

**BIDDER CHECKLIST (INCLUDE THIS LIST W/SUBMITTAL)
ATTACHMENTS TO BE COMPLETED AND RETURNED WITH BID**

p _____

SEALED RFB ENVELOPE LABEL

p _____

Check (v)

ATTACHMENT 1: Insurance Requirements and Acknowledgement (page 50 acknowledgement to be submitted)

✓

ATTACHMENT 2: Excel Tabulation Price Sheet (must complete and Submit an excel format Bid form and a pdf of bid submittal on USB DRIVE). **DO NOT RECREATE THE EXCEL BID FORM.**

✓

ATTACHMENT 3: Bid Form

✓

ATTACHMENT 4: Statement of Organization

✓

ATTACHMENT 5: Addenda and Bond Form

✓

ATTACHMENT 6: Equipment and Source of Supply/Subcontractor List

✓

ATTACHMENT 7: Qualifications and References

✓

ATTACHMENT 8: Non-Collusive Affidavit

✓

ATTACHMENT 9: Conflict of Interest

✓

ATTACHMENT 10: Public Entity Crime Information

✓

ATTACHMENT 11: Drug-Free Workplace Form

✓

ATTACHMENT 12: Local Business Status/ North Port Local Business

✓

ATTACHMENT 13: Trench Safety

✓

ATTACHMENT 14: Scrutinized Company Certification Form

✓

ATTACHMENT 15: Lobbying Certification

✓

ATTACHMENT 16: Vendor's Certification For E-Verify System

✓

ATTACHMENT 17: Letter of Bondability

✓

**AWARDED VENDOR
DO NOT SUBMIT**

ATTACHMENT 18: Performance and Payment Bond (AWARDED VENDOR MUST USE THIS FO "SAMPLE" RFB CONTRACT – SUBJECT TO CHANGE

ENVELOPES/PACKAGES MUST BE MARKED

"SEALED BID ENVELOPE LABEL BELOW (NEXT PAGE)".

PLEASE NOTE: Courier Packages (FedEx, UPS, etc.) shall be clearly marked.

If not using label provided on the next page, please include the following on the outside envelope: COMPANY NAME, RFB #, RFB TITLE, DATE DUE, TIME DUE, SUBMITTED BY, NAME OF COMPANY, E-MAIL ADDRESS, TELEPHONE.

Date: July 10, 2023

Signed (Person authorized to bind the company): 

Name (printed): Chris Schuler Title: Vice President

CITY OF NORTH PORT
129 JUL 11 AM 9:52
PURCHASING DIVISION

ATTACHMENT 1: INSURANCE REQUIREMENTS

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

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

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

Requirements:

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

Policy shall include bodily injury, property damage, broad form contractual liability and Explosion, Collapse and Underground (XCU) coverage. The general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit. The Contractor shall procure and maintain, and require all subcontractors to procure and maintain a comprehensive general liability policy, including, but not limited to

- General Aggregate \$2,000,000
- Each Occurrence \$2,000,000
- products and completed ops \$2,000,000
- damage to rented premises \$100,000

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

2. Commercial Automobile Liability

Bodily injury and property damage for any owned, hired, and non-owned vehicles used in the performance of this Contract. Automobile liability must be written on a standard ISO form (CA 00 01) covering any auto (Code 1), or if Contractor has no owned autos, hired (Code 8) and non-owned (Code 9) autos.

- Combined Single Limit (CSL) (Ea Accident) \$1,000,000
- Bodily Injury (per person) \$1,000,000
- Bodily Injury (per accident) \$1,000,000
- Property Damage (per accident) \$1,000,000

- The policy shall be endorsed to include the following additional insured language: "City of North Port and its officers, employees, agents and volunteers" shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor, including automobiles owned, leased, hired or borrowed by the Contractor".
- Contractor's sub-contractors shall be subject to the same minimum requirements identified in this section.
- Policy shall contain a waiver of subrogation against the City of North Port.

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

The Contractor shall procure and maintain Worker's Compensation insurance for all his employees to be engaged in work on the project under this Contract and, in case any such work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation insurance for all of the latter's employees to be engaged in such work unless such employees are covered by protection afforded by the Contractor's Workers Compensation insurance. For additional information contact the Department of financial Services, Workers' Compensation Division at 850.413.1601 or on the web at www.fldfs.com. In case any class of employees engaged in hazardous work on the project under this Contract is not protected under the Worker's Compensation Statute, the Contractor shall provide, and shall cause each subcontractor to provide, Employer's Liability Insurance for the protection of such of his employees not otherwise protected under such provisions. The minimum liability limits of such insurance shall not be less than herein specified or in that amount specified by law for that type of damage claim.

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

Workers' Compensation Employers' Liability

- Each Accident, each employee, bodily injury or disease \$1,000,000
 - a. Policy shall contain a waiver of subrogation against the City of North Port.
 - b. Contractor's sub-contractors shall be subject to the same minimum requirements identified in this section.
 - c. If the contractor has no employees, the contractor must submit to the City the Workers Compensation Exemption from the State of Florida.

GENERAL REQUIREMENTS:

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

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

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

B. WAIVER OF SUBROGATION: All required insurance policies, with the exception of Workers Compensation, are to be endorsed with a waiver of subrogation. The insurance companies, by proper endorsement or thru other means, agrees to waive all rights of subrogation against the City, its officers, officials, employees and volunteers, and the City's insurance carriers, for losses paid under the terms of these policies that arises from the contractual relationship or work performed

by the Contractor for the City. It is the Contractor's responsibility to notify their insurance company of the Waiver of Subrogation and request written authorization or the proper endorsement. Additionally, the Contractor, its officers, officials, agents, employees, volunteers, and any Subcontractors, agrees to waive all rights of subrogation against the City and its insurance carriers for any losses paid, sustained or incurred, but not covered by insurance, that arise from the contractual relationship or work performed. This waiver also applies to any deductibles or self-insured retentions the Contractor or its agents may be responsible for.

C. POLICY FORM:

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

RFB NO. 2023-40 INFLOW AND INFILTRATION REHABILITATION

insurance carrier shall certify compliance with the insurance requirements provided herein.

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

Unless otherwise specified, it shall be the responsibility of the contractor to ensure that all subcontractors comply with the same insurance requirements spelled out above.

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

Bidder Statement:

We understand the requirements requested and agree to fully comply.

BIDDER'S NAME TITLE Chris Schuler TITLE Vice President

AUTHORIZED SIGNATURE DATE  DATE July 10, 2023

THIS PAGE MUST BE COMPLETED AND SUBMITTED

**ATTACHMENT 3:
BID FORM**

Name of Bidder/Company Name: Miller Pipeline, LLC
 Business Address: 8850 Crawfordsville Rd.
 City/State/Zip Code: Indianapolis, IN 46234
 Bidder/Company Telephone Number: 317/653-5296
 E-mail Address: bids@millerpipeline.com
 Contractor License #: CUC1225569
 FEID #: 35-1959522

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, Attachments, Exhibits, Insurance Requirements, Bid Form, Permit Fees, Plan Revisions, Plans, and any other reports or documentation for: **RFB 2023-40 INFLOW AND INFILTRATION REHABILITATION** and further agrees to furnish all items listed on the attached Bid Form in accordance with the unit price line items as indicated on the bid schedule form(s) submitted. The above specified documents are herein incorporated into the Bid Form.


The undersigned as Bidder, declares that the only persons or parties interested in this submittal as principals are those named herein: that this submittal is made without collusion with any person, firm, or corporation: and he/she proposes and agrees, if the proposal is accepted, that he/she will execute a Contract with the City in the form set forth in the Contract documents and that he/she will accept in full payment thereof the following prices, to wit:

PROJECT TOTAL:

One Million One Hundred Seventeen Thousand Eight \$ 1,117,885.00
Hundred Eighty-Five Dollars and No Cents

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

Date: July 10, 2023

Signed (Person authorized to bind the company): 

Name (printed): Chris Schuler Title: Vice President

THIS PAGE MUST BE COMPLETED AND SUBMITTED

Gravity Sewer, Lift Station and Manhole Rehabilitation to Reduce Inflow and Infiltration					
Unit Rate Pricing Spreadsheet					
No.	Description	Quantity (2)	Unit	Unit Cost	Item Cost
REHABILITATION (1)					
CURED-IN-PLACE LINER					
1	Cured in Place Liner - 6" Dia. (6 mm thick)	50	LF	233.25	11,663
2	Cured in Place Liner - 8" Dia. (6 mm thick)	400	LF	62.25	24,900
3	Cured in Place Liner - 10" Dia. (6 mm thick)	50	LF	200.6	10,030
4	Cured in Place Liner - 12" Dia. (6 mm thick)	50	LF	207	10,350
5	Reinstate Service Lateral Connection	25	EA	207.3	5,183
6	Sealing Service Lateral Connection via Chemical Grouting	10	EA	375	3,750
7	Sealing Service Lateral Connection via Hydrophillic Rubber Seal	15	EA	4937.5	74,063
CURED-IN-PLACE SPOT REPAIR					
8	Cured-In-Place Spot Repair - 0-10' deep	100	LF	1000	100,000
9	Cured-In-Place Spot Repair - >10' deep	100	LF	1000	100,000
10	Reinstate Service Lateral Connection	5	EA	207.3	1,037
11	Sealing Service Lateral Connection via Chemical Grouting	2	EA	375	750
12	Sealing Service Lateral Connection via Hydrophillic Rubber Seal	3	EA	4937.5	14,813
MANHOLE REHABILITATION					
13	MH Rehabilitation (48" Dia.) - 0-6' deep	15	EA	4396	65,940
14	MH Rehabilitation (48" Dia.) - 6-8' deep	20	EA	5652	113,040
15	MH Rehabilitation (48" Dia.) - 8-10' deep	10	EA	6908	69,080
16	MH Rehabilitation (48" Dia.) - 10-12' deep	1	EA	8164	8,164
17	MH Rehabilitation (48" Dia.) - >12' deep	1	EA	9414	9,414
EPOXY MONOLITHIC MANHOLE LINING SYSTEM					
25	Epoxy MH Monolithic Lining (EMML) System (48" Dia.) - 0-6' deep	15	EA	4396	65,940
26	Epoxy MH Monolithic Lining (EMML) System (48" Dia.) - 6-8' deep	20	EA	5652	113,040
27	Epoxy MH Monolithic Lining (EMML) System (48" Dia.) - 8-10' deep	10	EA	6908	69,080
28	Epoxy MH Monolithic Lining (EMML) System (48" Dia.) - 10-12' deep	1	EA	8164	8,164
29	Epoxy MH Monolithic Lining (EMML) System (48" Dia.) - >12' deep	1	EA	9414	9,414
EPOXY MONOLITHIC LIFT STATION LINING SYSTEM					
30	Epoxy Lift Station Monolithic Lining (EMML) System (6' Dia.) - 0-15' deep	1	EA	15072	15,072
31	Epoxy Lift Station Monolithic Lining (EMML) System (6' Dia.) - 15-20' deep	1	EA	18840	18,840
32	Epoxy Lift Station Monolithic Lining (EMML) System (6' Dia.) - >20' deep	1	EA	23550	23,550
33	Epoxy Lift Station Monolithic Lining (EMML) System (8' Dia.) - 0-15' deep	1	EA	18840	18,840
34	Epoxy Lift Station Monolithic Lining (EMML) System (8' Dia.) - 15-20' deep	1	EA	25120	25,120
35	Epoxy Lift Station Monolithic Lining (EMML) System (8' Dia.) - >20' deep	1	EA	31400	31,400
37	Epoxy Lift StationMH Monolithic Lining (EMML) System (10' Dia.) - 0-15' deep	1	EA	23550	23,550
38	Epoxy Lift Station Monolithic Lining (EMML) System (10' Dia.) - 15-20' deep	1	EA	31400	31,400
39	Epoxy Lift Station Monolithic Lining (EMML) System (10' Dia.) - >20' deep	1	EA	39250	39,250
40	Epoxy Monolithic Lining (EMML) System, not covered above	1	SQ FT	50	50
MANHOLE RING AND COVERS					
41	Install City supplied manhole ring and cover, paved area, includes restoration	1	EA	1750	1,750
42	Install City supplied manhole ring and cover, unpaved area	1	EA	1250	1,250

Note 1 Rehabilitation unit costs include mobilization, all work to construct, test and inspect (including but not limited maintenance of traffic, taking samples and having them tested at a lab, cleaning/preparing pipe and manholes, CCTV post inspections, by-pass pumping).

Note 2 Quantities shown are for illustrative purposes and to establish a unit price for each specific item and do not necessarily represent the quantities of any specific work assignment that might result from this solicitation.

**ATTACHMENT 4:
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 Miller Pipeline, LLC
317/653-5296 bids@millerpipeline.com 317-293-8502

Telephone # 8850 Crawfordsville Rd.
E-Mail **Fax #**

Main Office Address
Indianapolis IN 46234

City **State** **Zip Code**

Address of Office Servicing City of North Port, if different than above: SAME AS ABOVE
2332 Old Cumbee Rd.

Office Address
Lakeland FL 33805

City **State** **Zip Code**

863-225-9093 bids@millerpipeline.com 386-423-6627

Telephone # **E-mail** **Fax #**

Jeff Newman, Project Manager

Name & Title of Firm Representative

Federal Identification Number: 35-1959522

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 X No

If not a Florida Corporation,

In what state was it created: Indiana

Name as spelled in that State: Miller Pipeline, LLC

What kind of corporation is it: X "For Profit" or

 "Not for Profit"

Is it in good standing: X Yes or No

Authorized to transact business in Florida: X Yes or No

State of Florida Department of State Certificate of Authority Document No.: M11000002543

Does it use a registered fictitious name: Yes or X No

Names of Officers: C.F.O.

President: Dale Anderson **Secretary:** Jeff Sutcliffe

Vice President: Chris Schuler **Treasurer:** Vice President - Chad Davis

Director: V.P.-Jim Wilson **Director:** Chief Legal Office/Sec - Melanie Nealis

Other: **Other:**

Name of Corporation (As used in Florida):
Miller Pipeline, LLC

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

Corporate Address:
Post Office Box: P.O. Box 34141

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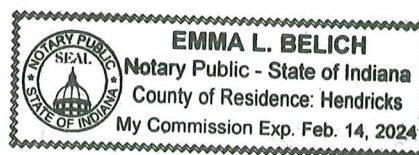
City, State Zip: Indianapolis, IN 46234
Street Address: 8850 Crawfordsville Rd.
City, State, Zip: Indianapolis, IN 46234

STATE OF ~~FLORIDA~~INDIANA
COUNTY OF MARION

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 10 day
of July 2023, by Chris Schuler.

Emma L. Belich
Notary Public – State of ~~Florida~~Indiana

Personally Known X OR Produced Identification _____
Type of Identification Produced N/A



Date: July 10, 2023
Signed (Person authorized to bind the company): Chris Schuler
Name (printed): Chris Schuler Title: Vice President

THIS PAGE MUST BE COMPLETED AND SUBMITTED

**ATTACHMENT 5:
ADDENDA AND BOND INFORMATION**

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

Addendum No.	1	Dated	6/16/23	Addendum No.	5	Dated	7/6/23
Addendum No.	2	Dated	6/23/23	Addendum No.		Dated	
Addendum No.	3	Dated	6/28/23	Addendum No.		Dated	
Addendum No.	4	Dated	6/30/23	Addendum No.		Dated	


LETTER OF BONDABILITY AND PERFORMANCE/PAYMENT

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

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

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

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

Date: July 10, 2023
 Signed (Person authorized to bind the company): 
 Name (printed): Chris Schuler Title: Vice President

THIS PAGE MUST BE COMPLETED AND SUBMITTED

**ATTACHMENT 6:
EQUIPMENT AND SUBCONTRACTOR/SUPPLIER LIST**

Equipment is located at: Lakeland, FL

Please make sure your list of equipment contains the following: Description of equipment, inclusive of manufacturer, year and condition.

List the condition of equipment/vehicles utilized for this project in accordance with the following scale:

1-Excellent: 2-Good: 3-Fair: 4-Poor. (Attach additional sheets, if required.)

Description Leased/Owned	Manufacturer	Year	Condition
1. <u>See Attached</u>			
2. _____			
3. _____			

SOURCE OF SUPPLY AND SUBCONTRACTOR FORM

The following sources of supply and subcontractors shall be used for the **RFB NO. 2023-40 INFLOW AND INFILTRATION REHABILITATION**. If Bidder does not have a source of supply or subcontractor, insert "to be determined". When a source or subcontractor is determined, selection will be subject to City approval. (If not applicable, state N/A).

SUBCONTRACTOR(S)

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

- TeleVac South - 221 NE 13th St, Pompano Beach, FL 33060/954-782-6997/Kevin@televacsouth.com
- LMK Pipe Renewal - 1131 NW 55thSt, Ft. Lauderdale, Fl 33309/954-772-0075/Frank@lmkpipe.com
- Paints & Coatings, 17660 E. Street N., Fort Meyers, FL 33917/239-997-6645/carl@paintsandcoatings.com

SUPPLIER(S)

- MTC - 160 Corporate Dr., Batesville, MS 38606/662-609-0400/chiggenbottom@aegion.com
- _____
- _____

Date: July 10, 2023

Signed (Person authorized to bind the company): 

Name (printed): Chris Schuler Title: Vice President

THIS PAGE MUST BE COMPLETED AND SUBMITTED


**ATTACHMENT 7:
QUALIFICATIONS AND REFERENCES**

Prime bidder must be fully licensed to do business in the State of Florida and be currently licensed as a Certified General Contractor or Certified Underground Utilities Contractor in the State of Florida and provide proof of licensure with the submitted Bid Proposal. Contractor shall submit a minimum of eight (8) recent (within the past five years) references of projects of similar size and scope involving manholes, frames and covers, Television Inspection, Gravity Sewer System Smoke Testing, Sewer Line and Manhole Cleaning, Manhole Rehabilitation, Temporary By-Pass Pumping, Monolithic Manhole Lining Systems, Cured in Place Pipe Lining, Sewer line joint testing, Cured in Place Spot Repair, Grouting Lateral Connections, lift station rehabilitations and grouting or any combination of services being offered to the City. Each reference shall include a project description, project location, name and phone number of a contact person, total project amount, and completion date. **Technical Specifications have additional requirements, please review before submitting.**

1. Business/Customer Name: See Attached List
 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 \$ _____

2. 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 \$ _____

3. Business/Customer Name: _____
 Name of Contact Person/Title: _____
 Telephone# _____ Fax _____ E-mail _____
 Address _____
 Contract Period: FROM _____ TO _____
 Contract Price \$ _____ Contract Price at Completion of the Project \$ _____
 Phone Number _____
 Duration of Contract or business relationship _____
 Type of Services Provided _____

Date: July 10, 2023
 Signed (Person authorized to bind the company): 
 Name (printed): Chris Schuler Title: Vice President

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AN ARTERA COMPANY

Miller Pipeline - Reference/Experience - CIPP Main Lining - Sanitary Sewer

Project Owner/Location	Project Name	Project Description	Range of Activities	Diameter	Size of Project	Start Date	End Date	Contact Name	Contact Phone	Contact Email
Orange County	Orange County - Y 22-128 - Gravity Main CIPP Lining Term Contract	CIPP Main Lining	Clean & Line Mains, Line Laterals	8" - 15"	5,171	6/22/2022	Ongoing	Dustin Putney-Hoke	407-902-3669	dustin.putney@ocfl.net
Immokalee Sewer District	Sanitary Sewer Rehab	CIPP Main Lining	Clean & Line Mains, Line Laterals	8" - 18"	6,933	6/15/2022	Ongoing	Sarah Catala	239-651-9990	SarahCatala@iw-sd.com
City of Ocala	2022 Sanitary Sewer Rehab	CIPP Main Lining	Clean & Line Mains	8"	13,035	6/7/2022	Ongoing	Eric Giannino	352-427-9362	egiannino@Ocalafl.org
Manatee County	Sanitary Sewer Rehabilitation	CIPP Main Lining	Clean & Line Mains	8" - 10"	6,207	5/2/2022	Ongoing	Louis Woska	386-479-8318	l.woska@shenandoahus.com
City of Tampa	Wastewater Gravity Pipeline Rehab - Lemon Gray Sewer	CIPP Main Lining	Clean & Line Mains, Grout Laterals	21" - 24"	5,920	2/21/2022	4/30/2021	Jacinto Ferras	813-310-3412	jack.ferras@tampagov.net
Florida Gulf Utilities Administration	Wastewater Gravity Collection System Lining and Improvement	CIPP Main Lining	Clean & Line Mains, Grout Laterals	8" - 10"	31,343	12/28/2021	Ongoing	John Carlson	407-795-1639	jcarlson@govmserv.com
City of Tampa	Wastewater Gravity Pipeline Rehab - Term 21-C-00004	CIPP Main Lining	Clean & Line Mains	8" - 24"	50,836	7/16/2021	8/30/2022	Jacinto Ferras	813-310-3412	jack.ferras@tampagov.net
City of Macclenny	Macclenny Sewer Rehab Phase 1A	CIPP Main Lining	Clean & Line Mains	8"	6,458	6/29/2021	7/27/2021	Matt Swoboda	251-510-1398	mswoboda@gulfcoastunderground.com
City of Tampa	Wastewater Gravity Pipeline Rehab - Fair Oakes	CIPP Main Lining	Clean & Line Mains, Grout Laterals	8"	12,987	4/16/2021	6/30/2021	Jacinto Ferras	813-310-3412	jack.ferras@tampagov.net
City of Maitland	Gravity Main CIPP Lining	CIPP Main Lining	Clean & Line Mains	8"	10,302	2/11/2021	5/25/2022	David M. González	407-875-1143	dgonzalez@tismymaitland.com
Marco Island	Yellowbird Gravity Rehab	CIPP Main Lining	Clean & Line Mains	8"	2,827	1/18/2021	1/25/2021	Jon Owen	239-481-5000	jonathan.owen@wcfgfl.com
City of Sarasota	City Wide Lining of Garvity Sewer Main - 16-49-CM	CIPP Main Lining	Clean & Line Mains, Grout Laterals	8" - 10"	34,394	12/20/2020	7/30/2021	Carlos Marin	941-320-8909	carlos.marin@sarasotafl.gov
Orange County	Gravity Package 28 RR Package	CIPP Main Lining	Clean & Line Mains	8" - 18"	45,581	7/6/2020	2/16/2022	James Montalvo	407-506-2120	James.Montalvo@ocfl.net
City of Tampa	Wastewater Gravity Pipeline Rehab - Sunset Park 20C00006	CIPP Main Lining	Clean & Line Mains, Grout Laterals	8"	34,925	5/14/2020	9/30/2021	Jacinto Ferras	813-310-3412	jack.ferras@tampagov.net
Polk County	LS 31 Sanitary Sewer Rehab	CIPP Main Lining	Clean & Line Mains, Line Laterals	8"	19,116	5/4/2020	11/1/2021	Ryan Bengsch	863-307-2981	RyanBensch@polk-county.net
Toho Water	San Remo and LS 28 Gravity Sewer Rehab Project	CIPP Main Lining	Clean & Line Mains	8" - 10"	16,087	2/5/2020	7/1/2021	Wyatt Hazy	610-880-1738	whazy@pcginc.org
City of Fort Lauderdale	Sewer Basin A-7 I/I Rehab - TO 1905-006	CIPP Main Lining	Clean & Line Mains, Line Laterals	8" - 12"	15,722	1/13/2020	Ongoing	Jorge Hoguín	954-828-5675	jholguin@fortlauderdale.gov
City of Fort Lauderdale	Sewer Basin A-19 I/I Rehab - Victoria Park	CIPP Main Lining	Clean & Line Mains, Line Laterals	8" - 10"	7,518	10/2/2019	1/28/2021	Shaun Flanery	815-482-4877	shaun@lmkpipe.com
Orange County	Orange County - Y 19-1007 - Gravity Main CIPP Lining Term Contract	CIPP Main Lining	Clean & Line Mains	8" - 18"	20,182	7/17/2019	6/25/2020	Dustin Putney-Hoke	407-902-3669	dustin.putney@ocfl.net
City of Tampa	Wastewater Gravity Pipeline Rehab - Term 19C00001	CIPP Main Lining	Clean & Line Mains	8" - 36"	63,335	7/1/2019	7/30/2021	Jacinto Ferras	813-310-3412	jack.ferras@tampagov.net
Orange County	Gravity Package 31 RR Package	CIPP Main Lining	Clean & Line Mains	8" - 10"	6,177	6/11/2019	11/30/2021	James Montalvo	407-506-2120	James.Montalvo@ocfl.net
City of Fort Lauderdale	Sewer Basin A-18 I/I Rehab - TO 1809-005	CIPP Main Lining	Clean & Line Mains, Line Laterals	8"	2,198	1/1/2019	6/24/2021	Jorge Hoguín	954-828-5675	jholguin@fortlauderdale.gov
City of Fort Lauderdale	Sewer Basin A-19 I/I Rehab - TO 1809-006	CIPP Main Lining	Clean & Line Mains, Line Laterals	10"	10,464	1/1/2019	2/28/2021	Jorge Hoguín	954-828-5675	jholguin@fortlauderdale.gov
Polk County	Sanitary Sewer Rehabilitation with CIPP	CIPP Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	27,537	6/26/2018	6/18/2020	Shannon Ransom	727-464-6861	sransom@pinellascounty.org
City of Fort Lauderdale	Cypress Creek Road I/I Reduction	CIPP Main Lining	Clean & Line Mains, Line Laterals	12"	7,513	6/6/2018	8/30/2019	Jorge Hoguín	954-828-5675	jholguin@fortlauderdale.gov
City of Tampa	Wastewater Gravity Pipeline Rehab - Idaho Collection 18C00001	CIPP Main Lining	Clean & Line Mains	8"	12,012	6/1/2018	6/29/2020	Jacinto Ferras	813-310-3412	jack.ferras@tampagov.net
Orange County	Gravity Package 7 RR Package	CIPP Main Lining	Clean & Line Mains	8"	5,381	5/24/2018	11/1/2018	James Montalvo	407-506-2120	James.Montalvo@ocfl.net
City of Tampa	Wastewater Tuberculated Gravity Pipeline Rehab - 17C00044	CIPP Main Lining	Clean & Line Mains	8" - 24"	18,198	5/14/2018	11/30/2021	Jacinto Ferras	813-310-3412	jack.ferras@tampagov.net
Gulf Port	SSES Phase 1 Construction	CIPP Main Lining	Clean & Line Mains, Grout Laterals	8" - 48"	35,830	3/5/2018	9/18/2020	Clay Lott	727-893-1085	clott@mygulfport.us
City of Fort Lauderdale	Sewer Basin A-18 I/I Rehab - TO 1801-001	CIPP Main Lining	Clean & Line Mains	8" - 10"	11,716	1/24/2018	4/28/2019	Jorge Hoguín	954-828-5675	jholguin@fortlauderdale.gov
Redington Shores	Sanitary Sewer Rehabilitation Project 2017	CIPP Main Lining	Clean & Line Mains	8" - 10"	15,380	10/31/2017	4/25/2019	Bill Krajewski	954-828-5675	comdist4@redshoresfl.com
City of Orlando	City of Orlando IFB 16-007 - Sanitary Sewer Lining	CIPP Main Lining	Clean & Line Mains	8" - 18"	178,524	6/17/2017	12/23/2021	Daron Johnson	407-246-2273	Daron.Johnson@cityoforlando.net
Polk County	Heritage Place Sanitary Sewer Rehab	CIPP Main Lining	Clean & Line Mains, Line Laterals	8"	4,090	4/1/2017	6/30/2017	Ryan Bengsch	863-307-2981	RyanBensch@polk-county.net
Orange County	Rio Pinar Water and Wastewater System Improvements	CIPP Main Lining	Clean & Line Mains	8" - 10"	22,231	2/15/2017	4/20/2018	Wyatt Hazy	610-880-1738	whazy@pcginc.org
City of Tampa	Wastewater Gravity Pipeline Rehab - 16C00006 - Bayshore	CIPP Main Lining	Clean & Line Mains	8" - 18"	53,531	8/9/2016	6/2/2017	Jacinto Ferras	813-310-3412	jack.ferras@tampagov.net
City of Tampa	Wastewater Gravity Pipeline Rehab - Term 16C00005	CIPP Main Lining	Clean & Line Mains	8" - 36"	72,165	5/12/2016	5/1/2020	Jacinto Ferras	813-310-3412	jack.ferras@tampagov.net
Orange County	Orange County - Y 16-137 - Gravity Main CIPP Lining Term Contract	CIPP Main Lining	Clean & Line Mains	8" - 15"	32,828	4/23/2016	11/10/2018	Dustin Putney-Hoke	407-902-3669	dustin.putney@ocfl.net
City of Winterhaven	Winter Haven CIPP Lining - 2016	CIPP Main Lining	Clean & Line Mains	8" - 12"	13,075	4/19/2016	7/5/2016	Steve Rheiner	863-287-7263	srheiner@mywinterhaven.com
Orange County	Gravity Package 13-18 RR Package	CIPP Main Lining	Clean & Line Mains	8" - 24"	41,891	1/25/2016	7/24/2018	James Montalvo	407-506-2120	James.Montalvo@ocfl.net
City of Tampa	Wastewater Gravity Pipeline Rehab - Rome PS CIPP 15-C-00009	CIPP Main Lining	Clean & Line Mains	8" - 15"	24,421	5/7/2015	5/1/2016	Jacinto Ferras	813-310-3412	jack.ferras@tampagov.net
					1,004,041		ADDITIONAL FOOTAGE AVAILABLE UPON REQUEST			

Miller Pipeline - Reference/Experience - EX Fold and Form Main Lining - Sanitary Sewer

Project Owner/Location	Project Name	Project Description	Range of Activities	Diameter Range	Size of Project (LF)	Start Date	End Date	Contact Name	Contact Phone	Contact Email
Hillsborough County	Pipeline Rehabilitation - CIP 22454	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 15"	10,232	7/1/2022	Ongoing	Jim Hunsberger	813-734-4696	hunsbergerj@hillsboroughcounty.org
Fort Pierce	2022 Sanitary Sewer Rehab	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	3,754	6/23/2022	7/22/2022	Tom Driskell	772-466-1600	tdriskell@fpua.com
Fort Pierce	2021 Grant - Hutchison Island Sanitary Rehab PO 38290	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	20,870	1/20/2022	8/14/2022	Tom Driskell	772-466-1600	tdriskell@fpua.com
City of Palm Coast	2021 Sanitary Sewer Lining	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	27,342	1/6/2022	9/8/2022	Ralph Hand	386-283-3652	rhand@palmcoastgov.com
City of Coral Springs	2021 Sanitary Main Lining	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	17,555	6/25/2021	11/17/2021	Chad Maraj	954-344-3463	cmara@coralsprings.gov
City of Coral Springs	2019 Sanitary Main Lining	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	10,365	6/25/2021	11/17/2021	Chad Maraj	954-344-3463	cmara@coralsprings.gov
Fort Pierce	2021 Sanitary Sewer Rehab	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	8,300	3/2/2021	3/31/2021	Tom Driskell	772-466-1600	tdriskell@fpua.com
City of Sunrise	Sewer Rehabilitation / Maintenance and I/I Reduction - 2020-22	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	127,033	10/25/2020	7/30/2022	Tim Koabel	954-888-6088	tkoabel@sunrisefl.gov
Broward County	Multi District Inflow and Infiltration Reduction Program	EX Fold and Form Main Lining	Clean & Line Mains	8" - 12"	9,816	10/7/2020	3/4/2022	Carlton Harris	954-831-0907	charris@broward.org
City of Palm Coast	2020 Sanitary Sewer Lining	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	28,457	4/3/2020	8/5/2020	Ralph Hand	386-283-3652	rhand@palmcoastgov.com
Fort Pierce	2019-2020 Sanitary Sewer Rehab	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	25,595	9/6/2019	1/26/2021	Tom Driskell	772-466-1600	tdriskell@fpua.com
Palm Coast	2019 Sanitary Sewer Lining	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	21,845	4/16/2019	8/30/2019	Ralph Hand	386-283-3652	rhand@palmcoastgov.com
City of Sunrise	Sewer Rehabilitation / Maintenance and I/I Reduction - 2019	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	16,538	1/15/2019	10/25/2020	Tim Koabel	954-888-6088	tkoabel@sunrisefl.gov
Hillsborough County	Pipeline Rehabilitation - CIP 16679	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 15"	84,165	7/17/2018	5/1/2020	Jim Hunsberger	813-734-4696	hunsbergerj@hillsboroughcounty.org
Fort Pierce	2018 Sanitary Sewer Rehab	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	13,032	6/28/2018	10/16/2018	Tom Driskell	772-466-1600	tdriskell@fpua.com
Sarasota County	Sanitary Sewer Rehabilitation Term Contract - 2018 POs	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	28,691	5/16/2018	11/8/2018	Jason Brown	941-650-3728	jbrown@scgov.net
Palm Coast	2019 Sanitary Sewer Lining	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	5,696	4/30/2018	8/13/2018	Ralph Hand	386-283-3652	rhand@palmcoastgov.com
City of Sunrise	Sewer Rehabilitation / Maintenance and I/I Reduction - 2018	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	29,428	3/30/2018	2/7/2019	Tim Koabel	954-888-6088	tkoabel@sunrisefl.gov
City of Hialeah	2018 Sewer Rehab	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 10"	36,096	11/28/2017	4/30/2020	Ethan Hejin	954-967-7064	ehejin@hazenandsawyer.com
Fort Pierce	2017 Sanitary Sewer Rehab	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 10"	10,702	6/6/2017	10/12/2017	Tom Driskell	772-466-1600	tdriskell@fpua.com
Lee County	Wastewater Collection System Rehabilitation	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals, MH Rehab	8" - 12"	43,820	5/15/2017	7/19/2022	Dewayne Tagg	239-533-8261	dtagg@leegov.com
Sarasota County	Sanitary Sewer Rehabilitation Term Contract - 2017 POs	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 10"	31,563	4/10/2017	11/2/2017	Jason Brown	941-650-3728	jbrown@scgov.net
City of Coral Springs	2016 Sanitary Main Lining	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	13,135	11/14/2016	4/21/2017	Chad Maraj	954-344-3463	cmara@coralsprings.gov
City of Hialeah	2016 Sewer Rehab	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 10"	23,852	7/28/2016	11/23/2017	Ethan Hejin	954-967-7064	ehejin@hazenandsawyer.com
Fort Pierce	2016 Sanitary Sewer Rehab	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	9,774	6/9/2016	1/20/2017	Tom Driskell	772-466-1600	tdriskell@fpua.com
Hillsborough County	Pipeline Rehabilitation - Group B Lining	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 15"	77,597	7/13/2015	10/10/2016	Jim Hunsberger	813-734-4696	hunsbergerj@hillsboroughcounty.org
Hillsborough County	Pipeline Rehabilitation - CIP 10750	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 15"	206,510	5/21/2014	9/2/2016	Jim Hunsberger	813-734-4696	hunsbergerj@hillsboroughcounty.org
Sarasota County	Central County Basin Sanitary Sewer Rehabilitation	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	44,290	1/16/2014	12/22/2014	Steve Bothast	941-323-9369	sbothast@scgov.net
Sarasota County	Gulf Gate Basin Sanitary Sewer Rehabilitation	EX Fold and Form Main Lining	Clean & Line Mains, Grout Laterals	8" - 12"	22,240	11/22/2013	6/24/2014	Steve Bothast	941-323-9369	sbothast@scgov.net
					1,008,293	ADDITIONAL FOOTAGE AVAILABLE UPON REQUEST				


**ATTACHMENT 8:
NON-COLLUSIVE AFFIDAVIT**

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

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

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

Signed, sealed, and delivered on July 10, 2023.



 Signature
Chris Schuler


 Printed Name
Vice President

 Title

SWORN ACKNOWLEDGMENT

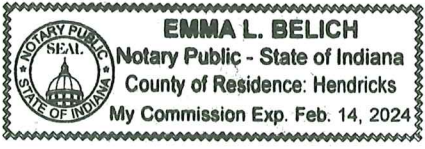
STATE OF INDIANA
COUNTY OF MARION

Sworn to (or affirmed) and subscribed before me by means of x physical presence or _____ online notarization, this 10 day of July 2023, by Chris Schuler.



 Notary Public

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



THIS PAGE MUST BE COMPLETED AND SUBMITTED

**ATTACHMENT 9:
CONFLICT OF INTEREST FORM**

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

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

I am an employee, public officer, or advisory board member of the City.

Identify the position and/or board: _____

I am the spouse or child of an employee, public officer, or advisory board member of the City.

Identify the name of the spouse or child: _____

I am an employee, public officer or advisory board member of the City, or my spouse or child, is an officer, partner, director, or proprietor of Respondent/Contractor or has a material interest in Contractor. "Material interest" means direct or indirect ownership of more than 5 percent of the total assets or capital stock of any business entity. For the purposes of Florida Statutes Section 112.313, indirect ownership does not include ownership by a spouse or minor child.

Identify the name of the person and the entity _____

Bidder/Contractor employs or contracts with an employee, public officer, or advisory board member of the City.

Identify the name of the employee, public officer, or advisory board member _____

None of the Above

PART II: Will you request an advisory board member waiver?

I WILL request an advisory board member waiver under §112.313(12)

I WILL NOT request an advisory board member waiver under §112.313(12)

N/A

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



Signature of Person Authorized to Bind the Contractor

Chris Schuler

Printed Name

Vice President

Title

July 10, 2023

Date

THIS PAGE MUST BE COMPLETED AND SUBMITTED

**ATTACHMENT 10:
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, Chris Schuler, being an authorized representative of the Contractor, have read and understand the contents above.

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

Telephone #: 317-293-0278 Fax #: 317-293-8502

Federal ID #: 35-1959522 Email: bids@millerpipeline.com

Signature of Contractor's Authorized Representative

Chris Schuler, Vice President
Name and Title of Contractor's Authorized Representative

July 10, 2023
Date

SWORN ACKNOWLEDGMENT

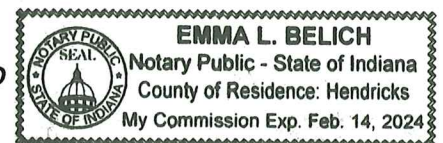
STATE OF ~~FLORIDA~~ INDIANA
COUNTY OF MARION

Sworn to (or affirmed) and subscribed before me by means of X physical presence or ~~online notarization~~, this 10 day of July 2023, by Chris Schuler.

Notary Public – State of ~~Florida~~ Indiana

Personally Known X OR Produced Identification ~~-----~~
Type of Identification Produced N/A

THIS PAGE MUST BE COMPLETED AND SUBMITTED



**ATTACHMENT 11:
DRUG FREE WORKPLACE FORM**

The undersigned, in accordance with Florida Statutes Section 287.087, hereby certifies that the Contractor,
Miller Pipeline,LLC (Company Name):

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

Check one:

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

As the person authorized to sign this statement, this firm **does not** comply fully with the above requirements.



Signature

Printed Name

Chris Schuler

Title Vice President

Date July 10, 2023

THIS PAGE MUST BE COMPLETED AND SUBMITTED

ATTACHMENT 12:

AFFIDAVIT

Claiming Status as a LOCAL BUSINESS

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

State of _____
County of _____

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

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

AND

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

AND

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

AND

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

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

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of _____ physical presence or _____ online notarization, this _____ day of _____ 2023, by _____.

Notary Public – State of Florida

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

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

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 _____

Before me, the undersigned authority, personally appeared: N/A
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 (or affirmed) and subscribed before me by means of _____ physical presence or _____ online notarization, this _____ day of _____ 2023, by _____.

 N/A

Notary Public – State of Florida

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

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

SWORN STATEMENT: THE FLORIDA TRENCH SAFETY ACT
(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. 2023-33 for Inflow and Infiltration Rehabilitation.

2. This Sworn Statement is submitted by Miller Pipeline, LLC whose business address is 8850 Crawfordsville Rd., Indianapolis, In 46234 and (if applicable) its Federal Employer Identification Number (FEIN) is 35-1959522.

3. My name is Chris Schuler (PRINTED OR TYPED NAME OF INDIVIDUAL SIGNING) and hold the position of Vice 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 \$ 300.00 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 \$ 150.00 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.

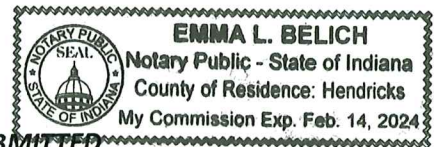
Chris Schuler
Vice President

STATE OF ~~FLORIDA~~ INDIANA
COUNTY OF MARION

Sworn to (or affirmed) and subscribed before me by means of X physical presence or _____ online notarization, this 10th day of June 2023, by Chris Schuler.

Emma L. Belich
Notary Public – State of Florida Indiana

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



THIS PAGE MUST BE COMPLETED AND SUBMITTED

**ATTACHMENT 13:
SCRUTINIZED COMPANY CERTIFICATION FORM**

Contractor Name: Miller Pipeline, LLC
Authorized Representative Name and Title: Chris Schuler, Vice President
Address: 8850 Crawfordsville Rd. City: Indianapolis State: IN ZIP: 46234
Phone Number: 317/293-0278 Email Address: bids@millerpipeline.com

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

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

CHOOSE ONE OF THE FOLLOWING

This Contract or Contract renewal is for goods or services of less than \$1 million. As the person authorized to sign on behalf of the above-named company, and as required by Florida Statutes Section 287.135(5), I hereby certify that the above-named company is not participating in a boycott of Israel.

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

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

Certified By:



Signature of Contractor's Authorized Representative

Chris Schuler

Name

Vice President

Title

July 10, 2023

Date

THIS PAGE MUST BE COMPLETED AND SUBMITTED)

ATTACHMENT 14:
LOBBYING CERTIFICATION

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

STATE OF INDIANA

COUNTY OF MARION

This 10th day July of 20 23 Chris Schuler, being first duly sworn, deposes and says that he or she is the authorized representative of Miller Pipeline, LLC (Name of the Contractor, firm or individual), and that the vendor and any of its agents agree to have no contact or communication with, or discuss any matter related in any way to any active City of North Port solicitation, with any City of North Port elected officials, officers, their appointees or their agents or any other staff or outside individuals working with the City in respect to this request other than the designated Procurement Official Contact and to abide by the restrictions outlined in the General Terms and Conditions of the Solicitation. Technical questions directed to the project manager, is prohibited. These persons shall not be lobbied, either individually or collectively, regarding any questions for bid, proposal, qualification and/or any other solicitations released by the City. To do so is grounds for immediate disqualification from the selection process. The selection process is not considered final until such a time as the Commission has made a final and conclusive determination.

(a) No City appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence either directly or indirectly an officer or employee of the City, City Commission in connection with the awarding of any City Contract.

(b) If any funds other than City appropriated funds have been paid or will be paid to any person for influencing or attempting to influence a member of City Commission or an officer or employee of the City in connection with this Contract, the undersigned shall complete and submit Standard Form-L "Disclosure Form to Report Lobbying", in accordance with its instructions.

Signed, sealed and delivered this 10th day of July, 20 23.

By: *Chris Schuler*

Chris Schuler

(Printed Name)

Vice President

(Title)

STATE OF ~~FLORIDA~~ INDIANA

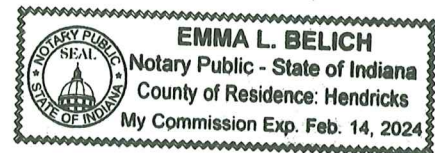
COUNTY OF MARION

Sworn to (or affirmed) and subscribed before me by means of x physical presence or ~~online notarization~~, this 10 day of July, 2023, by Chris Schuler.

Emma R. Belich
Notary Public - State of ~~Florida~~ Indiana

Personally Known X OR Produced Identification _____

Type of Identification Produced N/A



THIS PAGE MUST BE COMPLETED AND SUBMITTED

ATTACHMENT 15:

VENDOR'S CERTIFICATION FOR E-VERIFY SYSTEM

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

1. Vendor is a person or entity that has entered into or is attempting to enter into a contract with the City of North Port (City) to provide labor, supplies, or services to the City in exchange for salary, wages or other remuneration.
2. Vendor has registered with and will use the E-Verify System of the United States Department of Homeland Security to verify the employment eligibility of:
 - a. All persons newly hired by the Vendor to perform employment duties within Florida during the term of the contract; and
 - b. All persons, including sub-contractors, sub-vendors or sub-consultants, assigned by the Vendor to perform work pursuant to the contract with the City.
3. If the Vendor becomes the successful Contractor who enters into a contract with the City, then the Vendor will comply with the requirements of Section 448.095, Fla. Stat. "Employment Eligibility", as amended from time to time.
4. Vendor will 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.
7. Vendor understands that pursuant to Florida Statutes, section 448.095, the submission of a false certification may result in the termination of the contract if one is entered into, and may subject the Vendor named in this certification to civil penalties, attorney's fees and costs.

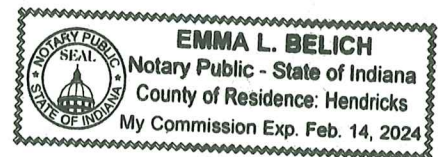
VENDOR: Miller Pipeline, LLC (Vendor's Company Name)

Chris Schuler (Vendor signature)
Chris Schuler (Vendor's name printed)
Vice President (Title)

Sworn to and subscribed before me by means of physical presence or online notarization, this 10th day of July, 2023, by Chris Schuler, as Vice President.

Emma L. Belich
 Notary Public

Personally Known X OR Produced Identification _____
 Type of Identification Produced N/A



THIS PAGE MUST BE COMPLETED AND SUBMITTED



UNCOMMONLY INDEPENDENT

July 11, 2023

Re: Miller Pipeline, LLC – Surety Prequalification
City of North Port – Bid No. 2023-40; Inflow and Infiltration Rehabilitation

To Whom It May Concern:

This letter is to advise you that Miller Pipeline, LLC is a valued surety client of Lexon Insurance Company, which is one of the main underwriting companies of Sompco International. Miller Pipeline, LLC remains in good standing and is afforded surety capacity of \$10,000,000 for a single project and \$30,000,000 in the aggregate.

It is our opinion that Miller Pipeline, LLC is qualified to perform contracts that fall within this range and their normal scope. This letter is not an assumption of liability, nor is it a bid bond or a performance bond. It is issued only as a bonding reference requested from us by our client. Lexon's decision to issue surety bonds on behalf of Miller Pipeline, LLC will be subject to our standard underwriting including but not limited to acceptance of the financial condition of our client, contract terms and conditions, bonds forms and project financing.

Sompco International is A+ rated by A.M. Best with a financial size category of XV and is included in The Department of the Treasury's Listing of Certified Companies.

Sincerely,

Jordan Fisher
Attorney-in-Fact

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: **Julia C Zalesky, Abigail E Curtiss, Kathleen M. Coen, Holly Tallone, Holly L. Lynch, Jordan Fisher, Ashley Martin, Jessica Hedrick** as true and lawful Attorney(s)-In-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **One Hundred Million Dollars (\$100,000,000.00)**.

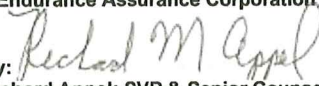

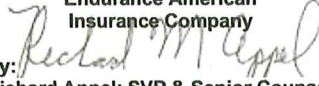

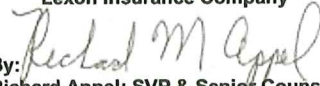

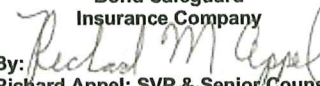

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019, a copy of which appears below under the heading entitled "Certificate".

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019 and said resolution has not since been revoked, amended or repealed:

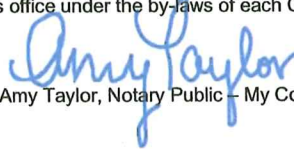
RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.


IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019.

<p>Endurance Assurance Corporation</p> <p>By:  Richard Appel; SVP & Senior Counsel</p> 	<p>Endurance American Insurance Company</p> <p>By:  Richard Appel; SVP & Senior Counsel</p> 	<p>Lexon Insurance Company</p> <p>By:  Richard Appel; SVP & Senior Counsel</p> 	<p>Bond Safeguard Insurance Company</p> <p>By:  Richard Appel; SVP & Senior Counsel</p> 
---	---	--	---

ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/they is an officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: 
Amy Taylor, Notary Public - My Commission Expires 3/9/27



CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

- That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
- The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

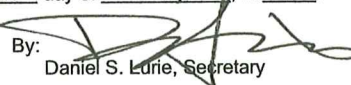
"RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT

; and be it further

RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."

- The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 11th day of July, 2023.

By: 
Daniel S. Lurie, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

No coverage is provided by this Notice nor can it be construed to replace any provisions of any surety bond or other surety coverage provided. This Notice provides information concerning possible impact on your surety coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous foreign agents, front organizations, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website - <https://www.treasury.gov/resource-center/sanctions/SDN-List>.

In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com

Telephone: 615-553-9500 Mailing Address: Sompo International; 12890 Lebanon Road; Mount Juliet, TN 37122-2870

**LEXON INSURANCE COMPANY
FINANCIAL STATEMENT SUMMARY**

As of December 31, 2021

ASSETS	LIABILITIES
Bonds	Reserve for Losses and Loss Expense
\$ 306,272,387	\$ 10,535,042
Money Market &/or Stocks	Loss Adjustment Expenses
\$ -	\$ 3,408,472
Real Estate	Reinsurance payable on paid losses
\$ 7,555,198	\$ (86,818)
Cash and Short-Term Investments	Reserve for Unearned Premiums
\$ 54,664,246	\$ (370,529)
Agents' Balances &/or Uncollected Premiums	Reserve for Other Expenses
\$ 8,169,359	\$ 962,115
Investment Income Due & Accrued	Reserve for Taxes, Licenses, and Fees
\$ 1,520,651	\$ 678,856
Net Deferred Tax Asset	Reserve for Current Federal Income Taxes
\$ 5,356,464	\$ 811,218
Amounts Recoverable from Reinsurers	Ceded Reinsurance Premiums Payable
\$ 20,409,211	\$ 15,250,621
Electronic Data Processing Equipment and Software	Funds Held Under Reinsurance Treaties
\$ 86,336	\$ 2,195,878
Receivable from Parent, Subsidiaries and Affiliates	Reserve for Reinsurance
\$ 165,402	\$ 10,840,230
Aggregate write-ins for other than Invested Assets	Remittances and Items Not Allocated
\$ -	\$ 3,125,601
Furniture & Equipment	Payable to Parent, Subsidiaries and Affiliates
\$ 9,103	\$ 12,125,811
Total Assets	Payable for Securities
<u><u>\$ 404,208,357</u></u>	\$ 50,627
	Aggregate Write-Ins for Liabilities
	\$ 291,745,886
	Total Liabilities
	<u><u>\$ 351,273,010</u></u>
	POLICYHOLDERS' SURPLUS
	Capital Stock & Paid In Surplus
	\$ 4,213,226
	Paid In & Contributed Surplus
	\$ 37,309,523
	Surplus
	<u><u>\$ 11,412,598</u></u>
	Total Policyholder Surplus
	<u><u>\$ 52,935,347</u></u>
	Total Liabilities & Policyholder Surplus
	<u><u>\$ 404,208,357</u></u>

CERTIFICATE

I certify that the above financial statements to the best of my knowledge are a true and accurate reflection of the financial condition of the Company as of December 31, 2021. Additionally, I certify that the above financial statements are in agreement with the Statutory Financial Statements filed with the Texas Department of Insurance as of the same date.

Greg Lauer

P. Gregory Lauer
SVP, CFO & Treasurer

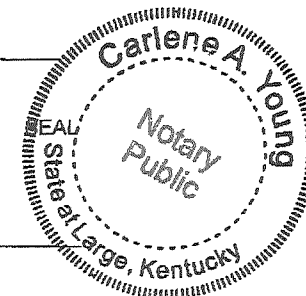
SUBSCRIBED

and sworn to me this 3rd day of March 2022.

My commission expires: November 16, 2023

Carlene A. Young
Notary Public

Carlene A. Young
Printed Name



SECRETARY'S CERTIFICATE

OF

MILLER PIPELINE, LLC

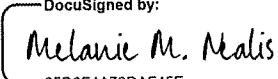
February 2, 2023

I, the undersigned, Chief Legal Officer and Secretary of Miller Pipeline, LLC, a limited liability company organized and existing under the laws of the State of Indiana (the "Company"), do hereby certify, solely in my capacity as an officer of the Company that I am authorized to execute and deliver this Certificate on behalf of the Company and not in my individual capacity. Under such authority, I do hereby certify that the following individuals are authorized by Company to make, execute, endorse and deliver in the name of and on behalf of the Company, but shall not be limited to, any and all written instruments, agreements, documents, execution of deeds, powers of attorney, transfers, assignments, contracts, obligations, certificates and other instruments of whatever nature to carry out all actions without limitations which may be deemed necessary to carry out the Company's business:

Dale Anderson
Frank Bracht
Chad Davis
Butch McAreavy
Josh Sargent
Chris Schuler
Dan Short
Jeff Sutcliffe
Dave Tucker
Jim Wilson

IN WITNESS WHEREOF, I have hereunto set my hand as of the date first set forth above.

MILLER PIPELINE, LLC

By: 
65DBE4A79DAF45E
Name: Melanie M. Nealis
Title: Chief Legal Officer & Secretary



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE UNDERGROUND UTILITY & EXCAVATION CO HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

WATTERS, DANIEL D

MILLER PIPELINE, LLC
8850 CRAWFORDSVILLE ROAD
INDIANAPOLIS IN 46234

LICENSE NUMBER: CUC1225569

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

State of Florida

Department of State

I certify from the records of this office that MILLER PIPELINE, LLC is an Indiana limited liability company authorized to transact business in the State of Florida, qualified on May 18, 2011.

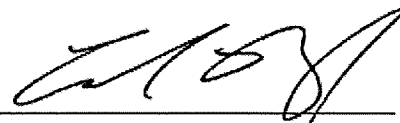
The document number of this limited liability company is M11000002543.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on May 3, 2023, and that its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Third day of May, 2023*




Secretary of State

Tracking Number: 9361621464CC

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

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



May 19, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MILLER PIPELINE, LLC
8850 CRAWFORDSVILLE ROAD
INDIANAPOLIS, IN 46234

Qualification documents for MILLER PIPELINE, LLC were filed on May 18, 2011, and assigned document number M11000002543. Please refer to this number whenever corresponding with this office.

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

This document was electronically received and filed under FAX audit number H11000134535.

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

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

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

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

Karen A Saly
Regulatory Specialist II
Regulatory/Qualification Section
Division of Corporations

Letter Number: 111A00012410

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Charles P White, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MILLER PIPELINE, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 19, 1995, and was in existence or authorized to transact business in the State of Indiana on May 10, 2011.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Tenth Day of May, 2011

Charles P. White

Charles P White, Secretary of State

1995070787 / 2011051096983

CITY OF LAKELAND

BUSINESS TAX RECEIPT

Expires on: 9/30/2023

Business Tax Office, 228 S Massachusetts Ave., Lakeland, FL 33801

Account Number: 1393612
Workers: 30
Square Footage: 5,000
Fee: \$502.63

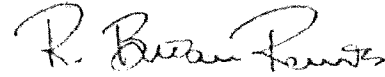
Location Address

2332 OLD COMBEE RD #101

Business Name & Mailing Address

MILLER PIPELINE LLC
VISCO
ATTN: ANGELA ZELLERS
PO BOX 34141
INDIANAPOLIS, IN 46234

This business tax receipt does not permit the holder to operate in violation of any City law, ordinance or regulation. Any change in location or ownership must be approved by the City Business Tax Section, subject to zoning restrictions. This Receipt does not constitute an endorsement, approval or disapproval of the holder's skill or competence or of the compliance or noncompliance of the holder with other laws, regulations or standards.



RECEIPT MUST BE CONSPICUOUSLY DISPLAYED IN YOUR PLACE OF BUSINESS

VALID ONLY WHEN SIGNED

Bus. Type(s) Bus. Subtype(s)

Quantity

CAT I-INDUSTRIAL MANUFACTURER

CATEGORY I

**State of Indiana
Office of the Secretary of State**

**CERTIFICATE OF AMENDMENT
of
MILLER PIPELINE CORPORATION**

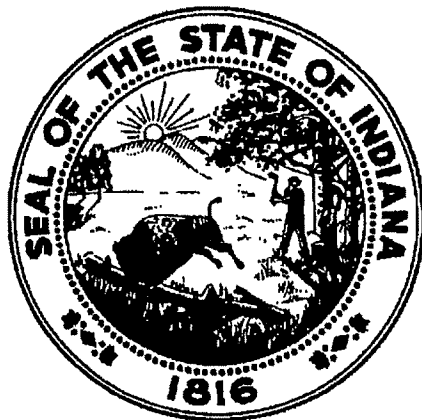
I, CHARLES P. WHITE, Secretary of State of Indiana, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company (LLC) have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

The name following said transaction will be:

MILLER PIPELINE, LLC

Indiana Secretary of State
Packet: 1995070787
Filing Date: 12/30/2010
Effective Date: 12/31/2010

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, December 31, 2010.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 30, 2010.

Charles P. White

CHARLES P. WHITE,
SECRETARY OF STATE

1995070787 / 2011010358707

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

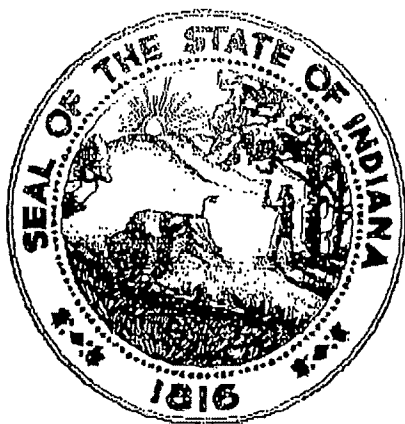
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MILLER PIPELINE CORPORATION

filed Articles of Incorporation on July 19, 1995, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Sixth day of November, 1995.

Sue Anne Gilroy
SUE ANNE GILROY, Secretary of State

[Signature]
Deputy



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/1/2023

2/22/2023

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).

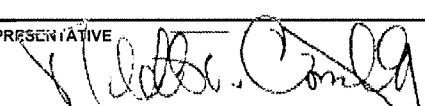
PRODUCER Lockton Companies 1185 Avenue of the Americas, Suite 2010 New York NY 10036 646-572-7300	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER B : American Zurich Insurance Company</td> <td>40142</td> </tr> <tr> <td>INSURER C : American Guarantee and Liab. Ins. Co.</td> <td>26247</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 : Zurich American Insurance Company	16535	INSURER B : American Zurich Insurance Company	40142	INSURER C : American Guarantee and Liab. Ins. Co.	26247	INSURER D :		INSURER E :		INSURER F :
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INSURED 1519818 Miller Pipeline, LLC Miller Pipeline Corporation 8850 Crawfordsville Road Indianapolis IN 46234															

COVERAGES **CERTIFICATE NUMBER:** 19358000 **REVISION NUMBER:** XXXXXXXX

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 <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	N	N	GLO9242201-10	4/1/2022	4/1/2023	EACH OCCURRENCE \$ 4,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 4,000,000 GENERAL AGGREGATE \$ 8,000,000 PRODUCTS - COMP/OP AGG \$ 8,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	BAP9242202-11	4/1/2022	4/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	SXS 5664357-01	4/1/2022	4/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
B	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	N/A	WC9242205-10	4/1/2022	4/1/2023	<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)
 Stop Gap Coverage is included under the Workers Compensation policy for the States of Ohio, Washington, Wyoming and North Dakota.

CERTIFICATE HOLDER 19358000 Evidence of Insurance	CANCELLATION See Attachments SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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E-VERIFY IS A SERVICE OF DHS

Company ID Number: 243437

Approved by:

Employer Miller Pipeline Corporation

Neha Arora

Name (Please Type or Print)

Title

Electronically Signed

Signature

08/31/2009

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

08/31/2009

Date