

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

p ✓

SEALED RFB ENVELOPE LABEL

p ✓

Check (v)

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

✓

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

✓

ATTACHMENT 3: Bid Form

✓

ATTACHMENT 4: Statement of Organization

✓

ATTACHMENT 5: Addenda and Bond Form

✓

ATTACHMENT 6: Equipment and Source of Supply/Subcontractor List

✓

ATTACHMENT 7: Qualifications and References

✓

ATTACHMENT 8: Non-Collusive Affidavit

✓

ATTACHMENT 9: Conflict of Interest

✓

ATTACHMENT 10: Public Entity Crime Information

✓

ATTACHMENT 11: Drug-Free Workplace Form

✓

ATTACHMENT 12: Local Business Status/ North Port Local Business

✓

ATTACHMENT 13: Trench Safety

✓

ATTACHMENT 14: Scrutinized Company Certification Form

✓

ATTACHMENT 15: Lobbying Certification

✓

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

✓

ATTACHMENT 17: Letter of Bondability

✓

**AWARDED VENDOR
DO NOT SUBMIT**

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

ENVELOPES/PACKAGES MUST BE MARKED

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

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

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

Date: July 11, 2023

Signed (Person authorized to bind the company): Allan Cagle

Name (printed): Allan Cagle Title: President

ATTACHMENT 2:

BID SCHEDULE IN EXCEL FORMAT

SEPARATE ATTACHMENT

- DO NOT RECREATE
- SUBMIT AN (1) ORIGINAL AND (1) HARD COPY
- DO NOT PDF EXCEL SPREADSHEET SAVE IN EXCEL FORMAT ON USB DRIVE

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 excel spreadsheet. **DO NOT RECREATE FORM**. All GREEN spaces in the Bid Form to be filled. *Bidder should not reference the words "No Charge, N/A, included, dash, etc." in any of the spaces. Bidder must identify a monetary amount for each UNIT 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.

Gravity Sewer, Lift Station and Manhole Rehabilitation to Reduce Inflow and Infiltration

Unit Rate Pricing Spreadsheet

No.	Description	Quantity (2)	Unit	Unit Cost	Item Cost
REHABILITATION (1)					
CURED-IN-PLACE LINER					
1	Cured in Place Liner - 6" Dia. (6 mm thick)	50	LF	68.79	3,440
2	Cured in Place Liner - 8" Dia. (6 mm thick)	400	LF	67.37	26,948
3	Cured in Place Liner - 10" Dia. (6 mm thick)	50	LF	73.96	3,698
4	Cured in Place Liner - 12" Dia. (6 mm thick)	50	LF	80.36	4,018
5	Reinstate Service Lateral Connection	25	EA	1200	30,000
6	Sealing Service Lateral Connection via Chemical Grouting	10	EA	1850	18,500
7	Sealing Service Lateral Connection via Hydrophillic Rubber Seal	15	EA	4500	67,500
CURED-IN-PLACE SPOT REPAIR					
8	Cured-in-Place Spot Repair - 0-10' deep	100	LF	1400	140,000
9	Cured-in-Place Spot Repair - >10' deep	100	LF	1475	147,500
10	Reinstate Service Lateral Connection	5	EA	1550	7,750
11	Sealing Service Lateral Connection via Chemical Grouting	2	EA	3500	7,000
12	Sealing Service Lateral Connection via Hydrophillic Rubber Seal	3	EA	4500	13,500
MANHOLE REHABILITATION					
13	MH Rehabilitation (48" Dia.) - 0-6' deep	15	EA	624	9,360
14	MH Rehabilitation (48" Dia.) - 6-8' deep	20	EA	873.6	17,472
15	MH Rehabilitation (48" Dia.) - 8-10' deep	10	EA	1123.2	11,232
16	MH Rehabilitation (48" Dia.) - 10-12' deep	1	EA	1372.8	1,373
17	MH Rehabilitation (48" Dia.) - >12' deep	1	EA	1872	1,872
EPOXY MONOLITHIC MANHOLE LINING SYSTEM					
25	Epoxy MH Monolithic Lining (EMML) System (48" Dia.) - 0-6' deep	15	EA	936	14,040
26	Epoxy MH Monolithic Lining (EMML) System (48" Dia.) - 6-8' deep	20	EA	1310.4	26,208
27	Epoxy MH Monolithic Lining (EMML) System (48" Dia.) - 8-10' deep	10	EA	1684.8	16,848
28	Epoxy MH Monolithic Lining (EMML) System (48" Dia.) - 10-12' deep	1	EA	2059.2	2,059
29	Epoxy MH Monolithic Lining (EMML) System (48" Dia.) - >12' deep	1	EA	2808	2,808
EPOXY MONOLITHIC LIFT STATION LINING SYSTEM					
30	Epoxy Lift Station Monolithic Lining (EMML) System (6' Dia.) - 0-15' deep	1	EA	10274.94	10,275
31	Epoxy Lift Station Monolithic Lining (EMML) System (6' Dia.) - 15-20' deep	1	EA	13036.86	13,037
32	Epoxy Lift Station Monolithic Lining (EMML) System (6' Dia.) - >20' deep	1	EA	16658.21	16,658
33	Epoxy Lift Station Monolithic Lining (EMML) System (8' Dia.) - 0-15' deep	1	EA	11949.6	11,950
34	Epoxy Lift Station Monolithic Lining (EMML) System (8' Dia.) - 15-20' deep	1	EA	15391.75	15,392
35	Epoxy Lift Station Monolithic Lining (EMML) System (8' Dia.) - >20' deep	1	EA	20418.2	20,418
37	Epoxy Lift StationMH Monolithic Lining (EMML) System (10' Dia.) - 0-15' deep	1	EA	14862.29	14,862
38	Epoxy Lift Station Monolithic Lining (EMML) System (10' Dia.) - 15-20' deep	1	EA	19424.71	19,425
39	Epoxy Lift Station Monolithic Lining (EMML) System (10' Dia.) - >20' deep	1	EA	24895.28	24,895
40	Epoxy Monolithic Lining (EMML) System, not covered above	1	SQ FT	34.47	34
MANHOLE RING AND COVERS					
41	Install City supplied manhole ring and cover, paved area, includes restoration	1	EA	1763.74	1,764
42	Install City supplied manhole ring and cover, unpaved area	1	EA	1259.82	1,260

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

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

**ATTACHMENT 1:
INSURANCE REQUIREMENTS**

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

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

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

Requirements:

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

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

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

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

2. Commercial Automobile Liability

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

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

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

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

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

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

Workers' Compensation Employers' Liability

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

GENERAL REQUIREMENTS:

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

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

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

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

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

C. POLICY FORM:

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

RFB NO. 2023-40 INFLOW AND INFILTRATION REHABILITATION

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

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

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

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

Bidder Statement:

We understand the requirements requested and agree to fully comply.

BIDDER'S NAME TITLE Allan Cagle TITLE President

AUTHORIZED SIGNATURE DATE Allan Cagle DATE July 11, 2023

THIS PAGE MUST BE COMPLETED AND SUBMITTED

**ATTACHMENT 3:
BID FORM**

Name of Bidder/Company Name: Atlantic Pipe Services, LLC
Business Address: 1420 Martin Luther King Jr, Blvd
City/State/Zip Code: Sanford, FL 32771
Bidder/Company Telephone Number: 407-792-1360
E-mail Address: info@atlanticpipe.us
Contractor License #: CGC1525525
FEID #: 81-4515509

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

The undersigned, as Bidder, does hereby declare that he has read the Request for Bids, Instructions to Bidders, General Provisions, Special Provisions, Technical Specifications & Conditions, Attachments, Exhibits, Insurance Requirements, Bid Form, Permit Fees, Plan Revisions, Plans, and any other reports or documentation for: **RFB 2023-40 INFLOW AND INFILTRATION REHABILITATION** and further agrees to furnish all items listed on the attached Bid Form in accordance with the unit price line items as indicated on the bid schedule form(s) submitted. The above specified documents are herein incorporated into the Bid Form.

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

PROJECT TOTAL:
Seven hundred twenty-three thousand ninety-five dollars \$ 723,095.00

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

Date: July 11, 2023

Signed (Person authorized to bind the company): Allan Cagle

Name (printed): Allan Cagle Title: President

THIS PAGE MUST BE COMPLETED AND SUBMITTED

**ATTACHMENT 4:
STATEMENT OF ORGANIZATION**

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

Company Name Atlantic Pipe Services, LLC
407-792-1360 info@atlanticpipe.us

Telephone # 1420 Martin Luther King Jr, Blvd **E-Mail** **Fax #**

Main Office Address Sanford FL 32771

City **State** FL **Zip Code** 32771
Address of Office Servicing City of North Port, if different than above: SAME AS ABOVE

Office Address

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

Telephone # **E-mail** Allan Cagle, President **Fax #**

Name & Title of Firm Representative

Federal Identification Number: 81-4515509

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

(Please Check One)

Is this a Florida Corporation: Yes or No

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

What kind of corporation is it: "For Profit" or
 "Not for Profit"

Is it in good standing: Yes or No

Authorized to transact business in Florida: Yes or No

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

Does it use a registered fictitious name: Yes or No

Names of Officers:
President: Allan Cagle **Secretary:**

Vice President: **Treasurer:**

Director: Keith Carson **Director:** Jon M Hall Jr

Other: Leigh Skat **Other:**

Name of Corporation (As used in Florida):
Atlantic Pipe Services, LLC

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

Corporate Address:
Post Office Box:

RFB NO. 2023-40 INFLOW AND INFILTRATION REHABILITATION

City, State Zip: _____
Street Address: 1420 Martin Luther King Jr, Blvd
City, State, Zip: Sanford, FL 32771

STATE OF FLORIDA
COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 11 day
of July 2023, by Allan Cagle.



Notary Public - State of Florida

Personally Known OR Produced Identification _____
Type of Identification Produced _____



JESSICA D. EVERING
Notary Public
State of Florida
Comm# HH149020
Expires 7/16/2025

Date: July 11, 2023
Signed (Person authorized to bind the company): Allan Cagle
Name (printed): Allan Cagle Title: President

THIS PAGE MUST BE COMPLETED AND SUBMITT

**ATTACHMENT 5:
ADDENDA AND BOND INFORMATION**

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

Addendum No.	1	Dated	June 16, 2023	Addendum No.	5	Dated	July 6, 2023
Addendum No.	2	Dated	June 23, 2023	Addendum No.		Dated	
Addendum No.	3	Dated	June 28, 2023	Addendum No.		Dated	
Addendum No.	4	Dated	June 30, 2023	Addendum No.		Dated	

LETTER OF BONDABILITY AND PERFORMANCE/PAYMENT

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

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

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

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

Date: July 11, 2023
 Signed (Person authorized to bind the company): *Allan Cagle*
 Name (printed): Allan Cagle Title: President

THIS PAGE MUST BE COMPLETED AND SUBMITTED

HATCHER INSURANCE

July 3, 2023

The City of North Port
4970 City Hall Boulevard, Room 337a
North Port, FL 34286

**RE: Request for Bid No. 2023-40
Inflow and Infiltration Rehabilitation
Atlantic Pipe Services, LLC
Letter of Bondability**

To Whom It May Concern:

It is the privilege of Hatcher Insurance and Swiss Re Corporate Solutions American Insurance Corporation to provide surety credit to Atlantic Pipe Services, LLC, with single project limits of \$5,000,000 and an aggregate uncompleted backlog of \$20,000,000. Swiss Re Corporate Solutions American Insurance Corporation is rated A+ (Superior) with a financial size category of XV (\$2 Billion or greater) by AM Best and has a US Treasury Limit of 95,035,000.

If Atlantic Pipe Services, LLC is awarded a contract for the referenced project and requests that we provide the necessary Performance and/or Payment Bonds, we will be prepared to execute the bonds subject to our acceptable review of the contract terms and conditions, bond forms, appropriate contract funding and any other underwriting considerations at the time of the request.

Our consideration and issuance of bonds is a matter solely between Atlantic Pipe Services, LLC, and ourselves, and we assume no liability to third parties or to you by the issuance of this letter.

We trust that this information meets with your satisfaction. If there are further questions, please feel free to contact our office.

Sincerely,



William J. Palmer
Attorney-in-Fact
Florida Resident Agent

WJP/aw

**1411 Edgewater Drive, Suite 104 • P.O. Box 540689 • Orlando, FL 32854-0689
Phone (407) 841-2686 • Fax (407) 841-2688**

Commercial Insurance • Surety Bonds • Personal Insurance • Employee Benefits • PEO

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

Equipment is located at: 1420 Martin Luther King Jr. Blvd., Sanford, FL 32771

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

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

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

Description Leased/Owned	Manufacturer	Year	Condition
1. See Attached			
2.			
3.			

SOURCE OF SUPPLY AND SUBCONTRACTOR FORM

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

SUBCONTRACTOR(S)

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

1. to be determined
- 2.
- 3.

SUPPLIER(S)

1. to be determined
- 2.
- 3.

Date: July 11, 2023

Signed (Person authorized to bind the company): Allan Cagle

Name (printed): Allan Cagle Title: President

THIS PAGE MUST BE COMPLETED AND SUBMITTED

(11) Equipment

EQUIPMENT NUMBER	EQUIPMENT DESCRIPTION	EQUIPMENT TYPE	FUEL TYPE	Month Took Possession
BT001	2014 ISUZU	BOX TRUCK	Diesel	8/8/2019
CT001	2017 FORD CAMERA TRUCK F550 4x4	TV TRUCK	Diesel	5/10/2017
CT002	2018 FORD CAMERA TRUCK F550 4x4	TV TRUCK	Diesel	10/30/2017
CT003	2018 FORD CAMERA TRUCK F550 4x4	TV TRUCK	Diesel	7/23/2018
CT004	2018 FORD CAMERA TRUCK F550 4x4	TV TRUCK	Diesel	11/27/2018
CT005	2019 FORD CAMERA TRUCK F550 4x4	TV TRUCK	Diesel	5/30/2019
CT006	2018 FORD CAMERA VAN E450	TV TRUCK	Unleaded	8/13/2019
CT007	2019 FORD CAMERA TRUCK F550 4x4 Lateral Launch	TV TRUCK	Diesel	8/17/2020
CT008	2019 FORD CAMERA TRUCK F550 4x4	TV TRUCK	Diesel	8/17/2020
CT009	2019 FORD CAMERA TRUCK F550 4x4 Lateral Launch	TV TRUCK	Diesel	10/7/2020
CT010	2020 Ford F550 4WD CAMERA TRUCK WITH CUTTER	TV & CUTTER TRUCK	Diesel	10/7/2020
CT011	2021 FORD CAMERA TRUCK F550 4x4	TV TRUCK	Diesel	11/19/2021
CT012	2021 FORD CAMERA TRUCK F550 4x4	TV TRUCK	Diesel	11/19/2021
CT014	2021 Ford F550 4WD CAMERA	TV TRUCK	Diesel	9/28/2021
CT015	2021 Ford F550 4WD CAMERA	TV TRUCK	Diesel	8/1/2022
CT016	2021 Ford F550 4WD CAMERA	TV TRUCK	Diesel	9/19/2022
CT017	2021 Ford F550 4WD CAMERA	TV TRUCK	Diesel	2/3/2023
CT018	2022 Ford F550 4WD CAMERA TRUCK	TV TRUCK	Diesel	7/7/2022
CT019	2021 Ford F550 4WD Laser CAMERA TRUCK	TV TRUCK	Diesel	7/28/2022
CT020	2022 Ford F550 4WD CAMERA TRUCK	TV TRUCK	Diesel	3/8/2023
GT001	2018 FORD F750 XL	GROUT TRUCK	Diesel	10/23/2018
GT002	2021 FORD F650	GROUT TRUCK	Diesel	6/28/2021
HT001	2020 Kenworth T880	BOILER TRUCK	Diesel	12/30/2019
HT002	2020 Kenworth T880	BOILER TRUCK	DIESEL	11/19/2021
HT003	2020 Kenworth T800	BOILER TRUCK	DIESEL	3/14/2022
SV001	2017 Vactor 114SD Sewer Vacuum Truck	VACTOR	Diesel	12/19/2016
SV002	2018 FREIGHTLINER 114SD	VACALL	Diesel	9/15/2017
SV003	2018 FREIGHTLINER 114SD TRUCK	VACALL	Diesel	12/26/2017
SV004	2018 KENWORTH T880	VACTOR	Diesel	12/19/2018
SV005	2018 Vacall 114SD Sewer Vacuum Truck	VACALL	Diesel	6/5/2019
SV006	2019 Vacall 114SD Sewer Vacuum Truck	VACALL	Diesel	7/8/2020
SV007	2017 Vacall Recycler Sewer Vac Truck	VACALL	Diesel	7/8/2020
SV008	2020 Vactor Standard Sewer Vac Truck	VACTOR	Diesel	3/1/2021
SV009	2017 T900 Vactor Recycler Sewer Vac Truck	VACTOR	Diesel	6/10/2020
SV011	2020 Vactor Standard Sewer Vac Truck	VACTOR	Diesel	10/15/2020
SV013	2019 VACALL 114SD Recycler Sewer Vacuum Truck	VACALL	Diesel	6/15/2021
SV017	2019 VACALL 114SD Recycler Sewer Vacuum Truck	Vacall Recycler	Diesel	10/13/2021
SV018	2021 Vactor Standard Sewer Vac Truck	VACTOR	Diesel	6/28/2021
SV019	2022 Freightliner 114SD Vacall Standard	Vacall	Diesel	8/11/2021
SV020	2021 Freightliner 114SD Vacall Standard	Vacall	Diesel	6/21/2022
SV021	2021 Freightliner 114SD Vacall Standard	Vacall	Diesel	6/21/2022
SV022	2021 Kenworth T880- Vactor	VACTOR	Diesel	7/7/2022
SV023	2022 PETERBILT 567	VACTOR	Diesel	9/19/2022
SV024	Kenworth T880- Vactor	VACTOR	Diesel	10/20/2022
SV025	Freightliner 114SD	VACALL	Diesel	10/20/2022
SV026	2021 Kenworth T880- Vactor	VACTOR	Diesel	12/19/2022
SV027	2021 Freightliner 114SD Vacall Recycler	VACALL	Diesel	9/27/2022
SV028	2022 PETERBILT 567	VACTOR	Diesel	2/21/2023
SV029	Kenworth T880- Vactor	VACTOR	Diesel	2/21/2023
ST001	2019 FORD F550	MECHANIC TRUCK	Diesel	9/13/2019
ST002	2019 FORD F350	MECHANIC TRUCK	Diesel	11/22/2019
ST003	2021 FORD F550 XL	DIVE TRUCK	Diesel	8/24/2021

ST004	2022 FORD F550	MECHANIC TRUCK	Diesel	2/1/2023
T002	2016 FORD F150	TRUCK	Unleaded	11/14/2018
T003	2016 FORD F150	TRUCK	Unleaded	11/14/2018
T007	2019 Ford F250	TRUCK	Diesel	7/8/2019
T009	2019 FORD F-150	TRUCK	Unleaded	6/30/2019
T011	2019 FORD F-150	TRUCK	Unleaded	6/30/2019
T012	2018 FORD F-150	TRUCK	Unleaded	9/13/2019
T014	2019 FORD F-150	TRUCK	Unleaded	1/24/2020
T015	2020 FORD F-150	TRUCK	Unleaded	7/13/2020
T016	2020 FORD F-150	TRUCK	Unleaded	8/1/2020
T017	2020 FORD F-150	TRUCK	Unleaded	8/14/2020
T018	2020 FORD F-150	TRUCK	Unleaded	8/14/2020
T019	2020 FORD F-150	TRUCK	Unleaded	8/14/2020
T020	2020 FORD F-250	TRUCK	Unleaded	1/13/2021
T021	2021 FORD F-150	TRUCK	Unleaded	5/19/2021
T022	2021 FORD F-150	TRUCK	Unleaded	6/21/2021
T023	2021 FORD F-350	TRUCK	Diesel	7/12/2021
T025	2021 Ford F-150 XL	TRUCK	Unleaded	11/12/2021
T027	2021 Ford F150 XLT	TRUCK	Unleaded	1/22/2022
T028	2022 Ford F150 XLT	TRUCK	Unleaded	1/22/2022
T029	2021 Ford F250 Crew Cab	TRUCK	Unleaded	1/22/2022
T030	2021 Ford Supercrew F150XL	TRUCK	Unleaded	2/14/2022
T031	2021 Ford supercrew F150XL	TRUCK	Unleaded	2/14/2022
T032	2021 Ford F350 Flat Bed	TRUCK	Diesel	2/22/2022
T033	2022 Ford F250	TRUCK	Unleaded	4/14/2022
T034	2021 Ford F150 XL Supercrew	TRUCK	Unleaded	4/4/2022
T035	2020 Ford F150 4dr Sport	TRUCK	Unleaded	4/14/2022
T036	2022 FORD F-150	TRUCK	Unleaded	5/2/2022
T037	2022 Ford F350	TRUCK	Diesel	5/25/2022
T038	2020 FORD F-150	TRUCK	Unleaded	6/1/2022
T039	2022 FORD F-150	TRUCK	Unleaded	6/22/2022
T040	2022 FORD F-250	TRUCK	Unleaded	6/22/2022
T041	2022 FORD F-150	TRUCK	Unleaded	6/22/2022
T042	2022 FORD EXPLORER	SUV	Unleaded	7/1/2022
T043	2022 FORD F-150 HYB	TRUCK	Unleaded	8/22/2022
T044	2022 FORD F-550	TRUCK	Diesel	8/1/2022
T045	2022 Ford F-150	TRUCK	Unleaded	8/1/2022
T046	2022 Ford F-150	TRUCK	Unleaded	10/22/2022
T047	2022 Ford F-150	TRUCK	Unleaded	10/1/2022
T048	2023 F-150	TRUCK	Unleaded	2/27/2023
MHT001	2021 Rollin Flatbed Trailer/Cement Spray	Gooseneck Trailer	N/A	3/14/2022
MHT002	2022 Cargo Mate Utility Trailer/Epoxy Spray	Trailer	N/A	3/14/2022
RT002	2020 Arising Industry Trailer	TRAILER	N/A	9/11/2019
RT003	2020 Arising Industry Trailer (grout)	TRAILER	N/A	10/17/2019
RT004	2020 5x10 Utility Trailer	TRAILER	N/A	12/23/2020
RT005	2020 7x20 Utility Trailer	TRAILER/Dive	N/A	1/11/2021
RT006	2021 18x8 Big Tex Trailer	TRAILER	N/A	10/1/2021
RT008	2021 8.5 x 20 x 6'6 Enclosed Trailer	TRAILER	N/A	2/15/2022
RT009	2022 Big Tex 18x8 Trailer	TRAILER	N/A	2/25/2022
RT010	82x16 Tandem Axle Landscape Trailer	TRAILER	N/A	3/23/2022
IT001	2021 8X12 Medium Inversion Trailer	TRAILER	N/A	12/28/2021
LT001	2020 Rausch Trailer w Laser Equipment	TRAILER/LASER	N/A	11/18/2020
LT002	2021 CRMT Trailer w Laser Equipment	TRAILER/LASER	N/A	6/15/2021
LT003	2017 CRMT Trailer w Laser Equipment	TRAILER/LASER	N/A	7/14/2021
LT004	2011 CRMT Trailer w Laser Equipment (For Parts)	TRAILER/LASER		Jul-21

ATTACHMENT 7:

QUALIFICATIONS AND REFERENCES

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

1. Business/Customer Name: North Bay Village
 Name of Contact Person/Title: Marlon Lobban
 Telephone# 786-539-1684 Fax _____ E-mail mlobban@nbvillage.com
 Address 1666 Kennedy Causeway, 3rd Floor, North Bay Village, FL 33141
 Phone Number 305-756-7171
 Duration of Contract or business relationship 1 year plus
 Type of Services Provided Manhole Rehab
 Contract Period: FROM 10/17/22 TO Current
 Contract Price \$ \$843,444.49 Contract Price at Completion of the Project \$ _____

2. Business/Customer Name: Surfside
 Name of Contact Person/Title: John Nelson
 Telephone# 305-861-4863 Fax _____ E-mail jnelson@townofsursidefl.gov
 Address 9293 Harding Avenue, Surfside, FL 33154
 Phone Number 305-861-4863
 Duration of Contract or business relationship 1 year
 Type of Services Provided Manhole Rehab
 Contract Period: FROM 01/09/23 TO 04/12/23
 Contract Price \$ \$180,894.73 Contract Price at Completion of the Project \$ _____

3. Business/Customer Name: Haines City
 Name of Contact Person/Title: Terry Holley
 Telephone# 863-421-9948 Fax _____ E-mail tholley@hainescity.com
 Address 620 East Main Street, Haines City, FL 33844
 Contract Period: FROM 05/11/22 TO 05/17/22
 Contract Price \$ \$37,900.00 Contract Price at Completion of the Project \$ _____
 Phone Number 863-632-1382
 Duration of Contract or business relationship 3 years
 Type of Services Provided Manhole Rehab

Date: July 11, 2023
 Signed (Person authorized to bind the company): Allan Cagle
 Name (printed): Allan Cagle Title: President

THIS PAGE MUST BE COMPLETED AND SUBMITTED

RFB NO. 2023-40 INFLOW AND INFILTRATION REHABILITATION

4. Business/Customer Name: Sunshine Water Services
Name of Contact Person/Title: Bryan Gongre
Telephone# 321.972.0360 Fax _____ E-mail Bryan.Gongre@sunshinewater.com
Address 200 Weathersfield Ave, Altamonte Springs, FL 32714
Contract Period: FROM 2018 TO Present
Contract Price \$ Work Order Contract Contract Price at Completion of the Project \$ 1,725,638.00
Phone Number 321.972.0360
Duration of Contract or business relationship 7 Years
Type of Services Provided Sanitary Sewer Cleaning, Inspections, CIPP Lining, MH Lining, MOT, Flow Control/Bypass

5. Business/Customer Name: City of Winter Springs
Name of Contact Person/Title: Kevin Monser
Telephone# 407.327.5996 Fax _____ E-mail kmonser@wintersprings.org
Address 1126 East SR 434 Winter Springs, FL
Contract Period: FROM 2018 TO Present
Contract Price \$ Work Order Contract Contract Price at Completion of the Project \$ 486,714.00
Phone Number _____
Duration of Contract or business relationship 5 Years
Type of Services Provided Sanitary and Storm Cleaning, Inspections, MOT, Bypass, Flow Control, CIPP Lining, MH Lining

6. Business/Customer Name: Loxahatchee River District
Name of Contact Person/Title: Kris Dean
Telephone# 561.723.8263 Fax _____ E-mail Kris.Dean@lrecd.com
Address 2500 Jupiter Park Drive Jupiter, FL
Contract Period: FROM 2020 TO Present
Contract Price \$ Work Order Contract Contract Price at Completion of the Project \$ 1,055,958
Phone Number 561.723.8263
Duration of Contract or business relationship 3 years
Type of Services Provided Sanitary Sewer Cleaning, Inspections, MOT, Bypass, CIPP Lining

7. Business/Customer Name: Volusia County
Name of Contact Person/Title: Alan Ferguson
Telephone# 386.804.7685 Fax _____ E-mail aferguson@volusia.org
Address 3151 E New York Ave 2nd Floor
Contract Period: FROM 2017 TO Present
Contract Price \$ Work Order Contract Contract Price at Completion of the Project \$ 725,868
Phone Number _____
Duration of Contract or business relationship 7 Years
Type of Services Provided Sanitary and Storm Cleaning, Inspections, CIPP Lining, Sectional CIPP Lining, Bypass, MOT

Date: July 11, 2023

Signed (Person authorized to bind the company): Allan Cagle
Name (printed): Allan Cagle Title: President

THIS PAGE MUST BE COMPLETED AND SUBMITTED

RFB NO. 2023-40 INFLOW AND INFILTRATION REHABILITATION

8. Business/Customer Name: TOHO Water Authority
Name of Contact Person/Title: Kevin Lacy
Telephone# 407.414.8724 Fax _____ E-mail KLACY@tohowater.com
Address 3231 Reedy Creek Blvd
Contract Period: FROM 2018 TO Present
Contract Price \$ Work Order Contract Contract Price at Completion of the Project \$ 925,323
Phone Number _____
Duration of Contract or business relationship 6 Years
Type of Services Provided Sanitary Sewer Cleaning, Inspections, CIPP Lining, MOT, Flow Control/Bypass

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

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

Date: July 11, 2023

Signed (Person authorized to bind the company): Allan Cagle
Name (printed): Allan Cagle Title: President

THIS PAGE MUST BE COMPLETED AND SUBMITTED

**ATTACHMENT 8:
NON-COLLUSIVE AFFIDAVIT**

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

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

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

Signed, sealed, and delivered on July 11, 2023.

Allan Cagle
 Signature
Allan Cagle
 Printed Name
President
 Title

SWORN ACKNOWLEDGMENT

STATE OF Florida
COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ___ day of July 11, 2023, by Allan Cagle.

Notary Public _____
 Personally Known OR Produced Identification _____
 Type of Identification Produced _____



JESSICA D. EVERING
Notary Public
State of Florida
Comm# HH149020
Expires 7/16/2025

THIS PAGE MUST BE COMPLETED AND SUBMITTED

**ATTACHMENT 9:
CONFLICT OF INTEREST FORM**

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

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

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

Identify the position and/or board: _____

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

Identify the name of the spouse or child: _____

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

Identify the name of the person and the entity _____

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

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

None of the Above

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

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

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

N/A

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

Allan Cagle
Signature of Person Authorized to Bind the Contractor
Allan Cagle
Printed Name
President
Title
July 11, 2023
Date

THIS PAGE MUST BE COMPLETED AND SUBMITTED

**ATTACHMENT 10:
PUBLIC ENTITY CRIME INFORMATION**

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

I, Allan Cagle, being an authorized representative of the Contractor, have read and understand the contents above.

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

Telephone #: 407-792-1360 Fax #: info@atlanticpipe.us
Federal ID #: 81-4515509 Email: info@atlanticpipe.us

Allan Cagle
Signature of Contractor's Authorized Representative

Allan Cagle - President
Name and Title of Contractor's Authorized Representative

July 11, 2023
Date

SWORN ACKNOWLEDGMENT

STATE OF FLORIDA
COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of July 11 2023, by Allan Cagle.

Jessica D. Evering
Notary Public - State of Florida

Personally Known OR Produced Identification
Type of Identification Produced _____

THIS PAGE MUST BE COMPLETED AND SUBMITTED



JESSICA D. EVERING
Notary Public
State of Florida
Comm# HH149020
Expires 7/16/2025

**ATTACHMENT 11:
DRUG FREE WORKPLACE FORM**

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

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

Check one:

- As the person authorized to sign this statement, I certify that this firm complies fully with above requirements.
- As the person authorized to sign this statement, this firm **does not** comply fully with the above requirements.

Allan Cagle
Signature
Allan Cagle
Printed Name
President
Title
July 11, 2023
Date

THIS PAGE MUST BE COMPLETED AND SUBMITTED

SWORN STATEMENT: THE FLORIDA TRENCH SAFETY ACT
(If applicable)

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC BY AN OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. _____ This Sworn Statement is submitted with Bid No. 2023-33 for Inflow and Infiltration Rehabilitation.

2. This Sworn Statement is submitted by Atlantic Pipe Services, LLC whose business address is 1420 Martin Luther King Jr Blvd, Sanford, FL 32771 and (if applicable) its Federal Employer Identification Number (FEIN) is 81-4515509.

3. My name is Allan Cagle (PRINTED OR TYPED NAME OF INDIVIDUAL SIGNING) and hold the position of President with the above entity.

4. The Trench Safety Standards that will be in effect during the construction of this Project are Florida Statute Section 553.60-55.64, Trench Safety Act, and OSHA Standard.

5. The undersigned assures that the entity will comply with the applicable Trench Safety Standards and agrees to indemnify and hold harmless the County and ENGINEER, and any of their agents or employees from any claims arising from the failure to comply with said standard.

6. The undersigned has appropriated \$ 0 per linear foot of trench to be excavated over 5' deep for compliance with the applicable standards and intends to comply by instituting the following procedures: _____

7. The undersigned has appropriated \$ 0 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.

STATE OF FLORIDA
COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of July 11 2023, by Allan Cagle.

Notary Public – State of Florida

Personally Known OR Produced Identification _____
Type of Identification Produced _____

THIS PAGE MUST BE COMPLETED AND SUBMITTED



JESSICA D. EVERING
Notary Public
State of Florida
Comm# HH149020
Expires 7/16/2025

**ATTACHMENT 13:
SCRUTINIZED COMPANY CERTIFICATION FORM**

Contractor Name: Atlantic Pipe Services, LLC
Authorized Representative Name and Title: Allan Cagle, President
Address: 1420 Martin Luther King Jr Blvd City: Sanford State: FL ZIP: 32771
Phone Number: 407-792-1360 Email Address: info@atlanticpipe.us

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

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

CHOOSE ONE OF THE FOLLOWING

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

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

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

Certified By:

Allan Cagle
Signature of Contractor's Authorized Representative

Allan Cagle
Name

President
Title

July 11, 2023
Date

THIS PAGE MUST BE COMPLETED AND SUBMITTED)

ATTACHMENT 14:
LOBBYING CERTIFICATION

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

STATE OF Florida

COUNTY OF Seminole

This 11th day July of 2023 Allan Cagle, being first duly sworn, deposes and says that he or she is the authorized representative of Atlantic Pipe Services, LLC (Name of the Contractor, firm or individual), and that the vendor and any of its agents agree to have no contact or communication with, or discuss any matter related in any way to any active City of North Port solicitation, with any City of North Port elected officials, officers, their appointees or their agents or any other staff or outside individuals working with the City in respect to this request other than the designated Procurement Official Contact and to abide by the restrictions outlined in the General Terms and Conditions of the Solicitation. Technical questions directed to the project manager, is prohibited. These persons shall not be lobbied, either individually or collectively, regarding any questions for bid, proposal, qualification and/or any other solicitations released by the City. To do so is grounds for immediate disqualification from the selection process. The selection process is not considered final until such a time as the Commission has made a final and conclusive determination.

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

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

Signed, sealed and delivered this 11th day of July, 2023.

By: Allan Cagle
Allan Cagle

(Printed Name)

President

(Title)

STATE OF FLORIDA

COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 11 day of

July 2023, by Allan Cagle.

[Signature]
Notary Public - State of Florida

Personally Known OR Produced Identification

Type of Identification Produced _____



JESSICA D. EVERING
Notary Public
State of Florida
Comm# HH149020
Expires 7/16/2025

THIS PAGE MUST BE COMPLETED AND SUBMITTED

ATTACHMENT 15:

VENDOR'S CERTIFICATION FOR E-VERIFY SYSTEM

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

1. Vendor is a person or entity that has entered into or is attempting to enter into a contract with the City of North Port (City) to provide labor, supplies, or services to the City in exchange for salary, wages or other remuneration.
2. Vendor has registered with and will use the E-Verify System of the United States Department of Homeland Security to verify the employment eligibility of:
 - a. All persons newly hired by the Vendor to perform employment duties within Florida during the term of the contract; and
 - b. All persons, including sub-contractors, sub-vendors or sub-consultants, assigned by the Vendor to perform work pursuant to the contract with the City.
3. If the Vendor becomes the successful Contractor who enters into a contract with the City, then the Vendor will comply with the requirements of Section 448.095, Fla. Stat. "Employment Eligibility", as amended from time to time.
4. Vendor will obtain an affidavit from all subcontractors attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien as defined in 8 United States Code, Section 1324A(H)(3).
5. Vendor will maintain the original affidavit of all subcontractors for the duration of the contract.
6. Vendor affirms that failure to comply with the state law requirements can result in the City's termination of the contract and other penalties as provided by law.
7. Vendor understands that pursuant to Florida Statutes, section 448.095, the submission of a false certification may result in the termination of the contract if one is entered into, and may subject the Vendor named in this certification to civil penalties, attorney's fees and costs.

VENDOR: Atlantic Pipe Services, LLC (Vendor's Company Name)

Allan Cagle (Vendor signature)
Allan Cagle (Vendor's name printed)
President (Title)

Sworn to and subscribed before me by means of physical presence or online notarization, this 11 day of July, 2023, by Allan Cagle, as President.

Notary Public

Personally Known OR Produced Identification
 Type of Identification Produced _____



JESSICA D. EVERING
 Notary Public
 State of Florida
 Comm# HH149020
 Expires 7/16/2025

THIS PAGE MUST BE COMPLETED AND SUBMITTED