

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.

- ☒ 1. Carefully read and become familiar with the Instructions to Bidders, General Provisions, Special Conditions and Technical Provisions, Permits, Inspections Reports, Surveys and Insurance Requirements.
- ☒ 2. Fill out and sign **Bid Form** (acknowledge addenda, bond information, subcontractors and suppliers, if applicable).
- ☒ 3. Fill out **Bid Price Schedule** (unit prices must be filled in every block).
- ☒ 4. Fill out and sign the **Statement of Organization** and have it properly notarized.
- ☒ 5. Provide **State of Florida Registration** (<http://www.sunbiz.org/search.html>)
- ☒ 6. 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 the **Reference Form**
- ☒ 9. Fill out and Sign the **Vendor 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 **Public Entity Crime Information**
- ☒ 12. Fill out and sign **No Lobbying Affidavit**
- ☒ 13. Fill out, sign and notarize **Scrutinized Companies Form**
- ☒ 14. **Letter of Bondability**
- ☒ 15. Provide **USB drive** (pdf of submittal)
- ☒ 16. Provide any additional documentation requested, including Licenses within the Bid Document.
- ☒ 17. **Submit ONE (1) Original AND ONE (1) Copy of submittal.**
- ☒ 18. **CREDIT CARDS** Does your company accept Credit Card Payments? (Credit card payments will be processed upon the City's inspection and acceptance of goods/services and receipt of invoice for payment. The City will not pay fees for credit card transactions). ☒ YES ☐ NO
- ☒ 19. Clearly mark the sealed bid with the **BID NUMBER AND BID NAME** on the outside of the package.

City of North Port
Finance Department/Purchasing Division
Keith Raney, Contract Administrator II
4970 City Hall, Suite 337
North Port, Florida 34286
RFB NO. 2018-64 Concrete Flatwork

Date: 8/21/18

Signed (Person authorized to bind the company): _____

Name (printed): Charles Buzeglia Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

BID FORM

Name of Bidder: Sinclair Structural Corporation
Business Address: 7541 Sawyer Circle
Port Charlotte FL 33981
Telephone Number: 941-809-3094 Fax Number: 941-698-9862
E-mail Address: Sinclairstructuralcorp@gmail.com
Contractor License #: CBC 1508955 FEID #: 82-4205670

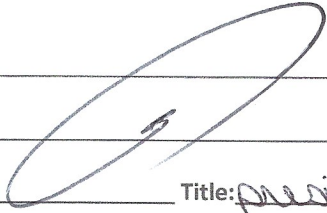
To the City Commission of the City of North Port pursuant to and in compliance with your notice inviting sealed bids (Invitation to Bid), Instructions to Bidders, and the other documents relating thereto, the undersigned bidder, having familiarized himself/herself with the terms of the Contract documents, 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, Schematics and any other documentation for: **RFB NO. 2018-64 CONCRETE FLATWORK (ANNUAL CONTRACT)** and further agrees to furnish all items listed on the attached Bid Form in accordance with the Unit prices in the 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:

(See Concrete Flatwork Pricing Form)

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: 8/21/18
Signed (Person authorized to bind the company): 
Name (printed): Charles Bucegaglia Title: president

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

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	8/6/18	Addendum No.		Dated	
Addendum No.		Dated		Addendum No.		Dated	
Addendum No.		Dated		Addendum No.		Dated	
Addendum No.		Dated		Addendum No.		Dated	

Date: 8/21/18

Signed (Person authorized to bind the company): _____

Name (printed): Charles Bioregia Title: president

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

CONCRETE FLATWORK PRICING

FLAT CONCRETE WORK	Price with removal of old concrete	Price – no concrete removal required
Jobs up to 300 sq. feet of 4" concrete	per sq ft \$ 19	per sq ft \$ 16
Jobs with 300 sq. feet to 500 sq. feet of 4" concrete	per sq ft \$ 18	per sq ft \$ 15
Jobs over 500 sq. feet of 4" concrete	per sq ft \$ 17	per sq ft \$ 14
Jobs up to 300 sq. feet of 6" concrete	per sq ft \$ 33	per sq ft \$ 28
Jobs with 300 sq. feet to 500 sq. feet of 6" concrete	per sq ft \$ 32	per sq ft \$ 27
Jobs over 500 sq. feet of 6" concrete	per sq ft \$ 31	per sq ft \$ 26

Lead time required for delivery of services: 30 calendar days (must be completed in 30 calendars days)

Contractor acknowledges that should he be awarded this contract and is unable to perform for reasons including, but not limited to, breakdown, scheduling, lack of equipment or manpower, then the City may, on an order basis, go to the next qualified bidder without penalty to the City.

COMPANY: Sinclair Structural Corporation

NAME/TITLE OF PERSON AUTHORIZED TO BIND: Charles Bisceglia / president

SIGNATURE: _____

DATE: 8/21/18

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

STATEMENT OF ORGANIZATION

Name of Business: Sinclair Structural Corporation

DBA (if any): _____

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

Business Address: 7541 Sawyer Circle
Fort Charlotte, FL 33981

Mailing Address (If applicable): _____

Phone: 941-809-3054 Fax: 941-698-9862

E-Mail: Sinclairstructuralcorp@gmail.com

Name/Title of person authorized to bind: Charles Biscaglia

Signature: _____

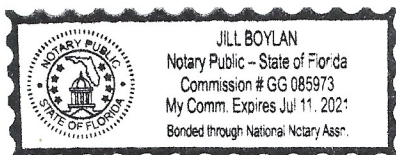
Are you registered with the State of Florida Department of State? ☒ Yes or ☐ No

If yes, what is your document number? P18000009654

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

STATE OF Florida
COUNTY OF Charlotte

Sworn to and subscribed before me this 21 day of Aug, 2018, by Charles Biscaglia who ☒ is personally known to me or ☐ has produced his/her driver's license as identification.



Notary Public - State of Florida

Print Name: Jill Boylan

Commission No: GG 085973

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

Detail by Entity Name

Florida Profit Corporation
SINCLAIR STRUCTURAL CORPORATION

Filing Information

Document Number P18000005654
FEI/EIN Number 82-4205670
Date Filed 01/17/2018
State FL
Status ACTIVE

Principal Address

7541 SAWYER CIRCLE
PORT CHARLOTTE, FL 33981

Mailing Address

7541 SAWYER CIRCLE
PORT CHARLOTTE, FL 33981

Registered Agent Name & Address

SINCLAIR, ROBERT O, III
11501 CELESTINE PASS
SARASOTA, FL 34240

Officer/Director Detail

Name & Address

Title PRES

BISCEGLIA, CHARLES B
13237 DARNELL AVENUE
PORT CHARLOTTE, FL 33981

Title VP

SINCLAIR, ROBERT O, III
11501 CELESTINE PASS
SARASOTA, FL 34240

Annual Reports

No Annual Reports Filed

Document Images

[01/17/2018 -- Domestic Profit](#) [View image in PDF format](#)

NON-COLLUSIVE AFFIDAVIT

State of Florida

County of Charlotte

SS. }

Before me, the undersigned authority, personally appeared:

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

1. He/She is the President (Owner, Partner, Officer, Representative or Agent) of Sinclair Structural Corporation 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 21 day of Aug, 20 18.

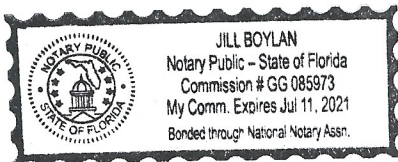
By: _____

Charles Bisceglia
(Printed Name)

President
(Title)

STATE OF Florida
COUNTY OF Charlotte

Sworn to and subscribed before me this 21 day of Aug, 20 18, by Charles Bisceglia who ☒ is personally known to me or ☐ has produced his/her driver's license as identification.



Notary Public - State of Florida

Print Name: Jill Boylan

Commission No: GG 085973

COMPANY NAME: Sinclair Structural Corporation

NAME/TITLE OF PERSON AUTHORIZED TO BIND: Charles Bisceglia

SIGNATURE: _____

(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.

COMPANY: Sinclair Structural Corporation

NAME/TITLE OF PERSON AUTHORIZED TO BIND: Charles Birighe / Resident

SIGNATURE: _____

DATE: 8/21/18

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

REFERENCES/CLIENT LISTING:

Provide three (3) satisfactory references within the past five (5) years of similar complexity, nature, and size of this project.

1. Company/Entity Name: Harden Dukes Custom Homes
Address: 7630 Sawyer Circle, unit 1
City: Port Charlotte State: FL Zip Code: 33981
Name of Contact Person: Matt Harden Title: owner
Telephone# 941-698-9438 Fax: _____ E-Mail: matt@hdcustomhomes.net
Contract Period: Current
Type of Product Supplied: concrete/masonry
Governmental or Private: Private Dollar Value of Contract \$ 36,875.00
2. Company/Entity Name: Vantage Homes
Address: P.O. Box 3686
City: Alcida State: FL Zip Code: 33946
Name of Contact Person: Peter Ide Title: owner
Telephone# 941-979-0047 Fax: _____ E-Mail: peter@vhomesfl.com
Contract Period: Current
Type of Product Supplied: concrete/masonry
Governmental or Private: Private Dollar Value of Contract \$ 13,255.00
3. Company/Entity Name: Gulf Reef Homes, Inc.
Address: 922 SE 13th Place
City: Cape Coral State: FL Zip Code: 33990
Name of Contact Person: Nancy Wagner Title: _____
Telephone# 239-673-8597 Fax: _____ E-Mail: cape_studio@yahoo.com
Contract Period: Current
Type of Product Supplied: concrete/masonry
Governmental or Private: Private Dollar Value of Contract \$ 47,794.00

COMPANY NAME: Sinclair Structural Corporation
NAME/TITLE OF PERSON AUTHORIZED TO BIND: Charles Biceglia / President
SIGNATURE: _____

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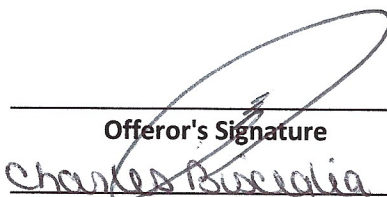
DRUG FREE WORK PLACE FORM

The undersigned Consultant in accordance with Florida Statute 287.087 hereby certifies that
Sinclair Structural Corporation 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.

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.



Offeror's Signature
Charles Buzeglia

Offeror's Name
8/21/18

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 Florida }
County of Charlotte } SS.

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

1. I am the President (Owner, Partner, Officer, Representative or Agent) of Sinclair Structural Corporation, 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 7541 Sawyers Circle

Fort Charlotte, FL 33981

AND

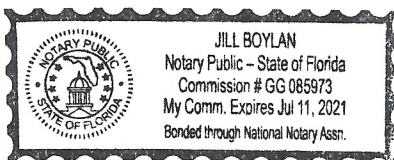
4. I affirm that at least fifty percent (50%) of the Bidder's employees are residents of the City of North Port. If requested by the City, the bidder will be required to provide documentation substantiating the information given in this affidavit. City of North Port reserves the right to request supporting 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 Charlotte

Sworn to and subscribed before me this 21 day of Aug, 2018, by Charles Biscaglia who ☒ is personally known to me or ☐ has produced his driver's license as identification.

NOTARY SEAL:



Jill Boylan
Notary Public - State of Florida

Print Name: Jill Boylan

Commission No: GG 085973

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

PUBLIC ENTITY CRIME INFORMATION

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

I, Charles Bisceglia, being an authorized representative of the Respondent,
Sinclair Structural Corporation, located at 7541 Sawyer Circle

City: Port Charlotte State: FL Zip Code: 33981, 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.

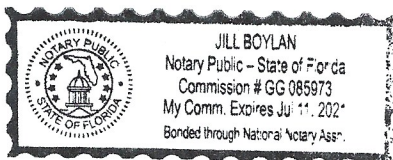
Signature: _____ Date: 8/21/18

Telephone #: 941-809-3024 Fax #: 941-698-9862

Federal ID #: 82-4209670

STATE OF Florida
COUNTY OF Charlotte

Sworn to and subscribed before me this 21 day of Aug, 20 18, by Charles Bisceglia
who ☒ is personally known to me or ☐ has produced his/her driver's license as identification.



Notary Public - State of Florida

Print Name: Jill Boylan

Commission No: GG 085973

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

LOBBYING CERTIFICATION

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

STATE OF Florida

COUNTY OF Charlotte

This 21 day of Aug of 2018 Charles Biceglia, being first duly sworn, deposes and says that he or she is the authorized representative of Sinclair Structural Corporation (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 21 day of Aug, 2018.

By: _____

Charles Biceglia
(Printed Name)

Resident
(Title)

STATE OF Florida

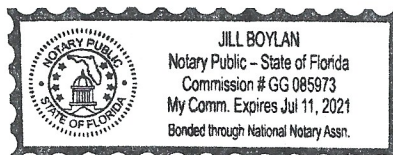
COUNTY OF Charlotte

Sworn to and subscribed before me this 21 day of Aug, 2018 by Charles Biceglia who ☒ is personally known to me or ☐ has produced his/her driver's license as identification.

Notary Public - State of Florida

Print Name: Jill Boylan

Commission No: GG 085973



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Scrutinized Company Certification Form

Company Name: Sinclair's Structural Corporation
Authorized Representative Name and Title: Charles Bisciglia / President
Address: 7941 Sawyer Circle City: Port Charlotte State: FL ZIP: 33981
Phone Number: 941-809-3084 Email Address: SinclairStructuralCorp@gmail.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

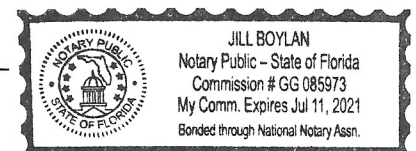
Print Name and Title: Charles Bisciglia / President

Date Certified: 8/21/18

State of Florida
County of Charlotte

The foregoing instrument was acknowledged before me this 21 day of Aug, 2018 by Charles Bisciglia 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)



PROTECTING OUR CLIENTS SINCE 1953

7120 BENEVA ROAD
SARASOTA, FL 34238-2850
TEL 941.366.8424
ATLASINSURANCEAGENCY.COM

August 14, 2018

Re: Sinclair Structural Corporation

To Whom It May Concern:

This letter will serve to confirm that Atlas Insurance Agency handles the surety for Sinclair Structural Corporation. Sinclair Structural Corporation is currently bondable and has a \$500,000 Single Project Limit and a \$500,000 Aggregate Work Program. Their surety, The Cincinnati Insurance Company, is rated A+ (Superior) XV by A.M. Best and has a Treasury Listing of \$460,128,000.

We feel that Sinclair Structural Corporation is a highly qualified contractor due to their experience of successfully completing projects in a timely, professional manner. We highly recommend them to you.

This letter is not an assumption of liability, nor is it a bid bond or performance bond. The Cincinnati Insurance Company reserves the right to any and all final decisions regarding bond authorizations based on the underwriting information at the time of the request.

Should you have any additional questions regarding this contractor's bonding capabilities, please do not hesitate to contact me at (941) 993-6753.

Thank you.

Sincerely,


Jared Hawkins

JMH/cm

2017-18

SARASOTA COUNTY BUSINESS TAX RECEIPT

ACCOUNT NO.
990010124761

THIS TAX DOES NOT ASSURE QUALITY OF WORK OR CONFIRM THAT REGULATORY OR ZONING REQUIREMENTS HAVE BEEN MET. IT IS THE OWNER'S RESPONSIBILITY TO ENSURE COMPLIANCE.

MACHINES
BUSINESS TYPE
003900 SERVICE

ROOMS
SEATS
EMPLOYEES
4


BUSINESS ADDRESS
7541 SAWYER CIR
OUT-OF-COUNTY, FL 33981

PAID-1055454.0001-0001 N21 04/18/2018 7.22

SINCLAIR STRUCTURAL CORPORATION
7541 SAWYER CIR
PORT CHARLOTTE, FL 33981

ACTIVE

MUST BE DISPLAYED IN A CONSPICUOUS PLACE
VALID UNTIL 09/30/18


BARBARA FORD-COATES, TAX COLLECTOR
101 S. Washington Blvd. | Sarasota, FL 34236
941.861.8300, option 3 | Info@SarasotaTaxCollector.com
www.SarasotaTaxCollector.com

2017-18

SARASOTA COUNTY BUSINESS TAX RECEIPT

ACCOUNT NO.
990010124761

THIS TAX DOES NOT ASSURE QUALITY OF WORK OR CONFIRM THAT REGULATORY OR ZONING REQUIREMENTS HAVE BEEN MET. IT IS THE OWNER'S RESPONSIBILITY TO ENSURE COMPLIANCE.

MACHINES
BUSINESS TYPE
003900 SERVICE

ROOMS
SEATS
EMPLOYEES
4


BUSINESS ADDRESS
7541 SAWYER CIR
OUT-OF-COUNTY, FL 33981

PAID-1055454.0001-0001 N21 04/18/2018 7.22

SINCLAIR STRUCTURAL CORPORATION
7541 SAWYER CIR
PORT CHARLOTTE, FL 33981

ACTIVE

MUST BE DISPLAYED IN A CONSPICUOUS PLACE
VALID UNTIL 09/30/18


BARBARA FORD-COATES, TAX COLLECTOR
101 S. Washington Blvd. | Sarasota, FL 34236
941.861.8300, option 3 | Info@SarasotaTaxCollector.com
www.SarasotaTaxCollector.com

INFORMATION ONLY: REMOVE OR FOLD BEHIND BEFORE POSTING RECEIPT

**THIS RECEIPT IS FURNISHED PURSUANT TO CHAPTER 205 LAWS OF FLORIDA
AND SARASOTA COUNTY ORDINANCE 91-084, AS AMENDED**

The law required this receipt to be displayed conspicuously at the place of business so that it is open to the view of the public and available for inspection. Upon failure to do so, the business shall be subject to the payment of another full tax for the same business, profession or occupation.

Payment is due each year by September 30th. Payment after September 30th is delinquent and subject to a penalty of 10% for the month of October, plus an additional 5% penalty for each month thereafter. The total delinquency penalty shall not exceed 25% of the tax. A 25% penalty is imposed on any person engaged in any new business, occupation or profession without first paying a Sarasota County Business Tax.

This receipt is for a business tax only. It does not permit the person/business to violate any existing regulatory or zoning laws of the state, county or cities, nor does it exempt the business from licenses or permits that may be required by law. This receipt does not assure the quality of work.

All businesses in Sarasota County are responsible for complying with the Sarasota County mandatory recycling ordinance.

Business Taxes are subject to change according to law.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/25/2018

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

PRODUCER CLIFFORD INSURANCE CENTER, INC 9790 SE 160th Lane Summerfield FL 34491 INSURED Sinclair Structural Corp. 7541 Sawyer Circle Port Charlotte FL 33981		CONTACT NAME: Austin Rutledge PHONE (A/C, No, Ext): (352) 245-5455 FAX (A/C, No): (352) 245-9866 E-MAIL ADDRESS: certificates@cliffordinsurance.net <table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>FWCI</td><td></td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	FWCI		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																							
INSURER E:																							
INSURER F:																							

COVERAGES **CERTIFICATE NUMBER:18-19** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BIFL12890000	4/12/2018	4/12/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

North Port Purchasing Department
4970 City Hall Blvd
North Port, FL 34286

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Linda Clifford/REC

Linda K Clifford



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/30/2018

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.

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PRODUCER Atlas Insurance Agency 7120 Beneva Road Sarasota FL 33981	CONTACT NAME: Stacy Baier	
	PHONE (A/C, No, Ext): 941-366-8424 FAX (A/C, No): 941-552-4127	
INSURED Sinclair Structural Corporation 7541 Sawyer Circle Port Charlotte FL 33981	E-MAIL ADDRESS: sbaier@atlasinsuranceagency	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Bridgefield Casualty	10335
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1192347767

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO <input type="checkbox"/>						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS <input type="checkbox"/>						BODILY INJURY (Per accident) \$
	HIRED AUTOS <input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/>						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/>						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			19646375	5/25/2018	5/25/2019	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

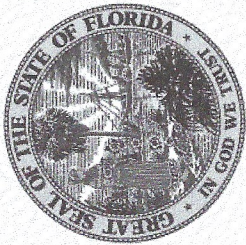
CERTIFICATE HOLDER

CANCELLATION

North Port Purchasing Department
4970 City Hall Blvd
North Port FL 34286

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



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



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

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

SINCLAIR, ROBERT O III

SINCLAIR STRUCTURAL CORPORATION
7541 SAWYER CIRCLE
PORT CHARLOTTE FL 33981

LICENSE NUMBER: CGC1508955

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



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