

Electrical Connection of Retrofitted City Grinder Pump Systems
Excel Bid Reply-Schedule A

Company Name: Apex Electric, Inc.

| Description | Estimated Qty | Unit Price | Total |
|--|---------------|------------|---------------|
| Grinder system electrical hook-up (including control panel installation and all permits) | 480 | \$ 995.00 | \$ 477,600.00 |
| STEP pump system hook-up (Additional Unit Pricing) | 480 | \$ - | \$ - |
| Total Bid Amount: | | | \$ 477,600.00 |

| | |
|--|---|
| Number of calendar days to perform work after receipt of order: | 1 |
|--|---|

NOTE: The City's Estimated Annual Usage as indicated in this document has been inserted to establish a possible annual usage. Actual quantities that will be ordered by the City during the Contract Period may vary substantially from the Estimated Annual Usage. Bidders are cautioned that the anticipated quantities used for this computation will be estimates. The City makes no guarantee as to the actual quantity or type of services that will be utilized during the Contract period.

CONTRACTOR'S GENERAL INFORMATION WORK SHEET
eBID #20210019

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

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

Dated at 561 SW Biltmore St PSL, FL 34983, this 16 day of Aug, 2021
(Location)

Name of Organization/Contractor: Apex Electric, Inc - Paul Romano

By: Paul Romano - President
Name and Title

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

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

Name: Apex Electric, Inc.

Address: 561 SW Biltmore St
Pvt St Lucie FL 34983

Telephone Number: 772-607-9494

Fax Number: _____

3. Contact person: Christy Romano Email: Christy@apexelectric.com

4. Firm's previous names (if any). N/A

5. How many years has your organization been in business? 12 yrs

6. Total number of staff at this location: 6 Total number of staff on the Treasure Coast: 23

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

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

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

9. List the license(s) that qualifies your firm to construct this project: State of Florida
Electrical Contractors LIC # EC 13009343

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

| Addendum Number | Date Issued | Addendum Number | Date Issued |
|-----------------|-------------|-----------------|-------------|
| A | 7-23-21 | | |
| B | 7-23-21 | | |
| C | 7-23-21 | | |
| D | 7-23-21 | | |
| | | | |
| | | | |

11. **BID RESPONSE:**

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

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

11.3 Bid Reply Sheet Total from **Schedule "A"**: \$ 995⁰⁰
(This figure must match the Cost Worksheet and the figure that is to be used on the DemandStar web page. Discrepancies between the Cost Worksheet spreadsheet uploaded on DemandStar, the dollar amount listed on the web page at the time of submittal and the Cost Work Sheet #20210019 uploaded on DemandStar will be resolved in favor of the Cost Worksheet – Schedule "A" that is uploaded at time of submittal.)

11.4 Number of calendar days to perform work after receipt of order: 1 calendar days.

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

Listed below are items that are to be included on the E-Bid Reply Excel Spreadsheet - Schedule "A", completed electronically by the Bidder and submitted with bid packet. Award will be based on, along with other criteria, the total of all line items as shown on E-Bid Reply Excel Spreadsheet, Schedule "A".

Schedule "A"

| Description | Estimated Qty |
|--|---------------|
| Grinder system electrical hook-up (including control panel installation and all permits) | 480 |
| STEP pump system hook-up (Additional Unit Pricing) | 480 |

Bidders are cautioned that the anticipated quantities used for this computation will be estimates. The City makes no guarantee as to the actual quantity that will be utilized during the Contract period. A unit price for each item shall be offered shall be shown, and such price shall include packing and shipping unless otherwise specified. A total shall be entered in the "Total" column for each separate item. In case of discrepancy between the unit price and the extended price, the unit price will supersede. The total amount shall be entered on line 11.3 above and entered on the DemandStar web page. The City reserves the right to split the award, if in the City's opinion such a split is in the best interest of the City.

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

12. List five (5) Electrical Connection of Retrofitted City Grinder Pump projects similar to this project completed by your firm in the last 5 years along with a brief description of project, location of project, client name, client phone number, email, value of contract, your firm's percentage of the total contract value, as well as the number of change orders and the total change order value. **DO NOT USE the City of Port St Lucie as a reference.**

Project Number 1

Project Name: Electrical Connection of Retrofitted City Grinder
 Description: Electrical installation of step grinder Pump Systems. panel station.
 Location: City of Port St. Lucie
 Client Name, Phone Number & Email: City of PSL Utilities - 772-204-7144
 Value of Total Contract: 700,000 from 2015 till now - rkanhai@cityofpsl.com.
 Date of Completion: 9-15-2021
 Firm's Percentage of Total Contract: 100
 Number of Change Orders: 0
 Value of Change Orders: 0
 Was Project Completed on Schedule: yes
 Was Project Completed within Budget? yes

Project Number 2

Project Name: Electrical Connection of Retrofitted City Grinder Pump
 Description: Electrical installation of step grinder station Systems panel.
 Location: City of Stuart.

Client Name, Phone Number & Email: City of Stuart Utilities Dept - 772 288-1292
 Value of Total Contract: 85,000 C.herzog@ci.stuart.fl.us
 Date of Completion: 9-15-2021
 Firm's Percentage of Total Contract: 100
 Number of Change Orders: 0
 Value of Change Orders: 0
 Was Project Completed on Schedule: yes
 Was Project Completed within Budget? yes

Project Number 3

Project Name: Electrical Connection of Retrofitted City Grinder Pump Systems.
 Description: Electrical installation of step grinder pump incl permitting, material and labor.

Location: Martin County.
 Client Name, Phone Number & Email: Martin county utilities - Dave Duncan
 Value of Total Contract: 85,000 -
 Date of Completion: 9-30-2021
 Firm's Percentage of Total Contract: 100
 Number of Change Orders: 0
 Value of Change Orders: 0
 Was Project Completed on Schedule: yes
 Was Project Completed within Budget? yes

Project Number 4

Project Name: Electrical Connection of Retrofitted City Grinder Pump Systems
 Description: E one low pressure sewer grinder system electrical services

Location: City of Ft. Pierce
 Client Name, Phone Number & Email: Ft. Pierce Utilities Authority - (772) 466-11000
-npalka@fpua.com
 Value of Total Contract: 45,000.00
 Date of Completion: 1-5-2023
 Firm's Percentage of Total Contract: 5% completed thus far.
 Number of Change Orders: 0
 Value of Change Orders: 0
 Was Project Completed on Schedule: yes
 Was Project Completed within Budget? yes

Project Number 5

Project Name:

Description:

Location:

Client Name, Phone Number & Email:

Value of Total Contract:

Date of Completion:

Firm's Percentage of Total Contract:

Number of Change Orders:

Value of Change Orders:

Was Project Completed on Schedule:

Was Project Completed within Budget?

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

We currently have 1 foreman & 4 technicians dedicated to our grinder pump project aside from the other technicians we have onsite able to assist.

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

Luis Gomez - Superintendent
Abdias Desir - Dept manager
William Jones - Electrician
Eric Bellamy - Electrician
Jose Castillo - Electrician

15. Has the Contractor or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? List the name of project, location, client, engineer, date and reason. Use additional pages if needed.

Total Number of Projects where Failure to Complete Work Occurred: 0

Project Number 1

Project Name: _____
Project Location: _____
Client Name and Phone Number: _____
Engineer Name and Phone Number: _____
Date: _____
Reason: _____

Insert additional projects if needed.

16. Has the Contractor or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?
Yes () No (✓)

If yes, please explain:

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

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

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

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

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

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



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 Ordinance 20-15, Section 35.13](#). Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through Ms. *Shelby Dolan* Issuing Officer, for the procurement of these services.

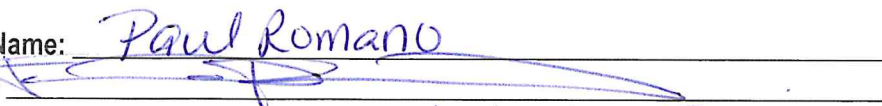
All questions regarding this Solicitation are to be submitted in writing to *Shelby Dolan*, Procurement Agent with the Procurement Management Department via e-mail sdolan@cityofpsl.com, or by phone 772-873-6338. Please reference the Solicitation number on all correspondence to the City.

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

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

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

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

Typed Name: Paul Romano
Signed: 
Company and Job Title: Apex Electric, Inc - President
Date: 8-16-2021



"A City for All Ages"

e-BID #20210019
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 _____

Signature  _____

Printed Name and Title Paul Romano - President _____

Date 8/16/2021 _____

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-Verify Form

Supplier/Consultant acknowledges and agrees to the following:

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

E-Verify Company Identification Number CROM1865

Date of Authorization _____

Name of Contractor Apex Electric Inc - Paul Romano

Name of Project _____

Solicitation Number (If Applicable) _____

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

Executed on Aug, 16, 2021 in Port St. Lucie (city), FL (state).



Signature of Authorized Officer

Paul Romano - President

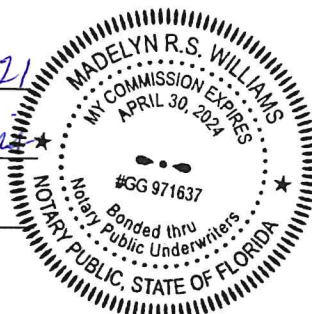
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 16th DAY OF August, 20 21

NOTARY PUBLIC Madelyn R. S. Williams

My Commission Expires: 4-30-24



NON-COLLUSION AFFIDAVIT RFP
EBID #20210019
Electrical Connection of Retrofitted City
Grinder Pump System

State of Florida }

County of St Lucie }

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

1. They are President of Apex Electric 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) 

(Title) President

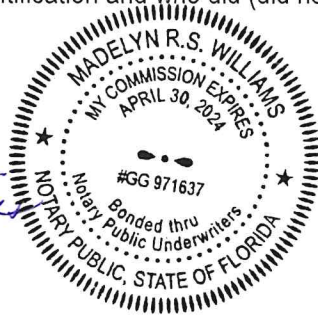
STATE OF FLORIDA }
COUNTY OF ST. LUCIE } SS:

The foregoing instrument was acknowledged before me this (Date) August 16, 2021
by: Paul Romano who is personally known to me or who has produced
_____ as identification and who did (did not) take an oath.

Commission No. GG971637

Notary Print: Madelyn R S Williams

Notary Signature: Madelyn R S Williams



**DRUG-FREE WORKPLACE
FORM eBid # 20210019
Electrical Connection of Retrofitted
City Grinder Pump System**

The undersigned Contractor in accordance with Florida Statute 287.087 hereby certifies that
Apex Electric 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.



Bidder's Signature

8/16/2021

Date:



CITY OF PORT SAINT LUCIE BUSINESS TAX RECEIPT

PLEASE POST IN CONSPICUOUS PLACE OR KEEP ON PERSON

Term: 10/1/2020 - 9/30/2021

2020 - 2021

Business Address: 561 SW BILTMORE ST

BTR #: 135433

Date Made: 7/22/2020

Business Name: AAPEX ELECTRIC INC

Mailing Address: 561 SW BILTMORE ST

PORT ST LUCIE, FL 34983

A handwritten signature in black ink that reads "James Gayson". The signature is written in a cursive style.

Business Tax Authority

Ron DeSantis, Governor

Halsey Beshears, Secretary

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD**

LICENSE NUMBER: EC13009343

EXPIRATION DATE: AUGUST 31, 2022

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

ROMANO, PAUL E
AAPEX ELECTRIC, INC.
561 SW BILTMORE ST
PORT ST LUCIE FL 34983



ISSUED: 09/16/2020

Always verify licenses online at 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.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER



SeacoastBank

Seacoast National Bank

P.O. BOX 9012 • 815 COLORADO AVE., STUART, FL 34995-9012

No. 1110174

63-515
670

DATE August 17, 2021

PAY TO THE
ORDER OF

City of Port St Lucie

FIVE HUNDRED DOLLARS AND ZERO CENTS

\$ *****500.00

Remitter: AApex Electric Inc

CASHIER'S CHECK

BR#: 21 TLR: -454



AUTHORIZED SIGNATURE

MP

Security Features Included Details on back

⑈ 1110174 ⑈ ⑆067005158⑆

6001486⑈



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/16/2021

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

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

| | | |
|--|--|--------|
| PRODUCER SUNZ Insurance Solutions, LLC. ID: (Howard) c/o Howard Leasing, Inc. 6302 Manatee Ave. W Bradenton, FL 34209 | CONTACT NAME: Sondra Kelly PHONE (A/C, No., Ext): 941-761-7704 FAX (A/C, No.): 941-761-7706 E-MAIL ADDRESS: skelley@howardleasinginc.com | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A : SUNZ Insurance Company | | 34762 |
| INSURER B : | | |
| INSURER C : | | |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

INSURED
 Howard Leasing, Inc
 Howard Leasing II, LLC, Howard Leasing III, Inc. ;
 Howard Leasing IV, Inc. Howard Leasing V, Inc.
 6302 Manatee Avenue West, Suite K
 Bradenton FL 34209

COVERAGES CERTIFICATE NUMBER: 61188524 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 VWD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|------------------------------------|-------------------------|-------------------------|---|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | WC013-00001-021 WC013-00001-020 | 5/1/2021 5/1/2020 | 5/1/2022 5/1/2021 | <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 |

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

Coverage provided for all leased employees but not subcontractors of: AAPEX Electric, Inc.
 Location Effective: 3/6/2012

CERTIFICATE HOLDER CANCELLATION

| | |
|---|--|
| 1501 City of Port St Lucie 121 SW Port St Lucie Blvd Port St Lucie FL 34984 City of Port St Lucie, a municipality of the State of Florida, its officers, employees and agents and shall include Contract # 20210019 | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE Rick Leonard </p> |
|---|--|



CERTIFICATE OF LIABILITY INSURANCE

| |
|---------------------------------|
| DATE (MM/DD/YYYY) 08/16/2021 |
|---------------------------------|

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

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

| PRODUCER Brown & Brown of Florida, Inc. 1661 Worthington Rd Ste 175 West Palm Beach FL 33409 | CONTACT NAME: Brian Peralta PHONE (A/C, No, Ext): (561) 686-2266 FAX (A/C, No): (561) 686-2313 E-MAIL ADDRESS: bperalta@bb-wpb.com | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------|--|--------|------------|------------------------------------|-------|------------|---------------------------|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| INSURED | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="font-size: small;">INSURER(S) AFFORDING COVERAGE</th> <th style="font-size: small;">NAIC #</th> </tr> <tr> <td style="font-size: x-small;">INSURER A:</td> <td style="font-size: x-small;">United Specialty Insurance Company</td> <td style="font-size: x-small;">12537</td> </tr> <tr> <td style="font-size: x-small;">INSURER B:</td> <td style="font-size: x-small;">AmGUARD Insurance Company</td> <td style="font-size: x-small;">42390</td> </tr> <tr> <td style="font-size: x-small;">INSURER C:</td> <td> </td> <td> </td> </tr> <tr> <td style="font-size: x-small;">INSURER D:</td> <td> </td> <td> </td> </tr> <tr> <td style="font-size: x-small;">INSURER E:</td> <td> </td> <td> </td> </tr> <tr> <td style="font-size: x-small;">INSURER F:</td> <td> </td> <td> </td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | United Specialty Insurance Company | 12537 | INSURER B: | AmGUARD Insurance Company | 42390 | INSURER C: | | | INSURER D: | | | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | |
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| INSURER D: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | |
| AApeX Electric Inc 561 SW Biltmore St Port St Luice FL 34983 | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:** 2021 Master **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.

| INSTR 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 CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | DCI02081-00 | 01/31/2021 | 01/31/2022 | <table border="0" style="width: 100%; font-size: x-small;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>EMPLOYEE BENE</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table> | EACH OCCURRENCE | \$ 1,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 | MED EXP (Any one person) | \$ 5,000 | PERSONAL & ADV INJURY | \$ 1,000,000 | GENERAL AGGREGATE | \$ 2,000,000 | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | EMPLOYEE BENE | \$ 1,000,000 |
| EACH OCCURRENCE | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | |
| DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 | | | | | | | | | | | | | | | | | | | | |
| MED EXP (Any one person) | \$ 5,000 | | | | | | | | | | | | | | | | | | | | |
| PERSONAL & ADV INJURY | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | |
| GENERAL AGGREGATE | \$ 2,000,000 | | | | | | | | | | | | | | | | | | | | |
| PRODUCTS - COMP/OP AGG | \$ 2,000,000 | | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE BENE | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY | | | AAAU257992 | 01/31/2021 | 01/31/2022 | <table border="0" style="width: 100%; font-size: x-small;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> </table> | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | BODILY INJURY (Per person) | \$ | BODILY INJURY (Per accident) | \$ | PROPERTY DAMAGE (Per accident) | \$ | | | | | | |
| COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per person) | \$ | | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per accident) | \$ | | | | | | | | | | | | | | | | | | | | |
| PROPERTY DAMAGE (Per accident) | \$ | | | | | | | | | | | | | | | | | | | | |
| | UMBRELLA LIAB OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE <input type="checkbox"/> DED RETENTION \$ | | | | | | <table border="0" style="width: 100%; font-size: x-small;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td>PER STATUTE</td><td style="text-align: right;">\$</td></tr> <tr><td>OTHER</td><td style="text-align: right;">\$</td></tr> </table> | EACH OCCURRENCE | \$ | AGGREGATE | \$ | PER STATUTE | \$ | OTHER | \$ | | | | | | |
| EACH OCCURRENCE | \$ | | | | | | | | | | | | | | | | | | | | |
| AGGREGATE | \$ | | | | | | | | | | | | | | | | | | | | |
| PER STATUTE | \$ | | | | | | | | | | | | | | | | | | | | |
| OTHER | \$ | | | | | | | | | | | | | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below | | | N/A | | | <table border="0" style="width: 100%; font-size: x-small;"> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td></tr> </table> | E.L. EACH ACCIDENT | \$ | E.L. DISEASE - EA EMPLOYEE | \$ | E.L. DISEASE - POLICY LIMIT | \$ | | | | | | | | |
| E.L. EACH ACCIDENT | \$ | | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - EA EMPLOYEE | \$ | | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT | \$ | | | | | | | | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of Port St. Lucie, a Municipality of the State of Florida, its officers, employees and agents, and shall include contract#20210019 Electrical Connection of Retrofitted City Grinder Pump Systems are included as Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

City of Port St. Lucie, a Municipality of the State of Florida, its officers, employees & Agents
 121 SW Port St. Lucie Blvd, A
 Port St. Lucie FL 34984

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

ADDITIONAL COVERAGES

| | | | | | |
|-------------------|--------------------------|----------------------|-------------------|-----------------|---------|
| Ref # | Description PIP-Basic | Coverage Code PIP | Form No. | Edition Date | |
| Limit 1 10,000 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
| Ref # | Description | Coverage Code | Form No. | Edition Date | |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
| Ref # | Description | Coverage Code | Form No. | Edition Date | |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
| Ref # | Description | Coverage Code | Form No. | Edition Date | |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
| Ref # | Description | Coverage Code | Form No. | Edition Date | |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
| Ref # | Description | Coverage Code | Form No. | Edition Date | |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
| Ref # | Description | Coverage Code | Form No. | Edition Date | |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
| Ref # | Description | Coverage Code | Form No. | Edition Date | |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
| Ref # | Description | Coverage Code | Form No. | Edition Date | |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
| Ref # | Description | Coverage Code | Form No. | Edition Date | |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
| Ref # | Description | Coverage Code | Form No. | Edition Date | |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
| Ref # | Description | Coverage Code | Form No. | Edition Date | |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |
| Ref # | Description | Coverage Code | Form No. | Edition Date | |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type | Premium |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

City of Port St. Lucie, a Municipality of the
State of Florida, its Officers, Employees & Agents
121 SW Port St. Lucie Blvd, Unit A
Port Saint Lucie, FL 34984

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 your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

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

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

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;
whichever is less.

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

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