



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

[LAKEVIEW CONTRACTING INC] RESPONSE DOCUMENT REPORT

IFB No. 20250187

Lakehurst Dr. Sidewalk Project

RESPONSE DEADLINE: August 14, 2025 at 12:00 pm

Report Generated: Thursday, August 14, 2025

Lakeview Contracting Inc Response

CONTACT INFORMATION

Company:

Lakeview Contracting Inc

Email:

melissa@lvcontracting.org

Contact:

Melissa Williamson

Address:

135 Jenkins St
St. Augustine, FL 32086

Phone:

N/A

Website:

N/A

Submission Date:

Aug 14, 2025 7:36 AM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1

Confirmed Aug 13, 2025 8:32 PM by Melissa Williamson

QUESTIONNAIRE

1. Mandatory Forms

CONTRACTOR'S GENERAL INFORMATION WORKSHEET*

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

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

Please download the below documents, complete, and upload.

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

20250187_PSL_Lakehurst_Dr_Sidewalk_Project_Bid_Documents.pdf

E-VERIFY FORM *

Please download the below documents, complete, and upload.

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

20250187_E-Verify_Form.pdf

NON-COLLUSION AFFIDAVIT *

Please download the below documents, complete, and upload.

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

20250187_Non-Collusion_Affidavit.pdf

SUPPLIER LOCATION CERTIFICATION

Please download the below documents, complete, and upload.

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

20250187_Supplier_Location_Certification_Form.pdf

135_Jenkins_St_to_121_SW_Port_St_Lucie_Blvd_-_Google_Maps.pdf

TRENCH SAFETY ACT COMPLIANCE STATEMENT

Please download the below documents, complete, and upload.

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

20250187_Trench_Safety_Act_Compliance.pdf

COPY OF W-9*

Lakeview_W9.pdf

COPY OF CERTIFICATE OF INSURANCE *

Informational_COI_Auto.pdf

Information_COI_GL_WC.pdf

COPY OF LICENSES OR CERTIFICATIONS*

Tisci_CUC_License.pdf

COPY OF BID BOND *

20250187_Electronic_Bid_Bond.pdf

2. Electronic Confirmation

CONE OF SILENCE AND COMMUNICATION DOCUMENT*

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

Confirmed

CONTRACTOR'S CODE OF ETHICS*

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

A Contractor’s bid or proposal will be competitive, consistent and appropriate to the bid documents.

- ◆ A Contractor will not discuss or consult with other Vendors intending to bid on the same Contract or similar City Contract for the purpose of limiting competition. A Vendor will not make any attempt to induce any individual or entity to submit or not submit a bid or proposal.
- ◆ Contractor will not disclose the terms of its bids or proposal, directly or indirectly, to any other competing Vendor prior to the bid or proposal closing date.
- ◆ Contractor will completely perform any Contract awarded to it at the contracted price pursuant to the terms set forth in the Contract.

Contractor will submit timely, accurate and appropriate invoices for goods and/or services actually performed under the Contract.

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

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

Confirmed

DRUG FREE WORKPLACE*

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

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 Florida Statutes or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

Confirmed

AFFIDAVIT OF NONGOVERNMENT ENTITY ANTI-HUMAN TRAFFICKING LAWS*

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

Confirmed

VENDOR SCRUTINIZED COMPANIES LIST CERTIFICATION*

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

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

https://www.sbafla.com/media/mqodaonn/2024_12_17_-israel-scrutinized-companies-list-for-web.pdf

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

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

Confirmed

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

Confirmed

PRICE TABLES

LAKEHURST DRIVE SIDEWALK PHASE 2

BID SHEET

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
101-1A	MOBILIZATION/GENERAL CONDITIONS/BONDS	1	LS	\$50,000.00	\$50,000.00
101-1B	PRE-CONSTRUCTION VIDEO	1	LS	\$2,500.00	\$2,500.00
102-1	MAINTENANCE OF TRAFFIC	1	LS	\$54,000.00	\$54,000.00
104-10-3	SEDIMENT BARRIER	4,450	LF	\$2.50	\$11,125.00
104-11	FLOATING TURBIDITY BARRIER	71	LF	\$15.00	\$1,065.00
104-18	INLET PROTECTION SYSTEM	14	EA	\$300.00	\$4,200.00
110-1	CLEARING & GRUBBING	3.2	AC	\$7,500.00	\$24,000.00
110-4-10A	EXISTING CONCRETE REMOVAL	2,704	SY	\$5.00	\$13,520.00
110-4-10B	EXISTING BRICK PAVER DRIVEWAY REMOVAL	394	SY	\$10.00	\$3,940.00
120-1	REGULAR EXCAVATION	1,878	CY	\$5.00	\$9,390.00
120-6	EMBANKMENT	658	CY	\$5.00	\$3,290.00
425-1-521	INLETS, DITCH BOTTOM, TYPE C,<10'	1	EA	\$12,000.00	\$12,000.00
425-1-910	INLETS, CLOSED FLUME	1	EA	\$7,500.00	\$7,500.00
425-5	MANHOLE, ADJUST	1	EA	\$2,000.00	\$2,000.00

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
430-175-215	PIPE CULVERT,CAP,OTHER-ELIP/ARCH, 13"×17"S/CD	1,439	LF	\$82.00	\$117,998.00
430-175-218	PIPE CULVERT, RCP,OTHER-ELIP/ARCH, 14"×23"S/CD	134	LF	\$124.00	\$16,616.00
430-518-102	STRAIGHT CONCRETE ENDWALLS, 14"X23", SINGLE, 0 DEGREES, ELLIPTICAL	2	EA	\$9,500.00	\$19,000.00
514-72	SWALE LINER, BLACK POLY, 1/4 SECTION OF 12" ID PIPE	3,197	LF	\$8.00	\$25,576.00
520-1-10A	CONCRETE CURB & GUTTER, TYPE F	85	LF	\$52.00	\$4,420.00
520-1-10B	CONCRETE CURB & GUTTER, DROP CURB	41	LF	\$46.00	\$1,886.00
522-1	CONCRETE SIDEWALK/PADS , 4" THICK	2,957	SY	\$72.50	\$214,382.50
522-2A	CONCRETE SIDEWALK/PADS , 6" THICK	2,564	SY	\$83.00	\$212,812.00
522-2B	CONCRETE SIDEWALK/PADS , 6" THICK (SHALLOW PIPE COVER)	346	SY	\$118.50	\$41,001.00
527-2	DETECTABLE MAT	189	SF	\$53.00	\$10,017.00
570-1-2	PERFORMANCE TURF, SOD	10,771	SY	\$4.00	\$43,084.00
700-1-11A	SINGLE POST SIGN, F&I GM, < 12 SF (R1-1 STOP)	8	EA	\$650.00	\$5,200.00
700-1-11B	SINGLE POST SIGN, F&I GM, < 12 SF (R2-1 SPEED LIMIT)	1	EA	\$500.00	\$500.00
700-1-11C	SINGLE POST SIGN, F&I GM, < 12 SF (W3-1 STOP AHEAD)	1	EA	\$500.00	\$500.00
700-1-600	SINGLE POST SIGN, REMOVE	10	EA	\$150.00	\$1,500.00
706-1-3	RAISED PAVEMENT MARKER, TYPE B	28	EA	\$25.00	\$700.00

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
711-11-221	THERMOPLASTIC, STANDARD, YELLOW, SOLID, 6"	700	LF	\$3.50	\$2,450.00
711-14-123	THERMOPLASTIC, PREFORMED, WHITE, SOLID, 12" FOR CROSSWALK	698	LF	\$4.00	\$2,792.00
711-14-124	THERMOPLASTIC, PREFORMED, WHITE, SOLID, 24" STOP BAR	349	LF	\$10.00	\$3,490.00
1080-214-00	UTILITY FIXTURE, METER BOX, RELOCATE	9	EA	\$650.00	\$5,850.00
1080-215-00A	UTILITY FIXTURE, WATER VALVE, ADJUST	5	EA	\$450.00	\$2,250.00
1080-215-00B	UTILITY FIXTURE, FIRE HYDRANT & VALVE, ADJUST	5	EA	\$550.00	\$2,750.00
1080-215-00C	UTILITY FIXTURE, METER BOX, ADJUST	10	EA	\$450.00	\$4,500.00
1080-215-00D	UTILITY FIXTURE, SANITARY VALVE, ADJUST	5	EA	\$350.00	\$1,750.00
TOTAL					\$939,554.50



CONTRACTOR'S GENERAL INFORMATION WORK SHEET

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

Name: Lakeview Contracting, Inc.
Address: _____
135 Jenkins Street Suite 105B-189
St. Augustine, FL 32086
Telephone Number: (904)209-5085
Fax Number: N/A
3. Contact person: Anthony Tisci Email: anthony@lvcontracting.org
4. Firm's previous names (if any). N/A
5. How many years has your organization been in business? 2.3
6. Is the firm claiming Local Preference under City Ordinance 35.12? YES ☐ NO ☒
7. List the license(s) that qualifies your firm to construct this project: _____
CUC1225289 - Certified Underground Utility Contractor

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

Project Number 1

Project Name:FDOT T7573
Description: Sidewalk Grading & Installation
Location: Pinellas County Florida
Client Name, Phone Number & Email:FDOT D7 Thomas Calta (727)575-8307 thomas.calta@dot.state.fl.us
Value of Total Contract: \$365,070.90
Date of Completion: On schedule for completion 8/20/25
Firm's Percentage of Total Contract:40%
Number of Change Orders: 1
Value of Change Orders: \$1,154.23
Was Project Completed on Schedule: Yes
Was Project Completed within Budget? Yes

Project Number 2

Project Name: Clay County Retention Pond
Description: Excavation and Grading of Pond
Location: Clay County Florida
Client Name, Phone Number & Email:Silas Land Development Jimmy Silas (904)347-3688 silasllc@icloud.com
Value of Total Contract\$280,000.00
Date of Completion: July 2025
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:Putnam County Asphalt Plant
Description: Trucking & Hauling and Grading of Material
Location: Putnam County Florida
Client Name, Phone Number & Email:Viale Industries Brian Ramsey (561)414-7789 vialeindustries@gmail.com
Value of Total Contract:\$612,000.00
Date of Completion: June 2025

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: Rose Apartments	
Description: Site Work (excavation, grading, place & compact fill)	

Location: Osceola County Florida	
Client Name, Phone Number & Email: Onyx Site Services Joseph Silas (904)439-5592 onxysiteservices@gmail.com	
Value of Total Contract: \$300,000.00	
Date of Completion: November 2024	
Firm's Percentage of Total Contract: 100%	
Number of Change Orders: 0	
Value of Change Orders: 0	
Was Project Completed on Schedule: Yes	
Was Project Completed within Budget? Yes	

Project Number 5

Project Name: Vivere Gardens	
Description: Site Utilities (storm, water & sewer)	

Location: Duval County Florida	
Client Name, Phone Number & Email: Onyx Site Services Joseph Silas (904)439-5592 onxysiteservices@gmail.com	
Value of Total Contract: \$1,100,00.00	
Date of Completion: January 2025	
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	

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

Anthony Tisci Vice President & CUC License Holder CUC1225289

Oscar Lopez Field Superintendent

Melissa Williamson Office Manager & Treasurer

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

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.

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

Yes ()

No (x)

If yes, please explain:

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

No pending lawsuits.

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

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

No judgments in the last 5 years.

(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:
No criminal violations/convictions of the proposer and its principals.

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

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

Curb Man (863)967-3557

Traffic Control Products (813)621-8484


Signature

Vice President
Title



E-Verify Form

Supplier/Consultant acknowledges and agrees to the following:

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

E-Verify Company Identification Number 93-1411815

Date of Authorization 2/19/2025

Name of Contractor Lakeview Contracting, Inc.

Name of Project Lakehurst Dr. Sidewalk Project

**Solicitation Number
(If Applicable)** 20250187

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

Executed on August, 14, 2025 in St. Augustine (city), FL (state).

Signature of Authorized Officer

Anthony Tisci Vice President

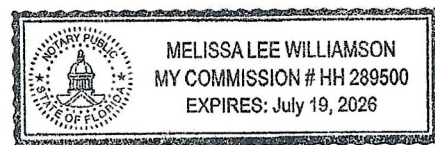
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 14th DAY OF August, 2025.

NOTARY PUBLIC

My Commission Expires: 7/19/2026





NON-COLLUSION AFFIDAVIT

State of Florida }

County of St. Johns }

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

1. They are Vice President of Lakeview Contracting, 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) Vice President

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

The foregoing instrument was acknowledged before me this (Date) 8/14/2025
by: Anthony Tisci who is personally known to me or who has produced
as identification and who did (did not) take an oath.

Commission No. HH289500

Notary Print: Melissa Lee Williamson

Notary Signature: [Signature]





SUPPLIER LOCATION CERTIFICATION

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

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

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

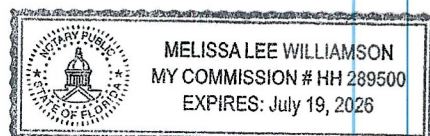
Business Name: Lakeview Contracting, Inc.	
Current Local Address: 135 Jenkins Street Suite 105B-189 St. Augustine, FL 32086 Length of time at this address: 8 Months	Phone: (904)209-5085 Fax: N/A
Please provide your prior business address if the above address has been for less than one (1) year, prior to the issuance of this solicitation. 1637 Race Track Road Saint Johns, FL 32259 Length of time at this address: 1.5 Years	
Home Office Address: 135 Jenkins Street Suite 105B-189 St. Augustine, FL 32086 Length of time at this address: 8 Months	Phone: (904)209-5085 Fax:

(Signed) [Signature]
(Title) Vice President

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

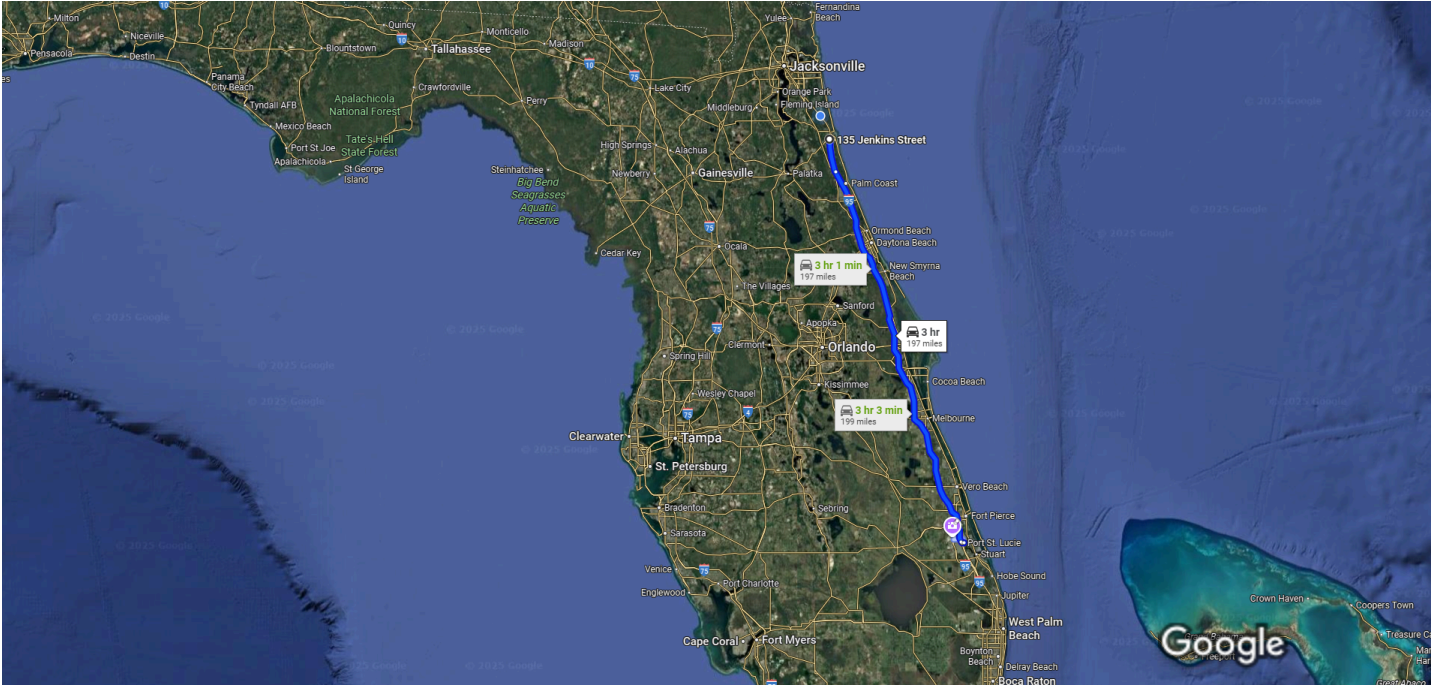
The foregoing instrument was acknowledged before me this (Date) 8/14/2025
by: Anthony Tisci who is personally known to me or who has produced

Melissa Lee Williamson as identification and who did (did not) take an oath.
Notary (print & sign name) Melissa Lee Williamson Commission No. HH289500





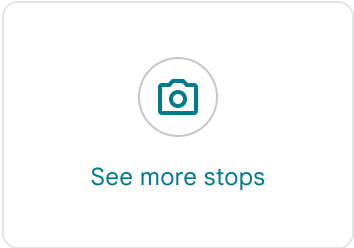
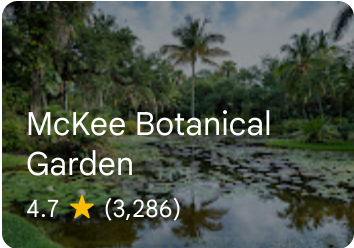
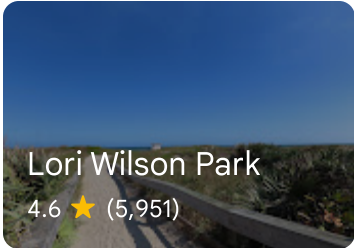
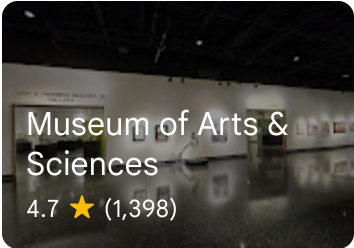
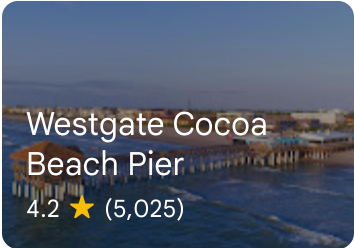
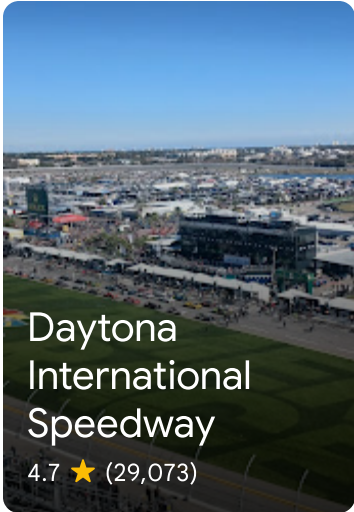
135 Jenkins St, St Augustine Beach, FL 32086 Drive 197 miles, 3 hr
to 121 SW Port St Lucie Blvd, Port St. Lucie, FL 34984



Imagery ©2025 NASA, Map data ©2025 Google 20 mi

	via I-95 S	3 hr
	Fastest route now due to traffic conditions	197 miles
	This route has tolls.	
	via U.S. Rte 1 S and I-95 S	3 hr 3 min
		199 miles
	via U.S. Rte 1 S, I-95 S and Florida's Tpke	3 hr 1 min
		197 miles

Explore new places along this route
Add suggested stops





TRENCH SAFETY ACT COMPLIANCE STATEMENT

Project Name: 20250187 Lakehurst Dr. Sidewalk Project

Project Location: Port St. Lucie

Instructions:

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

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

Certification

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

<u>Two Thousand</u> Dollars	<u>\$ 2,000.00</u>
(Written)	(Figures)
3. The amount listed above has been included within the Base Bid.

Certified: Lakeview Contracting, Inc.

(Company-Contractor)

By: 

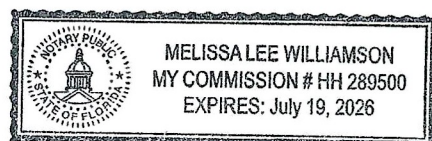
Signature of Authorized Officer

Anthony Tisci Vice President

Printed Name and Title of Authorized Officer or Agent

Sworn to and subscribed before me in St. Johns County, Florida on the 14 day of August, 2025


NOTARY PUBLIC



Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Lakeview Contracting, Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input 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) ► _____ Note: 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 not 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) ► _____	4 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>
5 Address (number, street, and apt. or suite no.) See instructions. 135 Jenkins Street Suite 105B-189	Requester's name and address (optional)
6 City, state, and ZIP code St. Augustine FL 32086	
7 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									
9	3			-	1	4	1	1	8 1 5

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here

Signature of U.S. person ►

Date ► 5/28/2025

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.

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)
06/03/2025

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

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

PRODUCER GEICO One GEICO Blvd. Fredericksburg, VA 22412	CONTACT NAME: GEICO	
	PHONE (A/C, No, Ext): 1-866-509-9444	FAX (A/C, No):
	E-MAIL ADDRESS: R1COMMEND@GEICO.COM	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : GEICO General Insurance Company	35882
INSURED LAKEVIEW CONTRACTING INC 1637 RACE TRACK RD, STE 206 SAINT JOHNS, FL 32259	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

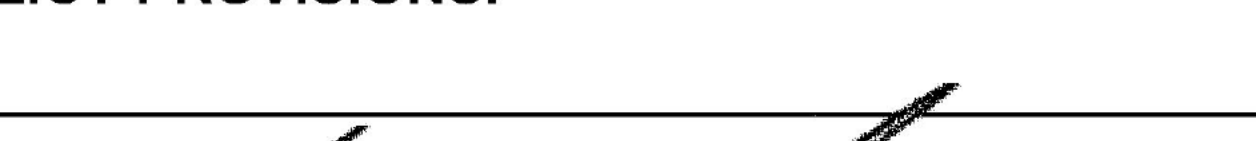
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE				ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	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 <input type="checkbox"/> OTHER:									EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	\$ \$ \$ \$ \$ \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>				X		9300099818-00	01/03/2025	01/03/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	\$ 1,000,000 \$ \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$									EACH OCCURRENCE AGGREGATE 	\$ \$ \$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below				N / A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$

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

CERTIFICATE HOLDER

CANCELLATION

<p>CERTIFICATE HOLDER</p> <p>[REDACTED]</p> <p>FOR INFORMATIONAL PURPOSES</p>	<p>CANCELLATION</p> <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 </p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/29/2025

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

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

PRODUCER Acentria Insurance - Marianna 2884 Caledonia St Marianna FL 32447	CONTACT NAME: PHONE (A/C, No, Ext): 850-526-2544 E-MAIL ADDRESS: mariannacoi@acentria.com	FAX (A/C, No):
INSURED Lakeview Contracting Inc 1637 Race Track Rd Ste 206 Saint Johns FL 32259-3238	INSURER(S) AFFORDING COVERAGE INSURER A: Benchmark Insurance Company INSURER B: Clear Blue Insurance Company INSURER C: Southern-Owners Insurance Company INSURER D: INSURER E: INSURER F:	NAIC # 41394 28860 10190

License#: L100460
LAKECON-08**COVERAGES****CERTIFICATE NUMBER:** 1715923435**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		BGFL0032899500	3/20/2025	3/20/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			5596005300	4/29/2025	4/29/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
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 <input type="checkbox"/>	N/A	TWFL0001175000	12/11/2024	12/11/2025	<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

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

CERTIFICATE HOLDER

FOR INFORMATIONAL PURPOSES

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

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

THE UNDERGROUND UTILITY & EXCAVATION CO HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

TISCI, ANTHONY CAMERON

LAKEVIEW CONTRACTING INC.
1637 RACE TRACK ROAD SUITE 206
SAINT JOHNS FL 32259

LICENSE NUMBER: CUC1225289

EXPIRATION DATE: AUGUST 31, 2026

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

ISSUED: 02/19/2025

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.



Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Lakeview Contracting, Inc.
135 Jenkins Street, Suite 105B-189
St. Augustine, FL 32086

SURETY:

(Name, legal status and principal place of business)

United States Fire Insurance Company
305 Madison Avenue
Morristown, NJ 07960

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 SW Port St. Lucie Blvd.
Port Saint Lucie, FL 34984

BOND AMOUNT: \$ 5%

Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

Bid No. 20250187, Lakehurst Dr. Sidewalk Project

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 14th day of August, 2025


(Witness)

Lakeview Contracting, Inc.

(Principal)

(Seal)

By: Anthony Iischi

(Title)

United States Fire Insurance Company

(Surety)

(Seal)

By:

(Title) Charles J. Nielson Attorney-in-Fact

Surety Phone No. 973-490-6600

**POWER OF ATTORNEY
UNITED STATES FIRE INSURANCE COMPANY
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY**

00927

KNOW ALL MEN BY THESE PRESENTS: That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

Ian A. Nipper, David Russell Hoover, Joseph Penichet Nielson, Charles David Nielson,
Charles Jackson Nielson, Shawn Alan Burton, Jarrett Merlucci

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties: **Unlimited**

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

- (a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;
- (b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 8th day of April, 2025.



State of New Jersey }
County of Morris }

UNITED STATES FIRE INSURANCE COMPANY

Matthew E. Rubin, President

On this 8th day of April, 2025, before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.



Ethan Schwartz (Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the **14th** day of **August** ²⁰**25**



UNITED STATES FIRE INSURANCE COMPANY

Michael C. Fay, Senior Vice President