State of Florida to perform the professional services required for this proposal. A copy of Registration <u>must</u> be included with submission. If Other, explain on a separate sheet.	X		
3	Bid Form: Totals provided and signed by Binding authority	X		
	Acknowledge addenda signed by Binding authority	X		
	Bid Schedule: Completed (entered an amount in every line item) signed by Binding authority	X		
4	Statement of Organization: completed, signed and notarized	X		
5	References: Completed and signed	X		
6	Conflict of Interest: Completed and signed	X		
7	Equipment and Source of Supply/Subcontractors: Completed	X		
8	• 'Affidavit Claiming 'Local Business' OR		X	
	• 'North Port Local Business' OR		X	
	• If neither 'X-through the documents'	X		
9	Drug-Free Workplace (If Applicable): Completed and signed	X		
	Florida Trench and Safety Affidavit (If Applicable): Completed and signed	X		
10	Public Entity Crime Information: Completed, signed and notarized	X		
11	Non-Collusive Affidavit: Completed, signed and notarized	X		
12	No Lobbying Affidavit: Completed, signed and notarized	X		
13	Bid Bond (Attached)	X		
14	Number of Originals: 1 (signed)	X		
15	Number of copies: 1 (signed)	X		
16	USB Flash Drive: One (1) electronic version in Portable Document Format (PDF) or Flash Drive containing the entire submittal.	X		
17	Insurance Certificate Bidder has reviewed all the insurance requirements and is able to provide a certificate	X		
18	Credit Cards Does your company accept Credit Card Payments		X	
19	LABEL FOR SEALED BID: RFB NO. 2016-57 MCWTP CHEMICAL FEED AND PIPING IMPROVEMENTS City of North Port Purchasing Division Alla V. Skipper, CPPB, Senior Contract Specialist 4970 City Hall, Suite 337	X		

NAME/TITLE OF PERSON AUTHORIZED TO BIND: Patrick H. Allman, General Manager

This page must be completed and submitted



MCWTP CHEMICAL FEED AND PIPING IMPROVEMENTS
RFB NO. 2016-57

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.

Enclosed is a cashier's check or bid bond in the amount of \$ Bidder's Bond (insert the word(s) "Bidder's Bond", or "Cashier's Check", as the case may be) in an amount equal and not less than 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. **Note: Failure to submit a 5% bid bond will be cause for rejection of bid.**

The undersigned deposits the above-named security as a bid 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.

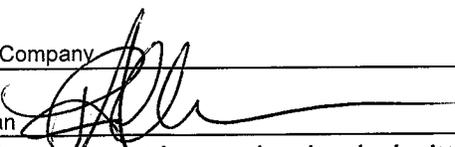
PERFORMANCE AND PAYMENT BOND: The undersigned agrees, if awarded this bid, to furnish a **Performance and Payment Bond** in the amount of 100% of the total project price within ten (10) calendar days after notification of award to the Purchasing Department. The undersigned shall be responsible and bear 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 Department 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".

The successful bidder shall be responsible for furnishing all equipment, labor, materials and tools required for the Neighborhood Expansion Pilot Program in accordance with the plans and specifications so entitled, prepared by the Utilities Department.

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. <u> 1 </u> Dated <u> 8/30/16 </u>	Addendum No. <u> </u> Dated <u> </u>
Addendum No. <u> 2 </u> Dated <u> 9/13/16 </u>	Addendum No. <u> </u> Dated <u> </u>
Addendum No. <u> </u> Dated <u> </u>	Addendum No. <u> </u> Dated <u> </u>

COMPANY: Odyssey Manufacturing Company
PRINT NAME/TITLE: Patrick H. Allman 

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SUMMARY OF PAYITEMS

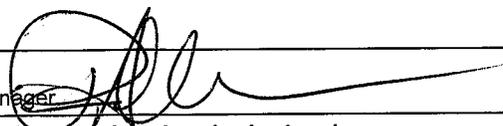
It is understood that the estimated summary of pay item quantities are approximate only and are solely for the purpose of facilitating the comparison of bids, and that the Contractor's compensation shall be computed upon the basis of the actual quantities in the completed work, whether they be more or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

Preparation of Bid Schedules: Bids must be submitted on the Bid Schedule included in this specification. All blank spaces in the Bid Form must be filled in legibly and correctly in ink. *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 PRICE line item and the extended price. If vendor is not providing a bid price for an item, zero (0) must be designated on that line item. Failure to identify a monetary amount in any of the UNTI PRICE line items may cause bidder's 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.

BID ITEM	DESCRIPTION	UNIT	QTY	UNIT PRICE	TOTAL AMOUNT
2	Demolition	LS	1	\$ 4,735.00	\$ 4,735.00
3	Temporary Chemical Storage and Feed System	LS	1	\$ 7,855.00	\$ 7,855.00
4	Civil Site Work, Yard Piping, and Process Piping	LS	1	\$ 73,070.00	\$ 73,070.00
5	Package Chemical Metering Pump Skid, Storage Tanks, and Emergency Shower/Eyewash	LS	1	\$ 67,300.00	\$ 67,300.00
6	Electrical and Instrumentation and Controls	LS	1	\$91,620.00	\$ 91,620.00
7	Control System Integration and Start Up	LS	1	\$44,125.00	\$ 44,125.00
8	As-built/Survey Drawings	LS	1	\$ 1,310.00	\$ 1,310.00
SUB-TOTAL					\$ 290,015.00
1	MOBILIZATION/DEMobilIZATION (shall not exceed five percent (5%) of the sub-total of bid items 2-8 above (excluding this item))	LS	1	\$ 11,205.00	\$ 11,205.00
TOTAL					\$ 301,220.00

COMPANY: Odyssey Manufacturing Company

PRINT NAME/TITLE: Patrick H. Allman, General Manager



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MCWTP CHEMICAL FEED AND PIPING IMPROVEMENTS
RFB NO. 2016-57

EQUIPMENT

Equipment is located at: Odyssey Manufacturing Company, 1484 Massaro Blvd., Tampa, FL 33619

The following is a listing of your equipment, inclusive of manufacturer, year and condition. Condition shall be listed in accordance with the following scale: **1-Excellent; 2-Good; 3-Fair; 4-Poor**. (Attach additional sheets, if required.)

Equipment	Manufacturer	Year	Condition	Leased/Owned (If leased, date of expiration)
Telehandler	Caterpillar	2005	2	Owned
Temporary Storage Tanks	Snyder	2016	1	Owned
Temporary Chemical Feed Skid	Blue Planet Environ.	2015	2	Owned

SOURCE OF SUPPLY AND SUBCONTRACTOR FORM

The following sources of supply and subcontractors shall be used for the **MCWTP CHEMICAL FEED AND PIPING IMPROVEMENTS**. 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).

SUPPLIER(S)

1. Blue Planet Environmental - Chemical Feed Skid
2. Harrington Industrial Plastics - Storage Tanks, Piping, Fittings, Valves
3. Hach Company - Chlorine Analyzers
4. HD Supply - Pipe, Fittings, Valves

COMPANY: Odyssey Manufacturing Company

PRINT NAME/TITLE: Patrick H. Allman, General Manager

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SUBCONTRACTOR FORM

The following subcontractors shall be used for the **MCWTP CHEMICAL FEED AND PIPING IMPROVEMENTS**. If bidder does not have a subcontractor, insert "to be determined." When determined, selection will be subject to City approval. All subcontractors are subject to City approval. (If not applicable, state N/A).

Subcontractor Name	Tier	Subcontract to Whom	Work Description	Total Amount Sublet	Percent of total contract
Gulf States Electric, Inc.		Odyssey Manufacturing	Electrical Raceways, Wiring, and Terminations	\$41,800.00	13.9 %
Automated Integration		Odyssey Manufacturing	All PLC Work and Controls Integration	\$39,750.00	13.2 %
Southeastern Construction		Odyssey Manufacturing	Steel Pipe Work	\$14,770.00	4.9%

Subcontractor Name	Address	Contact Name	Contact Number	Contact email
Gulf States Electric, Inc.	4585 Progress Avenue, Naples, FL 34104	Marty Rogers	(239) 263-7137	Wierenut@aol.com
Automated Integration	1315 Oakfield Drive, Ste 777, Brandon, FL 33509	Steve Van Kley	(813) 413-7025	svankley@automatedintegration.us
Southeastern Construction	1150 Pepperdale Road, Mulberry, FL 33860	Miguel Contreras	(863) 698-5726	miguelc@southeasternconst.com

COMPANY: Odyssey Manufacturing Company

(Handwritten Signature)

PRINT NAME/TITLE: Patrick H. Allman, General Manager

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QUALIFICATIONS AND REFERENCES

The Bidder (Company) shall have been in **COMMERCIAL CONSTRUCTION BUSINESS WITH EXPERIENCE** in projects involving water distribution infrastructure or other similar structures. Bidder shall **demonstrate successful completion of a minimum of six (6) projects completed within the past five (5) years of similar size and scope to the MCWTP CHEMICAL FEED AND PIPING IMPROVEMENTS.**

Contractor shall submit a minimum of six (6), no more or less, recent (within the past five (5) years) references of projects of similar size and scope. Two (2), no more or less, of the six references shall be directly applicable to the work of this Project associated with provision and installation of chemical feed systems electrical and instrumentation including control programming. Two (2), no more or less, of the six references shall be directly applicable to the work of this Project associated with provision of packaged chemical metering pump systems operating in the State of Florida similar to that proposed in these Contract Documents. Two (2), no more or less, of the six references shall be directly applicable to the work of this Project associated with metal piping modification 12-inch diameter and larger and at least one of those two references shall indicate experience with piping modification of steel pipe involving welding.

For more information on completing this form, see Special Provision 50.

If, in the judgement of the City, the Bidder does not make a reasonable effort to complete the reference form properly, the bid will not be considered Responsive and the bid will be disqualified. The City will not consider writing "see attached" and providing a long list of projects with names and numbers to be a reasonable effort to complete the reference form.

1. Business/Customer Name: Hillsborough County Public Utilities Department

Name of Contact Person: Al Martini, P.E. Position Project Manager

Email Address: martinia@hillsboroughcounty.org Telephone# 813-272-5977

Project Description/Location: Chemical Feed Systems Rehabilitation - Van Dyke and Dale Mabry WTPs. Tampa, Florida

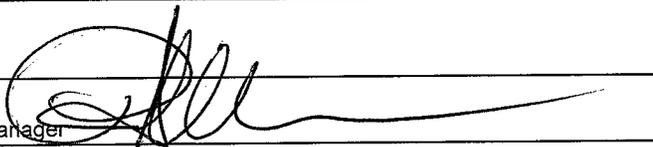
Contract Term: From 2011 TO December 2012

Contract Price \$ 1,187,730.00 Contract Price at Completion of the Project \$ 1,312,172.00

How does reference meet minimum criteria: This project involved the installation of temporary chemical feed systems, installation of new storage and chemical feed systems, and included all electrical and instrumentation work including control programming.

COMPANY: Odyssey Manufacturing Company

PRINT NAME/TITLE: Patrick H. Allman, General Manager



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2. Business/Customer Name: City of Leesburg
Name of Contact Person: Al Purvis Position Chief Operator - Water Treatment
Email Address: Al.Purvis@leesburgflorida.gov Telephone# 352-728-9843
Project Description/Location: City of Leesburg Main WTP Disinfection Conversion Project.
Included the conversion of a gas chlorination system to a liquid sodium hypochlorite system.
Contract Term: From February 2015 TO September 2015
Contract Price \$243,422.00 Contract Price at Completion of the Project \$ 243,422.00
How does reference meet minimum criteria: This project involved the installation of temporary
chemical feed systems, installation of new storage and chemical feed systems, and
included all electrical and instrumentation work including control programming.

3. Business/Customer Name: City of Melbourne
Name of Contact Person: Harold Nantz, P.E. Position Utilities Director
Email Address: harold.nantz@mlbfl.org Telephone# 321-674-5761
Project Description/Location: John A. Buckley Surface Water Treatment Plant, 5985 Lake
Lake Washington Road. New chemical storage and feed system.
Contract Term: From April 2012 TO July 2013
Contract Price \$ 365,318.50 Contract Price at Completion of the Project \$ 365,318.50
How does reference meet minimum criteria: This project involved the installation of a temporary
chemical feed system, and the installation of new storage and chemical feed
systems.

COMPANY: Odyssey Manufacturing Company

PRINT NAME/TITLE: Patrick H. Allman, General Manager

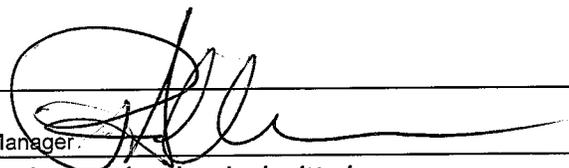
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4. Business/Customer Name: Bonita Springs Utilities
Name of Contact Person: Mike Liggins, P.E. Position Director of Engineering
Email Address: mliggins@bsu.com Telephone# 239-390-4834
Project Description/Location: Bonita Springs WTP Ammonium Sulfate Conversion.
Convert anhydrous ammonia to liquid ammonium sulfate chemical system.
Contract Term: From June 2012 TO _____
Contract Price \$ 91,600.00 Contract Price at Completion of the Project \$ 91,600.00
How does reference meet minimum criteria: This project involved the installation of
of a new storage and chemical feed system.

5. Business/Customer Name: Duke Energy
Name of Contact Person: Bill Reilly Position Construction Support
Email Address: William.ReillyIII@duke-energy.com Telephone# 352-501-506
Project Description/Location: Crystal River Reclaimed Water Project
15760 W. Powerline Street, Crystal River, FL 34428
Contract Term: From 2013 TO 2013
Contract Price \$ 820,000.00 Contract Price at Completion of the Project \$ 820,000.00
How does reference meet minimum criteria: Steel pipe work, 12" and larger, including
welding.

COMPANY: Odyssey Manufacturing Company

PRINT NAME/TITLE: Patrick H. Allman, General Manager



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6. Business/Customer Name: Duke Energy
Name of Contact Person: Thomas Todd Position Project Manager
Email Address: Todd.Thomas@duke-energy.com Telephone# 727-820-4740
Project Description/Location: Unloading Station Project
1601 Weedon Dr., St. Petersburg, FL 33702
Contract Term: From 2013 TO 2013
Contract Price \$ 1.8 million Contract Price at Completion of the Project \$ 1.8 million
How does reference meet minimum criteria: Steel pipe work, 12" and larger, including
welding.

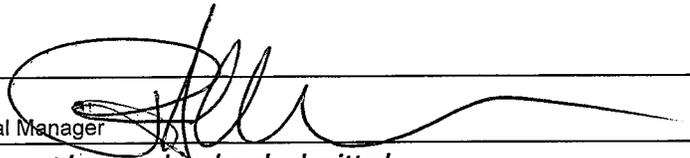
ONLY SIX REFERENCES REQUIRED. SPACE PROVIDED FOR SEVEN IF CONTRACTOR DESIRES TO SUBMIT.

7. Business/Customer Name: _____
Name of Contact Person: _____ Position _____
Email Address: _____ Telephone# _____
Project Description/Location: _____

Contract Term: From _____ TO _____
Contract Price \$ _____ Contract Price at Completion of the Project \$ _____
How does reference meet minimum criteria: _____

COMPANY: Odyssey Manufacturing Company

PRINT NAME/TITLE: Patrick H. Allman, General Manager



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STATEMENT OF ORGANIZATION

Name of Business: Odyssey Manufacturing Company

DBA (if any): _____

Type of Entity (Sole Proprietor, Corporation, LLC, LLP, Partnership, etc): Corporation

Business Address: 1484 Massaro Boulevard, Tampa, Florida 33619

Mailing Address (If applicable): _____

Phone: 813-635-0339 Fax: 813-630-2589

E-Mail: pallman@odysseymanufacturing.com

Name/Title of person authorized to bind: Patrick H. Allman, General Manager

Signature: _____

Are you registered with the State of Florida Department of State? Yes or No

If yes, what is your State document number? F98000003732

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

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Sworn to and subscribed before me this 22th day of September, 2016, by Patrick H. Allman
who is personally known to me or has produced his/her driver's license as identification.



MICHAEL P. AZZARELLA
MY COMMISSION # FF 897009
EXPIRES: November 4, 2019
Bonded Thru Budget Notary Services

Michael P. Azzarella
Notary Public - State of Florida
Print Name: Michael P. Azzarella
Commission No: FF 897009

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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:

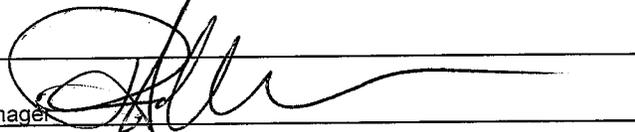
Are you going to request an advisory board member waiver?

- 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.

COMPANY: Odyssey Manufacturing Company

PRINT NAME/TITLE: Patrick H. Allman, General Manager



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**AFFIDAVIT
Claiming Status as a LOCAL BUSINESS**

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

State of _____
County of _____ } SS.

Before me, the undersigned authority, personally appeared: _____ who, being first duly sworn, deposes and says that:

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

AND

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

AND

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

AND

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

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

State of Florida
County of _____

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

NOTARY SEAL:

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

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

AFFIDAVIT

Claiming Status as a North Port Local Business

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

State of _____

County of _____

} SS.

Before me, the undersigned authority, personally appeared: _____ who, being first duly sworn, deposes and says that:

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

AND

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

AND

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

AND

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

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

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

State of Florida

County of _____

Sworn to and subscribed before me this ____ day of _____, 2016, by _____ who is personally known to me or has produced his driver's license as identification.

NOTARY SEAL:

Notary Public - State of Florida

Print Name: _____

Commission No: _____

This page to be returned only if Contractor is claiming a North Port Local Business Status.

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.

Patrick H. Allman
I, being an authorized representative of the Respondent, Odyssey Manufacturing Company, located at _____
1484 Massaro Boulevard

City: Tampa State: Florida Zip Code: 3361, 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: [Handwritten Signature] Date: 9/22/16

Telephone #: 813-635-0339 Fax #: 813-630-2589

Federal ID #: 65-0846345

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Sworn to and subscribed before me this 22th day of September, 2016 _____
by Patrick H. Allman

who is personally known to me or has produced his/her driver's license as identification.

[Handwritten Signature]
Notary Public - State of Florida



MICHAEL P. AZZARELLA
MY COMMISSION # FF 897009
EXPIRES: November 4, 2019
Bonded Thru Budget Notary Services

Print Name: Michael P. Azzarella

Commission No: FF 897009

NON-COLLUSIVE AFFIDAVIT

State of Florida

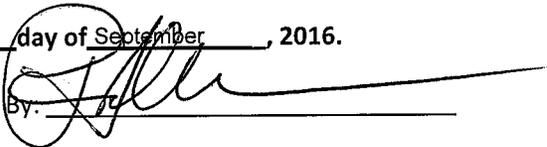
County of Hillsborough

SS. }
}

Before me, the undersigned authority, personally appeared: Patrick H. Allman
who, being first duly sworn, deposes and says that:

1. He/She is the General Manager (Owner, Partner, Officer, Representative or Agent) of Odyssey Manufacturing Company, 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 22th day of September, 2016.

By: 

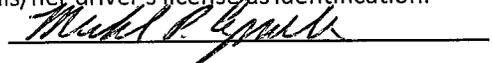
Patrick H. Allman
(Printed Name)
General Manager
(Title)

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Sworn to and subscribed before me this 22th day of September, 2016, by Patrick H. Allman who
 is personally known to me or has produced his/her driver's license as identification.



MICHAEL P. AZZARELLA
MY COMMISSION # FF 897009
EXPIRES: November 4, 2019
Bonded Thru Budget Notary Services


Notary Public - State of Florida
Print Name: Michael P. Azzarella
Commission No: FF 897009

COMPANY: Odyssey Manufacturing Company

PRINT NAME/TITLE: Patrick H. Allman, General Manager

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DRUG FREE WORKPLACE FORM

The undersigned Respondent in accordance with Florida Statute §287.087 hereby certifies that
Odyssey Manufacturing Company does:

(Company Name)

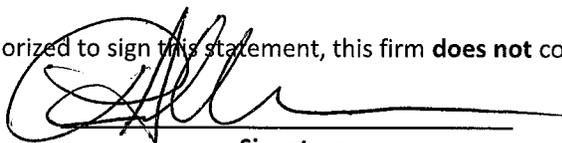
1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about 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

Patrick H. Allman

Print Name

September 22, 2016

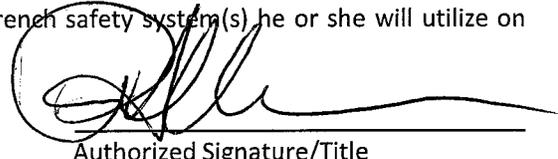
Date

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. 2016-57 for the construction of _____
Myakkahatchee Creek WTP Chemical Feed Improvements.
2. This Sworn Statement is submitted by Odyssey Manufacturing Company whose
business address is 1484 Massaro Blvd., Tampa, Florida 33619 and (if applicable)
its Federal Employer Identification Number (FEIN) is 65-0846345.
3. My name is Patrick H. Allman
(PRINTED OR TYPED NAME OF INDIVIDUAL SIGNING) and hold the position of General Manager
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 City, and any of their agents or employees from
any claims arising from the failure to comply with said standard.
6. The undersigned has appropriated \$ 150.00 per linear foot of trench to be
excavated over 5' deep for compliance with the applicable standards and intends to comply by
instituting the following procedures: _____
7. The undersigned has appropriated \$ 15.00 per square foot for compliance with
shoring safety requirements and intends to comply by instituting the following procedures:
installing aluminum hydraulic supports as necessary
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.


Authorized Signature/Title

Sworn to and subscribed before me

this September 22, 2016
(date)


Notary Public Signature

(Notary Seal)

My Commission Expires: November 4, 2019



MICHAEL P. AZZARELLA
MY COMMISSION # FF 897009
EXPIRES: November 4, 2019
Bonded Thru Budget Notary Services

LOBBYING CERTIFICATION

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

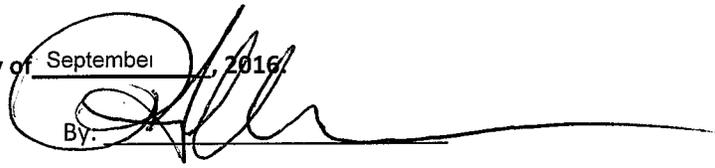
STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

This 22th day September of 2016 Patrick H. Allman, being first duly sworn, deposes and says that he or she is the authorized representative of Odyssey Manufacturing Company (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 22th day of September, 2016.

By: 

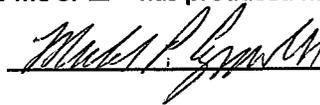
Patrick H. Allman
(Printed Name)
General Manager
(Title)

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Sworn to and subscribed before me this 22th day of September, 2016, by Patrick H. Allman who is personally known to me or has produced his/her driver's license as identification.



MICHAEL P. AZZARELLA
MY COMMISSION # FF 897009
EXPIRES: November 4, 2019
Bonded Thru Budget Notary Services


Notary Public - State of Florida
Print Name: Michael P. Azzarella
Commission No: FF 897009

THIS PAGE MUST BE SUBMITTED WITH BID



ODYSSEY
MANUFACTURING CO.

March 1, 2016

Re: **CORPORATE RESOLUTION FOR AUTHORITY TO SIGN BIDS, BID FORMS
AND CONTRACTS ON BEHALF OF ODYSSEY MANUFACTURING CO.**

To Whom It May Concern,

WHEREAS, the Board of Directors of Odyssey Manufacturing Co. has determined it to be in the best interest of the Corporation to establish a Corporate Resolution. Be it: RESOLVED, The undersigned hereby certifies that Patrick H. Allman, its General Manager, is authorized to sign bids and all bid forms and to execute agreements and any documents associated with these agreements on behalf of Odyssey Manufacturing Co. Additionally, the undersigned is the duly elected and qualified Secretary and the custodian of the books and records and seal of Odyssey Manufacturing Co., a corporation duly formed pursuant to the laws of the state of Delaware and that the foregoing is a true record of a resolution duly adopted at a meeting of the Board of Directors and that said meeting was held in accordance with state law and the Bylaws of the above-named Corporation on March 1, 2016, and that said resolution is now in full force and effect without modification or rescission.

IN WITNESS WHEREOF, I have executed my name as Secretary and have hereunto affixed the corporate seal of the above-named Corporation this 1st day of March, 2016.



Stephen Sidelko, Secretary

CORPORATE SEAL



Marvin T. Rakes, President

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD



LICENSE NUMBER	
CGC1516698	

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018

COGDILL, MICHAEL J
ODYSSEY MANUFACTURING CO
1484 MASSARO BLVD
TAMPA FL 33619



ISSUED: 06/22/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608220000900

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD



LICENSE NUMBER	
CF0057182	

The PLUMBING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018

WING, DAVID ALBERT
ODYSSEY MANUFACTURING CO
9500 134TH WAY NORTH
SEMINOLE FL 33778



ISSUED: 06/22/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608220001823

2015 - 2016 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT

EXPIRES SEPTEMBER 30, 2016

ACCOUNT NO.

215900

RENEWAL

OCC. CODE

190.000038 CLEANING PRODUCTS MANUFACTURER

40 Employees

Receipt Fee

120.00

Hazardous Waste Surcharge

40.00

Law Library Fee

0.00

BUSINESS ODYSSEY MANUFACTURING CO
1484 MASSARO BLVD
TAMPA, FL 33619

2015 - 2016

NAME ODYSSEY MANUFACTURING CO
MAILING 1484 MASSARO BOULEVARD
ADDRESS TAMPA, FL 336190000

Paid 14-625-076113

09/08/2015 160.00

BUSINESS TAX RECEIPT

DOUG BELDEN, TAX COLLECTOR

813-635-5200

THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

HAS HEREBY PAID A PRIVILEGE TAX TO ENGAGE
IN BUSINESS, PROFESSION, OR OCCUPATION SPECIFIED HEREON



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2015

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 Stahl & Associates Insurance Inc. 91 Lake Morton Drive P O Box 3608 Lakeland FL 33802		CONTACT NAME: Debbie MacGillivray PHONE (A/C No. Ext): (863) 688-5495 FAX (A/C No.): (863) 688-4344 E-MAIL ADDRESS: debbie.macgillivray@stahlinsurance.com															
INSURED Odyssey Manufacturing Co. 1484 Massaro Blvd Tampa FL 33619		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Westchester Surplus Lines Ins Co</td> <td>10172</td> </tr> <tr> <td>INSURER B: ACE American Insurance Co</td> <td>22667</td> </tr> <tr> <td>INSURER C: Zenith Insurance Company</td> <td>13269</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: Westchester Surplus Lines Ins Co	10172	INSURER B: ACE American Insurance Co	22667	INSURER C: Zenith Insurance Company	13269	INSURER D:		INSURER E:		INSURER F:	
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INSURER E:																	
INSURER F:																	

COVERAGES **CERTIFICATE NUMBER:** 1/1/16 Master Cert **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 SUBR INSD 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 <input checked="" type="checkbox"/> Per Project Applies by Written Contract GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	G24092975007 Includes Contractual Liability & XCU Coverages	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	H08450377007	10/1/2015	10/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		G24092987007	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	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	Z066828612	1/1/2016	1/1/2017	<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
A	Pollution/Prof Liability Poll Ded \$10K/Prof \$25K		G24092975007	10/1/2015	10/1/2016	Ea Poll Condition/Agg \$1,000,000 Pro Ea Claim Aggregate \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is Additional Insured with respects to the Named Insured Operations for: General Liability and Commercial Automobile Liability if required by written contract. Excess Liability is written cover general liability, auto liability and employers liability.

CERTIFICATE HOLDER mswartz@cityofnorthport.co City of North Port 4970 City Hall Blvd. North Port, FL 34286	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 Tony Martinez/MACG <i>Anthony H. Martinez</i>
---	---

THE AMERICAN INSTITUTE OF ARCHITECTS

AIA Document A310

Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we
Odyssey Manufacturing Co.
1484 Massaro Blvd.,
Tampa, FL 33619

as Principal, hereinafter called the Principal, and
Travelers Casualty and Surety Company of America
1 North Dale Mabry Highway, Tampa, FI 33609

a corporation duly organized under the laws of the State of CT
as Surety, hereinafter called the Surety, are held and firmly bound unto

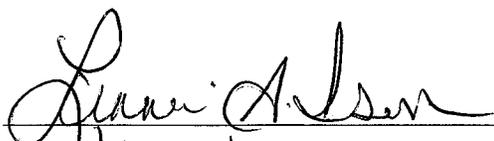
City of North Port
4970 City Hall Blvd., North Port, FL 34286

as Obligee, hereinafter called the Obligee, in the sum of **Five Percent of Amount Bid in U.S. Dollars-(\$ 5%)**
for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves,
our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS the Principal has submitted a bid for
MCWTP Chemical Feed and Piping Improvements; Bid No.: 2016-57
Furnish materials, labor & equipment for Chemical Feed and Piping Improvements

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a
Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be
specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of
such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the
event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall
pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid
and such larger amount for which the Obligee may in good faith contract with another party to perform the
Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this 14th day of September, 2016



Linnea Ison (Witness)

Odyssey Manufacturing Co.

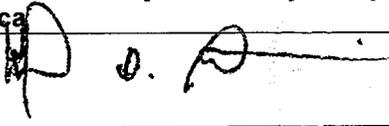


(Seal)



(Witness)

Travelers Casualty and Surety Company of America



David B. Shick, Attorney-In-Fact and Florida Licensed Resident
Agent #A241176





POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Attorney-In Fact No. 231239

Certificate No. 006944399

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

David B. Shick

of the City of Tampa, State of Florida, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 18th day of August, 2016.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company



State of Connecticut
City of Hartford ss.

By: [Signature]
Robert L. Raney, Senior Vice President

On this the 18th day of August, 2016, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.
My Commission expires the 30th day of June, 2021.



[Signature]
Marie C. Tetreault, Notary Public

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

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

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

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

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

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 14th day of SEPTEMBER, 2016.

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary



To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.