



City of Port St. Lucie  
Procurement Management Division  
121 SW Port St. Lucie Blvd,, Port St. Lucie, FL 34984

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**[QUICK PAINTING GROUP CORP] RESPONSE DOCUMENT REPORT**

IFB No. 20260134

Sandblasting, Pressure Washing, Painting, Coatings Services

RESPONSE DEADLINE: April 7, 2026 at 3:30 pm

Report Generated: Tuesday, June 9, 2026

**Quick Painting Group Corp Response**

**CONTACT INFORMATION**

**Company:**

Quick Painting Group Corp

**Email:**

bids@quickpaintinggroup.com

**Contact:**

Andres Sanchez

**Address:**

7566 Southland Blvd

Ste 106

Orlando, FL 32809

**Phone:**

N/A

**Website:**

[www.quickpaintinggroup.com](http://www.quickpaintinggroup.com)

**Submission Date:**

Apr 7, 2026 2:42 PM (Eastern Time)

## ADDENDA CONFIRMATION

Addendum #1

*Confirmed Apr 6, 2026 9:39 AM by Andres Sanchez*

## QUESTIONNAIRE

### 1. Mandatory Forms

#### CONTRACTOR'S GENERAL INFORMATION WORKSHEET\*

It is understood and agreed that the following information is to be used by the City to determine the qualifications of prospective Contractor to perform the work required. The Contractor waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Contractor.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, Engineer, Surety, bank, material or equipment manufacturer, or distributor, or any person, firm or corporation to furnish the City any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Please download the below documents, complete, and upload.

- [PSL- Contractor's General I...](#)

Contractor's\_General\_Information\_Worksheet-with\_lobbying\_language.pdf

#### E-VERIFY FORM \*

Please download the below documents, complete, and upload.

- [E-Verify Form.pdf](#)

IMG\_20260406\_0003.pdf

NON-COLLUSION AFFIDAVIT \*

Please download the below documents, complete, and upload.

- [Non-Collusion Affidavit-fil...](#)

Non-Collusion\_Affidavit-fillable.pdf

SUPPLIER LOCATION CERTIFICATION

Please download the below documents, complete, and upload.

- [Supplier Location Certifica...](#)

IMG\_20260406\_0001.pdf

LOBBYING FORM\*

Please download the below documents, complete, and upload.

- [Lobbying form-fillable.pdf](#)

Lobbying\_form-fillable.pdf

COPY OF W-9\*

W9\_QPG\_-\_Nov\_25.pdf

COPY OF CERTIFICATE OF INSURANCE \*

2526\_GL\_BAUT\_UMB\_E&O\_XLIB\_WC\_(QP-\_Certs)\_-\_Central\_Florida\_Tourism\_Oversight\_District.pdf

COPY OF LICENSES OR CERTIFICATIONS\*

license8559174.pdf

npuc1z6e\_1720021512628.pdf

## 2. Electronic Confirmation

CONE OF SILENCE AND COMMUNICATION DOCUMENT\*

To ensure fair consideration is given for all Proposers, it must be clearly understood that upon release of the proposal and during the proposal process, firms and their employees of related companies as well as paid or unpaid personnel acting on their behalf shall not contact or participate in any type of contact with City employees, department heads or elected officials, up to and including the Mayor and City Council. The “Cone of Silence” is in effect for this solicitation from the date the solicitation is advertised on the OpenGov Portal, until the time an award decision has been approved by City Council and fully executed by all parties. Information about the Cone of Silence can be found under the City Code of Ordinances, Section 35.13. Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through the Issuing Officer, for the procurement of these services.

Confirmed

#### CONTRACTOR'S CODE OF ETHICS\*

The City of Port St Lucie (“City), through its Procurement Management Division (“Procurement Management Division”) is committed to a procurement process that fosters fair and open competition, is conducted under the highest ethical standards and enjoys the complete confidence of the public. To achieve these purposes, Procurement Management Division requires each vendor who seeks to do business with the City to subscribe to this Contractor’s Code of Ethics.

- ◆ A Contractor’s bid or proposal will be competitive, consistent and appropriate to the bid documents.
- ◆ A Contractor will not discuss or consult with other Vendors intending to bid on the same Contract or similar City Contract for the purpose of limiting competition. A Vendor will not make any attempt to induce any individual or entity to submit or not submit a bid or proposal.
- ◆ Contractor will not disclose the terms of its bids or proposal, directly or indirectly, to any other competing Vendor prior to the bid or proposal closing date.
- ◆ Contractor will completely perform any Contract awarded to it at the contracted price pursuant to the terms set forth in the Contract.
- ◆ Contractor will submit timely, accurate and appropriate invoices for goods and/or services actually performed under the Contract.
- ◆ Contractor will not offer or give any gift, item or service of value, directly or indirectly, to a City employee, City official, employee family member or other vendor contracted by the City.

- ◆ Contractor will not cause, influence or attempt to cause or influence, any City employee or City Official, which might tend to impair his/her objectivity or independence of judgment; or to use, or attempt to use, his/her official position to secure any unwarranted privileges or advantages for that Vendor or for any other person.
- ◆ Contractor will disclose to the City any direct or indirect personal interests a City employee or City official holds as it relates to a Vendor contracted by the City.
- ◆ Contractor must comply with all applicable laws, codes or regulations of the countries, states and localities in which they operate. This includes, but is not limited to, laws and regulations relating to environmental, occupational health and safety, and labor practices. In addition, Contractor must require their suppliers (including temporary labor agencies) to do the same. Contractor must conform their practices to any published standards for their industry. Compliance with laws, regulations and practices include, but are not limited to, the following:
  - o Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling and substitution methods.
  - o Providing workers with a safe working environment, which includes identifying and evaluating workplace risks and establishing processes for which employee can report health and safety incidents, as well as providing adequate safety training.
  - o Providing workers with an environment free of discrimination, harassment and abuse, which includes establishing a written antidiscrimination and anti-bullying/harassment policy, as well as clearly noticed policies pertaining to forced labor, child labor, wage and hours, and freedom of association.

DISCLAIMER: This Code of Ethics is intended as a reference and procedural guide to Contractors. The information it contains should not be interpreted to supersede any law or regulation, nor does it supersede the applicable Contractor Contract. In the case of any discrepancies between it and the law, regulation(s) and/or contractor contract, the law, regulatory provision(s) and/or vendor contract shall prevail.

Confirmed

#### DRUG FREE WORKPLACE\*

The undersigned Contractor in accordance with section 287.087, Florida Statutes, hereby certifies that they comply fully with the below requirements.

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 proposal 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 proposal, 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 Florida Statutes 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.

Confirmed

#### AFFIDAVIT OF NONGOVERNMENT ENTITY ANTI-HUMAN TRAFFICKING LAWS\*

In accordance with section 787.06(13), Florida Statutes, the representative of the nongovernmental entity bidder ("Entity"), attests under penalty of perjury that the Entity does not use coercion for labor or services as defined in section 787.06.

Confirmed

#### VENDOR SCRUTINIZED COMPANIES LIST CERTIFICATION\*

Sections [287.135](#) and [215.473](#), Florida Statutes, prohibit Florida municipalities from contracting with companies, for goods or services over \$1,000,000 that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or to engage in any Business operations with Cuba or Syria. Sections 287.135 and 215.4725

also prohibit Florida municipalities from contracting with companies, for goods or services in any amount that are on the list of Scrutinized Companies that Boycott Israel.

The list of "Scrutinized Companies" is created pursuant to Section 215.473, Florida Statutes. A copy of the current list of "Scrutinized Companies" can be found at the following link:

[https://www.sbafla.com/media/mqodaonn/2024\\_12\\_17\\_-israel-scrutinized-companies-list-for-web.pdf](https://www.sbafla.com/media/mqodaonn/2024_12_17_-israel-scrutinized-companies-list-for-web.pdf)

As the person authorized to sign on behalf of the Respondent Vendor, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List; or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; is not participating in a boycott of Israel; and does not have any business operations with Cuba or Syria. I understand that pursuant to Sections 287.135 and 215.473, Florida Statutes, the submission of a false certification may subject the Respondent Vendor to civil penalties, attorney's fees, and/or costs.

I understand and agree that the City may immediately terminate any contract resulting from this solicitation upon written notice if the company referenced above are found to have submitted a false certification or any of the following occur with respect to the company or a related entity: (i) for any contract for goods or services in any amount of monies, it has been placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or (ii) for any contract for goods or services of one million dollars (\$1,000,000) or more, it has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or it is found to have been engaged in business operations in Cuba or Syria.

Confirmed

I CERTIFY THAT I HAVE READ, UNDERSTOOD, AND AGREED TO THE TERMS OUTLINED IN THIS SOLICITATION, INCLUDING ALL ADDENDA, NOTICES, AND THE QUESTION & ANSWER SECTION. FURTHERMORE, I CONFIRM THAT I AM AUTHORIZED TO SUBMIT THIS RESPONSE ON BEHALF OF MY COMPANY.\*

Confirmed

## PRICE TABLES

## LABOR RATES

[QUICK PAINTING GROUP CORP] RESPONSE DOCUMENT REPORT  
 IFB No. 20260134  
 Sandblasting, Pressure Washing, Painting, Coatings Services

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Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	Laborer: Normal Rate	1	Hourly Rate	\$30.00	\$30.00
2	Laborer: Overtime Rate	1	Hourly Rate	\$30.00	\$30.00
3	Painter: Normal Rate	1	Hourly Rate	\$30.00	\$30.00
4	Painter: Overtime Rate	1	Hourly Rate	\$30.00	\$30.00
5	Sand blaster: Normal Rate	1	Hourly Rate	\$30.00	\$30.00
6	Sand blaster: Overtime Rate	1	Hourly Rate	\$30.00	\$30.00
7	Project Manager: Normal Rate	1	Hourly Rate	\$0.00	\$0.00
8	Project Manager: Overtime Rate	1	Hourly Rate	\$0.00	\$0.00
9	Project Superintendent: Normal Rate	1	Hourly Rate	\$0.00	\$0.00
10	Project Superintendent: Overtime Rate	1	Hourly Rate	\$0.00	\$0.00
<b>TOTAL</b>					<b>\$180.00</b>



## CONTRACTOR'S GENERAL INFORMATION WORK SHEET

1. Corporation, Partnership, Joint Venture, Individual or other? Corporation
2. Firm's name and main office address, telephone and fax numbers

Name: Quick Painting Group

Address: 7566 Southland Blvd, Ste 106, Orlando, FL 32809

Telephone Number: 407-733-0401

Fax Number:

3. Contact person: Daniel Sanchez      Email: daniel@quickpaintinggroup.com
4. Firm's previous names (if any). \_\_\_\_\_
5. How many years has your organization been in business? 11 years
6. Is the firm claiming Local Preference under City Ordinance 35.12? NO
7. List the license(s) that qualifies your firm to construct this project: Certified Building Contractor # CBC1265924
8. List five (5) similar to this project completed by your firm in the last 5 years along with a brief description of project, location of project, client name, client phone number, email, value of contract, your firm's percentage of the total contract value, as well as the number of change orders and the total change order value. **DO NOT USE the City of Port St Lucie as a reference.**

### Project Number 1

Project Name: Pressure Washing and Exterior Painting of facilities of Utilities Department

Description: Long Term Contract for Exterior Painting, Blasting and Pressure Washing For Orange County Utilities Department

Location: 2552 Lakeville Rd, Apopka, FL 32703

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Client Name, Phone Number & Email: Andrew Wilson, 407-254-7809,  
[andrew.wilson2@ocfl.net](mailto:andrew.wilson2@ocfl.net)

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Value of Total Contract: \$3,547,500.00

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Date of Completion: Still on contract

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Firm's Percentage of Total Contract: 100%

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Number of Change Orders: 0

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Value of Change Orders: 0

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Was Project Completed on Schedule: Yes

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Was Project Completed within Budget? Yes

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#### Project Number 2

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Project Name: Painting Services for Orange County Parks and Recreations – Lot A – East

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Description: Painting Services for Orange County Parks and Recreations – Lot A – East

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Long Term contract

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Location: 2010 E. Michigan Street Orlando, FL 32806

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Client Name, Phone Number & Email: Cristian Alvarado, 407-836-9317  
[Cristian.Alvarado@ocfl.net](mailto:Cristian.Alvarado@ocfl.net)

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Value of Total Contract: \$226,150.00

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Date of Completion: Still on contract

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Firm's Percentage of Total Contract: 100%

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Number of Change Orders: 0

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Value of Change Orders: 0

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Was Project Completed on Schedule: Yes

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Was Project Completed within Budget? Yes

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#### Project Number 3

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Project Name: Norton ES Exterior Painting Project

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Description: Exterior Painting of the Entire School

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Location:

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Client Name, Phone Number & Email: Jeff Klettner, 352-538-2218,  
[klettnerjc@gm.sbac.edu](mailto:klettnerjc@gm.sbac.edu)

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Value of Total Contract: \$185,000.00

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Date of Completion: 06/30/2024

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Firm's Percentage of Total Contract: 100%

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Number of Change Orders: 0

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Value of Change Orders: 0

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Was Project Completed on Schedule: Yes

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Was Project Completed within Budget? Yes

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Project Number 4

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Project Name: Various Interior and Exterior Painting Projects

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Description: Painting contractor for Charlotte County Schools

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Location: 1029 Carmalita St, Punta Gorda, FL 33950

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Client Name, Phone Number & Email: Nick Garcia, 941-628-9342 / 941-628-1388  
[nick.garcia@yourcharlotteschools.net](mailto:nick.garcia@yourcharlotteschools.net)

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Value of Total Contract: \$500,000.00

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Date of Completion: 09/12/2024

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Firm's Percentage of Total Contract: 100%

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Number of Change Orders: 0

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Value of Change Orders: 0

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Was Project Completed on Schedule: Yes

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Was Project Completed within Budget? Yes

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Project Number 5

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Project Name: FFY22 Multi-Site Interior Painting

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Description: Painting Contractor for Orange County Public Schools

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Location: 6501 Magic Way, Orlando, FL 32809

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Client Name, Phone Number & Email: Angela S. Jimenez, 407-561-5015  
[Angela.Jimenez@ocps.net](mailto:Angela.Jimenez@ocps.net)

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Value of Total Contract: \$974,810.00

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Date of Completion: 11/01/2023

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Firm's Percentage of Total Contract: 100%

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Number of Change Orders: 0

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Value of Change Orders: 0

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Was Project Completed on Schedule: Yes

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Was Project Completed within Budget? Yes

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9. List the number of personnel that will be assigned to the project and include job titles and their licenses or certifications.
- Daniel Sanchez, Certified Coatings Inspector Cert No. N-103590
  - Andres Sanchez, Certified Building Contractor CBC1265924
  - Jose Guevara, Field Superintendent.
  - Jose Rengel, Senior Project Manager.
10. Has the Contractor or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract

during the past five (5) years or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? No

List the name of project, location, client, engineer, date and reason. Use additional pages if needed.

Total Number of Projects where Failure to Complete Work Occurred: \_\_\_\_\_

\_\_\_\_\_

Project Number 1

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Client Name and Phone Number: \_\_\_\_\_

Engineer Name and Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Insert additional projects if needed.

11. Has the Contractor or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes ( )                      No (x)

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. List any lawsuits pending or completed within the past five (5) years involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

\_\_\_\_\_

\_\_\_\_\_

(N/A is not an acceptable answer - insert lines if needed)

13. List any judgments from lawsuits in the last five (5) years:

\_\_\_\_\_

\_\_\_\_\_

(N/A is not an acceptable answer - insert lines if needed)

14. List any criminal violations and/or convictions of the Proposer and/or any of its principals:

\_\_\_\_\_

\_\_\_\_\_

(N/A is not an acceptable answer - insert lines if needed)

15. List subcontractors and major material suppliers for the project. Include telephone numbers. Insert additional sheets if necessary. **All subcontractors listed must complete a "Certification Regarding Lobbying" form and is to be included in the bid package. Attach all licenses and certifications that qualify them to perform the work.**

N/A

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Signature



Secretary & CFO  
Title



**E-Verify Form**

**Supplier/Consultant acknowledges and agrees to the following:**

1. Shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Supplier/Consultant during the term of the contract; and
2. Shall expressly require any subcontractors performing work or providing services pursuant to the state contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.
3. The Contractor hereby represents that it is in compliance with the requirements of Sections 448.09 and 448.095, Florida Statutes. The Contractor further represents that it will remain in compliance with the requirements of Sections 448.09 and 448.095 Florida Statutes, during the term of this contract and all attributed renewals.
4. The Contractor hereby warrants that it has not had a contract terminated by a public employer for violating Section 448.095, Florida Statutes, within the year preceding the effective date of this contract. If the Contractor has a contract terminated by a public employer for any such violation during the term of this contract, it must provide immediate notice thereof to the City.

**E-Verify Company Identification Number** 1187825

**Date of Authorization** 04/17/2017

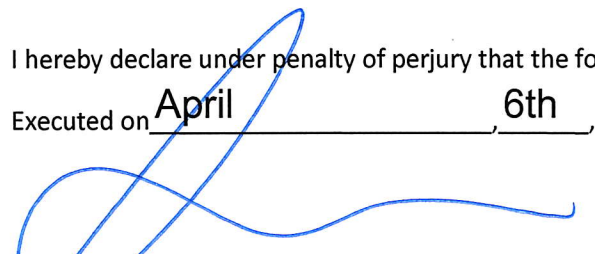
**Name of Contractor** Quick Painting Group

**Name of Project** Sandblasting, Pressure Washing, Painting, Coatings Services

**Solicitation Number (If Applicable)** Invitation For Bid (IFB) #20260134

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on April, 6th, 2026 in Orlando (city), FL (state).

  
 \_\_\_\_\_  
 Signature of Authorized Officer

**Andres Sanchez - President**  
 \_\_\_\_\_  
 Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME   
 ON THIS THE 6 DAY OF April, 2026.

NOTARY PUBLIC Daniela Arrioja

My Commission Expires: July 31, 2028





**NON-COLLUSION AFFIDAVIT**

State of \_\_\_\_\_ }

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

\_\_\_\_\_, being first duly sworn, disposes and says that:  
(Name/s)

1. They are \_\_\_\_\_ of \_\_\_\_\_ the Proposer that  
(Title) (Name of Company)

has submitted the attached PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such PROPOSAL;

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

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contract for which the attached proposal has been submitted or to refrain from proposing in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.



(Signed) \_\_\_\_\_

(Title) President \_\_\_\_\_

STATE OF FLORIDA }  
COUNTY OF ~~ST. LUCIE~~ } SS:  
ORANGE

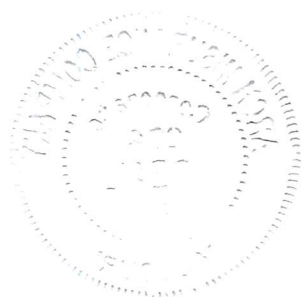
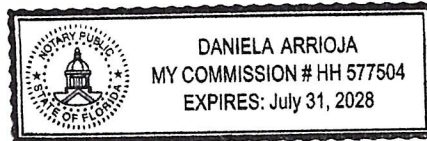
The foregoing instrument was acknowledged before me this (Date) 04/06/2026

by: Andres Sanchez who is personally known to me or who has produced  
\_\_\_\_\_ as identification and who did (did not) take an oath.

Commission No. HH577504

Notary Print: Daniela Arrioja

Notary Signature: \_\_\_\_\_





**SUPPLIER LOCATION CERTIFICATION**

The undersigned, as a duly authorized representative of the Supplier listed herein, certifies to the best of their knowledge and belief, that the Supplier's location is correctly reflected based upon the below information. For purposes of this section, "Location" shall mean a business which:

- a) How far is the Supplier's fixed office or distribution point located from [City Hall](#); and
- b) Is the principal offeror who is a single offeror; a business which is the prime contractor and not a subcontractor; or a partner or joint venturer submitting an offer in conjunction with other businesses.

Complete the following and upload this document and the Google Maps print out to the required sourcing platform:

Business Name: <b>Quick Painting Group</b>	
Current Local Address: <b>7566 Southland Blvd Ste 106, Orlando, FL 32809</b>	Phone: <b>407-733-0401</b>
Length of time at this address: <b>6 months</b>	Fax:
Please provide your prior business address if the above address has been for less than one (1) year, prior to the issuance of this solicitation. <b>9867 S Orange Blossom Trl Ste 109, Orlando, FL 32837</b>	
Length of time at this address: <b>5 years</b>	
Home Office Address: <b>7566 Southland Blvd Ste 106, Orlando, FL 32809</b>	Phone: <b>407-733-0401</b>
Length of time at this address: <b>6 months</b>	Fax:

(Signed) \_\_\_\_\_  
 (Title) **President**

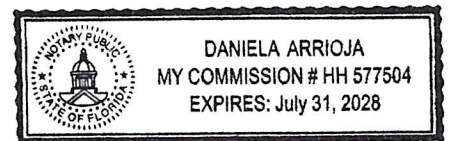
STATE OF FLORIDA        }  
 COUNTY OF ST. LUCIE} SS:

The foregoing instrument was acknowledged before me this (Date) 04/06/2026

by: \_\_\_\_\_ who is personally known to me or who has produced  
 \_\_\_\_\_ as identification and who did (did not) take an oath.

**Daniela Arrioja**  
 \_\_\_\_\_  
 Notary (print & sign name)

Commission No. HH577504





## CERTIFICATION REGARDING LOBBYING

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

- (1) No Federal 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 an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions [as amended by “Government wide Guidance for New Restrictions on Lobbying”, 61 Fed. Reg. 1413 (1/19/96)]. Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)
- (3) The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure of fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Company Name: \_\_\_\_\_

Authorized By: \_\_\_\_\_  
(Sign) (Print Name)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*ALL SUBCONTRACTORS ARE REQUIRED TO FILL OUT THIS FORM AND SUBMIT WITH BID PACKAGE\*\*\* This is a mandatory document. No exceptions will be made.**

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
 requester. Do not  
 send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> See <b>Specific Instructions</b> on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Quick Painting Group</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>7566 Southland Blvd, Ste 106</b>	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code <b>Orlando, FL 32809</b>	
	<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
4	7	-	4	3	9	2	5	0	3

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date <b>11/05/2025</b>
------------------	--------------------------	------------------------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



QUICPAI-01

DAUTORIOS

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Insurance Office of America 1855 West State Road 434 Longwood, FL 32750	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(407) 788-3000</b> FAX (A/C, No): <b>(407) 788-7933</b> E-MAIL ADDRESS:  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border-bottom: 1px solid black;">NAIC #</td> </tr> <tr> <td>INSURER A : <b>Specialty Builders Insurance Company</b></td> <td style="text-align: right;"><b>16826</b></td> </tr> <tr> <td>INSURER B : <b>Mercury Indemnity Company of America</b></td> <td style="text-align: right;"><b>11201</b></td> </tr> <tr> <td>INSURER C : <b>Insurance Company of the West</b></td> <td style="text-align: right;"><b>27847</b></td> </tr> <tr> <td>INSURER D : <b>Admiral Insurance Company</b></td> <td style="text-align: right;"><b>24856</b></td> </tr> <tr> <td>INSURER E : <b>Kinsale Insurance Company</b></td> <td style="text-align: right;"><b>38920</b></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Specialty Builders Insurance Company</b>	<b>16826</b>	INSURER B : <b>Mercury Indemnity Company of America</b>	<b>11201</b>	INSURER C : <b>Insurance Company of the West</b>	<b>27847</b>	INSURER D : <b>Admiral Insurance Company</b>	<b>24856</b>	INSURER E : <b>Kinsale Insurance Company</b>	<b>38920</b>	INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER E : <b>Kinsale Insurance Company</b>	<b>38920</b>														
INSURER F :															
<b>INSURED</b>  Quick Painting Group Corp 9867 S. Orange Blossom Trail, Ste 109 Orlando, FL 32837															

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<b>X</b>	<b>X</b>	<b>GLP-0349354-02</b>	<b>5/18/2025</b>	<b>5/18/2026</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
<b>B</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	<b>X</b>	<b>X</b>	<b>BA090000019087</b>	<b>5/18/2025</b>	<b>5/18/2026</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ <b>PIP</b> \$ <b>10,000</b>
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			<b>UMB-0349357-02</b>	<b>5/18/2025</b>	<b>5/18/2026</b>	EACH OCCURRENCE \$ <b>2,000,000</b> AGGREGATE \$ <b>2,000,000</b> \$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	<b>N / A</b>	<b>X</b>	<b>WFL506636403</b>	<b>7/1/2025</b>	<b>7/1/2026</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>D</b>	<b>Errors &amp; Omissions</b>			<b>EO00006409401</b>	<b>10/1/2024</b>	<b>10/1/2025</b>	<b>Per Claim</b> \$ <b>2,000,000</b>
<b>E</b>	<b>Excess Liability</b>			<b>0100356984-1</b>	<b>5/18/2025</b>	<b>5/18/2026</b>	<b>Limit of Liability</b> \$ <b>3,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Schedule of underlying for primary liability is attached. See form XS DEC 06 22.

Schedule of underlying for excess liability is attached. See form CAX1001 0224.

Central Florida Tourism Oversight District c/o Procurement and Contracting Dept. is additional insured on a Primary and Non-Contributory Basis for general liability. See form GIB GLECE (03/20) attached.

SEE ATTACHED ACORD 101

**CERTIFICATE HOLDER****CANCELLATION**

Central Florida Tourism Oversight District c/o Procurement and Contracting Dept. PO Box 690519 Orlando, FL 32869	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Insurance Office of America</b>		NAMED INSURED <b>Quick Painting Group Corp</b> 9867 S. Orange Blossom Trail, Ste 109 Orlando, FL 32837	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**

They are also named as additional insured for auto liability. See form MCA04440913 attached.

Waiver of subrogation applies in favor of insured for general liability, auto liability and workers' compensation. Forms are attached.



Policy Number: UMB 0349357 02

1. SCHEDULE OF CONTROLLING UNDERLYING INSURANCE

Employers' Liability

Company: INSURANCE COMPANY OF THE WEST

Policy Number: WFL506636402

Policy Period: 07/01/2024 to 07/01/2025

Minimum Applicable Limits

Bodily Injury by accident	\$ 1,000,000	Each Accident
Bodily Injury by disease	\$ 1,000,000	Each Employee
Bodily Injury by disease	\$ 1,000,000	Policy Limit

Commercial Auto Liability

Company: N/A

Policy Number:

Policy Period: to

Minimum Applicable Limits

Automobile Liability	
Combined Single Limit	\$

Commercial General Liability

Company: Specialty Builders Insurance Company

Policy Number: GLP034935402

Policy Period: 05/18/2025 to 05/18/2026

Minimum Applicable Limits

General Aggregate	\$ 2,000,000
Products-Completed Operations Aggregate	\$ 2,000,000
Personal And Advertising Injury	\$ 1,000,000
Each Occurrence	\$ 1,000,000

## SCHEDULE OF UNDERLYING INSURANCE

<i>Attached To and Forming Part of Policy</i> 0100356984-1	<i>Effective Date of Endorsement</i> 05/18/2025 12:01AM at the Named Insured address shown on the Declarations	<i>Named Insured</i> Quick Painting Group Corp
<i>Additional Premium:</i> \$0	<i>Return Premium:</i> \$0	

<b>PRIMARY INSURANCE:</b>			
<b>Policy Type: General Liability</b>			
Issuing Company:	Specialty Builders Insurance Company	Limits of Insurance:	
Policy Number:	GLP-0349354-02	Each Occurrence/Claim:	\$1,000,000
Policy Dates:	05/18/2025 - 05/18/2026	General Aggregate:	\$2,000,000
Coverage Form:	Occurrence	Products/Completed Operations Aggregate:	\$2,000,000
Retroactive Date:	N/A	Personal and Advertising Injury Limit:	\$1,000,000
	(claims made policy only)		

<b>OTHER UNDERLYING INSURANCE:</b>			
<b>Policy Type: Lead Excess</b>			
Issuing Company:	Specialty Builders Insurance Company	Limits of Insurance:	
Policy Number:	UMB 0349357 02	Each Occurrence/Claim:	\$2,000,000
Policy Dates:	05/18/2025 - 05/18/2026	General Aggregate:	\$2,000,000
Coverage Form:	Occurrence		
Retroactive Date:	N/A		
	(claims made policy only)		

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **GENERAL LIABILITY EXTRA COVERAGE ENDORSEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **TABLE OF CONTENTS**

#### **Additions to SECTION I – COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**

1. Non-Owned Watercraft
2. Fire, Lightning, Explosion, Smoke, or Leakage from an Automatic Fire Protection System

#### **Additions to SECTION I - SUPPLEMENTARY PAYMENTS - COVERAGES A AND B**

1. Increased Limits for Bail Bonds
2. Increased Limit of Loss of Earnings

#### **Additions to SECTION II – WHO IS AN INSURED**

1. Additional Insured Status for Persons or Organizations Required by Written Contract or Agreement
2. Incidental Medical Malpractice
3. Newly Acquired or Formed Organizations
4. Additional Insured Lessor of Leased Equipment Automatic Status When Required in Lease Agreement With You

#### **Additions to SECTION III – LIMITS OF INSURANCE**

1. Damage to Premises Rented To You
2. Increased Medical Payments Limit
3. Additional Insured- Persons or Organizations Required by Written Contract or Agreement

#### **Additions to SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**

1. Knowledge of Occurrence
2. Primary and Noncontributory
3. Transfer of Rights of Recovery
4. Liberalization
5. Unintentional Failure to Disclose

## COMMERCIAL GENERAL LIABILITY

### SECTION I – COVERAGES

**COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** is revised as follows:

1. **Non-Owned Watercraft.** Paragraph 2. **Exclusions, g. Aircraft, Auto Or Watercraft** item (2) is deleted and replaced with the following:

(2) A watercraft you do not own that is:

(a) Less than 51 feet long; and

(b) Not being used to carry persons or property for a charge;

2. **Property Damage Exclusion.** Paragraph 2. **Exclusions, j. Damage to Property** is revised by deleting the clause that states:

Paragraphs (1), (3) and (4) of this exclusion do not apply to "property damage" (other than damage by fire) to premises, including the contents of such premises, rented to you for a period of 7 or fewer consecutive days. A separate limit of insurance applies to Damage To Premises Rented To You as described in Section III - Limits Of Insurance.

and replacing it with:

Paragraphs (1), (3) and (4) of this exclusion do not apply to "property damage" (other than damage by fire, lightning, explosion, smoke or leakage from an automatic fire protection system) to premises, including the contents of such premises, rented to you for a period of 7 or fewer consecutive days. A separate limit of insurance applies to Damage To Premises Rented To You as described in Section III - Limits Of Insurance.

**SUPPLEMENTARY PAYMENTS - COVERAGES A AND B** is revised as follows:

3. **Increased Limits.** Paragraph 1.b. is deleted and replaced by the following, to provide that we will pay, with respect to any claim we investigate or settle, or any "suit" against an insured we defend:

b. Up to \$2,500 for cost of bail bonds required because of motor vehicle accidents or traffic law violations arising out of the use of any motor vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

4. **Increased Limits.** Paragraph 1.d. is deleted and replaced by the following, to provide that we will pay, with respect to any claim we investigate or settle, or any "suit" against an insured we defend:

d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$350 a day because of time off from work.

**SECTION II -WHO IS AN INSURED** - is revised as follows:

1. **Additional Insureds.**

**A. Section II – Who Is An Insured** is amended to include as an additional insured:

1. Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and

2. Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1. above.

## COMMERCIAL GENERAL LIABILITY

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- (a) Your acts or omissions; or
- (b) The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- (a) Only applies to the extent permitted by law; and
- (b) Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- 1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - (a) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - (b) Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of, or the failure to render, any professional architectural, engineering or surveying services.

2. "Bodily injury" or "property damage" occurring after:

- (a) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- (b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance**:

The most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement described in Paragraph **A.1.**; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations..

2. **Incidental Medical Malpractice.** The following exception is added:

## COMMERCIAL GENERAL LIABILITY

Paragraph **2.a.(1)(d)** does not apply to your "employees" or "volunteer workers" who provide professional health care services on your behalf as a duly licensed:

- (i) Emergency Medical Technician; or
- (ii) Paramedic.

This exception does not apply if you are in the business or occupation of providing emergency medical or paramedic services.

### 3. Newly Acquired or Formed Organizations.

Paragraph **3.a.** is deleted and replaced with the following:

- (a) Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier;

Paragraph **3.b.** is deleted and replaced with the following:

- (b) Coverage A does not apply to "bodily injury" or "property damage" to "your product" that occurred before you acquired or formed the organization; and

### 4. Additional Insured Lessor of Leased Equipment Automatic Status When Required In Lease Agreement With You

- A. Section II – Who Is An Insured is amended to include as an additional insured any person(s) or organization(s) from whom you lease equipment when you and such person(s) or organization(s) have agreed in writing in a contract or agreement that such person(s) or organization(s) be added as an additional insured on your policy. Such person(s) or organization(s) is an insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s).

However, the insurance afforded to such additional insured:

- 1. Only applies to the extent permitted by law; and
  - 2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured. A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.
- B. With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.
  - C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

The most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement you have entered into with the additional insured; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

COMMERCIAL GENERAL LIABILITY

**SECTION III - LIMITS OF INSURANCE** - The following is added for the purpose of this Endorsement:

The Limits of Insurance shown in the Declarations apply to the insurance provided by this endorsement, except the following limits, which are amended:

**1. Damage To Premises Rented To You.**

The limit for Damage to Premises Rented to You is amended to be the lesser of:

- (a) The Each Occurrence Limit shown in the Declarations; or
- (b) \$300,000.

**2. Increased Medical Payments Limit.**

Without increasing any applicable General Aggregate Limit or per occurrence Limit, the Medical Expense Limit in Coverage C is \$10,000 per person unless a greater amount is shown in the Declarations.

**SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS** - is revised as follows:

**1. Knowledge of Occurrence.** The following is added to Paragraph **2. Duties In The Event Of Occurrence, Offense, Claim Or Suit.**

When you or any other insured know or should know that there has been an "occurrence" or offense which may result in a claim or "suit" to which this insurance may apply, you must notify us as soon as practicable, and such duty to give us notice shall be deemed to have been triggered when facts sufficient to believe an "occurrence" or offense has occurred becomes known to:

- (1) You, if you are an individual;
- (2) A member or partner, if you are a partnership or joint venture;
- (3) A member or manager, if you are a limited liability company;
- (4) An "executive officer" or director, if you are an organization other than a partnership, joint venture or limited liability company;
- (5) A trustee, if you are a trust;
- (6) Your insurance manager;
- (7) Your legal representative if you die or dissolve;
- (8) Any person claiming coverage or seeking benefits under the policy; or
- (9) Any member, partner, manager, "executive officer", director, or trustee of any organization, limited liability company, corporation, partnership, joint venture or trust claiming coverage or seeking benefits under the policy.

**2. Primary and Noncontributory.** The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

**3. Transfer Of Rights Of Recovery.** The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us.**

## COMMERCIAL GENERAL LIABILITY

We waive the rights of recovery we may have because of payments we make for injury or damages arising out of:

- (a) Your ongoing operations or "your work" done under a contract with a person or organization and included in the "products-completed operations hazard"; or
- (b) The ownership, maintenance or use of that part of a premise leased to you.

Our rights may not be waived except if waived in writing by us prior to the "occurrence" giving rise to the injury or damage for which we make payments under this Coverage. The insured must do nothing after the loss to impair or prejudice our rights and must do whatever we deem necessary to enable us to exercise our rights. At our request, the insured shall bring "suit" against liable parties or transfer those rights to us.

#### 4. **Liberalization.** The following is added:

If we revise this version of this General Liability Extra Coverage Endorsement to provide more coverage without additional premium charges, this endorsement will automatically provide the revised coverage as of the day the revision is effective in the state in which you reside.

#### 5. **Unintentional Failure to Disclose.** The following is added:

An unintentional failure to completely describe or unintentional error or omission in the description of any premises or operations intended by you to be covered by this Commercial General Liability Coverage Form will not invalidate coverage for those premises or operations. An unintentional error, omission or failure must be reported to us as soon as practical after it is discovered.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY AND ENDORSEMENTS REMAIN UNCHANGED.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **BLANKET ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The following is added to the **Section II - Liability Coverage**, Paragraph **A.1. Who Is An Insured** Provision:

Any person or organization that you are required to include as additional insured on the Coverage Form in a written contract or agreement that is signed and executed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period is an "insured" for Liability Coverage, but only for damages to which this insurance applies and only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Section II.

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

ANY PERSON OR ORGANIZATION FOR WHOM THE NAMED INSURED IS  
REQUIRED UNDER WRITTEN CONTRACT TO FURNISH THIS WAIVER,  
FOR FLORIDA OPERATIONS ONLY.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective **07-01-24** Policy No. **WFL 5066364 02**  
Insured **QUICK PAINTING GROUP CORP**  
Insurance Company **INSURANCE COMPANY OF THE WEST**

Endorsement No.  
Premium \$ **INCL.**

Countersigned By \_\_\_\_\_

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **BLANKET WAIVER OF SUBROGATION**

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

SECTION IV – BUSINESS AUTO CONDITIONS, A. Loss Conditions, 5. Transfer of Rights Of Recovery Against Others To Us, the following is added:

We waive any right of recovery we may have against any person or organization to the extent required of you by a written contract executed prior to any “accident” or “loss”, provided that the “accident” or “loss” arises out of the operations contemplated by such contract. The waiver applies only to the person or organization designated in such contract.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD**

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

**SANCHEZ, ANDRES E SR**

QUICK PAINTING GROUP CORP  
9867 S. ORANGE BLOSSOM TRAIL  
STE 109  
ORLANDO FL 32837

**LICENSE NUMBER: CBC1265924**

**EXPIRATION DATE: AUGUST 31, 2026**

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ISSUED: 08/28/2024

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