



City of North Port  
FINANCE DEPARTMENT/PURCHASING  
DIVISION 4970 CITY HALL BLVD  
NORTH PORT, FL 34286  
Office: 941.429.7170  
Fax: 941.429.7173  
Email: [purchasing@cityofnorthport.com](mailto:purchasing@cityofnorthport.com)



NOTICE OF AVAILABILITY OF BID SPECIFICATIONS  
REQUEST FOR BID NO. 2019-XX  
CRANBERRY BRIDGE CROSSING WATER MAIN REPLACEMENT

The City of North Port is requesting sealed bids to secure the services of an experienced, professional, licensed, and qualified Contractor capable of providing construction services in accordance with specifications to furnish all labor, materials, equipment and incidentals required to construct the City of North Port Cranberry Bridge Crossing Water Main Replacement Project in its entirety as shown on the construction drawings and specified herein.

NON-MANDATORY PRE-BID MEETING: **December 13, 2018, AT 10:00 AM**  
4970 CITY HALL BOULEVARD, ROOM 302, NORTH PORT, FLORIDA  
34286

*All potential Bidders are recommended to attend the non-mandatory pre-bid conference. The purpose of the Pre-Bid Meeting is to provide a briefing on the City's expectations and performance requirements for submission of Bid documents.*

BID OPENING: **January 15, 2019 AT 2:00 PM**  
4970 CITY HALL BOULEVARD, ROOM 302, NORTH PORT, FLORIDA  
34286

**\*\*ALL BIDS ARE DATE AND TIME STAMPED IN THE FINANCE DEPARTMENT, SUITE 337 FIRST AND THEN ARE OPENED IN SUITE 302\*\***

Information regarding this project may be viewed and downloaded from Demandstar's website at [www.demandstar.com](http://www.demandstar.com). Links to DemandStar are also available from the city website at [www.cityofnorthport.com](http://www.cityofnorthport.com). Bid specifications are posted on the City FTP site at [http://apps.cityofnorthport.com/ftpinfo/dnld\\_form.aspx](http://apps.cityofnorthport.com/ftpinfo/dnld_form.aspx) (go to the drop down box, select Purchasing and scroll to Project RFB No. 2019-40; however, the only place to obtain addenda are on [www.demandstar.com](http://www.demandstar.com)). If you have any questions, concerns, or problems accessing the bid package using the link, please contact Keith Raney, Contract Administrator II at 941.429.7103. Requests for additional information or clarification regarding the specifications must be sent via facsimile to 941.429.7173 or via email to [purchasing@cityofnorthport.com](mailto:purchasing@cityofnorthport.com). No verbal requests will be honored. All questions and clarifications must be submitted via e-mail or facsimile by **January 8, 2019 at 2:00 PM**.

The City of North Port does not discriminate on the basis of race, color, national origin, sex, age, disability, family or religious status in administration of its programs, activities or services.

PUBLISH DATES: **November 30, 2018**

- Herald Tribune

PUBLISH DATES: **November 30, 2018**

- [www.cityofnorthport.com](http://www.cityofnorthport.com) & [www.demandstar.com](http://www.demandstar.com)

**BIDDER CHECKLIST**

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

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

**BID BOND (INCLUDED IN SUBMITTAL)**☒ YES ☐ NO**PERFORMANCE BOND IS ONLY TO BE SUPPLIED BY THE AWARDED VENDOR AT TIME OF PRE CONSTRUCTION MEETING.**

City of North Port  
 Finance Department/Purchasing Division  
 Keith Raney, Contract Administrator II  
 4970 City Hall, Suite 337  
 North Port, Florida 34286  
 RFB NO. 2019-40 CRANBERRY BRIDGE REPLACEMENT

Date: 1/15/19Signed (Person authorized to bind the company): Name (printed): Keith C. Andrew II Title: President**(THIS PAGE MUST BE COMPLETED AND SUBMITTED)**



## BID FORM

Name of Bidder: Andrew Sitework LLC.Business Address: 2511 Palm AveFort Myers, FL 33916Telephone Number: 239-226-1606 Fax Number: 239-226-1605E-mail Address: ralpha@andrewsitework.comContractor License #: CUC 12241664FEID #: 26-3291871

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

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

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

**TOTAL BID PRICE:**

One hundred forty six thousand three hundred ninety-two \$ 146,392.00  
 (TYPE/PRINT) (NUMERIC)

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

Date: 1/15/19Signed (Person authorized to bind the company): Name (printed): Ralph C. Andrew III Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

## ADDENDA AND BOND FORM

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

Addendum No.	1	Dated	12/14/18	Addendum No.		Dated	
Addendum No.	2	Dated	12/28/18	Addendum No.		Dated	
Addendum No.		Dated		Addendum No.		Dated	
Addendum No.		Dated		Addendum No.		Dated	

BID BOND AND PERFORMANCE/PAYMENT BOND

BID BOND: ACCOMPANYING THIS PROPOSAL IS "Bidders Bond"

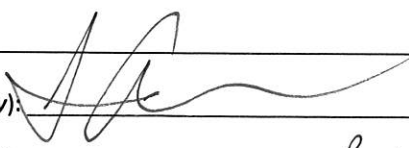
(insert: "cash", "bidder's bond", or "certified check", as the case may be) in an amount equal to at least 5% of the total amount of the bid, payable to the City of North Port. Cashier's checks will be returned to all bidders after award of bid. If supplying a bid bond please use the attached bid bond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

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

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

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

Date: 1/15/19

Signed (Person authorized to bind the company): 

Name (printed): Ralph C. Andrew III Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)



## BID SCHEDULE - SUMMARY OF PAYITEMS

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

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

ITEM	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	COST
5	14" HDPE DR-11 Water Main (Subaqueous HDD) STA 15 + 15 TO STA 10 + 58 w HDPE Adapter/Reducer	430	LF	128.30	55,169.00
6	12" PVC Potable Water Main, DR-18 (Open Cut)	60	LF	110.00	6,600.00
7	12" Potable Water 45° Bends, MJ	4	EA	1,302.00	5,208.00
8	12" Gate Valves, MJ, With Valve Boxes	2	EA	3,164.00	6,328.00
9	12" TIE INS TO EXISTING AC WM's w Thrust Blocks	2	EA	3,337.00	6,674.00
10	1" Potable ARV Assy	2	EA	2,149.00	4,298.00
11	Potable Service Connections, Residential (1" Re-connections to Existing Meters)	1	EA	1,195.00	1,195.00
12	Abandon In Place With Flowable Fill 12" AC Potable Water Mains (320 LF)	10	CY	722.00	7,220.00
13	Remove the existing steel pipe (100LF) and hardware. Cut flush with abutment and mortar	1	LS	2,076.00	2,076.00
14	Concrete Sidewalk Restoration (4" Thick)	5	SY	862.00	4,310.00
15	Sodding	24	SY	138.00	3,312.00
SUB TOTAL ITEMS 5 - 15					102,390.00
1	Mobilization (Maximum 6% of Total Base Bid )	1	LS	7,848.00	7,848.00
2	Maintenance of Traffic	1	LS	19,087.00	19,087.00
3	Field Layout and Record Drawings	1	LS	13,603.00	13,603.00
4	Closeout	1	LS	3,464.00	3,464.00

RFB NO. 2019-40 CRANBERRY BRIDGE CROSSING WATER MAIN REPLACEMENT

	TOTAL COST ESTIMATE				146,392.00

Date: 1/15/19

Signed (Person authorized to bind the company): 

Name (printed): Ralph C. Andrew II Title: President

**(THIS PAGE MUST BE COMPLETED AND SUBMITTED)**



## EQUIPMENT AND SUBCONTRACTOR/SUPPLIER LIST

Equipment is located at: Office & Job Sites

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

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

## SOURCE OF SUPPLY AND SUBCONTRACTOR FORM

The following sources of supply and subcontractors shall be used for the RFB NO. **CRANBERRY BRIDGE CROSSING WATER MAIN REPLACEMENT**. 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 &amp; E-MAIL)

- Sylvester Excavating Inc - 941-475-6392 - jimsylvex@gmail.com
- 
- 
- 

SUPPLIER(S)

- To be determined
- 
- 
- 

Date: 1/15/19

Signed (Person authorized to bind the company): 

Name (printed): Keith C. Andrew Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

QUALIFICATIONS AND REFERENCES

The Bidder (Company) shall have been in Commercial Construction Business with experience in projects involving water main installation, connections to existing water mains, and all associated testing, miscellaneous work, restoration, and clean-up. Bidder shall demonstrate successful completion of a minimum of four (3) projects completed within the past five (5) years of similar size and scope to the CRANBERRY BRIDGE CROSSING WATER MAIN REPLACEMENT.

1. Business/Customer Name: Wright Construction group

Name of Contact Person/Title: Jim Powell

Telephone# 239-872-1868 Fax 239-841-5200 E-mail jim@wrightg.com

Address 2200 Second St, Fort Myers, FL 33916

Phone Number 239-872-1868

Duration of Contract or business relationship 6 months

Type of Services Provided 11,000 LF of 24" Pm by open cut, 1,000 LF of 12" through 20" HDD

Contract Period: FROM 11/01/16 TO 4/01/17

Contract Price \$ 1,220,000.00 Contract Price at Completion of the Project \$ 1,220,000.00

2. Business/Customer Name: Lee County Docc

Name of Contact Person/Title: Jessica Munoz

Telephone# 239-533-8155 Fax 239-485-8383 E-mail jmunoz@leegov.com

Address 1500 Monroe St, Fort Myers, FL 32901

Phone Number 239-533-8155

Duration of Contract or business relationship 8 months

Type of Services Provided 10,000 LF of 12" Pm by open cut.

Date: 1/15/19

Signed (Person authorized to bind the company): 

Name (printed): Ralph C. Andrew Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)



3. Business/Customer Name: Lee County SocName of Contact Person/Title: Jessica MunozTelephone# 239-533-8155 Fax 239-485-8083 E-mail \_\_\_\_\_Address 1500 Munroe St, Fort Myers, FL 33901Contract Period: FROM 2014 TO 2015Contract Price \$ 2,274,000.00 Contract Price at Completion of the Project \$ 2,274,000.00Phone Number 239-533-8155Duration of Contract or business relationship 1 YearType of Services Provided Several thousand feet 18-24" Fm open cut, 42" Jack-n-BoreContract Period: FROM May 2014 TO May 2015Contract Price \$ 2,274,000.00 Contract Price at Completion of the Project \$ 2,274,000.004. Business/Customer Name: City of Cape CoralName of Contact Person/Title: William SperryTelephone# 239-574-0729 Fax \_\_\_\_\_ E-mail wsperry@capcoral.netAddress 1015 Cultural Park Blvd, Cape Coral, FL 33990Phone Number 239-574-0724Duration of Contract or business relationship 1 YearType of Services Provided 21,000 LK of 6" & 8" C900 by open cutContract Period: FROM December 2015 TO December 2016Contract Price \$ 1,697,000.00 Contract Price at Completion of the Project \$ 1,697,000.00Date: 1/15/19

Signed (Person authorized to bind the company):

Name (printed): Ruth C. Andrew Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

## STATEMENT OF ORGANIZATION

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

Company Name Andrew Sitework LLC.

239-226-1606 ralpha@andrewsitework.com 239-226-1605  
Telephone # E-Mail Fax #

2511 Palm Ave  
Main Office Address

Fort Myers FL 33916  
City State Zip Code

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

Office Address

City State Zip Code

Telephone # E-mail Fax #

Ralph C. Andrew III / President  
Name & Title of Firm Representative

Federal Identification Number: 26-329871

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

Is this a Florida Corporation: (Please Check One)  
☒ Yes or ☐ No

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

N/A  
N/A

What kind of corporation is it: ☒ "For Profit" or ☐ "Not for Profit"  
Is it in good standing: ☒ Yes or ☐ No

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)



Authorized to transact business  
in Florida:

☒ Yes or ☐ No

State of Florida Department of State Certificate of Authority Document No.: CAC1224664

Does it use a registered fictitious name:

☒ Yes or ☐ No

Names of Officers:

President: Ralph C. Andrew III Secretary: " "  
Vice President: Brian P. Brandfass Treasurer: " "  
Director: \_\_\_\_\_ Director: \_\_\_\_\_  
Other: \_\_\_\_\_ Other: \_\_\_\_\_

Name of Corporation (As used in Florida):

Andrew Siteworn LLC.

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

Corporate Address:

Post Office Box: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

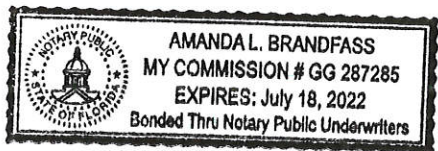
2511 Palm Ave

Fort Myers, FL 33916

STATE OF FL.

COUNTY OF Lee

Sworn to and subscribed before me this 15<sup>th</sup> day of January, 2019, by Ralph C. Andrew III  
who ☒ is personally known to me or ☐ has produced his/her driver's license as identification.



Amanda L. Brandfass  
Notary Public - State of Florida

Print Name: Amanda L. Brandfass

Commission No: \_\_\_\_\_

Date: 1/15/19

Signed (Person authorized to bind the company): \_\_\_\_\_

Name (printed): Ralph C. Andrew III Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

## NON-COLLUSIVE AFFIDAVIT

State of FL }  
 County of LEE } SS.

Before me, the undersigned authority, personally appeared:

Ralph C. Andrew III who, being first duly sworn, deposes and says that:

1. He/She is the President (Owner, Partner, Officer, Representative or Agent) of Andrew Sitework LLC., the Respondent that has submitted the attached reply;

2. He/She is fully informed respecting the preparation and contents of the attached reply and of all pertinent circumstances respecting such reply;

3. Such reply is genuine and is not a collusive or sham reply;

4. Neither the said Respondent nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other respondent, firm, or person to submit a collusive or sham reply in connection with the work for which the attached reply has been submitted; or have in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any respondent, firm, or person to fix the price or prices in the attached reply or of any other respondent, or to fix any overhead, profit, or cost elements of the reply price or the reply price of any other respondent, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the reply work.

Signed, sealed and delivered this 15<sup>th</sup> day of January, 2019.

By: [Signature]

Ralph C. Andrew III

(Printed Name)

President

(Title)

STATE OF FL  
 COUNTY OF Lee

Sworn to and subscribed before me this 15 day of January, 2019, by Ralph C. Andrew III who ☐ is personally known to me or ☒ has produced his/her driver's license as identification.

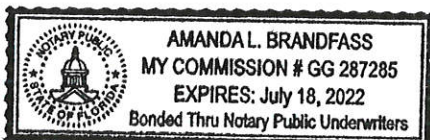
Amanda L. Brandfass  
 Notary Public, State of Florida

Print Name: Amanda L. Brandfass

Commission No: \_\_\_\_\_

NOTARY SEAL:

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)





**CONFLICT OF INTEREST FORM**

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

**PART I.**

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

**PART II:**

Are you going to request an advisory board member waiver?

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

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

Date: 1/15/19

Signed (Person authorized to bind the company): 

Name (printed): Keith C. Andrew #1 Title: President

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

**(THIS PAGE MUST BE COMPLETED AND SUBMITTED)**

## PUBLIC ENTITY CRIME INFORMATION

As provided by F.S. §287.133, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a Contractor, supplier, Subcontractor, or Consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

I, Ralph C. Andrew III, being an authorized representative of the Respondent Andrew Sitework LLC.,

Located at: 2511 Palm Ave

City: Fort Myers State: FL Zip Code: 33916, 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: [Signature] Date: 1/15/19

Telephone #: 239 - 226 - 1606 Fax #: 239 - 226 - 1605

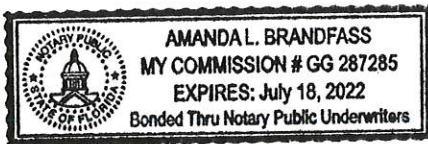
Federal ID #: 26 - 3291871 E-mail: ralphandrewsitework.com

State of FL

County of Lee

Sworn to and subscribed before me this 15th day of January, 2019, by Ralph C. Andrew III who ☐ is personally known to me or ☒ has produced his driver's license as identification.

NOTARY SEAL:



[Signature]  
Notary Public - State of Florida  
Print Name: Amanda L. Brandfass  
Commission No: \_\_\_\_\_

Date: 1/15/19

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

Name (printed): Ralph C. Andrew III Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)



## DRUG FREE WORKPLACE FORM

The undersigned Respondent in accordance with Florida Statute §287.087 hereby certifies that  
Andrew Sifework LLC does:

(Company Name)

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

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

## Check one:



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



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

  
 Signature

Ralph C. Andrew III  
 Print Name

1/15/19  
 Date

**(THIS PAGE MUST BE COMPLETED AND SUBMITTED)**

**AFFIDAVIT**  
**Claiming Status as a LOCAL BUSINESS**

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

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } SS.

Before me, the undersigned authority, personally appeared:

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

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

**AND**

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

**AND**

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

**AND**

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

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

State of Florida

County of \_\_\_\_\_

Sworn to 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**.

**{THIS PAGE MUST BE COMPLETED AND SUBMITTED}**

## AFFIDAVIT

## Claiming Status as a North Port Local Business

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

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } SS.

Before me, the undersigned authority, personally appeared:

\_\_\_\_\_

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

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

**AND**

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

**AND**

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AND**

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

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

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

State of Florida

County of \_\_\_\_\_

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

NOTARY SEAL:

\_\_\_\_\_  
 Notary Public - State of Florida

Print Name: \_\_\_\_\_

Commission No: \_\_\_\_\_

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



## 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. 2019-40 for the construction of Cranberry Bridge Crossing WATER main Replacement
2. This Sworn Statement is submitted by Andrew Sitework LLC. whose business address is 2511 Palm Ave, Fort Myers, FL 33916 and (if applicable) its Federal Employer Identification Number (FEIN) is 26-3891871.
3. My name is Ralph C. Andrew III (PRINTED OR TYPED NAME OF INDIVIDUAL SIGNING) and hold the position of President with the above entity.
4. The Trench Safety Standards that will be in effect during the construction of this Project are Florida Statute Section 553.60-55.64, Trench Safety Act, and OSHA Standard.
5. The undersigned assures that the entity will comply with the applicable Trench Safety Standards and agrees to indemnify and hold harmless the County and ENGINEER, and any of their agents or employees from any claims arising from the failure to comply with said standard.
6. The undersigned has appropriated \$ 1.00 per linear foot of trench to be excavated over 5' deep for compliance with the applicable standards and intends to comply by instituting the following procedures: single slope
7. The undersigned has appropriated \$ 1.00 per square foot for compliance with shoring safety requirements and intends to comply by instituting the following procedures: Trench box
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

Ralph C. Andrew III

Sworn to and subscribed before me

this

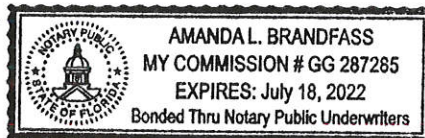
5th January, 2019

(date)

Notary Public Signature

(Notary Seal)

My Commission Expires:

7-18-2022

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

## Scrutinized Company Certification Form

Company Name: Andrew Setwork LLC.Authorized Representative Name and Title: Ralph C. Andrew IIIAddress: 2511 Palm Ave City: Fort Myers State: FL ZIP: 33916Phone Number: 239-226-1606 Email Address: ralph@andrewsetwork.com

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

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

## CHOOSE ONE OF THE FOLLOWING

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

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

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

Certified By: [Signature]  
AUTHORIZED REPRESENTATIVE SIGNATURE

Print Name and Title: Ralph C. Andrew III / President

Date Certified: 1/15/19

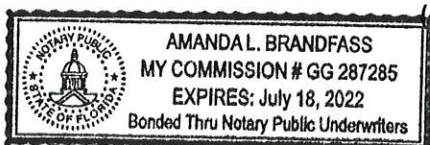
State of FL  
County of Lee

The foregoing instrument was acknowledged before me this 15 day of Jan., 2019 by Ralph Andrew III who is personally known to me or who has produced \_\_\_\_\_ as identification.

[Signature]  
Notary Public

Solicitation/Contract/PO Number (Completed by Purchasing): \_\_\_\_\_

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)





## LOBBYING CERTIFICATION

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

STATE OF FL

COUNTY OF LEE

This 15<sup>th</sup> day of January of 2018 Ralph C. Andrew, being first duly sworn, deposes and says that he or she is the authorized representative of Andrew Sitework 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 15<sup>th</sup> day of January, 2018.

By: [Signature]

Ralph C. Andrew

(Printed Name)

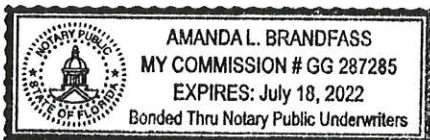
President

(Title)

STATE OF FL

COUNTY OF Lee

Sworn to and subscribed before me this 15 day of January, 2018, by Ralph C. Andrew who ☒ is personally known to me or ☐ has produced his/her driver's license as identification.



Notary Public - State of FL

Print Name: Amanda L. Brandfass

Commission No: \_\_\_\_\_

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)



## CITY OF NORTH PORT

## BID BOND

In Compliance with F.S. Chapter 255.051

STATE OF FLORIDA, CITY OF NORTH PORT

KNOW ALL BY THESE PRESENTS, that Andrew Site Work, LLC, authorized by law to do business as a Utility/Excavation contractor in the State of Florida, as Principal, and The Ohio Casualty Insurance Company, a Corporation chartered and existing under the laws of the State of New Hampshire, as Surety, with its principal offices in the City of Boston, MA, and authorized to do business in the State of Florida, and in accordance with Section 255.051, Florida Statutes, are held and firmly bound unto the City of North Port, Florida, in the full and just sum of 5% of the Total Bid Price, in good and lawful money of the United States of America, to be paid upon demand by the City of North Port, to which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, and assigns, joint and severally and firmly by these presents. The condition of the obligation is such, that whereas the Principal has submitted the attached Bid, dated January 15, 2019, for (CRANBERRY BRIDGE CROSSING WATER MAIN REPLACEMENT, RFB 2019-40).

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

IN THE WITNESS WHEREOF, the above written parties have executed this instrument under their several seals dated January 15, 2019, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

Witness as to Principal:

B.P. Beaudry  
(By)

Andrew Site Work, LLC (SEAL)  
(Principal) PRESIDENT  
Ralph C. ANDREW III  
Printed Name

The Ohio Casualty Insurance Company (SEAL)  
(Surety's Name)

Witness as to Surety:  
Rita Lazarides  
Rita Lazarides

Brett Rosenhaus  
Brett Rosenhaus (By-As Attorney-in-Fact, Surety)

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



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company  
The Ohio Casualty Insurance Company  
West American Insurance Company

Certificate No: **8197079- 964020**

## POWER OF ATTORNEY

**KNOWN ALL PERSONS BY THESE PRESENTS:** That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Brett Rosenhaus

all of the city of Delray Beach state of FL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

**IN WITNESS WHEREOF**, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 10th day of October, 2018.



Liberty Mutual Insurance Company  
The Ohio Casualty Insurance Company  
West American Insurance Company

By:

David M. Carey  
David M. Carey, Assistant Secretary

State of PENNSYLVANIA ss  
County of MONTGOMERY

On this 10th day of October, 2018 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute 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 have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Teresa Pastella, Notary Public  
Upper Merion Twp., Montgomery County  
My Commission Expires March 28, 2021  
Member, Pennsylvania Association of Notaries

By:

Teresa Pastella  
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

### ARTICLE IV – OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

### ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

**Certificate of Designation** – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

**Authorization** – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, 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 15th day of January, 2019.



By:

Renee C. Llewellyn  
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

## STATEMENT OF NON-SUBMITTAL

If you **do not** intend to submit a bid on this service, please return this form (see information below) immediately.

We, the undersigned, have declined to submit a bid on the requested Request for Bid **2019-40 CRANBERRY BRIDGE CROSSING WATER MAIN REPLACEMENT**

- ☐ Insufficient time to respond to the Request for Bid.
- ☐ We do not offer this product/service.
- ☐ Our schedule would not permit us to perform.
- ☐ Unable to meet bond/insurance requirements.
- ☐ Specifications are unclear (explain below).
- ☐ OTHER (please specify below).

REMARKS: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*n/A*

Note: "Statement of No Bid" may be faxed or e-mailed to the Purchasing Division at [purchasing@cityofnorthport.com](mailto:purchasing@cityofnorthport.com) or faxed to 941.429.7173.





City of North Port  
FINANCE DEPARTMENT/PURCHASING DIVISION  
4870 CITY HALL BLVD, STE 337  
NORTH PORT, FLORIDA 34287  
Office: 941.429.7170  
Fax: 941.429.7173  
Email: [purchasing@cityofnorthport.com](mailto:purchasing@cityofnorthport.com)



December 14, 2018

ADDENDUM 1 ✓

TO: PROSPECTIVE BIDDERS

RE: RFB NO. 2019-40 Cranberry Bridge Crossing Water Main Replacement

DUE DATE January 15, 2019

City Hall, Room 302 (Bids need to be delivered to Room 337 so they can be date and time stamped on or before 2:00 PM. Bid opening will commence in Room 302 shortly thereafter)

Bidders are hereby notified that this addendum shall be made part of the above-named bid and contract documents. The following changes to the above bid are issued to modify, and/or clarify the bid and contract documents (the deletions are as ~~striketroughs~~ and additions as underlined). These items shall have the same force and effect as the original documents, and bids to be submitted on the specified date shall conform with the additions, deletions and revisions as listed herein.

ITEM #1: QUESTIONS/ANSWERS

Q1: For lane closures, is there a time limitation on how long we can have the lane closed?

A1: The City will require a MOT plan. The length of closure will have to be discussed and approved by the City before lane closures. There is not a time limitation on lane closures at this time.

Q2: Can the contractor use 12' fusible PVC for this project instead of HDPE?

A2: No

Firms are required to acknowledge receipt of this addendum on their proposal forms. All other terms and conditions of the original proposal and contract documents remain the same.

*Keith Raney*

Keith Raney, CPPB, CPPO  
Contract Administrator II  
Finance Department/Purchasing Division  
4970 City Hall Blvd.  
North Port, Florida 34286  
Tel: 941.429.7103  
Fax: 941.429.7173

E-mail: [kraney@cityofnorthport.com](mailto:kraney@cityofnorthport.com)

Receipt of Addendum No. 1 shall be noted within the Bid Form in the appropriate section.

End of Addendum No.1

Addendum #1



City of North Port  
FINANCE DEPARTMENT/PURCHASING DIVISION  
4870 CITY HALL BLVD, STE 337  
NORTH PORT, FLORIDA 34287  
Office: 941.429.7170  
Fax: 941.429.7173  
Email: [purchasing@cityofnorthport.com](mailto:purchasing@cityofnorthport.com)



December 28, 2018

ADDENDUM 2 ✓

TO: PROSPECTIVE BIDDERS

RE: RFB NO. 2019-40 Cranberry Bridge Crossing Water Main Replacement

DUE DATE January 15, 2019

City Hall, Room 302 (Bids need to be delivered to Room 337 so they can be date and time stamped on or before 2:00 PM. Bid opening will commence in Room 302 shortly thereafter)

Bidders are hereby notified that this addendum shall be made part of the above-named bid and contract documents. The following changes to the above bid are issued to modify, and/or clarify the bid and contract documents (the deletions are as ~~striketroughs~~ and additions as underlined). These items shall have the same force and effect as the original documents, and bids to be submitted on the specified date shall conform with the additions, deletions and revisions as listed herein.

ITEM #1: QUESTIONS/ANSWERS

Q1: The Florida Trench Safety Act form for "Cranberry Bridge Crossing Water Main Replacement, #2019-40" is on 2 pages in the bid documents – pages 63 and 66. Do you want both completed or just one?

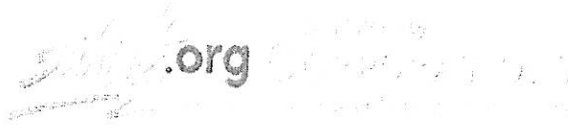
A1: Please use the Florida Trench Safety Act Form on Page 63 and Delete the Florida Trench Safety Act Form on page 66.

*Keith Raney*

Keith Raney, CPPB, CPPO  
Contract Administrator II  
Finance Department/Purchasing Division  
4970 City Hall Blvd.  
North Port, Florida 34286  
Tel: 941.429.7103  
Fax: 941.429.7173

E-mail: [kraney@cityofnorthport.com](mailto:kraney@cityofnorthport.com)

Receipt of Addendum No. 2 shall be noted within the Bid Form in the appropriate section.  
End of Addendum No.2



Department of State / Division of Corporations / Search Records / Detail By Document Number /

## Detail by Entity Name

Florida Limited Liability Company

ANDREW SITE WORK, LLC

### Filing Information

Document Number	L08000082353
FEI/EIN Number	26-3291871
Date Filed	08/28/2008
Effective Date	08/27/2008
State	FL
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	12/21/2015
Event Effective Date	NONE

### Principal Address

2511 Palm Ave.  
FORT MYERS, FL 33916

Changed: 04/14/2015

### Mailing Address

2511 Palm Ave.  
FORT MYERS, FL 33916

Changed: 04/14/2015

### Registered Agent Name & Address

Andrew , Ralph C, III  
4531 Forest Glen Dr.  
North Fort Myers, FL 33903

Name Changed: 02/04/2013

Address Changed: 01/22/2016

### Authorized Person(s) Detail

#### **Name & Address**

Title Authorized Member

Andrew , Amelia June  
4531 Forest Glen Dr.



North Fort Myers, FL 33903

Title Manager

ANDREW, RALPH Chancey, III  
4531 Forest Glen Dr.  
North Fort Myers, FL 33903

Annual Reports

Report Year	Filed Date
2016	01/22/2016
2017	01/06/2017
2018	02/07/2018

Document Images

<a href="#">02/07/2018 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/06/2017 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/22/2016 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/21/2015 - Merger</a>	<a href="#">View image in PDF format</a>
<a href="#">04/14/2015 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">12-18-2014 - CORRELATION</a>	<a href="#">View image in PDF format</a>
<a href="#">01/27/2014 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/04/2013 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/27/2012 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/05/2011 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/28/2010 - RESTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/28/08 - Florida Limited Liability</a>	<a href="#">View image in PDF format</a>

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000082353

**Entity Name:** ANDREW SITE WORK, LLC

**Current Principal Place of Business:**

2511 PALM AVE.  
FORT MYERS, FL 33916

**Current Mailing Address:**

2511 PALM AVE.  
FORT MYERS, FL 33916 US

**FEI Number:** 26-3291871

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANDREW, RALPH C III  
4531 FOREST GLEN DR.  
NORTH FORT MYERS, FL 33903 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** RALPH ANDREW III

02/07/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name ANDREW, AMELIA JUNE  
Address 4531 FOREST GLEN DR.  
City-State-Zip: NORTH FORT MYERS FL 33903

Title MANAGER  
Name ANDREW, RALPH CHANCEY III  
Address 4531 FOREST GLEN DR.  
City-State-Zip: NORTH FORT MYERS FL 33903

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** RALPH ANDREW

MANAGER

02/07/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date



Welcome  
Ralph Andrew

## Company Information

Company Name

Andrew Sitework

Company ID Number

399745

Doing Business As (DBA) Name

--

DUNS Number

--

### Physical Location

Address 1

2511 Palm Ave

Address 2

--

City

Fort Myers

State

FL

Zip Code

33916

County

LEE

### Mailing Address

Address 1

--

Address 2

--

City

--

State

--

Zip Code

--



**Additional Information**

Employer Identification Number  
263291871

Total Number of Employees  
20 to 99

Perform Verifications for Your Company's Employees  
Yes

Parent Organization  
--

**Organization Designation**

Employer Category  
None of these categories apply

[View / Edit](#)

NAICS Code  
221 - UTILITIES

[View / Edit](#)

Total Hiring Sites  
1

[View / Edit](#)

Total Points of Contact  
1

[View / Edit](#)

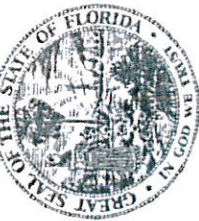
[View MOU](#)

Last Login: 03/14/2016 11:20 AM



## Equipment List

Acct #	Year / Make	Model	Type	Options
900-04	2003 Catapillar	420D	Tire Back Hoe w/ extendable hoe	
900-10	John Deere	135D	Excavator	
900-11	2000 Ford	F350	Ext Cab Utility Truck	Triton V8, Auto Trans, 2wd
900-15	Continental	N/A	37' X 6' Boat Trailer / Pipe Hauler	Tripple Axle, Tires 205X70R-14
900-16	John Deere	310J	Tire Back Hoe	
900-17	2LBIN/Hottapmachine	T24E	Hot Tapping Machine	Milwaukee 1/2" Stud drill 407CD13100046
900-18	Sullair	185DPQ JD	Tow Behind Air Compressor	Eng: JD 4045 / PE4045D205619
900-19	1992 Chevrolet	S10	Ext Cab Pick-Up Truck	V6, Manual Trans
900-20	96 International	8100	Single Axle Dump Truck	Eng: Cat 3176 / 9CK24626 Trans: Fuller RTX 11710C
900-21	2008 Horton Hauler	7 x 20 10k	10k Equipment Trailer	
900-22	2006 GMC	1500	Ext Cab Pick-Up Truck	5.3 Gas V8, Auto Trans, 4wd
900-23	2000 GMC	2500HD	Single Cab Utility Truck	6.0 Vortec V8, Auto Trans, 2wd - Lt245/75R16
900-24	Tripple Crown	TC 7x20 14k - 2	14k Equipment Trailer	Tires: ST 235/80R16
900-25	2006 Chevrolet	3500	Reg Cab Long Bed Dually Utility Truck	6.6 Diesel, Auto Trans, 2wd
900-26	2015 Chevrolet	2500	4 Door Crew Cab Pick Up	Vortec V8, 2WD, Auto Trans
900-27	Harlo	HP6500	4wd Off-Road Forklift	Eng: Cummins B4.5 / 46592604
900-28	Triple Crown	TC 7x20 14k - 2	14k Equipment Trailer	Tires: ST235/80R16
900-29	2013 Chevrolet	3500	Crew Cab Dually Utility Truck	Diesel, Auto, 4WD
900-30	John Deere	50G	Mini Excavator	
900-31	John Deere	50G	Mini Excavator	
900-32	2004 A&M	Boat	28' x 8' Flatdeck Pontoon Boat	2003 Yahmaha 40hp: C40TLRB / 6H4 L 1000112Q
900-32	2004 A&M	Road King	33' X 6' Boat Trailer	Tandem Axle, Tires: 20.5X8.0 - 10
900-33	John Deere	180G	Excavator	Eng: 4045HT068
900-34	Wacker	BPU5545A	Reversible Plate Compactor	
900-35	2008 Chevrolet	2500HD	4 Door Crew Cab Utilitiy Truck	6.6 Diesel, Auto Trans, 2wd, 245-75R16 Tires
900-36	BobCat	T650 T4	5 Ton Track Skid Steer	Eng: D24NAP Bobcat / 5036596
900-37	2015 Chevrolet	2500 HD	4 Door Dbl Cab w/ Long Bed	Eng: Vortec V8, 4WD, Auto Trans
900-38	2014 Chevrolet	2500 High Country	4 Door Crew Cab Pick Up	Eng: Vortec V8, 4WD, Auto Trans
900-39	2007 Mack	Granite CV713	Tripple Axle Dump Truck	427hp Mack Eng, Allison Auto Trans
900-40	2015 GMC	3500 HD	4 Door Dlb Cab Dually Utility Truck	Eng: Vortec V8, 2WD, Auto Trans
E-02	2000 Ford	F 350	Ext Cab Dually Flatbed Truck	7.3 Diesel, 6 spd Manual, 2wd
E-07	2012 Imperial	All Pro	Drill Rig Trailer	Tires: 235/85R16
E-15	2007 Ford	F450	Crew Cab Dually Flatbed Utilty Truck	6.0 Diesel, Auto, 2wd - WIX 51832 oil Filter
E-17	2014 Tripple Crown	TC 7x20 14k - 2	14k Equipment Trailer	235-85R16 Tires
Lease	John Deere	544k	Front End Loader	With 8 ft Forks and 3 Yard Bucket
RPO	John Deere	50G	Mini Excavator	24" Bucket: AT316563G
RPO	John Deere	204K	Mini Front End Loader	Bucket: AT413236 / Forks: 103884
RPO	BobCat	T650 T4	5 Ton Track Skid Steer	Eng: D24NAP Bobcat / Forks: 6712927
RPO	Case	CX470C	47 Ton Excavator	48" Bucket: CNH84404297 / SN 22084611



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, 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

**ANDREW, RALPH CHANCEY III**

ANDREW SITE WORK, LLC  
2511 PALM AVENUE  
FORT MYERS FL 33916

**LICENSE NUMBER: CUC1224664**

**EXPIRATION DATE: AUGUST 31, 2020**

Always verify licenses online at [MyFloridaLicense.com](http://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.



Jimmy Patronis  
CHIEF FINANCIAL OFFICER

Julius Halas  
DIVISION DIRECTOR



Casia Sinco  
BUREAU CHIEF

Keith McCarthy  
SAFETY PROGRAM MANAGER

FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF STATE FIRE MARSHAL  
200 East Gaines Street - Tallahassee, Florida 32399-0342  
Tel. 850-413-3644 Fax. 850-410-2467

CERTIFICATE OF COMPETENCY  
OFFICIAL COPY

THIS CERTIFIES THAT: Ralph C Andrew  
2511 Palm Avenue  
Ft. Myers FL 33916  
BUSINESS ORGANIZATION: Andrew Site Work LLC

Contractor V means a contractor whose business is limited to the execution of contracts requiring the ability to fabricate, install, inspect, alter, repair and service the underground piping for a fire protection system using water as the extinguishing agent beginning at the point of service as defined in the act and ending no more than 1 foot above the finished floor.

Issue Date: 07/01/2018  
Type: 09  
Class: 14  
County: Lee  
License/Permit #: 119776-0001-2008  
Expiration Date: 06/30/2020



A handwritten signature in cursive script that reads "Jimmy Patronis".

Chief Financial Officer



## Local Business Tax Receipt

MUOC0034  
2 of 2 in Group 17

Dear Business Owner:

Your 2017-2018 Lee County Local Business Tax Receipt is attached below for account number 1005090.

If there is a change in one of the following, refer to the instructions on the back of this receipt.

- Business name
- Ownership
- Physical location
- Business closed

This is not a bill. Detach the bottom portion and display in a public location.

I hope you have a successful year.

Sincerely,

Lee County Tax Collector

### 2017 - 2018 LEE COUNTY LOCAL BUSINESS TAX RECEIPT

Account Number: 1005090

State License Number: CUC1224664

*If state license has changed, contact our office at 239.533.6000*

Location:

2511 PALM AVE  
FT MYERS FL 33916

ANDREW SITE WORK LLC  
ANDREW RALPH CHANCEY III  
2511 PALM AVE  
FT MYERS FL 33916

Account Expires: September 30, 2018

May engage in the business of:

UNDERGROUND UTILITY & EXCAVATION  
CONTRACTOR-CERTIFIED

THIS LOCAL BUSINESS TAX RECEIPT IS NON REGULATORY

Payment Information:

PAID 451790-19-1

07/21/2017 01:17 PM

\$50.00



# Department of Environmental Protection

2600 Blair Stone Road, M.S. 3570  
Tallahassee, Florida 32399-2400

November 28, 2012

Congratulations on successfully completing the Florida Stormwater Erosion and Sedimentation Control Inspector Training Program. I greatly appreciate your participation in and successful completion of this course. I hope that it has helped you to better understand Florida's stormwater problems and the importance of proper design, construction, and maintenance of erosion and sediment controls during construction, in order to assure the proper long-term operation and maintenance of stormwater systems after construction is completed.

Attached you will find your numbered certificate and wallet card. Please let me know if there are any errors in the certificate or card, or in the grading of your exam. If I can be of further assistance, please do not hesitate to contact me at 850/245-8294 or via email: [halton.lunsford@dep.state.fl.us](mailto:halton.lunsford@dep.state.fl.us)

Brian Brandfass  
Andrew Site Work LLC  
4696 Elevation Way  
Ft. Myers, FL 33905

DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
STORMWATER EROSION AND SEDIMENTATION CONTROL  
INSPECTOR TRAINING PROGRAM

**Brian Brandfass**

Class Date November 1, 2012 Inspector Number 27909

QUALIFIED STORMWATER MANAGEMENT INSPECTOR

## QUALIFIED STORMWATER MANAGEMENT INSPECTOR

The undersigned hereby acknowledges that

**Brian Brandfass**

has successfully met all requirements necessary to be fully qualified through the Florida Department of Environmental Protection Stormwater Erosion and Sedimentation Control Inspector Training Program

*Hal Lunsford*  
Hal Lunsford

November 1, 2012

Inspector Number 27909

*Kristine Jones*  
Kristine Jones



**American Management Resources Corporation**



*Certifies that*

**Ralph Andrew**

*Has successfully completed the 8 Hour OSHA Course for handling  
Class II Asbestos-Containing Materials*

**CLASS II ASBESTOS WORK  
8 Hour OSHA Course**

March 25, 2011

*Course Date*

4391

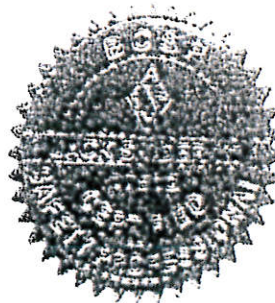
*Certificate Number*

*Jack Snider III*

*Jack Snider III, CSP,  
Course Instructor*

March 25, 2011

*Exam Date*



*Training Provided By AMRC*

*5230 Clayton Court • Fort Myers • Florida • 33907 • (239) 936-8266*

Client#: 1462194

132ANDRESIT

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/08/2018

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
BB&T-Oswald Trippe and Company  
13515 Bell Tower Drive  
Fort Myers, FL 33907  
239 433-4535

CONTACT NAME: Mary Hoshor  
PHONE (A/C, No, Ext): 239-433-7149 FAX (A/C, No): 866-802-8680  
E-MAIL ADDRESS: mhoshor@bbandt.com

INSURED  
Andrew Site Work LLC  
2511 Palm Avenue  
Fort Myers, FL 33916

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : FCCI Insurance Company	10178
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR 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"/> CCCLR <input checked="" type="checkbox"/> PD Ded: 1,000 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X X	GL00159255	09/15/2017	09/15/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	CA10000633402	09/15/2017	09/15/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		UMB10001793201	09/15/2017	09/15/2018	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X	001WC17A72134	04/01/2018	04/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Contractors - Leased/Rented Equipment		CM00077965	09/15/2017	09/15/2018	\$500,000 Limit \$5,000 Deductible

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

Workers Comp Coverage includes USL&H Coverage

\*\*\*\*\* FOR PROPOSAL PURPOSES ONLY \*\*\*\*\*

## CERTIFICATE HOLDER

## CANCELLATION

Andrew Site Work LLC  
2511 Palm Avenue  
Fort Myers, FL 33916

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

*Karen Fitzgerald-Keston*