

E-BID #20210102
 COST WORKSHEET
 MAINTENANCE OF ALL BRIDGES AND WATER CONTROL STRUCTURES
 COST WORKSHEET - SCHEDULE "A" - Attachment F

Company _____

Line Item	Type of Area Mowing	Estimated # of Locations	Annual Occurrence	Fixed Price Per Location	Total Amount Per Occurrence	Total Amount Per Year
1	Water Control Structures	152	6	\$27.00	\$4,104.00	\$ 24,624.00
2	Bridges	25	6	\$69.00	\$1,725.00	\$ 10,350.00
3	TOTAL ANNUAL AMOUNT					\$ 34,974.00

Michael Ryckman
 Michael Ryckman
 772-207-7716
 Classiccutslandscapespl@gmail.com

E-BID #20210102
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2	Bridges	25	6	\$69.00	\$1,725.00	\$ 10,350.00
3	TOTAL ANNUAL AMOUNT					\$ 34,974.00

Contractor Signature: _____



Michael Ryckman

772-201-7716

classiccutslandscapepsl@gmail.com

Preventative Maintenance of All Bridges and Water Control Structures

Schedule "A"

Line Item No.	Type of Area Mowing	Estimated # of Locations	Annual Occurrence	Fixed Price Per Location	Total Amount Per Occurrence	Total Amount Per Year
1	Water Control Structures	152	6	\$21.00	\$4104.00	\$TBD 24,624.00
2	Bridges	25	6	\$69.00	\$1725.00	\$TBD 10,350.00
3	TOTAL ANNUAL AMOUNT					\$TBD

34,974.00

Payments will be disbursed in the following manner:

The Contract Sum - Work to be paid for on the basis of per unit prices: each, lump sum, linear feet, square yards, system, etc.

Invoices for services shall be submitted once a month, by the tenth (10th) day of each month, and payments shall be made within twenty (20) business days unless Contractor has chosen to take advantage of the Purchasing Card Program, which guarantees payment within several days. Payments shall be made within twenty (20) business days of receipt of Contractor's valid invoice, provided that the invoice is accompanied by adequate supporting documentation, including any necessary partial release of liens as described above, and is approved by the Project Manager as required under Section XV of the Contract.

No payment for projects involving improvements to real property shall be due until Contractor delivers to City a complete release of all claims arising out of the contract or receipts in full in lieu thereof, and an affidavit on his personal knowledge that the releases and receipts include labor and materials for which a lien could be filed.

All invoices and correspondence relative to this Contract must contain the City's Contract number and Purchase Order number, detail of items with prices that correspond to the Contract, a unique invoice number and partial and final release of liens.

All invoices are to be sent to: APNOTIFICATIONS@CITYOFPSL.COM.

The Contractor shall not be paid additional compensation for any loss or damage, arising out of the nature of the work, from the action of the elements, or from any delay or unforeseen obstruction or difficulties encountered in the performance of the work, or for any expenses incurred by or in consequence of the suspension or discontinuance of the work.

In the event the City deems it expedient to perform work which has not been done by the Contractor as required by these Specifications, or to correct work which has been improperly and/or inadequately performed by the Contractor as required in these Specifications, all expenses thus incurred by the City, at the City's option, will be invoiced to the Contractor and/or deducted from payments due to the Contractor.



"A City for All Ages"

NOTICE TO ALL PROPOSERS:

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 DemandStar, 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 of Port St. Lucie Ordinance 20-15, Section 35.13. Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through Michelle Fentress, Issuing Officer, for the procurement of these services.

All questions regarding this Solicitation are to be submitted in writing to Michelle Fentress, Procurement Agent I with the Procurement Management Department via e-mail mfentress@cityofpsl.com, or by phone 772-871-5222. Please reference the Solicitation number on all correspondence to the City.

All questions, comments and requests for clarification must reference the Solicitation number on all correspondence to the City. Any oral communications shall be considered unofficial and non-binding.

Only written responses to written communication shall be considered official and binding upon the City. The City reserves the right, at its sole discretion, to determine appropriate and adequate responses to the written comments, questions, and requests for clarification.

*NOTE: All addendums and/or any other correspondence before bid close date (general information, question and responses) to this solicitation will be made available exclusively through the DemandStar's Website for retrieval. All notice of intent to award documentation will be published on the City Clerk's Website. Proposers are solely responsible for frequently checking these websites for updates to this solicitation.

I understand and shall fully comply with all requirements of City of Port. St. Lucie Ordinance 20-15, Section 35.13.

Typed Name: Christina Ryckman

Signed: Christina Ryckman

Company and Job Title: Classic Cuts & Pub Pond design Project manager

Date: 12-20-21



"A City for All Ages"

e-BID #20210102
CONTRACTOR'S CODE OF ETHICS

The City of Port St Lucie ("City), through its Procurement Management Department ("Procurement Management Department") 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 Department 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:

- Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling and substitution methods.
- 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.
- 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.

Name of Organization/Proposer Classic Cuts & Fish Pond Design Inc.
Signature Christina Ryckman
Printed Name and Title Christina Ryckman Owner

Date 12-17-21

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.

CONTRACTOR'S GENERAL INFORMATION WORK SHEET
eBID #20210102

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.

Dated at St Lucie County, this 20 day of Dec., 2021
(Location)

Name of Organization/Contractor: Classic Cuts & Fish Pond Design, Inc

By: Christina Iapi Ryckman - Office Manager
Name and Title

1. Corporation, Partnership, Joint Venture, Individual or other? Inc. Individual

2. Firm's name and main office address, telephone and fax numbers

Name: Classic Cuts & Fish Pond Design Inc.

Address: 1003 Tilton Road Port Saint Lucie
Fl. 34952

Telephone Number: 772 201 7714

Fax Number: 772 - 344 - 3348

3. Contact person: Christina Ryckman Email: Classiccutslandscapepsi@gmail.com

4. Firm's previous names (if any).

5. How many years has your organization been in business? 27 yrs

6. Total number of staff at this location: 3 Total number of staff on the Treasure Coast: 3

7. Is the Firm a minority business: YES / NO

If no, is your company planning to implement such a program? NO

8. Is the firm claiming Local Preference under City Ordinance 35.12? YES / NO

9. List the license(s) that qualifies your firm to construct this project: Business 7202 Landscaping/Lawn Care Misc/Public Services
7299

10. **ADDENDUM ACKNOWLEDGMENT** - Bidder acknowledges that the following addenda have been received and are included in its proposal/bid:

Addendum Number	Date Issued	Addendum Number	Date Issued
20210102	Dec 20, 21		

11. **BID RESPONSE:**

11.1 Bidder will / will not accept the Purchasing Card (Visa).
(please circle one)

11.2 Percentage of discount when payment is made with Visa: 0 %
Please Note: The City has implemented a Purchasing Card Program. The Bidder can take advantage of this project and in consideration receive payment within several days instead of the City's payment policy. Any percentage off the bid price for the acceptance of Visa will be consideration in the bid award. If no such percentage is given, the City shall assume zero (0) percent discount applies.

11.3 Bid Reply Total from Cost Worksheet – Schedule "A": \$ 1
(This figure must match the Cost Worksheet and the figure that is to be used on the DemandStar web page. Discrepancies between the Cost Worksheet spreadsheet uploaded on DemandStar, the dollar amount listed on the web page at the time of submittal and the Cost Work Sheet #20210102 uploaded on DemandStar will be resolved in favor of the Cost Worksheet – Schedule "A" that is uploaded at time of submittal.)

Reference Use Only – Use E-Bid Reply – Schedule "A" Spreadsheet to reply to this Bid

Line Item No.	Type of Area Mowing	Estimated # of Locations	Annual Occurrence
1	Water Control Structures	152	6
2	Bridges	25	6

Bidders are cautioned that the anticipated quantities used for this computation will be estimates. The City makes no guarantee as to the actual quantity that will be utilized during the Contract period. A unit price

for each item shall be offered shall be shown, and such price shall include packing and shipping unless otherwise specified. A total shall be entered in the "Total" column for each separate item. In case of discrepancy between the unit price and the extended price, the unit price will supersede. The total amount shall be entered on line 11.3 above and entered on the DemandStar web page. The City reserves the right to split the award, if in the City's opinion such a split is in the best interest of the City.

Interpretation of the Approximate Quantities - The Bidder's attention is called to the fact that any estimate of quantities of work to be done and materials to be furnished under the specifications as shown on the proposed form (or elsewhere) is approximate only and not guaranteed by the City. The City does not assume any responsibility that the final quantities shall remain in strict accordance with the estimated quantities, nor shall the Bidder plead misunderstanding or deception because of such estimate of quantities or of the character, location of the work, or other condition pertaining thereto.

12. List five (5) Maintenance of All Bridges and Water Control Structure projects 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: Pine Crest Lakes
 Description: lawn maintenance, weed eating, edging
 Blowing
 Location: Pine Crest Lakes Home Owners Association
 Client Name, Phone Number & Email: Susan Butler 772-341-6541
 Value of Total Contract: 41,600.00
 Date of Completion: -
 Firm's Percentage of Total Contract: 41,600.00
 Number of Change Orders: 0
 Value of Change Orders: 0
 Was Project Completed on Schedule: yes
 Was Project Completed within Budget? yes

Project Number 2

Project Name: Bridges + Structures
 Description: City of Port Saint Lucie
 Location: Port Saint Lucie
 Client Name, Phone Number & Email: City of PSJ
 Value of Total Contract: 116,200.00

Date of Completion: 1-1-2022

Firm's Percentage of Total Contract: -

Number of Change Orders: -

Value of Change Orders: -

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 3

Project Name: Las Palmas

Description: Home Owners Assoc. lawn maintenance

Location: Port Saint Lucie

Client Name, Phone Number & Email: laspalmay1401@hotmail.com

Value of Total Contract: 33,600

Date of Completion: 1-1-2022

Firm's Percentage of Total Contract: -

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 4

Project Name: EWIP

Description: upland maintenance for the Eastern Water Shed.

Location: City of PSI

Client Name, Phone Number & Email: City of PSI

Value of Total Contract: 1-1-2024

Date of Completion:

Firm's Percentage of Total Contract: -

Number of Change Orders: -

Value of Change Orders: -

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 5

Project Name: _____
 Description: _____

 Location: _____
 Client Name, Phone Number & Email: _____
 Value of Total Contract: _____
 Date of Completion: _____
 Firm's Percentage of Total Contract: _____
 Number of Change Orders: _____
 Value of Change Orders: _____
 Was Project Completed on Schedule: _____
 Was Project Completed within Budget? _____

13. How will the Contractor be able to meet the project timeline and budget given the current workload, work force and equipment?

Classic Cuts will maintain lawn by City of PSI schedule. 12 cuts per year.

14. List the number of personnel that will be assigned to the project and include job titles and their licenses or certifications.

15. 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? 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: 0

Project Number 1
 Project Name: _____

DRUG-FREE WORKPLACE FORM
eBid # 20210102
Maintenance of All Bridges and Water Control Structures

The undersigned Contractor in accordance with Florida Statute 287.087 hereby certifies that
Classic Cuts & Fish Pond Design Inc does:
(Name of Business)

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.

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

Christian Rykeman
Bidder's Signature

12-17-21
Date:



"A City for All Ages"

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 1769458

Date of Authorization 12-16-21

Name of Contractor Classic Cuts & Fish Pond Design Inc.

Name of Project Preventative Maintenance of all Bridges + Water Structures

Solicitation Number (If Applicable) _____

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

Executed on Dec, 21, 2021 in Port Saint Lucie, (city), FL (state).

Christina Ryckman
Signature of Authorized Officer

Christina Ryckman
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 21 DAY OF December, 2021.

NOTARY PUBLIC Pamela R. Ortiz

My Commission Expires: 3-18-2025



PAMELA R. ORTIZ
Commission # HH 099771
Expires March 18, 2025
Bonded thru Budget Notary Services



"A City for All Ages"

NON-COLLUSION AFFIDAVIT
#20210102
Maintenance of All Bridges and
Water Control Structures

State of Florida }

County of St Lucie }

Michael Ryakman, being first duly sworn, disposes and says that:
(Name/s)

1. They are owner of Classic Pools + Fish Pond design 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) M. Ryakman

(Title) owner



"A City for All Ages"

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

The foregoing instrument was acknowledged before me this (Date) 12-21-2021

by: Michael Ryckman who is personally known to me or who has produced

FL Drivers License as identification and who did (did not) take an oath.

R 255553710820
Commission No. #HH099771

Notary Print: Pamela R Ortiz

Notary Signature: Pamela R Ortiz



PAMELA R. ORTIZ
Commission # HH 099771
Expires March 18, 2025
Bonded Thru Budget Notary Services



Cashier's Check

No. 1206808965

Notice to Purchaser: In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Void After 90 Days

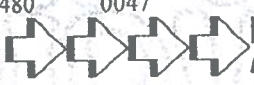
30-1/1140

Date 12/22/21 12:58:45 PM

NTX

EAST PORT PLAZA

0004 0109480 0047



BANK OF AMERICA ONE ZERO ZERO ZERO CTSCTS

Pay

\$1,000.00

One Thousand and 00/100 Dollars

To The Order Of CITY OF PORT ST LUCIE

Remitter (Purchased By): CLASSIC CUTS & FISH POND DESIGNS, INC.

Bank of America, N.A. L3:1-20210102-D-2021/MFE SAN ANTONIO, TX

[Handwritten Signature]
AUTHORIZED SIGNATURE

⑈ 1206808965 ⑈ ⑆ 114000019 ⑆ 001641001973 ⑈

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

W-9

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type name as shown on your income tax return

Business name (do not check this box if different from above)
Classic Lake & Fish Pond design Inc.

Check appropriate box for federal tax classification:
 Individual sole proprietor C Corporation S Corporation Partnership Trust/estate Exempt payee

— Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

— Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
1003 Tilton Road

City, state, and ZIP code
Port Saint Lucie Fla 34952

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
068-70-682

Employer identification number
22-3898420

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

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 on page 4.

Sign Here Signature of U.S. person ▶ **[Signature]** Date ▶ **12/20/202**

Project Schedule

Classic Cuts will Maintain bridges and structures on a timely basis.. Project will be cut on dates provided by the city schedule. Will cut 6 times a year both structures and bridges.

Proposed Project Management Plan

Classic Cuts maintenance of bridges and structures. The overview is to maintain the overall appearance of landscape to the specification of bridges structures on monthly biases 6 cuts per year.

Classic Cuts Landscaping Inc.
1003 Tilton Road
Port Saint Lucie, Fl. 34952

Equipment List

3 Dixie Chopper Mower

4 Grasshopper Mower

10 Weed eaters

8 Blowers

Chevy Silverado 2500 License 354JWU

Chevy Silverado 1500 License R12FWI

F150 License

Kendal Enclosed Trailer H259UE

Express Trailer B4327C

Employee List

Michael Ryckman R255- 55371 0820

Elijah Shane Sanchez s522-217-99-146

Pascual Sanchez M532-677-69-182-0

Policy number: 07782376-3

Page 2 of 2

Certificate number
29821NET376

A handwritten signature in black ink, appearing to be 'R. P. M.', written over a horizontal line.

Form 5241 (10/02)



"A City for All Ages"

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 1769458

Date of Authorization 12-16-21

Name of Contractor Classic Cuts & Fish Pond Design Inc.

Name of Project Preventative Maintenance of all Bridges + Water Structures

Solicitation Number (If Applicable) _____

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

Executed on Dec. 21, 2021 in Port Saint Lucie (city), FL (state).

Christina Ryckman
Signature of Authorized Officer

Christina Ryckman
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 21 DAY OF December, 2021.

NOTARY PUBLIC Pamela R. Ortiz

My Commission Expires: 3-18-2025



PAMELA R. ORTIZ
Commission # HH 099771
Expires March 18, 2025
Bonded thru Budget Notary Services

Sub Contractors list

NONE

W-9

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name as shown on your income tax return

Classic Lake & Fish Pond design Inc

Check appropriate box for federal tax classification:
Individual sole proprietor
C Corporation
S Corporation
Partnership
Trust/estate
Exempt payee
Limited liability company
Other

Address (number, street, and apt. or suite no.)

1003 Tilted Hill

City, state, and ZIP code

Port Saint Lucie Fla 34956

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
068-70-6824

Employer identification number
22-3898420

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).

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 on page 4.

Sign Here

Signature of U.S. person

[Handwritten signature]

Date

12/20/2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2021

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

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

PRODUCER A BETTER DEAL INSURANCE AGENCY 1034 SW Bayshore Blvd Port St Lucie, FL 34983	CONTACT NAME:	
	PHONE (A/C, No, Ext): (772)871-1975	FAX (A/C, No): (772)871-9134
	E-MAIL ADDRESS: lennym55@bellsouth.net	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: ATLANTIC CASUALTY	
INSURED CLASSIC CUTS AND FISHPOND DESIGN INC 1003 TILTON RD PORT ST LUCIE, FL 34952	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		L30600092	10/25/2021	10/25/2022	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						PERSONAL & ADV INJURY	\$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						GENERAL AGGREGATE	\$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) if yes, describe under DESCRIPTION OF OPERATIONS below						PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
							PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER

CITY OF PORT ST LUCIE
121 SW PORT ST LUCIE BLVD
PORT ST LUCIE FL 34984
AS ADDITIONAL INSURED

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Lynne M. Macapill

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A BETTER DEAL AUTO
1034 SW BAYSHORE BLVD
PORT ST LUCIE, FL 34983
1-772-871-7764

PROGRESSIVE
COMMERCIAL

Policy number: 07782376-3

Underwritten by:
PROGRESSIVE EXPRESS INS COMPANY
October 25, 2021
Page 1 of 2

Certificate of Insurance

Certificate Holder

CLASSIC CUTS LANDSCAPE
1003 TILTON RD
PORT ST LUCIE, FL 34952

Insured

CLASSIC CUTS LANDSCAPE
1003 TILTON RD
PORT ST LUCIE, FL 34952

Agent/Surplus Lines Broker

A BETTER DEAL AUTO
1034 SW BAYSHORE BLVD
PORT ST LUCIE, FL 34983

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Jun 19, 2021

Policy Expiration Date: Jun 19, 2022

Insurance coverage(s)

Limits

BODILY INJURY/PROPERTY DAMAGE

\$50,000/\$100,000/\$25,000

PERSONAL INJURY PROTECTION

\$10,000 W/WORKERS COMP - NAMED INSD & RELATIVE

Description of Location/Vehicles/Special Items

Scheduled autos only

2003 GMC SIERRA C1500/K1 1GTEC19T03E298007

COMPREHENSIVE \$500 DED

COLLISION \$500 DED

2002 GMC SIERRA C1500/K1 1GTEC14V82Z900524

COMPREHENSIVE \$500 DED

COLLISION \$500 DED

2008 FORD F150 1FTPW14V98FB73761

COMPREHENSIVE \$500 DED

COLLISION \$500 DED

2002 KIDR TRAILER 1K907X18X2D201156

2014 CUSTO TRAILER 5WKBE1629E024754

1999 CUSTOM TRAILER 1E9ES142XXC103130



JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

NON-CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 9/25/2020

EXPIRATION DATE: 9/25/2022

PERSON: MICHAEL M RYCKMAN

EMAIL: CLASSICCUTSLANDSCAPEPSL@GMAIL.COM

FEIN: 223898420

BUSINESS NAME AND ADDRESS:

CLASSIC CUTS & FISH POND DESIGNS, INC.

1003 TILTON ROAD
PORT SAINT LUCIE, FL 34952

SCOPE OF BUSINESS OR TRADE:

Farm: Gardening

IMPORTANT: Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to subsection 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.