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			
\Box	Qualifications/Reference Form if applicable)			
V 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			
15.	Provide any additional documentation requested within the Bid Document.			
16.	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)			
17.	Review "SAMPLE CONTRACT".			
18. NAME	Clearly mark the sealed bid with the BID NUMBER AND BID NAME on the outside of the package AND YOUR COMPANY			

City of North Port
Finance Department/Purchasing Division
Alla V. Skipper, CPPB, Senior Contract Administrator
4970 City Hall, Suite 337
North Port, Florida 34286
RFB NO. 2019-13 WASTEWATER TREATMENT PLANT INFLUENT CHANNEL COATING

Date: 9-27	-18	
Signed (Person au	uthorized to bind the company): _	Ser
Name (printed):_	Rulph C. Andrew III	Title: President
	ITUIS DAGE A	MICT DE COMPLETED AND CUDAUTTED

BID	FORM

Name of Bidder: Andrew Sitework LC
Business Address: 2511 Palm Ave
Fort Myers, FL 37916
Telephone Number: <u>234-226-1606</u> Fax Number: <u>239-226-1605</u>
E-mail Address: [alth andrews. tember.com
Contractor License #: Cuc 1224664
FEID#: 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: <i>WATER TRANSMISSION EXPANSION MCWTP TO ORTIZ PHASE I (small pipe)</i> 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:
Three hundred three thousand wine hundred thirty two dollars \$ 303,932.00 (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: $9-27-18$
Signed (Person authorized to bind the company):
Name (printed): Ralph C. Andrew HT Title: President (THIS PAGE MUST BE COMPLETED AND SUBMITTED)
(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.	Dated	Addendum No.	Dated	
Addendum No.	Dated	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	2100213	DUNIO	
(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.

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: 9-27-18

Signed (Person authorized to bind the company):

Name (printed): Ralph C. ANGREW III Title: PRESIDENT

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.

	Water Transmission Expansion MCWT	P to Orti	z Phase	e I (Small F	Pipe)			
	Bid Form Scho	edule						
BIDD	BIDDER NAME: Andrew Sitework LLC.							
<u>No.</u>	Description	EST QTY	<u>Unit</u>	Unit Cost	Extended Cost			
	General							
1	Mobilization	1		LS	14,989.00			
2	Utilities location, stakeout and survey	1		LS	14,989.00 40,252.00 31,785.00			
3	As-built survey and drawings	1		LS	31,785.00			
	Connection to Existing Water I	Main at Ea	ger Stre	et				
4	Hot tap with 8" tapping valve to existing 8" PVC water main	1	EA	5,738.00	5,738.00			
5	8"x16" Reducer	1	EA	2,087.00	2,087.00			
6	16x16x16 Tee for future stubout	1	EA	4,092.00	4,092.00			
7	16" gate valve for future stubout	1	EA	6,490.00	6,490.00			
8	16" plug for future stubout	1	EA	2,676.00	5,738.00 2,087.00 4,092.00 6,490.00 2,676.00			

Date: 9-27-18	
Signed (Person authorized to bind the company): _	de
Name (printed): Rulph C. Andrew III	Title: President

	Connection to Existing Water I	Vlain at Gr	obe Str	eet	
9	Cut-in with 8" tee to existing 8" ACP water main	1	EA	4,220.00	4,220.00
10	8"x16" Reducer	1	EA	2,044.00	2,044.00
11	16x16x16 Tee for future stubout	1	EA	4,049.00	4,049.00
12	16" gate valve for future stubout	1	EA	6,52100	6,521.00
13	16" plug for future stubout	1	EA	2,108.00	2,108.00
14	Sidewalk, retaining wall and railing restoration	1		LS	27,114.00
	Water Main from Eager Stree	et to Grob	e Street	15	
15	16" 45-degree bend	2	EA	2,576.00	5,152.00
16	16" 11.25-degree bend	1	EA	2,541.00	2,541.00
17	16" PVC DR-18 water main - open cut and restore turf	1,120	LF	100.50	112,560.00
18	16" DI Class 250 water main - open cut and restore pavement	35	LF	275.00	9,62500
	Water Main across West North	Drive at Ea	ger Str	<u>eet</u>	
19	Connect with 8" 45-degree bend to existing 8" PVC water main	1	EA	1,523.00	1,523.00
20	4"x8" Reducer	1	EA	863.00	863.00
21	4" DI Class 350 water main - open cut and restore turf	60	LF	140.00	8,400.00
22	4" DI Class 350 water main - open cut and restore pavement	30	LF	206.00	6,180.00
23	Cut-in with 4" tee to existing 4" ACP water main	1	EA	3,533.00	3,533.00
		TOTAL	ONSTR	UCTION COST:	303,932.00

Date: 9-27-18	
Signed (Person authorized to bind the company):	
Name (printed): Rallh C. Andrew IT	Title: Presiden+

EQUIPMENT AND SUBCONTRACTOR/SUPPLIER LIST

Equipment is located at: Office & 506

				expiration)
	See AHached		,	
wing sources of supply and su FO ORTIZ PHASE I (Small Pipe). or subcontractor is determined, (PLEATO)	If bidder does not have a so selection will be subject to SUBCONTRASE INCLUDE ADDRESS/TEL	for the RFB Nurce of supply City approval. ACTOR(S) EPHONE NUM	IO. 2019-13 WAT or subcontractor, (If not applicable,	insert "to be determin state N/A).
	SHIDDIH	:D/C)		

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 WATER TRANSMISSION EXPANSION MCWTP TO ORTIZ PHASE I.

1. Business/Customer Name: Wright Construction Grown
Name of Contact Person/Title: Jin Powell , Pm
Telephone# 239-872-1868 Fax 239-841-500 E-mail jimfa wrighty .com
Address 2200 Second St, Fort myers, 1=c 33916
Phone Number 239 - 872 - 1868
Duration of Contract or business relationship 6 Mon + h S
Type of Services Provided 11,000 (+ of 24" Fm by ofm Cut, 1,000 (+ of 12" through 30" HUTE by HDD
Contract Period: FROM
Contract Price \$ /, 220,000.00 Contract Price at Completion of the Project \$ /, 220,000.00
2. Business/Customer Name: LEE Coury Bocc
Name of Contact Person/Title: Jessica Mmoz, PE
Telephone# 239-533-8155 Fax 239-475-8383 E-mail 5 Munozd Lee, gov. com
Address 1500 MunRox St, Fort myers, FL 33901
Phone Number <u>339-533-8881</u>
Duration of Contract or business relationship & Munths
Type of Services Provided 10,000 Lt of 12" Poc by of my Cu+
Date: 9/27/18
Signed (Person authorized to bind the company):
Name (printed): Kully C. Andrew III Title: President

3. Business/Customer Name: LEE Courty Bocc
Name of Contact Person/Title: <u>Sessica Munoz</u> , P. G
Telephone# 239-533-8155 Fax 239-485-8383 E-mail jmmoza Lecgor. com
Address 1500 monRoe St, Fort myers, Fc 33901
Contract Period: FROM 2014 TO 2015
Contract Price \$ 2,274,000 Contract Price at Completion of the Project \$ 2,274,000
Phone Number 239 - 533 -815-5
Duration of Contract or business relationship / Year
Type of Services Provided Several thousand feet OF 18-24" OPEN Cut, 42" Jack N-BORE
Contract Period: FROM May 2019 TO May 2015
Contract Price \$ 2,274,000 Contract Price at Completion of the Project \$ 2,274,000
4. Business/Customer Name: Charlotte Conty Bocc
Name of Contact Person/Title: Chuck Henderson / Inspector
Telephone# 941-661-6475 Fax 941-743-1384 E-mail Chuck. henderson a Churutte county Ac. gor
Address 18500 Murdock Circle, Snite 344, Port Charlotte, FC 33948
Phone Number 941 - 661 - 6473
Duration of Contract or business relationship 2 Ye.v.s
Type of Services Provided 3,000 Lf of granty scar, 3,500 LF of 27' Flm by ofor cut, new lift station
Contract Period: FROM Jule 2015 TO Jule 2017
Contract Price \$ 4,300,000 Contract Price at Completion of the Project \$ 1,300,000
Date:9/27/18
Signed (Person authorized to bind the company): Name (printed): Rulph C. Andrew Hy Title: Presiden +
Title. 110), Aust

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.

	Sitework LLC.		
239) -226-1606	Palphacodversitework con	(239) - 226-1605-	
Telephone #	E-Mail	Fax #	
2511 Palm Abe			
Main Office Address			
Fort Myers	FL	33916	
Fort Myers City	デム State	33916 Zip Code	4
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#	
Rollin C. Andrew II	/ President		
Name & Title of Firm Represen			
Federal Identification Number:	26-329871		
		n the State of Florida unless registr	ration is not required
Bidder shall submit proof that it	t is authorized to do business in		ration is not required
Bidder shall submit proof that it	t is authorized to do business in	ease Check One)	ration is not required
Bidder shall submit proof that it aw. ५८८ भिनेनेबरमस्र	t is authorized to do business in	ease Check One)	ration is not required
Bidder shall submit proof that it aw. くくく みけないん s this a Florida Corporation:	t is authorized to do business in	ease Check One)	ration is not required
Bidder shall submit proof that it aw. くくこ けけないん s this a Florida Corporation: f not a Florida Corporation,	(PI Ves	ease Check One) or No NO NIG	
Bidder shall submit proof that it aw. らくな わけないん s this a Florida Corporation: f not a Florida Corporation, In what state was it crea	(PI Ves	lease Check One) or No <i>MG</i>	

Authorized to transact business in Florida:	Yes	or	□No	
State of Florida Department of State Certificate of Authority Document No.: CVC 1724664				
Does it use a registered fictitious name:	✓Yes	or	□No	
Names of Officers: President: <u>Laifh C. Andrew II)</u> Vice President: <u>Blian P. Brandfass</u>	Secretary: Treasurer:	11	"	
Director:	Director:			
Other:	Other:			
Name of Corporation (As used in Florida): And rea Site (Spelled exactly as it is registered with		ral goverr	nment)	
Corporate Address:				
Post Office Box: City, State Zip: Street Address: City, State, Zip: ### April Part Part Part Part Part Part Part Part	In Are lers., FL 339	3/6		
STATE OF FL				
COUNTY OF <u>Lee</u>				
Sworn to and subscribed before me this 27 day of who is personally known to me or in has produced Morganne J. Brooks Commission # GG127333 Expires: July 23, 2021 Bonded thru Aaron Notary	SePtember I his/her driver's Motary Public Print Name: Commission N	license as	identification	n.
Date: 9/27/18 Signed (Person authorized to bind the company):	di			
Name (printed): Ralph C. Andrew III	Title:_	Presi	dor	

NON-COLLUSIVE AFFIDAVIT

State ofFL
State of
Before me, the undersigned authority, personally appeared: who, being first duly sworn, deposes and says that:
1. He/She is the <u>fresident</u> (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 A > The control of the price of the price of 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 A > The control of the price
STATE OF FL.
Sworn to and subscribed before me this 27 day of September, 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 Florida Print Name: Morganne J. Brooks Commission No: G10127 333

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

Morganne J. Brooks Commission # GG127333 Expires: July 23, 2021 Bonded thru Aaron Notary

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 office 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 busine entity. For the purposes of [§112.313], indirect ownership does not include ownership by a spouse or min 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: 9(27/18
Signed (Person authorized to bind the company):
Name (printed): falk C. Andrew HT 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.

1, Rulph C. Andrew III	, being an authorized representative of the Respondent
Andrew Sitework CCC.	
Located at: 2511 Palm Are	
City: Fort Myers State: FC	Zip Code: <u>\$3916</u> , have read and understand
the contents above. I further certify that Respondent is not	disqualified from replying to this solicitation because of F.S.
§287.133. Signature:	Date: <u>9-27-18</u>
Telephone #: (239) - 226 - 1606	Fax #: (239) - 226 - 16-5-
Federal ID #: <u>26 - 329 18-7 1</u>	E-mail: <u>Callho Ondrew Siyowork. Com</u>
State of \overline{FL} County of \underline{Lee} Sworn to and subscribed before me this $\underline{27}$ day of \underline{SeF} is personally known to me or \Box has produced his driver's lice	
Morganne J. Brooks Commission # GG127333 Expires: July 23, 2021 Print	ry Public - State of Florida Name: Morganne J. Brooks mission No: GUA127333
Date: 9-27-18	
Signed (Person authorized to bind the company):	
Name (printed): <u>Ralph C. Ardrew LV</u> (THIS PAGE MUST BE COMP	Title: President

DRUG FREE WORKPLACE FORM

The	undersigned Respondent in accordance with Florida Statute §287.087 hereby certifies that Hodrew Sitework UC. 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.	
	employees for violations of such prombition.	
	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	
1	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	
	Signature	
	Raifn C. Andrew III Print Name	
	Print Name	
	9/27/18	
	Date	

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, person	nally appeared:
who, being first duly sworn, deposes and say	rs that:
1. I am the	(Owner, Partner, Officer, Representative or Agent) of, the Bidder that has submitted the attached proposal;
AND	, the blader that has submitted the attached proposal,
2. I am fully informed respecting the operati	on and employees of the Bidder;
	a physical business address located within the limits of Sarasota County
	eriod of six (6) months or more before submitting this bid, from which the
	jualifying local address is
	/
AND	
	the Bidder's employees are residents of the City of North Port. If requested
	rovide documentation substantiating the information given in this affidavit lest supporting documentation as evidence to substantiate the information
	sult in the bidder's submission being deemed non-responsive.
given in this arridavit. Fanare to do so will re-	and in the blader 3 3dbinission being decined 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) ye	ears.
State of Florida /	
County of	
Swarn to and subscribed before me this	day of, 20, bywho □
is personally known to me or \square has produced	
is personally known to the or in has produced	a his uriver's license as identification.
NOTARY SEAL:	
	Notary Public - State of Florida
	Print Name:
l	

This page to be returned $\underline{\text{ONLY}}$ if Contractor is claiming a $\underline{\text{Local Business Status}}.$

{THIS PAGE MUST BE COMPLETED AND SUBMITTED}

NIX

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: 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 fight 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 m/e this_____ day of _____, 20___, by ______who is personally known to me or \square has produced his driver's license as identification. NOTARY SEAL: Notary Public - State of Florida Print Name: _____

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

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

Commission No:

WX

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. for the construction of WATER		
. 1.	Transmission Expansion MCWTP TO ortiz Phase 1 (Small Pipe)		
2.	This Sworn Statement is submitted by Andrew Stewark LLC whose business address is 2511 Palm Ave, Fort Myers, Fc 33416 and (if applicable) its Federal Employer Identification Number (FEIN) is 26-38915-71.		
3.	My name is <u>Rallh</u> C. <u>Andrew</u> LH (PRINTED OR TYPED NAME OF INDIVIDUAL SIGNING) and hold the position of <u>President</u> 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 \$ 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: Trench Box 5' mfre Slope / Oshu Reau'rements		
7.	The undersigned has appropriated \$ 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. Authorized Signature/Title		
Sworn t	o and subscribed before me		
this <u></u>	(date) Molomie J. Public Signature		
My Con	nmission Expires: $3uly 23, 202l$ (Notary Seal)		
	Morganne J. Brooks		

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

Commission # GG127333 Expires: July 23, 2021 Bonded thru Aaron Notary

Scrutinized Company Certification Form			
Company Name: Andrew Sitework UC.			
Authorized Representative Name and Title: Raifn C. Andrew 14			
Address: 2511 Palm Ave City: Fort Myas State: FL ZIP: 33916			
Phone Number: 239-226-1606 Email Address: Calfhandrews Lewon. com			
A company is ineligible to, and may not, bid on, submit a proposal for, or enter into or renew a contract with the City of North Port for goods or services of any amount if, at the time of bidding on, submitting a proposal for, or entering into or renewing such contract, the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Florida Statutes, section 215.4725, or is engaged in a boycott of Israel.			
A company is ineligible to, and may not, bid on, submit a proposal for, or enter into or renew a contract with the City of North Port for goods or services of \$1 million or more if, at the time of bidding on, submitting a proposal for, or entering into or renewing such contract, the company is on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to Florida Statutes, section 215.473, or with companies engaged in business operations in Cuba or Syria.			
CHOOSE ONE OF THE FOLLOWING			
This bid, proposal, contract or contract renewal is for goods or services of less than \$1 million. As the person authorized to sign on behalf of the above-named company, and as required by Florida Statutes, section 287.135(5), I hereby certify that the above-named company is not participating in a boycott of Israel.			
This bid, proposal, contract or contract renewal is for goods or services of \$1 million or more. As the person authorized to sign on behalf of the above-named company, and as required by Florida Statutes, section 287.135(5), I hereby certify that the above-named company is not participating in a boycott of Israel, is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, and it does not have business operations in Cuba or Syria.			
I understand that pursuant to Florida Statutes, section 287.135, the submission of a false certification may result in the termination of the contract if one is entered into, and may subject the above-named company to civil penalties, attorney's fees and costs. Certified By: AUTHORIZED REPRESENTATIVE SIGNATURE			
Print Name and Title: Rulph C. Anthew 14 - President			
Date Certified:			
State of FL County of Lee			
The foregoing instrument was acknowledged before me this 27 day of Sept. , 2016 by Raiph C. Andrew who is personally known to me or who has produced as identification.			
morganie J.			
Notary Public Solicitation/Contract/PO Number (Completed by Purchasing): (THIS PAGE MUST BE COMPLETED AND SUBMITTED)			

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

LOBBYING CERTIFICATION

STATE OFFL			
COUNTY OF LEE			
This 37th day Seften Ber of 2018 Railh C. Hodran FF, being first duly sworn, deposes and says that he or she is the authorized representative of Andrew Situation. (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 tome 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 attempting to influence either directly or indirectly an officer or employee of the City, City Commission in contawarding 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			
STATE OF FL (Title)			
COUNTY OF Lee			
Sworn to and subscribed before me this <u>21</u> day of <u>September</u> , 2018, by <u>RalPh C. Andrew</u> who is personally known to me or □ has produced his/her driver's license as identification.			
Morganne J. Brooks Commission # GG127333 Expires: July 23, 2021 Bonded thru Aaron Notary Morganne J. Brooks Commission # GG127333 Expires: July 23, 2021 Bonded thru Aaron Notary Commission No: 0101127333			

Document A310[™] – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Andrew Site Work, LLC 2511 Palm Avenue

Fort Myers, FL 33916

OWNER:

(Name, legal status and address)

City of North Port

4970 City Hall Boulevard

North Port, FL 34286

BOND AMOUNT: \$ 5%

SURETY:

(Name, legal status and principal place of business)

The Ohio Casualty Insurance Company

175 Berkeley Street

Boston, MA 02116

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

Water Transmission Expansion MCWTP to Ortiz Phase I, Bid No. 2019-13

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and scaled this

27th

day of September, 2018

Andrew Site Work, LLC (Seal) (Principal) The Ohio Casualty Insurance Company (Surety) Rita Lazarides Attorney-in-Fact (Title) Brett Rosenhaus

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

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.

Certificate No. 8081708

Liberty Mutual Insurance Company The Ohio Casualty Insurance Company

West American Insurance Company

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; Tracey Boone-Brown; Emily Golecki; John R. Neu; Daniel F. Oaks; Becky Stanton; Kevin Wojtowicz

all of the city of Saint Petersburg, 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 2018 thereto this 2nd _ day of _ May



STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

On this 2nd day of May _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

West American Insurance Company

The Ohio Casualty Insurance Company Liberty Mutual Insurance Company

David M. Carey, Assistant Secretary

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:

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. 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-infact 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 27 day of Septem

1912

88 of 100



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

200

00/20/2000

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

02/07/2018 ANNUAL REPORT	View image in PDF format
01/08/2017 ANNUAL REPORT	View image in PDF format
91222016 - ANNUAL REPORT	View image in PDF format
12/21/2015 - Marger	View image in PDF formal
04/14/2015 ANNUAL REPORT	View image in PDF format
12/18/2 0 14 ~ CORLCOSMEM	View image in PDF format
01/20/2014 - ANNUAL REPORT	View image in PDF format
02:04/7:013 ANNUAL REPORT	View image in PDF format
00/20/2012 - ANNUAL REPORT	View image in PDF format
01/05/2011 ANNUAL REPORT	View image in PDF format
<u> 01/28/2010 - REINSTATEMENT</u>	View image in PDF format
08/28/2-10/5 - Florida Limited Liability.	View image in PDF format
08/28/2:103 - Florida Limited Liability	View image in PDF format

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

FILED Feb 07, 2018

Secretary of State

CC6536893767

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

Title

MANAGER

Name

ANDREW, AMELIA JUNE

Name

ANDREW, RALPH CHANCEY III

Address

4531 FOREST GLEN DR.

Address

4531 FOREST GLEN DR.

City-State-Zip: NORTH FORT MYERS FL 33903

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



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

7107

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	Туре	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	Continential	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 1171
000-21	2008 Horton Hauler	7 x 20 10k	10k Equipment Trailer	
00-22	2006 GMC	1500	Ext Cab Pick-Up Truck	5.3 Gas V8, Auto Trans, 4wd
00-23	2000 GMC	2500HD	Single Cab Utility Truck	6.0 Vortec V8, Auto Trans, 2wd - Lt245/75R16
00-24	Tripple Crown	TC 7x20 14k - 2	14k Equipment Trailer	Tires: ST 235/80R16
00-25	2006 Chevrolet	3500	Reg Cab Long Bed Dually Utility Truck	6.6 Diesel, Auto Trans, 2wd
00-26	2015 Chevrolet	2500	4 Door Crew Cab Pick Up	Vortec V8, 2WD, Auto Trans
00-27	Harlo	HP6500	4wd Off-Road Forklift	Eng: Cummins B4.5 / 46592604
00-28	Triple Crown	TC 7x20 14k - 2	14k Equipment Trailer	Tires: ST235/80R16
00-29	2013 Chevrolet	3500	Crew Cab Dually Utility Truck	Diesel, Auto, 4WD
00-30	John Deere	50G	Mini Excavator	2004-900009-00 €x 100-00 000-00 € 300-00-00
00-31	John Deere	50G	Mini Excavator	
00-32	2004 A&M	Boat	28' x 8' Flatdeck Pontoon Boat	2003 Yahmaha 40hp: C40TLRB / 6H4 L 1000112Q
00-32	2004 A&M	Road King	33' X 6' Boat Trailer	Tandem Axle, Tires: 20.5X8.0 - 10
00-33	John Deere	180G	Excavator	Eng: 4045HT068
00-34	Wacker	BPU5545A	Reversible Plate Compactor	
00-35	2008 Chevrolet	2500HD	4 Door Crew Cab Utiltiy Truck	6.6 Diesel, Auto Trans, 2wd, 245-75R16 Tires
00-36	BobCat	T650 T4	5 Ton Track Skid Steer	Eng: D24NAP Bobcat / 5036596
00-37	2015 Chevrolet	2500 HD	4 Door Dbl Cab w/ Long Bed	Eng: Vortec V8, 4WD, Auto Trans
00-38	2014 Chevrolet	2500 High Country	4 Door Crew Cab Pick Up	Eng: Vortec V8, 4WD, Auto Trans
00-39	2007 Mack	Granite CV713	Tripple Axle Dump Truck	427hp Mack Eng, Allison Auto Trans
00-40	2015 GMC	3500 HD	4 Door Dlb Cab Dually Utility Truck	Eng: Vortec V8, 2WD, Auto Trans
02	2000 Ford	F 350	Ext Cab Dually Flatbed Truck	7.3 Diesel, 6 spd Manual, 2wd
07	2012 Imperial	All Pro	Drill Rig Trailer	Tires: 235/85R16
15	2007 Ford	F450	Crew Cab Dually Flatbed Utilty Truck	6.0 Diesel, Auto, 2wd - WIX 51832 oil Filter
17	2014 Tripple Crown	TC 7x20 14k - 2	14k Equipment Trailer	235-85R16 Tires
ase	John Deere	544k	Front End Loader	With 8 ft Forks and 3 Yard Bucket
0	John Deere	50G	Mini Excavator	24" Bucket: AT316563G
0	John Deere	204K	Mini Front End Loader	Bucket: AT413236 / Forks: 103884
0	BobCat	T650 T4	5 Ton Track Skid Steer	Eng: D24NAP Bobcat / Forks: 6712927
0	Case	CX470C	47 Ton Excavator	48" Bucket: CNH84404297 / SN 22084611



JONATHAN ZACHEM, SECRETARY



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

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

ANDREW, RALPH CHANCEY III

ANDREW SITE WORK, LEC 2511 PALM AVENUE FORT MYERS FL 33916, LICENSE NUMBER: CUC1224664

EXPIRATION DATE: AUGUST 31, 2020

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.

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

Chief Financial Officer



Local Business Tax Receipt

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

Lay D. Hart

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

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

QUALIFIED STORMWATER MANAGEMENT INSPECTOR

QUALIFIED STORMWATER MANAGEMENT INSPECTOR

The undersigned hereby acknowledges that

Brian Brandfass

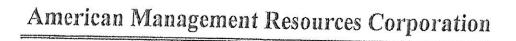
has successfully met all requirements necessary to be fully qualified through the Florida Department of Environmental Protection Stormwater Erosion and Sedimentation Control Inspector Training Program

November 1, 2012

Inspector Number 27909

Kiustane I mes

Kristine Jones





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

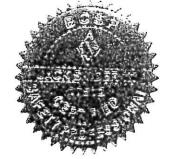
4391

Certificate Number

Jack Snider III, CSP, Course Instructor

March 25, 2011

Exam Date



Training Provided By AMRC 5230 Clayton Court • Fort Myers • Florida • 33907 • (239) 936-8266

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(les) 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

PRODUCER	CONTACT Mary Hoshor			
BB&T-Oswald Trippe and Company		No): 866-802-8680		
13515 Bell Tower Drive Fort Myers, FL 33907	E-MAIL ADDRESS: mhoshor@bbandt.com			
239 433-4535	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A : FCCI Insurance Company	10178		
Andrew Site Work LLC 2511 Palm Avenue Fort Myers, FL 33916	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.									
	NSR LTR TYPE OF INSURANCE		ADDL SUBRI INSR WVD POLICY NUMBE		POLICY EFF (MM/DD/YYY)			rs	
Α		X	X	X GL00159255	09/15/2017	7 09/15/2018	B EACH OCCURRENCE	s1,000,000	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s100,000	
	X PD Ded:1,000						MED EXP (Any one person)	s 5,000	
							PERSONAL & ADV INJURY	s1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	s2,000,000	
	X POLICY JECT LOC						PRODUCTS - COMP/OP AGG	s2,000,000	
	OTHER:							S	
Α	AUTOMOBILE LIABILITY	X		CA10000633402	09/15/2017	09/15/2018	COMBINED SINGLE LIMIT (Ea accident)	s1,000,000	
	X ANY AUTO SCHEDULED						BODILY INJURY (Per person)	S	
	AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	S	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	S	
	<u> </u>						***************************************	S	
A	X UMBRELLA LIAB X OCCUR		UMB10001793201	09/15/2017	09/15/2018	EACH OCCURRENCE	s4,000,000		
	EXCESS LIAB CLAIMS-MADE	1					AGGREGATE	\$4,000,000	
_	DED X RETENTION \$10000 WORKERS COMPENSATION	4						S	
A	AND EMPLOYERS' LIABILITY	N/A X	X	X 001WC17A72134	04/01/2018	04/01/2019	X STATUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE N						E.L. EACH ACCIDENT	\$1,000,000	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE		
^				01100077007				s1,000,000	
^	A Contractors -		CM00077965		09/15/2017 09	09/15/2018	\$500,000 Limit		
	Leased/Rented Equipment		İ				\$5,000 Deductible		
ESC		LES /A	2000	101 Additional Remarks Salas					
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									
AND THE RESIDENCE MADE AND ADDRESS AND ADD									
******** FOR PROPOSAL PURPOSES ONLY ***********									
ER	ERTIFICATE HOLDER CANCELLATION								
CANCELLATION									
And Longer Aller III and A. A.				SHOULD ANY OF THE ABOVE DESCRIBED BOLICIES BE CAUSELLED DEFORE					

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Andrew Site Work LLC 2511 Palm Avenue Fort Myers, FL 33916 AUTHORIZED REPRESENTATIVE Keen Fitzgerl. 1 Keston

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STATEMENT OF NON-SUBMITTAL

We, the undersigned, have declined to submit a bid on the requested Request for Bid 2019-13 WATER TRANSMISSION

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

EXPANSION MCWTP TO ORTIZ PHASE I 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: _____

Note: "Statement of No Bid" may be faxed or e-mailed to the Purchasing Division at <u>purchasing@cityofnorthport.com</u> or faxed to 941.429.7173.