

## CONTRACTOR QUESTIONNAIRE / WORK SHEET # 20240152

COMPANY NAME: Nature's Keeper Inc.

PHYSICAL ADDRESS: 302 S. Brocksmith Road Fort Pierce, FL 34945

MAILING ADDRESS: 302 S. Brocksmith Road Fort Pierce, FL 34945

CITY, STATE, ZIP CODE: Fort Pierce, FL 34945

TELEPHONE NUMBER: ( 772- ) 467-1230 FAX NO. ( 772 ) 467-8923

CONTACT PERSON : Krysten Bieger E-MAIL : krysten@natures-keeper.com

### **2. ORGANIZATIONAL PROFILE:** (complete all appropriate information)

Is the firm incorporated? Yes--No If yes, in what state? YES Florida

Krysten Bieger

President

Stewart Feketa

Vice President

Krysten Bieger

Treasurer

How long in present business: 37 years How long at present location: 5 Years

Is firm a minority business? Yes (✓) No ( )

Does firm have a drug-free workplace program? Yes (✓) No ( )

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

How many employees are living in the Treasure Coast Area? 35

How many employees do you have available for this contract? 3

Is this firm claiming Local Preference under City ordinance 35.12? Yes (✓) No ( )

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

Addendum Number	Date Issued
1	09-04-24
2	09-17-24

### **4. VENDOR'S LIST:** N/A

**5. BID RESPONSE:**

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

5.2 Percentage of discount when payment is made with Visa: 0.00 %

*Please Note: The City has implemented a Purchasing Card Program. The Bidder can take advantage of this program 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.*

5.3 Bid Reply Sheet Total \$ 15,312.30

*(This figure must match the E-Bid Reply Sheet # 20240152 and the figure that is to be used on the DemandStar web page. Discrepancies between the E-Bid Reply Sheet # 20240152 and the dollar amount listed on the web page at time of submittal uploaded on Demandstar will be resolved in favor of the E-Bid Reply Sheet # 20240152 that is uploaded at time of submittal.)*

Item	Description	Unit	Quantity	Unit Price	%	Total Price
1	Maintenance of Irrigation Systems - per zone	Zone	1,090	13.97 \$		\$ 15,227.30
2	Labor for Repairs - per hour	Hour	1	85.00		85.00
3	Materials plus 10%	Markup	1	1	10%	1.10
4	Well Replacement - Various Sizes plus 10%	Markup	1	1	10%	1.10
	Total Amount					\$ 15,312.30

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 5.3 above and entered on the Demandstar web page.

**The City reserves the right to split this award, if in the City's opinion such a split is in the best interest of the City.**

6. **INSURANCE CERTIFICATES LICENSE** - Bidders are required, to submit a copy of their Insurance Certificate for the type and dollar amount of insurance they currently maintain. Bidders are required to submit all licenses and certifications required to perform this project.

7. **COMPLETION OF FORM** - An authorized representative of the firm offering this Bid must complete this form in its entirety. Prices entered herein shall not be subject to withdrawal or escalation by Bidder. The City reserves the right to hold proposals and bid guarantees for a period not to exceed ninety (90) calendar days after the date of the bid opening stated in the Invitation to Bid before awarding the Contract. Contract award constitutes the date that City Council executes the motion to award the bid.



8. **CONTRACT** - Bidder agrees to comply with all requirements stated in the specifications for this bid.
9. List all subcontractors and major material suppliers for the project. Include scope of work, telephone numbers, and contact information. Include all license that allows them to perform the work. Insert additional lines if necessary.

### # 9 Subcontractor and Suppliers

Subcontractors		
Sub Contractors	Treasure Coast Irrigation	Irrigation Contractor : 7900 SE Bridge Rd, Hobe Sound, FL 33455 / 772-546-4535
	Sailfish Enterprise Group LLC	Irrigation Contractor: PO Box 1628, Jensen Beach, FL 34958 / 772-485-5173
	Irrigation Craft	Irrigation Contractor: 4770 NE 11th Ave, Fort Pierce, FL 33334 / 772-871-0500
	Joe's Electric of St Lucie	Electrical Contractor: 1206 Bell Ave, Fort Pierce, FL 34982 / 772-465-2363
	Acme Barricade LC	M.O.T. Contractor: 4601 Oakes Road, Davie, FL 33314 / 954-895-9891
	American Well Drilling	Well Contractor: 405 SW 2nd Street Okeechobee, FL 34974 863-763-3221
	Wooster Well	8936 112th Terrace N , West Palm Beach, FL 33412 (561) 775-9855
	On occasion we hire Sub Contracators to assit with Major Repairs; In this event They Report to Bruce C. Fretwell and Stewart Feketa.	

Irrigation Suppliers		
Suppliers	Siteone Landscape Supply LLC	5855 Orange Ave, Fort Pierce, FL 34947 / 772-340-7077
	FIS Outdoor	857 SW South Macedo Blvd, Port Saint Lucie, FL 34983 / 772-464-9288
	Honzon Distributors	3605 Oleander Ave, Fort Pierce, FL 34982 / 772-465-1966
	Melrose Irrigation and Supply	5855 Orange Ave, Fort Pierce, FL 34947 / (772) 242-1835

10. Firm's experience with three (5) computerized irrigation central control systems in the past five (5) years in Florida, one (1) of which must have been a Rain Bird Maxicom system. Indicate which team member(s) was part of similar contracts. Indicate specifically the nature and extent of the work performed by the individual(s) or firms on prior similar contracts. (Insert additional lines if necessary) Please include client's contact name, address, e-mail, phone number, and year project was built. The City of Port St. Lucie shall **not** be used to meet this requirement.

#### Project #1:

Name of Individual & Company: Bruce C Fretwell - Mausen Consulting -

Client's name, contact information, e-mail, phone number, and the Project Supervisor that was in charge on the project:

Client: Mausen Consulting : Project: Crosstown Parkway, Phase One, PSL - John Dunton 772-370-4393 Jdunton@cityofpsl.com

Overall description of irrigation maintenance project:

Inspection and Assist with Rainbird Maxicom System

Name of computerized irrigation system: Rainbird Maxicom System -

Was the firm a subcontractor on this project? Yes

What was the project total dollar amount? \$20,000

List all change orders and dollar amounts: None

Was the irrigation system maintained on time and within budget? Yes

When was the project completed? 2019

Is the maintenance contract still in effect? No

Does the maintenance contract include monthly, quarterly and annual inspections as outline in Section 3.3? It Did while Contract was in effect



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**Project #2:**

Name of Individual & Company: Nature's Keeper Inc. / Bruce Fretwell -

Client's name, contact information, e-mail, phone number, and the Project Supervisor that was in charge on the project: SLC School Board- Samuel Gaines Academy- Vernon Davis 772-216-9666 :

VERNON.DAVIS@stlucieschools.org Overall description of irrigation maintenance project:

Wet Checks and Repair Heads/ Nozzles/ Rotors/ Adjusted Zones

Name of computerized irrigation system: Hoover Flow guard - Computer Controlled

Was the firm a subcontractor on this project? No

What was the project total dollar amount? \$1577.84

List all change orders and dollar amounts: None

Was the irrigation system maintained on time and within budget? Yes

When was the project completed? 2024

Is the maintenance contract still in effect? No

Does the maintenance contract include monthly, quarterly and annual inspections as outline in Section 3.3? It Did while Contract was in effect

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**Project #3:**

Name of Individual & Company: Nature's Keeper Inc. / Bruce Fretwell - Irrigation Craft

Client's name, contact information, e-mail, phone number, and the Project Supervisor that was in charge on the project:

SLC School Board- Centennial High School ; Vernon Davis 772-216-9666 : VERNON.DAVIS@stlucieschools.org

Overall description of irrigation maintenance project:

Wet checks and Repair 4" Mainline, Valve, Quick connects , unclog and replace rain sensor and hotspots on pump

Name of computerized irrigation system: Conventional System - Computer Controlled

Was the firm a subcontractor on this project? No

What was the project total dollar amount? \$3248

List all change orders and dollar amounts: None

Was the irrigation system maintained on time and within budget? YES

When was the project completed? 2020

Is the maintenance contract still in effect? No

Does the maintenance contract include monthly, quarterly and annual inspections as outline in Section 3.3? It Did while Contract was in effect

**Project #4**

Name of Individual & Company: Nature's Keeper Inc. / Stewart Feketa – Sailfish Enterprise Group

Client's name, contact information, e-mail, phone number, and the Project Supervisor that was in charge of the project:

SLC School Board- Treasure Coast High School: Vernon Davis 772-216-9666 : VERNON.DAVIS@stlucieschools.org

Overall description of project:

Cleaning & Adjustment to heads & clock adjustment

Was the firm a subcontractor on this project? No

What was the project total dollar amount? \$50,000

List all change orders and dollar amounts: None

When was the project completed? 2020 Did

the maintenance project involve a VFD pump station? YES

Is the maintenance contract still in effect? No

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**Project #5:**

Name of Individual & Company: Nature's Keeper Inc. / Bruce Fretwell - Irrigation Craft

Client's name, contact information, e-mail, phone number, and the Project Supervisor that was in charge of the project:

SLC School Board- Allapattah Flatts ; Vernon Davis 772-216-9666 : VERNON.DAVIS@stlucieschools.org

Overall description of project:

valuation of the Irrigation System: Pump Station Service

Was the firm a subcontractor on this project? NO

What was the project total dollar amount? \$ \$2705.72

List all change orders and dollar amounts: No

When was the project completed? Yes Did

the maintenance project involve a VFD pump station? YES



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

Yes (

No (



13. Does your company have a safety program and provide all needed safety equipment? ☒ Yes ☐ No
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:

NONE

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

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

NONE

(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:

NONE

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

17. Please submit the name of the personnel that will be performing the MOT and provide their certifications of training. Acme Barricades - FDOT Certificate of Qualification Attached

18. Area of expertise: We have 30 years Irrigation & Landscape experience.  
Diagnosing Issues with cost saving solutions. We have held the City of Port St. Lucie Irrigation Maintenance and Repair contract since 2012.

19. Describe organization profile, including the size, range of activities, licenses, etc.  
We perform Landscape, Irrigation, Sod, Seed, Erosion Control services employing roughly 50 employees.  
Servicing South Florida for Over 37 years. DBE Certificate 01-21-25 SBE Certificate 10/19/2025  
John Charles Nowotny., Irrigation Lic #SCC131151493 Exp 8/31/26:  
St Lucie County Business Lic.. #7299 Misc./ Public Service  
Nature's Keeper is a well-staffed firm, and gives personal commitments from our ownership to our clients.

21. Firm's experience with similar irrigation maintenance contracts. Indicate which team member(s) was part of similar contracts. Indicate specifically the nature and extent of the work performed by the individual(s) or firms on prior similar contracts.

Name	Work Performed	Type of Irrigation System
City of Port St. Lucie	Maintenance & Repair of Irrigation in city 2007-present	Rainbird Maxicom System / Baseline Bruce Fretwell-Kyle Rarriek, Stewart Feketa
Treasure Coast High School	Maintenance and Repair of Irrigation Systems	Hoover Flow Guard - Stewart Feketa - Sailfish Enterprise Group LLC
Samuel Gaines High School	Maintenance and Repair of Irrigation Systems	Hoover Flow Guard - Stewart Feketa - Treasure Coast Irrigation
Allapatta Flats	Maintenance and Repair of Irrigation Systems	Hoover Flow Guard - Stewart Feketa - Bruce Fretwell



22. Provide an organizational chart identifying relationship of entity and sub-contractors (if any) and the role description of key personnel proposed.

<b>Nature's Keeper Organization Chart</b>
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<b>MANAGEMENT</b>	<b>President / Finance &amp; Management/ EEO Officer</b>		<b>Krysten M Bieger</b>
	<b>Vice President / Director of Operations/ Sales</b>		<b>Stewart M Feketa</b>
	<b>Field Operations Manager</b>		<b>Guillermo Salas</b>

<b>ADMIN.</b>	<b>Administrative Assistance / Scheduling / Dispatch</b>	<b>Courtney L Brown</b>
	<b>Estimator/ Project Coordinator</b>	<b>Teresa J Munson</b>
	<b>HR / Account Payables</b>	<b>Susan Weaver</b>

<b>KEY PERSONAL: Report To Stewart Feketa</b>			
<b>Irrigation Division</b>	<b>License Holder</b>	<b>John Charles Novotny</b>	<b>License holder #SCC131151493</b>
	<b>Supervisor</b>	<b>Bruce C Fretwell</b>	<b>Reports Dired to Stewart: Over sees all Irrigation Project &amp; Irrigation Personel.</b>
	<b>Irrigation Laborer</b>	<b>Kyle Rarriek</b>	<b>Reports to Bruce and performs wet checks and maintance</b>

<b>Subcontractors</b>		
<b>Sub Contractors</b>	<b>Treasure Coast Irrigation</b>	<b>Irrigation Contractor : 7900 SE Bridge Rd, Hobe Sound, FL 33455 / 772-546-4535</b>
	<b>Sailfish Enterprise Group LLC</b>	<b>Irrigation Contractor: PO Box 1628, Jensen Beach, FL 34958 / 772-485-5173</b>
	<b>Irrigation Craft</b>	<b>Irrigation Contractor: 4770 NE 11th Ave, Fort Pierce, FL 33334 / 772-871-0500</b>
	<b>Joe's Electric of St Lucie</b>	<b>Eledrical Contractor: 1206 Bell Ave, Fort Pierce, FL 34982 / 772-465-2363</b>
	<b>Acme Barricade LC</b>	<b>M.O.T. Contractor: 4601 Oakes Road, Davie, FL 33314 / 954-895-9891</b>
	<b>On occassion we hire Sub Contracators to assit with Major Repairs; In this event They Report to Bruce C. Fretwall and Stewart Feketa.</b>	

23. State the firm's methodology for the maintenance of the irrigation systems.

From the Office Staff to Irrigation Manager to the irrigation crew, we know the City of PSL Irrigation systems, wet check schedule and locations, History of installs and repairs with having the Irrigation contract since 2012.

(Boots on the ground) run each zone through Maxicom check & Flag problems , adjusting heads as we go.

We report the wet check findings daily and once approved do the repairs.

(This is a Word document - add lines if needed)

24. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:

With the rainbird Maxicom system becoming obsolete, with parts hard to find and the challenges of repairs, we often have to value engineer best fit for repair with what will work with system at the best value. Cost and longevity are always at the forefront.

25. Identify any sub-contractor(s) that will be involved, including address(s) and a description of qualification(s).

Company Name, Address, Telephone Number & Contact Person	Qualifications, Licenses, & Certifications	Job Duties for this Contract	List three (3) projects where Company has performed similar work in Florida
Treasure Coast Irrigation 7900 SE Bridge Rd Hope Sound FL 99455 772-546-4535	SLC Certification #26516 PSL Competency #6665	Irrigation Repair	1. Traditions Turn Lane 2. Gatlin & I95 3. Crosstown & Cutlass
Sailfish Enterprise Group LLC PO Box 1628 Jensen Beach, FL 334958 772-485-5173	PSL Competency #10017	Irrigation Repair	1. Hillmore Drive 2. Saints Golf Course 3. SW Waste Water Service Area
Irrigation Craft 4770 NE 11th Ave Fort Pierce, FL 3334 772-871-0500	Underwriters Laboratories File# E143693 - UL 508A Listed Industrial Control Panels Underwriters Laboratories File# E208950-QCZJ - UL Listed Packaged Pumping Systems	Irrigation Pump Station Repair	1. Patio Circle, Port St Lucie 2. Allapatta Flats School SLCSB 3. Central High School SLCSB
Joe's Electric of St. Lucie 1206 Bell Ave Fort Pierce FL 34982 772-465-2363	City of Fort Pierce Commercial Certificate CU-2024-000445 Electrical Contractors Licensing #EC13007203	Electrical Services/ Install for Irrigation Components / pumps/ Grounding, Etc.	1. Morningside Blvd 2. Rad Ct, Port St Lucie, FL 3. Duck Court

26. Has the Bidder obtained a Payment & Performance Bond within the last five (5) years?

Yes (✓) No ( )

If "Yes" was checked, state the bonding capacity of the firm. \$1,000,000 Single / \$20,000,000 Aggregate

27. Describe any significant or unique accomplishment in previous contracts. Include any additional data pertinent to firm's capabilities. (Insert up to two (2) pages)

Nature's Keeper has held the Irrigation and Repair contract since 2012.

We have been apart of installing most of the systems that the City of Port Saint Lucie operates.

We have a vast knowledge of locations of in ground components and pump stations.

Having this knowledge saves the City of Port St Lucie thousands of dollars in man hours.

Nature's Keeper is capable of any irrigation install or repair. We are well staffed with approximately 39 employees and have multiple pieces of equipment. In the event we do not have the equipment our strong financial status has us in great standing with Rental company's throughout the county and State.

Nature's Keeper assisted the City of Port St Lucie in opening Crosstown Bridge on time witch included finishing the irrigation piping and heads. Nature's Keeper has also done many more Irrigation Installs like, The Mets Stadium (Clover Park), Traditions Medical Center, Keiser College to mention a few.



**28. CERTIFICATION**

This bid is submitted by: I (print) Krysten Bieger am an officer of the above firm duly authorized to sign bids and enter into Contracts. I certify that this bid is made without prior understanding, Contract, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I understand collusive bidding is a violation of State and Federal law and can result in fines, prison sentences, and civil damage awards. I agree to abide by all conditions of this bid.

**Bidder has read and accepts the terms and conditions of the City's standard Contract:**

  
Signature

President

Title



### 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. Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through India Barr, Issuing Officer, for the procurement of these services.

All questions regarding this Solicitation are to be submitted in writing to India Barr, Procurement Contracting Officer I with the Procurement Management Department via e-mail [ibarr@cityofpsl.com](mailto:ibarr@cityofpsl.com), or by phone 772-344-4055 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 .**

Typed Name: Krysten Bieger

Signed: [Signature]

Company and Job Title: Nature's Keeper Inc.

Date: 9/27/24



**E-RFP #20240152**  
**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 Nature's Keeper Inc.

Signature \_\_\_\_\_

Printed Name and Title Krysten Bieger President

Date 9-27-24

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.



**E -Verification 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**

386462

**Date of Authorization**

1-20-11

**Name of Contractor**

Nature's Keeper Inc.

**Name of Project**

Maintenance and Repair of Irrigation Systems

**Solicitation Number  
(If Applicable)**

EBid-20240152-0-2024/INB

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

Executed on SEPTEMBER, 27, 2024 in FORT PIERCE (city), FL (state).

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

Krysten Bieger President

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 27 DAY OF September, 2024.

NOTARY PUBLIC Teresa Munson

My Commission Expires: 05-18-2026





E-RFP #20240152 - NON - COLLUSION FORM

State of Florida }

County of Saint Lucie }

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

1. They are President of Nature's Keeper 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) [Signature]

(Title) President





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

The foregoing instrument was acknowledged before me this (Date) 9/27/24

by: Krysten Bieger who is personally known to me or who has produced

Commission No. HH 237908 as identification and who did (did not) take an oath.

Notary Print: Teresa J Munson

Notary Signature: Teresa Munson





**PORT ST. LUCIE**  
HEART OF THE TREASURE COAST

*"A City for All Ages"*

**DRUG-FREE WORKPLACE FORM  
E-RFP #20240152**

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

Nature's Keeper 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.

Krysten Bieger  
Contractor's Signature

9/27/24  
Date

## VENDOR CERTIFICATION REGARDING SCRUTINIZED COMPANIES' LISTS

Vendor Name: Nature's Keeper Inc.  
Vendor FEIN: 65-0313390  
Authorized Representative's Name: Krysten Bieger  
Authorized Representative's Title: President  
Address: 302 S. Brocksmith Road  
City, State and Zip Code: Fort Pierce, FL 34945  
Phone Number: 772-467-1230  
Email Address: krysten@natures-keeper.com

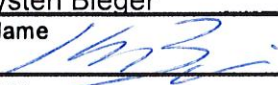
Sections 287.135 and 215.473, Florida Statutes, prohibit Florida municipalities from contracting with companies, for goods or services over \$1,000,000 that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy 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/fsb/FundsWeManage/FRSPensionPlan/GlobalGovernanceMandates/QuarterlyReports.aspx>

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.

Authorized Signature

Krysten Bieger  
Print Name  
  
Signature





## TRUTH-IN-NEGOTIATION CERTIFICATE

RFP-# 20240152

Pursuant to Section 287.055(5)(a), Florida Statutes, for any lump-sum or cost-plus-a-fixed fee professional services contract over the threshold amount provided in Section 287.017, Florida Statutes for CATEGORY FOUR, the City of Port St. Lucie, Florida requires the Consultant to execute this certificate and include it with the submittal of the Technical Proposal, or as prescribed in the contract advertisement.

The Consultant hereby certifies, covenants, and warrants that wage rates and other factual unit costs supporting the compensation for this project's agreement are accurate, complete, and current at the time of contracting.

The Consultant further agrees that the original agreement price and any additions thereto shall be adjusted to exclude any significant sums by which the City determines the agreement price was increased due to inaccurate, incomplete, or non-current wage rates and other factual unit costs. All such agreement adjustments shall be made within (1) year following the end of the contract. For purposes of this certificate, the end of the agreement shall be deemed to be the date of final billing or acceptance of the work by the City, whichever is later.

Nature's Keeper Inc.

Name of Firm

Krysten Bieger

President or Designee (Printed)

*[Signature]*

President or Designee (Signed)

The foregoing instrument was acknowledged before me by Krysten Bieger who is personally known to me. WITNESS my hand and official seal in the (Name of County) St Lucie County FL (State) last aforesaid this 30 day of Sept, 2024.

(SEAL)

Signature

Teresa J Munson

Notary Name (typed or printed)

*[Signature]*

Notary Name (signed)



## Bid Bond

**CONTRACTOR:**

(Name, legal status and address)

Nature's Keeper, Inc.  
302 S Brocksmyth Road  
Fort Pierce, FL 34945

**SURETY:**

(Name, legal status and principal place of business)

United Fire & Casualty Company  
PO Box 73909  
Cedar Rapids, IA 52407-3909

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.  
Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

**OWNER:**

(Name, legal status and address)

City of Port St. Lucie  
121 Southwest Port Saint Lucie Boulevard  
Port St. Lucie, FL 34984

**BOND AMOUNT:**

\$1,000.00 One Thousand Dollars and 00/100

**PROJECT:**

(Name, location or address, and Project number, if any) Maintenance and Repair of Irrigation Systems

In Port St. Lucie, Florida

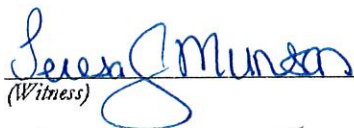
Project Number, if any: 20240152

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner 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. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 4th day of October, 2024

  
(Witness)

Nature's Keeper, Inc.

(Principal)

(Seal)

By:

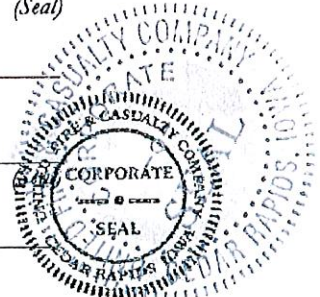
(Title)

United Fire & Casualty Company

(Surety)

By:

(Title) Jeffrey W. Reich, Attorney-in-Fact  
and Florida Lic. Resident Agent  
Inquiries: 407-786-7770



By arrangement with the American Institute of Architects, the National Association of Surety Bond Producers (NASBP) ([www.nasbp.org](http://www.nasbp.org)) makes this form document available to its members, affiliates, and associates in Microsoft Word format for use in the regular course of surety business. NASBP vouches that the original text of this document conforms exactly to the text in AIA Document A310-2010, Bid Bond. Subsequent modifications may be made to the original text of this document by users, so careful review of its wording and consultation with an attorney are encouraged before its completion, execution or acceptance.





UNITED FIRE & CASUALTY COMPANY, CEDAR RAPIDS, IA  
UNITED FIRE & INDEMNITY COMPANY, WEBSTER, TX  
FINANCIAL PACIFIC INSURANCE COMPANY, LOS ANGELES, CA

Inquiries: Surety Department  
118 Second Ave SE  
Cedar Rapids, IA 52401

**CERTIFIED COPY OF POWER OF ATTORNEY**  
(original on file at Home Office of Company – See Certification)

KNOW ALL PERSONS BY THESE PRESENTS, That UNITED FIRE & CASUALTY COMPANY, a corporation duly organized and existing under the laws of the State of Iowa; UNITED FIRE & INDEMNITY COMPANY, a corporation duly organized and existing under the laws of the State of Texas; and FINANCIAL PACIFIC INSURANCE COMPANY, a corporation duly organized and existing under the laws of the State of California (herein collectively called the Companies), and having their corporate headquarters in Cedar Rapids, State of Iowa, does make, constitute and appoint  
Jeffrey W. Reich  
execute in its behalf all lawful bonds, undertakings and other obligatory instruments of similar nature provided that no single obligation shall exceed \$100,000,000.00

Surety Bond Number: Bid Bond  
Principal: Nature's Keeper, Inc.  
Obligee: City of Port St. Lucie

and to bind the Companies thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Companies and all of the acts of said Attorney, pursuant to the authority hereby given and hereby ratified and confirmed.

The Authority hereby granted is continuous and shall remain in full force and effect until revoked by UNITED FIRE & CASUALTY COMPANY, UNITED FIRE & INDEMNITY COMPANY, AND FINANCIAL PACIFIC INSURANCE COMPANY.

This Power of Attorney is made and executed pursuant to and by authority of the following bylaw duly adopted by the Boards of Directors of UNITED FIRE & CASUALTY COMPANY, UNITED FIRE & INDEMNITY COMPANY, and FINANCIAL PACIFIC INSURANCE COMPANY.

**"Article VI – Surety Bonds and Undertakings"**

Section 2, Appointment of Attorney-in-Fact. "The President or any Vice President, or any other officer of the Companies may, from time to time, appoint by written certificates attorneys-in-fact to act in behalf of the Companies in the execution of policies of insurance, bonds, undertakings and other obligatory instruments of like nature. The signature of any officer authorized hereby, and the Corporate seal, may be affixed by facsimile to any power of attorney or special power of attorney or certification of either authorized hereby; such signature and seal, when so used, being adopted by the Companies as the original signature of such officer and the original seal of the Companies, to be valid and binding upon the Companies with the same force and effect as though manually affixed. Such attorneys-in-fact, subject to the limitations set forth in their respective certificates of authority shall have full power to bind the Companies by their signature and execution of any such instruments, and to attach the seal of the Companies thereto. The President or any Vice President, the Board of Directors or any other officer of the Companies may at any time revoke all power and authority previously given to any attorney-in-fact.

IN WITNESS WHEREOF, the COMPANIES have each caused these presents to be signed by its vice president and its corporate seal to be hereto affixed this 21st day of September, 2023

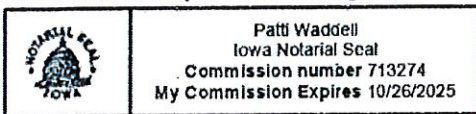


UNITED FIRE & CASUALTY COMPANY  
UNITED FIRE & INDEMNITY COMPANY  
FINANCIAL PACIFIC INSURANCE COMPANY

By: *Lynne M. Saylor* Vice President

State of Iowa, County of Linn, ss:

On 21st day of September, 2023, before me personally came Kyanna M. Saylor to me known, who being by me duly sworn, did depose and say; that she resides in Cedar Rapids, State of Iowa; that she is a Vice President of UNITED FIRE & CASUALTY COMPANY, a Vice President of UNITED FIRE & INDEMNITY COMPANY, and a Vice President of FINANCIAL PACIFIC INSURANCE COMPANY the corporations described in and which executed the above instrument; that she knows the seal of said corporations; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporations and that she signed her name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporations.



*Patti Waddell* Notary Public  
My commission expires: 10/26/2025

I, Mary A. Bertsch, Assistant Secretary of United Fire & Casualty Company and Assistant Secretary of United Fire & Indemnity Company, and Assistant Secretary of Financial Pacific Insurance Company, do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Section of the bylaws and resolutions of said Corporations as set forth in said Power of Attorney, with the ORIGINALS ON FILE IN THE HOME OFFICE OF SAID CORPORATIONS, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

In testimony whereof I have hereunto subscribed my name and affixed the corporate seal of the said Corporations  
this 4th day of October 2024



By: *Mary A. Bertsch*

Assistant Secretary,  
UF&C & UF&I & FPIC





# **FLORIDA SURETY BONDS, INC.**

Maitland, FL  
407-786-7770

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

# Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Nature's Keeper Inc.</b>	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should 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 FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>302 S. Brocksmith Road</b>	<b>6</b> City, state, and ZIP code <b>Fort Pierce, FL 34945</b>
<b>7</b> List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

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

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

Social security number								
			-					
or								
Employer identification number								
6	5	-	0	3	1	3	3	9 0

## 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.

Sign  
Here

Signature of  
U.S. person ►

Date ►

9-27-24

## 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).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/03/2024

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

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

<b>PRODUCER</b> Brown & Brown Insurance Services, Inc. 1661 Worthington Rd Ste 175  West Palm Beach FL 33409		<b>CONTACT NAME:</b> Avonelle McClean BBAARM <b>PHONE (A/C, No, Ext):</b> (561) 686-2266 <b>E-MAIL ADDRESS:</b> Avonelle.McCclean@bbrown.com <b>FAX (A/C, No):</b> (561) 686-2313	
<b>INSURED</b>  Nature's Keeper, Inc. 302 S. Brocksmith Rd  Fort Pierce FL 34945		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Greenwich Insurance Company <b>INSURER B:</b> Travelers Property Casualty Company of America <b>INSURER C:</b> FFVA Mutual Insurance Co. <b>INSURER D:</b> Westchester Surplus Lines Insurance Company <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 22322 25674 10385 10172	

## COVERAGES

**CERTIFICATE NUMBER:** 24-25 Master COI

**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	Y	Y	NGL-1009012-00	04/26/2024	04/26/2025	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 10,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	Y	Y	NBA-1004674-03	04/26/2024	04/26/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
							Medical payments \$ 5,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	Y	Y	CUP-2S246141-24-NF	04/26/2024	04/26/2025	EACH OCCURRENCE \$ 3,000,000
	AGGREGATE \$ 3,000,000						
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	WC840-0811830-2024A	04/26/2024	04/26/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$ 1,000,000						
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000						
	E.L. DISEASE - POLICY LIMIT \$ 1,000,000						
D	Pollution			G73539559 003	04/27/2024	04/26/2025	Each Condition \$1,000,000 General Aggregate \$1,000,000

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

Re: Contract #20240152- Maintenance and Repair of Irrigation Systems

City of Port St. Lucie, a municipality of the State of Florida, its officers, agents and employees are listed as additional insured with respect to the General Liability and Auto Liability policies when required as per written contract. Coverage is considered primary and non-contributory with respect to General Liability and Auto Liability policies when required as per written contract. A waiver of subrogation favors the certificate holder with respect to General Liability, Auto Liability and Workers Compensation policies when required as per written contract. Umbrella follows form subject to policy terms, conditions and exclusions. 30 day notice of cancellation except for 10 days for non-payment of premium.

## CERTIFICATE HOLDER

## CANCELLATION

City of Port St. Lucie Attn: Procurement  
Management Division  
121 S.W. Port St. Lucie Blvd.  
Port St. Lucie

FL 34984

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



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

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

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>	<b>Location(s) Of Covered Operations</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", "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;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

**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

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations

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. 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;
- whichever is less.
- This endorsement shall not increase the applicable limits of insurance.



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  
LIQUOR 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**

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

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  
Insured  
Insurance Company

Policy No.

Endorsement No.  
Premium

Countersigned by \_\_\_\_\_



POLICY NUMBER:

XIC 421 1013



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

**XL PLUS BUSINESS AUTO EXTENSION ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

**COVERAGE DESCRIPTION**

- A. Temporary Substitute Auto Physical Damage**
- B. Who Is An Insured**
  - 1. Broad Form Insured
  - 2. Employees As Insureds
  - 3. Additional Insured By Contract, Agreement or Permit
  - 4. Employee Hired Autos
- C. Supplementary Payments**
- D. Amended Fellow Employee Exclusion**
- E. Physical Damage Coverage**
  - 1. Rental Reimbursement
  - 2. Extra Expense – Broadened Coverage
  - 3. Personal Effects Coverage
  - 4. Lease Gap
  - 5. Glass Repair – Waiver Of Deductible
- F. Physical Damage Coverage Extensions**
  - 1. Additional Transportation Expense
  - 2. Hired Auto Physical Damage
- G. Business Auto Conditions**
  - 1. Notice Of Occurrence
  - 2. Waiver Of Subrogation
  - 3. Unintentional Failure To Disclose Hazards
  - 4. Primary Insurance
- H. Bodily Injury Redefined**
- I. Extended Cancellation Condition**

**A. Temporary Substitute Auto Physical Damage**

**SECTION I – COVERED AUTOS, C. Certain Trailers, Mobile Equipment And Temporary Substitute Autos** is changed by adding the following:

If Physical Damage coverage is provided by this Coverage Form, the following types of vehicles are also covered "autos" for Physical Damage coverage:

1. Any "auto" you do not own while used with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:
  - a. Breakdown;
  - b. Repair;
  - c. Servicing;
  - d. "Loss"; or
  - e. Destruction.

**B. Who Is An Insured**

**SECTION II – COVERED AUTOS LIABILITY COVERAGE, A. Coverage, 1. Who Is An Insured** is changed by adding the following:

**1. Broad Form Insured**

For any covered "auto", any subsidiary, affiliate or organization, other than a partnership or joint venture, as may now exist or hereafter be constituted over which you assume active management or maintain ownership or majority interest, provided that you notify us within ninety (90) days from the date that any such subsidiary or affiliate is acquired or formed and that there is no similar insurance available to that organization. However, coverage does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization.

**2. Employees As Insureds**

Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow, in your business or your personal affairs.

**3. Additional Insured By Contract, Agreement Or Permit**

Any person or organization with whom you have agreed in writing in a contract, agreement or permit, to provide insurance such as is provided under this policy, provided that the "bodily injury" or "property damage" occurs subsequent to the execution of the written contract, agreement or permit.

**4. Employee Hired Autos**

An "employee" of yours is an "insured" while operating an "auto" hired or rented under a contract or agreement in that "employee's" name, with your permission, while performing duties related to the conduct of your business.



**SECTION IV – BUSINESS AUTO CONDITIONS, B. General Conditions, 5. Other Insurance, b.** is replaced with the following:

**b.** For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:

- (1)** Any covered "auto" you lease, hire, rent or borrow; and
- (2)** Any covered "auto" hired or rented by your "employee" under a contract in that individual "employee's" name, with your permission, while performing duties related to the conduct of your business.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

**C. Supplementary Payments**

**SECTION II – COVERED AUTOS LIABILITY COVERAGE, A. Coverage, 2. Coverage Extensions, a. Supplementary Payments** is changed as follows:

Item **(2)** is deleted and replaced by the following:

- (2)** Up to \$3,500 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

Item **(4)** is deleted and replaced by the following:

- (4)** All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

**D. Amended Fellow Employee Exclusion**

**SECTION II – COVERED AUTOS LIABILITY COVERAGE, B. Exclusions, 5. Fellow Employee** does not apply.

The insurance provided under this Provision **D.** is excess over any other collectible insurance.

**E. Physical Damage Coverage**

**SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage** is changed by adding the following:

**1. Rental Reimbursement**

- a.** We will pay for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" to a covered "auto". Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto". No deductibles apply to this coverage.
- b.** We will pay only for those expenses incurred during the policy period beginning twenty-four (24) hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:

- (1) The number of days reasonably required to repair or replace the covered "auto". If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered "auto" and return it to you.
  - (2) Thirty (30) days.
- c. Our payment is limited to the lesser of the following amounts:
  - (1) Necessary and actual expenses incurred.
  - (2) \$50 any one day per private passenger "auto";  
\$100 any one day per truck;  
\$1,500 any one period per private passenger "auto";  
\$3,000 any one period per truck; or  
Higher limits if shown elsewhere in this policy.
- d. This coverage does not apply while there are spare or reserve "autos" available to you for your operations.
- e. If "loss" results from the total theft of a covered "auto" of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided for under the Physical Damage Coverage Extension.

**2. Extra Expense – Broadened Coverage**

We will pay for the expense of returning a stolen covered "auto" to you.

**3. Personal Effects Coverage**

If you have purchased Comprehensive Coverage on this policy for an "auto" you own and that "auto" is stolen, we will pay, without application of a deductible, up to \$500 for "personal effects" stolen from the "auto".

As used in this endorsement, "personal effects" means tangible property that is worn or carried by an "insured". "Personal effects" does not include tools, jewelry, money or securities.

**4. Lease Gap**

In the event of a total "loss" to a covered "auto" shown in the Declarations, we will pay any unpaid amount due on the lease or loan for a covered "auto", less:

- a. The amount paid under the Physical Damage Coverage Section of the policy; and
- b. Any:
  - (1) Overdue lease/loan payments at the time of the "loss";
  - (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
  - (3) Security deposits not returned by the lessor;
  - (4) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchases with the loan or lease; and
  - (5) Carry-over balances from previous loans or leases.

**5. Glass Repair – Waiver Of Deductible**

No deductible applies to glass damage if the glass is repaired rather than replaced.

**F. Physical Damage Coverage Extensions**

**SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions** is amended by the following:

**1. Additional Transportation Expense**

**Sections a. and b.** are amended to provide a limit of \$50 per day and a maximum limit of \$1,000.

**2. Hired Auto Physical Damage**

The following section is added:

Any “auto” you lease, hire, rent or borrow is deemed to be a covered “auto” for physical damage coverage. The most we will pay for each covered “auto” is the lesser of:

- (1)** the actual cash value;
- (2)** the cost for repair or replacement; or
- (3)** \$50,000, or higher limit if shown on the Declarations for Hired Auto Physical Damage Coverage.

For each covered “auto” a deductible of \$100 for Comprehensive Coverage and \$1,000 for Collision Coverage will apply.

**G. Business Auto Conditions**

**SECTION IV – BUSINESS AUTO CONDITIONS, A. Loss Conditions** is changed by the following:

**1. Notice Of Occurrence**

**Section 2. – Duties In The Event Of Accident, Claim, Suit Or, Loss, a.** is changed by adding the following:

If you report an injury to an “employee” to your workers’ compensation carrier and if it is subsequently determined that the injury is one to which this insurance may apply, any failure to comply with this condition will be waived if you provide us with the required notice as soon thereafter as practicable after you know or reasonably should have known that this insurance may apply.

**2. Waiver Of Subrogation**

**Section 5. Transfer Of Rights Of Recovery Against Others To Us** is changed by adding the following:

However, this Condition does not apply to any person(s) or organization(s) with whom you have a written contract, but only to the extent that subrogation is waived prior to the “accident” or the “loss” under such contract with that person or organization.



**SECTION IV – BUSINESS AUTO CONDITIONS, B. General Conditions** is changed by the following:

**3. Unintentional Failure To Disclose Hazards**

The following condition is added:

Your unintentional failure to disclose all hazards as of the inception date of the policy shall not prejudice any insured with respect to the coverage afforded by this policy.

**4. Primary Insurance**

**Condition 5. Other Insurance** is changed by adding the following:

For any covered "auto" this insurance shall apply as primary and not contribute with any other insurance where such requirement is agreed in a written contract executed prior to a "loss".

**H. Bodily Injury Redefined**

**SECTION V – DEFINITIONS, C. "Bodily injury"** is replaced by the following:

"Bodily injury" means bodily injury, sickness or disease sustained by a person including mental anguish, mental injury, shock, fright or death resulting from any of these at any time.

**I. Extended Cancellation Condition**

**COMMON POLICY CONDITIONS (Form IL 00 17), A. Cancellation, 2.b.** is replaced by the following:

The greater of sixty (60) days or the time required by any applicable state amendatory endorsement before the effective date of cancellation if we cancel for any other reason.

All other terms and conditions of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US (WAIVER OF SUBROGATION) –  
AUTOMATIC**

This endorsement modifies insurance provided under the following:

OWNERS OR CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART

The following is added to Paragraph 12. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery against any person or organization, because of any payment we make under this Coverage Part, to whom the insured has waived its right of recovery in a written contract or agreement. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person or organization prior to loss.





2023 - 2024

St. Lucie County Local Business Tax Receipt

Facilities or machines # Rooms # Seats # Employees #8 Receipt #7299-00980440  
Type of business 7299 MISC/PUBLIC SERVICE (SOD MULCH) Expires SEPTEMBER 30, 2024

DBA name Business Natures's Keeper Inc  
Mailing address: Natures's Keeper Inc  
302 S. Brocksmith Rd  
Fort Pierce, FL 34945  
Business location: 302 S. Brocksmith Rd  
Fort Pierce, FL 34945

RENEWAL  
Original tax: \$27.55 St Lucie County  
Penalty: 2308-422-0004-000/5 V10029  
Collection cost: \$27.55 Paid 08/17/2023 27.55  
Total: 0017-20230817-010405

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the local business taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession or occupation.

Pursuant to Florida law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1 of each year and shall expire on September 30 of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1 shall be delinquent and subject to a delinquency penalty of 10 percent for the month of October. An additional 5 percent penalty for each month of delinquency is added until paid, provided that the total delinquency penalty shall not exceed 25 percent of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector is entitled to a collection fee of \$1 to \$5. This fee is based on the amount of Local Business Tax, which will be collected from delinquent taxpayers after September 30 of the business year.

This receipt is a Local Business Tax only. It does not permit the local business taxpayer to violate any existing regulatory or zoning laws of the state, county or city. It also does not exempt the local business taxpayer from any other taxes, licenses or permits that may be required by law.

Pursuant to Florida law, Local Business Taxes are subject to change.

Natures's Keeper Inc  
302 S. Brocksmith Rd  
Fort Pierce, FL 34945

XB



2023 - 2024

St. Lucie County Local Business Tax Receipt

Facilities or machines # Rooms # Seats # Employees # Receipt #5261-00980002  
Type of business 5261 NURSERIES RETAIL (NURSERIES) Expires SEPTEMBER 30, 2024

DBA name Business Natures's Keeper Inc  
Mailing address: Natures's Keeper Inc  
302 S. Brocksmith Rd  
Fort Pierce, FL 34945  
Business location: 302 S. Brocksmith Rd  
Fort Pierce, FL 34945

RENEWAL			
Original tax:	\$27.55	St Lucie County	
Penalty:		2308-422-0004-000/5	V10029
Collection cost:			
Total:	\$27.55	Paid 08/17/2023 27.55	0017-20230817-010405

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the local business taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession or occupation.

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Pursuant to Florida law, Local Business Taxes are subject to change.

Natures's Keeper Inc  
302 S. Brocksmith Rd  
Fort Pierce, FL 34945

XB



# Florida Unified Certification Program

## Disadvantaged Business Enterprise (DBE) Certificate of Eligibility

NATURE'S KEEPER INC

*MEETS THE REQUIREMENTS OF 49 CFR, PART 26  
APPROVED NAICS CODES:  
238990, 561730*



Samuel Febres

*Samuel (Sammy) Febres  
DBE & Small Business Development Manager  
Florida Department of Transportation*



*Delivering Excellence Every Day*



XB



## **ANNIVERSARY DATE – Annually on January 21**

The Florida Department of Transportation (Department) has certified, NATURE'S KEEPER INC under the Florida's Unified Certification Program (UCP) as a Disadvantaged Business Enterprise (DBE), in accordance with Title 49 Part 26, Code of Federal Regulations (CFR).

**DBE Certification does not expire.** It is contingent upon the firm maintaining eligibility annually through this office. We will notify Owners of their responsibilities in advance of the anniversary date.

We have listed the firm in the Florida's DBE Certification Directory, found at the following link: <https://fdotxwp02.dot.state.fl.us/EqualOpportunityOfficeBusinessDirectory>

Prime contractors and consultants must verify the firm's DBE certification status, and identify eligible work area(s) through the Directory. The Department makes available DBE Support Service Providers, offering managerial and technical assistance at no cost.

Contact us at (850) 414-4747 or via email [DBECert.Help@dot.state.fl.us](mailto:DBECert.Help@dot.state.fl.us) with your questions or concerns. Thank you.

Samuel (Sammy) Febres  
DBE & Small Business Development Manager  
Equal Opportunity Office

43



## SOUTH FLORIDA WATER MANAGEMENT DISTRICT

August 4, 2022

REGISTERED VENDOR NO.: 1114931

Krysten Bieger, President  
Nature's Keeper, Inc.  
302 S. Brocksmit Road  
Fort Pierce, FL 34945

CERTIFICATION EFFECTIVE DATE:  
October 19, 2022

CERTIFICATION EXPIRATION DATE:  
October 19, 2025

Dear Ms. Bieger:

Congratulations, the South Florida Water Management District (District) has recertified your firm as a Small Business Enterprise (SBE). This certification is valid for three (3) years and may only be applied when business is conducted in the following area(s):

**Mowing; Landscaping; and Sod Supplier and Installation Services**

*Your submittal of bids or proposals to supply other products or services outside of the specialty area(s) noted above will not count toward SBE participation. If you require certification in other specialty areas, please contact the Procurement Bureau, SBE Section, for additional information.*

Renewal is required every three (3) years and should be requested a minimum of 45 days prior to the above expiration date.

If any changes occur within your company during the certification period such as ownership, affiliate company status, address, telephone number, licensing status, gross revenue, or any information that relates to your SBE Certification status, you must notify this office in writing immediately. It is imperative that we maintain current information on your company at all times.

Certification is not a guarantee that your firm will receive work, nor an assurance that your firm will remain in the District's vendor database.

We look forward to a mutually beneficial working relationship.

Sincerely,

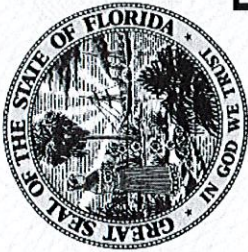
A handwritten signature in black ink, appearing to read "J. Dollar".

Jennifer Dollar  
SBE Program Specialist  
Procurement Bureau

JD

XB





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

**CONSTRUCTION INDUSTRY LICENSING BOARD**

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

**NOWOTNY, JOHN CHARLES**

NATURE'S KEEPER, INC.  
302 S BROCKSMITH ROAD  
FORT PIERCE FL 34945

**LICENSE NUMBER: SCC131151493**

**EXPIRATION DATE: AUGUST 31, 2026**

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



ISSUED: 07/17/2024

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.

KB





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

2601 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-0783

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



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

SCC131151493  
CERTIFIED SPECIALTY CONTRACTOR  
NOWOTNY, JOHN CHARLES  
NATURE'S KEEPER, INC.  
IRRIGATION SPECIALTY CONTRACTOR

ISSUED: 07/17/2024

Signature

LICENSED UNDER CHAPTER 489, FLORIDA STATUTES  
EXPIRATION DATE: AUGUST 31, 2026

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

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

**LICENSE NUMBER: SCC131151493**

**EXPIRATION DATE: AUGUST 31, 2026**

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

NOWOTNY, JOHN CHARLES  
NATURE'S KEEPER, INC.  
302 S BROCKSMITH ROAD  
FORT PIERCE FL 34945



ISSUED: 07/17/2024

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

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.

YB



CITY OF PORT ST. LUCIE  
BUILDING DEPARTMENT  
CERTIFICATE OF COMPETENCY

9523

EXPIRE: 7/1/25

RYCKMAN, EDWARD  
CONTROLLED IRRIGATION LLC  
PO BOX 1628  
JENSEN BEACH, FL 34958

SIGNATURE

  
IRRIGATION SPRINKLER

FL#:

PSL - 10017

KB



## City of Fort Pierce

Fort Pierce, FL 34950  
772-467-3065

## Certificate of Use

**Business Name:** Joe's Electric of St Lucie Cnty., Inc.

**Business Location:** 1206 BELL AVE  
Fort Pierce, FL 34982

**Owner:**

**License Number:** CU-2024-000445

**Issued Date:** 8/27/2024

**Expiration Date:** 8/27/2025

**Approved Business Use:** Electrical Contractor

**Mailing Address:** 1206 BELL AVE  
Fort Pierce, FL 34982

**License Type:** Certificate of Use

**Classification:** Commercial Certificate of Use

**Fees Paid:** \$125.00

Linda W. Cox, City Clerk

This certificate does not warrant that the holder is competent to perform in the business, but that the holder has provided the necessary documentation (if required) for this business. Valid only when all state and local regulated trade licenses/competency cards are valid for the current fiscal year as required by law. This certificate becomes null and void if business name, location, ownership or address is changed. All certificates automatically expire if not renewed within 60 days of expiration date shown.

TO BE POSTED IN A CONSPICUOUS PLACE

XR





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS' LICENSING BOARD

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

**HERNDON, JOSEPH E**

JOE'S ELECTRIC OF ST LUCIE COUNTY, INC.  
1206 BELL AVENUE  
FORT PIERCE FL 34982

LICENSE NUMBER: EC13007203

EXPIRATION DATE: AUGUST 31, 2026

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



ISSUED: 07/26/2024

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.

43



## Florida Department of Transportation

RON DESANTIS  
GOVERNOR

605 Suwannee Street  
Tallahassee, FL 32399-0450

JARED W. PERDUE, P.E.  
SECRETARY

May 13, 2024

ACME BARRICADES LC  
9800 NORMANDY BLVD  
JACKSONVILLE, FLORIDA 32221

### RE: CERTIFICATE OF QUALIFICATION

The Department of Transportation has qualified your company for the type of work indicated below.

**FDOT APPROVED WORK CLASSES:**  
GUARDRAIL, PAVEMENT MARKING, ROADWAY SIGNING

Unless notified otherwise, this Certificate of Qualification will expire **6/30/2025**.

In accordance with Section 337.14(4), Florida Statutes, changes to Ability Factor or Maximum Capacity Rating will not take effect until after the expiration of the current certificate of prequalification (if applicable).

In accordance with Section 337.14(1), Florida Statutes, an application for qualification must be filed within (4) months of the ending date of the applicant's audited annual financial statements.

If the company's maximum capacity has been revised, it may be accessed by logging into the Contractor Prequalification Application System via the following link:

[HTTPS://fdotwp1.dot.state.fl.us/ContractorPreQualification](https://fdotwp1.dot.state.fl.us/ContractorPreQualification)

Once logged in, select "View" for the most recently approved application, and then click the "Manage" and "Application Summary" tabs.

The company may apply for a Revised Certificate of Qualification at any time prior to the expiration date of this certificate according to Section 14-22.0041(3), Florida Administrative Code (F.A.C.), by accessing the most recently approved application as shown above and choosing "Update" instead of "View." If certification in additional classes of work is desired, documentation is needed to show that the company has performed such work.

All prequalified contractors are required by Section 14-22.006(3), F.A.C., to certify their work underway monthly in order to adjust maximum bidding capacity to available bidding capacity. You can find the link to this report at the website shown above.

Sincerely,

James E. Taylor II, Prequalification Supervisor  
Contracts Administration Office

JTII



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# FDOT Approved Channelizing Device Suppliers

Reference Standard Specification Section 102 at [FDOT Standard Specifications](#), for the definition of a Channelizing Device Supplier (CDS).

## FDOT Approved Channelizing Device Suppliers (CDS)

Arrive Alive Traffic Control, LLC

Contact Person: David Feise  
(561) 234-7201

\* ACME Barricades

Contact Person: Christian Cummings  
(904) 781-1950

\* Bob's Barricades, Inc.

Contact Person: John Baldwin  
(954) 423-2627

Cornerstone Barricades, Inc.

Contact Person: Seyi Falade  
(352) 373-8001

Emerald Coast Striping

Contact Person: Aric Bailey  
(850) 215-4875

Gulf Coast Traffic Engineers

Contact Person: Shaun Harris  
(850) 478-7066

L30 Traffic Control

Contact Person: Angela McNulty  
(850) 890-8408

RoadSafe Traffic Systems, Inc.

Contact Person: Tami Grube  
(305) 633-3883

Traffic Control Products of FL., INC.

Contact Person: Orlando Nunez  
(813) 621-8484

## USEFUL LINKS

[> Florida Initiatives](#)[> Web Policies & Notices](#)

XB





**County Certification Number: 26516**

**SCOTT M FAY  
7900 SE BRIDGE RD  
HOBE SOUND, FL 33455**

**Planning & Development Services  
Building & Code Regulation Division  
2300 Virginia Ave  
Ft Pierce, FL 34982  
Phone: (772) 462-1672 Fax: (772) 462-1148  
[http://www.stlucieco.org/planning/contract\\_licen.htm](http://www.stlucieco.org/planning/contract_licen.htm)**

**Class Code: Irrigation Sprinkler**

**License Type: Contractor**

This Competency Card, issued by the St. Lucie County Contractor Certification Division, authorizes work for the Class Code stated, for the unincorporated areas of St. Lucie County. It does not authorize work for the City of Ft. Pierce, St. Lucie Village or the City of Port St. Lucie. It is the Contractor's responsibility to maintain this card in a current status by providing a Certificate of Insurance, current address and telephone information, and renewing this card annually as required.

**Expiration Date: 9/30/2024**

**Stacy Iovieno**

## Wallet Contractor ID Card

Cut to fit, then fold in half

### IDENTIFICATION CARD



**County Certification Number 26516**

**Class Code: Irrigation Sprinkler**

This is to certify that SCOTT M FAY, has been issued a County Certificate in St. Lucie County, beginning on 9/30/2024 and ending on 9/30/2024, unless license is revoked.

<b>Contractor Licensing:</b>	<b>(772) 462-1672</b>
<b>Contractor Fax Line:</b>	<b>772-462-1148</b>
<b>Automated Inspection Line:</b>	<b>(866) 284-1280</b>
<b>Inspection Line:</b>	<b>(772) 462-2172</b>

**Stacy Iovieno**

**Authorized Licensing Official**

VB



CITY OF PORT ST. LUCIE 5831  
BUILDING DEPARTMENT  
CERTIFICATE OF COMPETENCY

EXPIRE: 7/1/25

FAY, SCOTT  
TREASURE COAST IRRIGATION & LANDSCAPE LLC  
7900 SE BRIDGE RD  
HOBE SOUND, FL 33455

SIGNATURE \_\_\_\_\_

IRRIGATION SPRINKLER

FL#: PSL - 6665

VB