



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

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**[GRSC, INC.] RESPONSE DOCUMENT REPORT**

IFB No. 20250164

Duck CT Phase 2

RESPONSE DEADLINE: July 2, 2025 at 12:00 pm

Report Generated: Thursday, August 7, 2025

**GRSC, Inc. Response**

**CONTACT INFORMATION**

**Company:**

GRSC, Inc.

**Email:**

gaynam@grscinc.net

**Contact:**

Gaynam Rackstraw

**Address:**

1643 NW Dove Court  
Stuart, FL 34994

**Phone:**

(772) 888-6818

**Website:**

N/A

**Submission Date:**

Jul 2, 2025 11:28 AM (Eastern Time)

## ADDENDA CONFIRMATION

*No addenda issued*

## QUESTIONNAIRE

### 1. Mandatory Forms

CONTRACTOR'S GENERAL INFORMATION WORKSHEET\*

*Pass*

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...](#)

20250164\_Contractor's\_General\_Information\_Worksheet.pdf

E-VERIFY FORM \*

*Pass*

Please download the below documents, complete, and upload.

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

20250164\_E-Verify\_form.pdf

NON-COLLUSION AFFIDAVIT \*

*Pass*

Please download the below documents, complete, and upload.

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

20250164\_Non-Collusion\_Affidavit.pdf

SUPPLIER LOCATION CERTIFICATION

*Pass*

Please download the below documents, complete, and upload.

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

20250164\_Supplier\_Location\_Certification.pdf

TRENCH SAFETY ACT COMPLIANCE STATEMENT

*Pass*

Please download the below documents, complete, and upload.

- [Trench Safety Act Complianc...](#)

20250164\_Trench\_Safety\_Act\_Compliance\_Statement.pdf

COPY OF W-9\*

*Pass*

GRSC\_W9\_2024.pdf

COPY OF CERTIFICATE OF INSURANCE \*

*Pass*

GRSC\_COI\_City\_of\_Port\_St.\_Lucie.pdf

COPY OF LICENSES OR CERTIFICATIONS\*

*Pass*

GRSC\_CGC\_License\_6-27-24.pdf

COPY OF BID BOND \*

*Pass*

20250164\_Bid\_Bond.pdf

## **2. Electronic Confirmation**

CONE OF SILENCE AND COMMUNICATION DOCUMENT\*

*Pass*

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\*

*Pass*

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\*  
*Pass*

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\*

*Pass*

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\*

*Pass*

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.\*

Pass

Confirmed

#### PRICE TABLES

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
101-1	MOBILIZATION/GENERAL CONDITIONS/BONDS/MOT	1	LS	\$29,000.00	\$29,000.00
102-1	MAINTENANCE OF TRAFFIC (MOT)	1	LS	\$5,000.00	\$5,000.00



Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
104-10-3	SEDIMENT BARRIER	709	LF	\$3.00	\$2,127.00
104-15	SOILS TRACKING PREVENTION DEVICE	1	EA	\$5,500.00	\$5,500.00
104-18	INLET PROTECTION SYSTEM	2	EA	\$425.00	\$850.00
110-1	CLEARING & GRUBBING	0.68	AC	\$9,000.00	\$6,120.00
105-016-004	UTILITY PIPE,REMOVE & DISPOSE,8-19.9"	32	LF	\$105.00	\$3,360.00
<b>TOTAL</b>					<b>\$51,957.00</b>

#### ROADWAY AND PAVEMENT

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
160-4	TYPE B STABILIZATION (12" THICK)	94	SY	\$21.00	\$1,974.00
285-710	BASE GROUP 09 (LBR 100)(8" THICK)	91	SY	\$35.00	\$3,185.00
337-7-82	SUPERPAVE ASPHALTIC CONC. TRAFFIC C (FC-9.5) (1.5" THICK)	91	SY	\$185.00	\$16,835.00
526-1-1	PAVERS, ARCHITECTURAL, ROADWAY	42	SY	\$175.00	\$7,350.00
<b>TOTAL</b>					<b>\$29,344.00</b>

#### DRAINAGE

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
430-518-100	PIPE CULVERT, RCP, ELLIPTICAL 12"x 18"	133	LF	\$210.00	\$27,930.00
430-982-125	MITERED END SECTION, OPTIONAL, ROUND, 18"	2	EA	\$2,850.00	\$5,700.00
<b>TOTAL</b>					<b>\$33,630.00</b>

#### CONCRETE

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
520-2-4	CONCRETE CURB & GUTTER, TYPE D	120	LF	\$19.00	\$2,280.00
522-1	CONCRETE SIDEWALK/PADS , 4" THICK	217	SY	\$80.00	\$17,360.00
527-2	DETECTABLE WARNINGS	10	SF	\$50.00	\$500.00
530-3-4	RIPRAP, RUBBLE, F&I, DITCH LINING, w/ GEOTEXTILE FABRIC	4	SY	\$765.00	\$3,060.00
519-78	BOLLARDS	4	EA	\$656.50	\$2,626.00
550-10-420	WOOD RAIL FENCING	139	LF	\$80.00	\$11,120.00
<b>TOTAL</b>					<b>\$36,946.00</b>

#### LANDSCAPING - COMPLETE

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
570-1-2	PERFORMANCE TURF, SOD	2,139	SY	\$6.50	\$13,903.50

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
<b>TOTAL</b>					<b>\$13,903.50</b>

#### SIGNING & PAVEMENT MARKING

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
700-1-11A	SINGLE POST SIGN, HANDICAP SIGN	1	EA	\$1,200.00	\$1,200.00
711-11-121	THERMOPLASTIC, STANDARD, WHITE, SOLID, 6"	16	LF	\$12.00	\$192.00
711-11-123	THERMOPLASTIC, STANDARD, WHITE, SOLID, 12"	46	LF	\$24.00	\$1,104.00
711-11-170	THERMOPLASTIC, STANDARD, WHITE, MESSAGE	1	EA	\$575.00	\$575.00
<b>TOTAL</b>					<b>\$3,071.00</b>

#### UTILITY EXTENSIONS

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1050 41201	UTILITY PIPE,PVC, F&I, 1" WATER SERVICE	220	LF	\$6.50	\$1,430.00
1080-23100	UTILITY FIXTURE - TAPPING SADDLE & SERVICE - 6"	1	AS	\$8,700.00	\$8,700.00
1080-24106	UTILITY FIXTURE - VALVE ASSEMBLY, F&I, 6" WM	1	EA	\$4,200.00	\$4,200.00
<b>TOTAL</b>					<b>\$14,330.00</b>

**MISCELLANIOUS**

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	ENVIRONMENTAL ASSESSMENT: GOPHER TORTOISE SURVEY	1	LS	\$1,490.00	\$1,490.00
2	PERGOLAS: INCLUDE THE PROCUREMENT AND INSTALLATION OF TWO 12' X 10' ALUMINUM PERGOLAS AS PER ATTACHED SPECIFICATIONS, OR APPROVED EQUAL.	2	EA	\$12,950.00	\$25,900.00
3	3-TIER WATER FOUNTAIN: INCLUDE THE PROCUREMENT AND INSTALLATION OF A 3-TIER WATER FOUNTAIN, AS PER ATTACHED SPECIFICATIONS, OR APPROVED EQUAL.	1	EA	\$15,250.00	\$15,250.00
4	ROUND ADA PICNIC TABLE & BENCHES: INCLUDE THE PROCUREMENT AND INSTALLATION OF TWO ADA-COMPLIANT BENCHES, AS PER ATTACHED SPECIFICATIONS, OR APPROVED EQUAL.	2	EA	\$3,825.00	\$7,650.00
5	BIKE RACKS: INCLUDE THE PROCUREMENT AND NSTALLATION OF THREE BIKE RACKS AS PER ATTACHED SPECIFICATIONS OR APPROVED EQUAL.	3	EA	\$1,175.00	\$3,525.00
<b>TOTAL</b>					<b>\$53,815.00</b>



Project Name: Harbor Isles Vero Beach

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Description: Site development for a Pulte community including excavation, drainage, underground, concrete, and paving. We do punch-out at community hand-over that includes removing and replacing pavers as required for concrete sidewalk and curb repair.

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Location: Vero Beach, FL

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Client Name, Phone Number & Email: Pulte Homes 561-722-7926 fabiano.barros@pulte.com

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Value of Total Contract: \$3,750,000.00

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Date of Completion: 2025

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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

Project Name: Victoria Park

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Description: Site development including excavation, drainage, concrete, paving, and utilities.

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Location: Port St. Lucie, FL

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Client Name, Phone Number & Email: KHov Homes 561-577-1149 ghartman@khov.com

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Value of Total Contract: 850,000.00

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Date of Completion: 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: 0

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Was Project Completed within Budget? yes

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Project Number 3

Project Name: West Lake Community Center

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Description: Site work for a community center including excavation, drainage, underground, concrete.

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Location: West Lake, FL

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Client Name, Phone Number & Email: ARQCon 561-565-7792 arqcon@gmail.com

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Value of Total Contract: 987,000.00

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Date of Completion:	2024
Firm's Percentage of Total Contract:	100
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:	Pine Tree Park / Ternbridge Trail Drainage Improvements
Description:	Improvements to a linear park including concrete, drainage, signage, aluminum accessories, landscaping.

Location:	Parkland, FL
Client Name, Phone Number & Email:	City of Parkland (954) 757-4171 rbiagini@cityofparkland.org
Value of Total Contract:	1,538,297.00
Date of Completion:	2025
Firm's Percentage of Total Contract:	100
Number of Change Orders:	1
Value of Change Orders:	6950.00
Was Project Completed on Schedule:	Yes
Was Project Completed within Budget?	Yes

#### Project Number 5

Project Name:	Indian River County Sporting Clays Trail Improvements
Description:	Drainage improvements and carpath construction for IRC County Shooting Range. Work included clearing & grubbing, drainage, road construction, striping, and sod.

Location:	Sebastian, FL
Client Name, Phone Number & Email:	Indian River County (772) 226-1931 rskok@ircgov.com
Value of Total Contract:	365,000.00
Date of Completion:	2024
Firm's Percentage of Total Contract:	100
Number of Change Orders:	1
Value of Change Orders:	9650.00
Was Project Completed on Schedule:	yes
Was Project Completed within Budget?	yes

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

Tony Vinson Project Manager

Caleb Weaver - Foreman, SWPPP inspector

Christian Mendoza - MOT inspector

GRSC, Inc has approximately 50 employees including operators, drivers, concrete & asphalt crews, and laborers on our payroll. The number assigned to the project will fluctuate based on the work being done at any given time.

12. 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. No

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.

13. 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:

14. 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)

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



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

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

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

17. List subcontractors and major material suppliers for the project. Include telephone numbers. Insert additional sheets if necessary.

Striping and signage - Steffen and Sons Lake Worth (561) 714-5776

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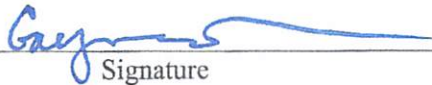
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Signature

  
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** 2178353

**Date of Authorization** June 15, 2023

**Name of Contractor** GRSC, Inc.

**Name of Project** Duck CT Phase 2

**Solicitation Number  
(If Applicable)** 20250164

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

Executed on June 27, 2025 in Stuart (city), FL (state).

  
Signature of Authorized Officer

Gaynam Rackstraw, President

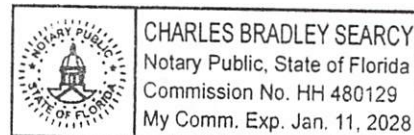
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 30 DAY OF June, 2025

NOTARY PUBLIC CB5

My Commission Expires: Jan. 11, 2028





**NON-COLLUSION AFFIDAVIT**

State of Florida }

County of Martin }

Gaynam Rackstraw, being first duly sworn, disposes and says that:  
(Name/s)

1. They are President of GRSC, Inc. 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.

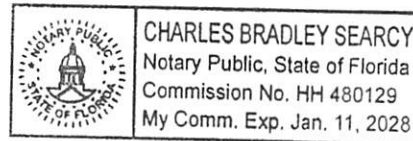


(Signed) Gaynam  
(Title) President

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

The foregoing instrument was acknowledged before me this (Date) 6/30/2025  
by: Gaynam Rickstrom who is personally known to me or who has produced  
as identification and who did (did not) take an oath.

Commission No. HH 480129  
Notary Print: Charles Bradley Searcy  
Notary Signature: CS







### 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  
7.6 miles
- 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. No

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

Business Name: <u>GRSC, Inc.</u>	
Current Local Address: <u>1643 NW Dove Court</u> <u>Stuart, FL 34994</u> Length of time at this address: <u>13 years</u>	Phone: <u>772-888-6818</u> Fax: <u>none</u>
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. <u>N/A</u> Length of time at this address:	
Home Office Address: <u>1643 NW Dove Court</u> <u>Stuart, FL 34994</u> Length of time at this address: <u>13 years</u>	Phone: <u>772-473-2201</u> Fax: <u>none</u>

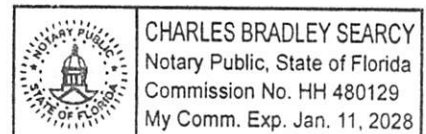
(Signed) Gayne  
(Title) President

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

The foregoing instrument was acknowledged before me this (Date) 6/30/2025  
by: Gayne Radstrom who is personally known to me or who has produced  
as identification and who did (did not) take an oath.

Charles Bradley Searcy CHS  
Notary (print & sign name)

Commission No. HH 480129





### TRENCH SAFETY ACT COMPLIANCE STATEMENT

Project Name: Duck CT Phase 2

Project Location: Section 33, Township 37 South, Range 40 East St. Lucie County, FL

#### **Instructions:**

Chapter 90-96 of the Laws of Florida requires all Contractors' engaged by The City of Port St. Lucie, Florida to comply with Occupational Safety and Health Administration Standard 29 C.F.R. s. 1926.650 Subpart P. All prospective Contractors are required to sign the compliance statement and provide compliance cost information where indicated below. The costs for complying with the Trench Safety Act must be incorporated into this project's base bid.

Certify this form in the presence of a notary public or other officer authorized to administer oaths.

#### **Certification**

1. I understand that Chapter 90-96 of the Laws of Florida (The Trench Safety Act) requires me to comply with OSHA Standard 29 C.F.R. s. 1926.650 Subpart P. I will comply with The Trench Safety Act and I will design and provide trench safety systems at all trench excavations in excess of five feet in depth for this project.
2. The estimated cost imposed by compliance with The Trench Safety Act will be:  

zero	Dollars	\$ 0.00
_____	(Written)	_____ (Figures)
3. The amount listed above has been included within the Base Bid.

Certified: GRSC, Inc.

By: \_\_\_\_\_ (Company-Contractor)

Signature of Authorized Officer

Gaynam Rackstraw, President

Printed Name and Title of Authorized Officer or Agent

Sworn to and subscribed before me in Martin County, Florida on the 30 day of June, 2025.

CB  
NOTARY PUBLIC



CHARLES BRADLEY SEARCY  
Notary Public, State of Florida  
Commission No. HH 480129  
My Comm. Exp. Jan. 11, 2028



**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.

Print or type. See Specific Instructions 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>GRSC, Inc</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) _____  (Applies to accounts maintained outside the United States.)
	<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>1643 NW Dove Ct</b> <b>6</b> City, state, and ZIP code <b>Stuart, FL 34994</b> <b>7</b> List account number(s) here (optional)	<b>Requester's name and address (optional)</b>

**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.

**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.

<b>Social security number</b>									
			-						
<b>or</b>									
<b>Employer identification number</b>									
4	5	-	5	3	4	4	6	6	5

**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); and
- 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>	<b>Signature of U.S. person</b> 	<b>Date</b> <b>4/16/2024</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



GRSCINC-01

MOWERYD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/25/2025

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).

PRODUCER Insurance Office of America Abacoa Town Center 1200 University Blvd, Suite 200 Jupiter, FL 33458	CONTACT NAME: <b>Dianne Klaus</b>	
	PHONE (A/C, No, Ext): <b>(561) 721-3746</b>	FAX (A/C, No):
	E-MAIL ADDRESS: <b>Dianne.Klaus@ioausa.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : <b>Accelerant Specialty Insurance Company</b>	<b>16890</b>
	INSURER B : <b>Auto-Owners Insurance Company</b>	<b>18988</b>
	INSURER C : <b>The Burlington Insurance Company</b>	<b>23620</b>
	INSURER D : <b>Florida Citrus, Business &amp; Industries Fund</b>	<b>15764</b>
	INSURER E : <b>Federal Insurance Company</b>	<b>20281</b>
	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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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:	X	X	DCS0000495 00	12/23/2024	12/23/2025	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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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	X	X	5265132900	12/23/2024	12/23/2025	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			852BE02450-04	1/1/2025	12/23/2025	EACH OCCURRENCE \$ <b>3,000,000</b> AGGREGATE \$ <b>3,000,000</b> \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	10662385-2024	1/1/2025	1/1/2026	<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>
E	Equipment Floater			45473085	1/27/2025	1/27/2026	Rented/Leased Equipmt \$ <b>632,000</b>

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

Excess Automobile Liability

Policy Term: 12-23-2024 to 12-23-2025

Limits of Liability: \$1,000,000 each occurrence

Policy Number: GSV500171301

Insurance Carrier: Gemini Insurance Company

Project #2024011 SW Kestor Drive Sidewalk Construction Project

SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

City of Port St. Lucie Procurement Management Department  
Attn: Robyn Holder, CPPB  
121 S.W. Port St. Lucie Blvd.  
Port Saint Lucie, FL 34984

AUTHORIZED REPRESENTATIVE





## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Insurance Office of America</b>		NAMED INSURED <b>GRSC, Inc. 1643 NW Dove Ct. Stuart, FL 34994</b>
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:

City of Port St. Lucie, a municipality of the State of Florida, its officers, employees and agents are Additional Insured with respect to General Liability with primary and non contributory per form #CG2010, CG2037 & CG2001 and with respect to Auto Liability per form #58504 when required by written contract. A Waiver of Subrogation applies with respect to General Liability per form #CG2404 with respect to Auto Liability per form #58583, and with respect to Workers Compensation per form #WC000313 when require by written contract. 30 Days' Notice of Cancellation /10 Days Non-Payment of Premium in accordance with the policy provisions

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

## SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
<p>As required by written contract.</p> <p>If anyone, other than the Additional Insured, provides similar insurance for the Additional Insured, then this insurance will apply as outlined in <b>SECTION IV – COMMERCIAL LIABILITY CONDITIONS</b>, paragraph 4. <b>Other Insurance</b>, subparagraph c. <b>Method of Sharing</b>.</p> <p>The inclusion of one or more Insured(s) under the terms of this endorsement does not increase our limits of liability.</p> <p>All other terms and conditions remain unchanged.</p>	<p><b>Any Location</b></p>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf; in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

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

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. 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
2. 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:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; 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.

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

## **ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### **SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>	<b>Location And Description Of Completed Operations</b>
As required by written contract.  If anyone, other than the Additional Insured, provides similar insurance for the Additional Insured, then this insurance will apply as outlined in <b>SECTION IV – COMMERCIAL LIABILITY CONDITIONS</b> , paragraph <b>4. Other Insurance</b> , subparagraph <b>c. Method of Sharing</b> .  The inclusion of one or more Insured(s) under the terms of this endorsement does not increase our limits of liability.  All other terms and conditions remain unchanged.	<b>All locations.</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

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

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; 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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

### SCHEDULE

**Name Of Person Or Organization:**

**As Required By Written Contract**

Information required to complete the Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

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

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

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

### **Primary And Noncontributory Insurance**

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.

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

All person or organizations that, in a written contract executed by both parties prior to the date of injury covered by this policy, require you to obtain this agreement with us.

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 Date:	1/1/2025	Policy No.	10662385-2024	Endorsement No.
Policy Effective Dates:	01/01/2025 - 01/01/2026			Premium \$
Insured:	GRSC, INC			
Carrier Name / Code:	Florida Citrus, Business & Industries Fund			
WC 00 03 13				
(Ed. 4-84)				
Countersigned by				
© Copyright 1984 National Council of Compensation Insurance, Inc. All Rights Reserved.				
				Page 1 of 1



58504 (1-15)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE - BLANKET COVERAGE

This endorsement modifies insurance provided under the following:

### COMMERCIAL AUTO POLICY

**SECTION II - COVERED AUTOS LIABILITY COVERAGE** is amended. The following provision is added. Any person or organization is an **insured** for Covered Autos Liability Coverage, but only to the extent that

person or organization qualifies as an **insured** under **SECTION II - COVERED AUTOS LIABILITY COVERAGE, A. COVERAGE, 1. Who Is An Insured.**

All other policy terms and conditions apply.

58504 (1-15)

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Page 1 of 1

58583 (1-15)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## WAIVER OF OUR RIGHT TO RECOVER PAYMENTS (WAIVER OF SUBROGATION) - BLANKET

This endorsement modifies insurance provided under the following:

### COMMERCIAL AUTO POLICY

**SECTION V CONDITIONS, A. LOSS CONDITIONS** is amended. **5. Our Right to Recover Payments** is deleted and replaced by the following condition.

#### **5. Our Right to Recover Payments**

If **we** make a payment under this policy and the person to or for whom payment is made has a right to recover damages from another, **we** will be entitled to that right. That person shall do everything necessary to transfer that right to **us** and do nothing to prejudice it.

However, **we** waive **our** right to recover payments made for **bodily injury** or **property damage**:

- a.** Covered by the policy; and
- b.** Arising out of the operation of **autos** covered by the policy, in accordance with the terms and conditions of a written contract between **you** and such person or entity

only if such rights have been waived by the written contract prior to the **accident** or **loss** which caused the **bodily injury** or **property damage**.

All other policy terms and conditions apply.

58583 (1-15)

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Page 1 of 1

## **Accelerant Specialty Insurance Company**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### **NOTICE OF CANCELLATION – CERTIFICATE HOLDERS (SPECIFIED DAYS)**

This endorsement modifies the Conditions provided under the following:

#### **COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

The person(s) or organization(s) listed or described in the Schedule below have requested that they receive written notice of cancellation when this policy is cancelled by us. We will mail or deliver to the Person(s) or Organization(s) listed or described in the Schedule a copy of the written notice of cancellation that we sent to you. If possible, such copies of the notice will be mailed at least 30 days, except for cancellation for non-payment of premium which will be mailed 10 days, prior to the effective date of the cancellation, to the address or addresses of certificate holders as provided by your broker or agent.

#### **SCHEDULE**

Person(s) or Organization(s) including mailing address

All certificate holders where written notice of cancellation of this policy is required by written contract, permit or agreement with the Named Insured and whose names and addresses will be provided by the broker or agent listed in the Declaration Page of this policy for the purposes of complying with such request.

This notification of cancellation of the policy is intended as a courtesy only. Our failure to provide such notification to the person(s) or organization(s) show in the Schedule will not extent any policy cancellation date nor impact or negate any cancellation of the policy. This endorsement does not entitle the person(s) or organization(s) listed or described in the Schedule above to any benefit, rights, or protection under this policy.

Any provision of this endorsement that is in conflict with a statute or rule is hereby amended to conform to that statute or rule.

All other terms and conditions of this policy remain unchanged.

**Policy Number: DCS0000495-00**

**Named Insured: GRSC, Inc.**

**This endorsement is effective on the inception date of this Policy unless otherwise stated herein:**

**Endorsement Effective Date: 12/23/2024**





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

**CONSTRUCTION INDUSTRY LICENSING BOARD**

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

**RACKSTRAW, GAYNAM BERRY**

GRSC, INC.  
1643 NW DOVE CT  
STUART FL 34994

**LICENSE NUMBER: CGC1521089**

**EXPIRATION DATE: AUGUST 31, 2026**

Always verify licenses online at [MyFloridaLicense.com](https://MyFloridaLicense.com)

ISSUED: 06/12/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





# THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310

## Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that **GRSC, Inc.** as Principal, hereinafter called the Principal, and **FCCI Insurance Company** a corporation duly organized under the laws of the State of FL as Surety, hereinafter called the Surety, are held and bound unto **City of Port Saint Lucie** as Obligee, hereinafter called the Obligee, in the sum of

Five Percent of Bid Amount Dollars ( \$ 5% )


for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.


WHEREAS, the Principal has submitted a bid for

20250164 - Duck CT Phase 2

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and Sealed this 30th day of June 2025


  
(Witness)

  
(Witness)

GRSC, Inc.   
(Principal) (Seal)

President  
(Title)

FCCI Insurance Company  
(Surety) (Seal)

  
(Title)  
Benjamin K Powell Attorney in Fact



## GENERAL POWER OF ATTORNEY

Know all men by these presents: That the FCCI Insurance Company, a Corporation organized and existing under the laws of the State of Florida (the "Corporation") does make, constitute and appoint:

**Benjamin K. Powell; Fitzhugh Powell, Jr.; Robert T. Theus; Susan W. Jordan**


Each, its true and lawful Attorney-In-Fact, to make, execute, seal and deliver, for and on its behalf as surety, and as its act and deed in all bonds and undertakings provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the sum of (not to exceed \$30,000,000.00): **\$30,000,000.00**

This Power of Attorney is made and executed by authority of a Resolution adopted by the Board of Directors. That resolution also authorized any further action by the officers of the Company necessary to effect such transaction.


The signatures below and the seal of the Corporation may be affixed by facsimile, and any such facsimile signatures or facsimile seal shall be binding upon the Corporation when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached.

In witness whereof, the FCCI Insurance Company has caused these presents to be signed by its duly authorized officers and its corporate Seal to be hereunto affixed, this 23rd day of July, 2020.

Attest:

  
Christina D. Welch, President  
FCCI Insurance Company



  
Christopher Shoucair,  
EVP, CFO, Treasurer, Secretary  
FCCI Insurance Company

State of Florida  
County of Sarasota

Before me this day personally appeared Christina D. Welch, who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 2/27/2027



PEGGY SNOW  
Commission # NH 328535  
Expires February 27, 2027

  
Notary Public

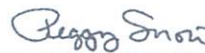
State of Florida  
County of Sarasota

Before me this day personally appeared Christopher Shoucair, who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 2/27/2027




PEGGY SNOW  
Commission # NH 328535  
Expires February 27, 2027

  
Notary Public

## CERTIFICATE

I, the undersigned Secretary of FCCI Insurance Company, a Florida Corporation, DO HEREBY CERTIFY that the foregoing Power of Attorney remains in full force and has not been revoked; and furthermore that the February 27, 2020 Resolution of the Board of Directors, referenced in said Power of Attorney, is now in force.

Dated this 30th day of June, 2025

  
Christopher Shoucair, EVP, CFO, Treasurer, Secretary  
FCCI Insurance Company