

City of Port St. Lucie
Procurement Management Department
E-Bid #20230025
Grounds Maintenance Services of City Hall Complex, Community Center, Mary Ann Cernuto Park, Various Locations, and Additional Services

E-Bid Reply Excel Spreadsheet
Schedule A (Attachment B)

Company Name: Brightview Landscape Services, Inc.

Grounds Maintenance Service Locations				
Line #	Location	Annual Frequency	Rate per Site per Mowing Cycle	Annual Cost
1	Municipal Complex - 121 SW Port Saint Lucie Blvd.	52	\$ 950.00	\$ 49,400.00
2	2202 SW Best Street	44	\$ 34.00	\$ 1,496.00
3	2258 SW Best Street	44	\$ 34.00	\$ 1,496.00
4	2266 SW Best Street	44	\$ 34.00	\$ 1,496.00
5	2274 SW Best Street	44	\$ 34.00	\$ 1,496.00
6	120 SW Thanksgiving Avenue	44	\$ 34.00	\$ 1,496.00
7	152 SW Thanksgiving Avenue	44	\$ 34.00	\$ 1,496.00
8	162 SW Thanksgiving Avenue	44	\$ 34.00	\$ 1,496.00
9	172 SW Thanksgiving Avenue	44	\$ 34.00	\$ 1,496.00
10	182 SW Thanksgiving Avenue	44	\$ 34.00	\$ 1,496.00
11	2243 SW Kail Street	44	\$ 34.00	\$ 1,496.00
12	2257 SW Kail Street	44	\$ 34.00	\$ 1,496.00
13	Mary Ann Cernuto Park - 2060 SE Grand Drive	52	\$ 105.00	\$ 5,460.00
14	Community Center - 2195 SE Airoso Blvd.	52	\$ 550.00	\$ 28,600.00
15	Intermodal Bus Transfer Station - 395 SE Deacon Ave.	44	\$ 105.00	\$ 4,620.00
16	2219 SE Belvedere Street	44	\$ 34.00	\$ 1,496.00
17	2234 SE Belvedere Street	44	\$ 34.00	\$ 1,496.00
18	2242 SE Belvedere Street	44	\$ 34.00	\$ 1,496.00
19	2250 SE Belvedere Street	44	\$ 34.00	\$ 1,496.00
20	2258 SE Belvedere Street	44	\$ 34.00	\$ 1,496.00
21	374 SE Thanksgiving Ave.	44	\$ 34.00	\$ 1,496.00
22	2225 SE Belvedere St.	44	\$ 34.00	\$ 1,496.00
23	2226 SE Belvedere St.	44	\$ 34.00	\$ 1,496.00
24	2233 SE Belvedere St.	44	\$ 34.00	\$ 1,496.00
25	2241 SE Belvedere St.	44	\$ 34.00	\$ 1,496.00
26	2249 SE Belvedere St.	44	\$ 34.00	\$ 1,496.00
Annual Total for Grounds				\$ 120,992.00
Line #	Banner Installation and Removal Services	Annual Frequency	Unit Price Per Week to Remove Two Banners and Install Two New Banners	Annual Cost
1	Floresta Dr. & Port St. Lucie Blvd.	52	\$ 114.00	\$ 5,928.00
2	Crosstown Parkway & East of I-95	52	\$ 114.00	\$ 5,928.00
3	Southbend Blvd. & Navy Ave.	52	\$ 114.00	\$ 5,928.00
4	Bayshore Blvd. & St. Lucie West Blvd.	52	\$ 114.00	\$ 5,928.00
5	Midway Rd. & East Torino Pkwy.	52	\$ 114.00	\$ 5,928.00
6	Melaleuca Blvd. & Green River Pkwy.	52	\$ 114.00	\$ 5,928.00
7	Lennard Rd. & Mariposa Ave.	52	\$ 114.00	\$ 5,928.00
Annual Total for				\$ 41,496.00

Line #	Additional Services	Unit Price
1	Future Sites (80' x 125' City lot)	\$ 34.00
2	Additional Sites by the Acre	\$ 34.00

NOTE: Unit prices are limited to two decimals.
EXAMPLE: \$5.2555 is unacceptable - \$5.25 is acceptable

Contractor's Signature: Darren McDonough
 Printed - Contractor's Name: Darren McDonough
 Contractor's Phone Number: 305-904-8356
 Contractor's Email Address: darren.mcdonough@brightview.com

CONTRACTOR'S GENERAL INFORMATION WORK SHEET
eBID #20230025

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 _____ Stuart, FL _____, this 19th day of April, 2023
(Location)

Name of Organization/Contractor: Brightview Landscape Services, Inc.

By: Darren McDonough - Senior VP
Name and Title

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

Name: Brightview Landscape Services, Inc
Address: 3340 SE Dixie Hwy, Stuart, FL 34997

Telephone Number: 772-220-3676
Fax Number:

- 3. Contact person: Billy Hatfield Email: William.hatfield@brightview.com
- 4. Firm's previous names (if any). Valleycrest
- 5. How many years has your organization been in business? 120+
- 6. Total number of staff at this location: 115 Total number of staff on the Treasure Coast: 160
- 7. Is the Firm a minority business: YES / **NO**
If no, is your company planning to implement such a program? No
- 8. Is the firm claiming Local Preference under City Ordinance 35.12? **YES** / NO

9. List the license(s) that qualifies your firm to construct this project: _CPCO, BMP, MOT, FNGLA
 Certified Landscaper, ISA Certified Arborist _____

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
1	4/14/23		

11. List five (5) grounds maintenance 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: School District of Indian River County
 Description: Grounds Maintenance of all the schools in Indian River County

Location: Indian River County, FL
 Client Name, Phone Number & Email: Robert Michael - 772-564-5060- Robert.michael@indianriverschools.org
 Value of Total Contract: \$580,000.00
 Date of Completion: Current
 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: 58th Street Road Maintenance
 Description: Mowing services on 58th Street in Vero Beach

Location: Vero Beach, FL

Client Name, Phone Number & Email: Danny Ooley - 772-226-3460 - dooley@irc.gov

Value of Total Contract: \$50,000.00

Date of Completion: Current

Firm's Percentage of Total Contract: 20%

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: Town of Jupiter Island Grounds Maintenance

Description: Grounds Maintenance of towns property owned with the city limits. Including but not limited to City Hall, and Emergency Services

Location: Town of Jupiter Island, FL

Client Name, Phone Number & Email: Stuart Trent - 772-545-0171 - strent@tji.martin.fl.us

Value of Total Contract: \$75,000.00

Date of Completion: Current

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: FAU Campus Grounds Maintenance

Description: Maintenance of all the campus grounds

Location: Boca Raton, FL

Client Name, Phone Number & Email: Marc Kozlin - 561-297-3021 - mkozlin1@fau.edu

Value of Total Contract: \$1,200,000.00

Date of Completion: Current

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: City of Stuart Grounds Maintenance

Description: Grounds Maintenance of various locations within the city limits

Location: Stuart, FL

Client Name, Phone Number & Email: Milton Leggett - 772-288-5341 - Mleggett@ci.stuart.fl.us

Value of Total Contract: \$71,000.00

Date of Completion: Current

Firm's Percentage of Total Contract: 35

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

12. Status of current contracts. Please provide the name & number of current contracts as well as a sample list of the projects currently underway.

See Above

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

We are well equipped and have the current labor force with supervision to be able to complete all aspects of the services outlined in the RFP

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

5-7 workers with an account manager. BMP, MOT, CPCO

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 (x)

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 is not an acceptable answer - insert lines if needed)

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

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

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

N/A

21. Provide a Project Management Plan.

22. Provide an Equipment List.

Darren McDonough

Signature

Senior VP

Title



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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 **Nadia Tourjee**, Issuing Officer, for the procurement of these services.

All questions regarding this Solicitation are to be submitted in writing to Nadia Tourjee, Procurement Agent I with the Procurement Management Department via e-mail NTourjee@cityofpsl.com, or by phone 772-871-5224. 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: Darren McDonough
Signed: *Darren McDonough*
Company and Job Title: Brightview Landscap Services, Inc - Senior VP
Date: 4/19/23



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e-BID #20230025
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 Brightview Landscape Services, Inc.

Signature *Darren McDonough*

Printed Name and Title Darren McDonough

Date 4/19/23

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.



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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 19959
Date of Authorization 10/23/09
Name of Contractor Brightview Landscape Services, Inc.
Name of Project Grounds Maintenance Services of City Hall Complex, Community Center, Mary Ann Cernuto Park, Various Locations, and Additional Services
Solicitation Number (If Applicable) EBID-20230025-0-2023/NTO

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

Executed on April 19th, 2023 in Stuart (city), FL (state).

Darren McDonough

Signature of Authorized Officer

Darren McDonough - Senior VP

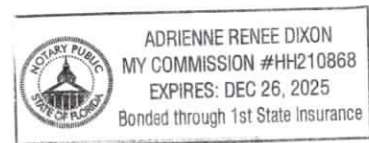
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 21st DAY OF April, 2023

NOTARY PUBLIC Adrienne Renee Dixon

My Commission Expires: 12/26/2025





"A City for All Ages"

NON-COLLUSION AFFIDAVIT

EBID #20230025

Grounds Maintenance Services of City Hall Complex, Community Center, Mary Ann Cernuto Park, Various Locations, and Additional Services

State of Florida }

County of Palm Beach }

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

1. They are Senior VP of Brightview Landscape Services, 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) Darren McDonough

(Title) Senior VP



"A City for All Ages"

DRUG-FREE WORKPLACE FORM
e-BID #20230025

Grounds Maintenance Services of City Hall Complex, Community Center, Mary Ann Cernuto Park, Various Locations, and Additional Services

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

Brightview Landscape Services, 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.

Darren McDonough

Contractor's Signature

4/19/23

Date



BID BOND

KNOW ALL BY THESE PRESENTS, That we, BRIGHTVIEW LANDSCAPE SERVICES, INC.

of 3340 SE Dixie Hwy, Stuart, FL 34997

(hereinafter called the Principal), as Principal, and Liberty Mutual Insurance Company

(hereinafter called the Surety), as Surety are held and firmly bound unto CITY OF PORT ST. LUCIE

121 S.W. Port St. Lucie Blvd., Port St. Lucie, FL 34984

(hereinafter called the Obligee) in the penal sum of _____

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

for the payment of which the Principal and the Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has submitted or is about to submit a proposal to the Obligee on a contract for _____

Grounds Maintenance Services of City Hall Complex, Community Center, Mary Ann Cernuto Park, Various Locations, and Additional Services -- eBid (Event) Number: 20230025

NOW, THEREFORE, If the said Contract be timely awarded to the Principal and the Principal shall, within such time as may be specified, enter into the Contract in writing, and give bond, if bond is required, with surety acceptable to the Obligee for the faithful performance of the said Contract, then this obligation shall be void; otherwise to remain in full force and effect.

Signed and sealed this 18th day of April, 2023.

Tracy Aston
Tracy Aston Witness

Beverly McCoy
Beverly McCoy Witness

BRIGHTVIEW LANDSCAPE SERVICES, INC. (Seal)
Principal

Meghan Hanes
Meghan Hanes
Attorney-in-Fact Title

Liberty Mutual Insurance Company

By Samantha Russell
Samantha Russell Attorney-in-Fact



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

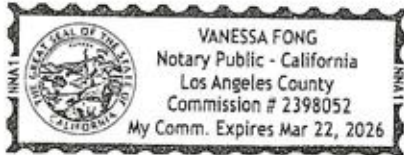
State of California

County of Los Angeles

On 04/10/23 before me, Vanessa Fong, Notary Public, personally appeared Meghan Hanes who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature

Vanessa Fong
Signature of Notary Public

Limited Power of Attorney

BrightView Holdings, Inc. of 980 Jolly Road, Blue Bell, PA 19422, Federal Employer Tax Identification Number 46-4190788, hereby constitutes and appoints, jointly and severally, the following employees of certain subsidiaries of Aon plc ("Aon"), as identified below, its true and lawful attorney-in fact, only upon BrightView's prior written consent, to execute and apply a corporate seal to all surety bonds issued on behalf of each of the subsidiaries of BrightView Holdings, Inc. listed on Exhibit A attached hereto:

Aon Employee

Los Angeles
Meghan Hanes
Samantha Russell
Tracy Aston
Vanessa Fong

Philadelphia
George Gionis
Sara Owens
Sean Dent

New York
Frances Rodriguez
Francesca Kazmierczak

Chicago
Jennifer L. Jakaitis
Nicholas Kertesz

Aon Subsidiary

Aon Risk Services West, Inc.

Aon Risk Services Northeast, Inc.

Aon Risk Services Northeast, Inc.

Aon Risk Services Central, Inc.

This Power-of-Attorney shall become effective upon the signing of this document and shall remain in effect until terminated by either party upon ten (10) days written notice.

IN WITNESS WHEREOF, the signing party below affirms his/her authority to sign this Designation of Representative and grant the powers contained therein.

Dated: March 24, 2023

By 
Name: LOUAY H. KHATIB
Title: CHIEF ACCOUNTING OFFICER

Exhibit A

BrightView Landscape Services, Inc. (California)
BrightView Landscape Services, Inc. (Texas)
BrightView Landscape Services, Inc. (Arizona)
BrightView Landscape Services, Inc. (Colorado)
BrightView Landscape Services, Inc. (Florida)
BrightView Landscape Services, Inc. (Georgia)
BrightView Landscape Services, Inc. (Nevada)
BrightView Landscapes, LLC
BrightView Tree Care Services, Inc.
BrightView Golf Maintenance, Inc.



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

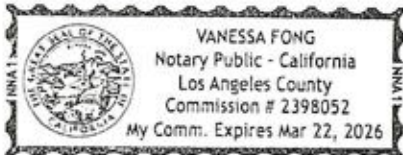
State of California

County of Los Angeles

On 04/18/23 before me, Vanessa Fong, Notary Public, personally appeared Samantha Russell who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that ~~he/she/they~~ executed the same in ~~his/her/their~~ authorized capacity(ies), and that by ~~his/her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature

Vanessa F
Signature of Notary Public



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8208265-024029

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Mary Y. Volmar; Meghan Hanes; Rosa E. Rivas; Samantha Russell; Tracy Aston

all of the city of Los Angeles state of CA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of July, 2022.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of July, 2022 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 18 day of April, 2023



By: Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

LIBERTY MUTUAL INSURANCE COMPANY

Is hereby authorized to transact
insurance in the State of Florida.

This certificate signifies that the company
has satisfied all requirements of the
Florida Insurance Code for the issuance
of a license and remains subject to
all applicable laws of Florida.

Date of Issuance: October 11, 1918
No. 91-04-1543470



Florida
Department
of Insurance



Tom Gallagher
Treasurer and Insurance Commissioner

ALEX SINK
CHIEF FINANCIAL OFFICER
STATE OF FLORIDA

FINANCIAL SERVICES COMMISSION
OFFICE OF INSURANCE REGULATION

KEVIN M. McCARTY
COMMISSIONER

R20109329 0542

041543470 09745 000100542

LIBERTY MUTUAL INSURANCE COMPANY
175 BERKELEY ST
BOSTON, MA 02116

To ensure proper credit
please return this original
invoice with payment.

INVOICE

INVOICE P & C RENEWAL CERTIFICATE OF AUTHORITY

BILL DATE: MAY 01, 2010

INVOICE AMOUNT: \$1,000.00 DUE DATE: JUNE 01, 2010

MAKE CHECKS
PAYABLE TO: FLORIDA DEPARTMENT OF FINANCIAL SERVICES

MAIL TO: REVENUE PROCESSING SECTION
 P. O. BOX 6100
 TALLAHASSEE, FL 32314-6100
 (850) 413-2143

IMPORTANT: SUBMIT ONLY ONE CHECK PER INVOICE

***** AUTHORIZED LINES OF BUSINESS *****

- D 540 MOBILE HOME MULTI PERIL
- D 450 ACCIDENT AND HEALTH
- D 270 BOILER AND MACHINERY
- D 260 BURGLARY AND THEFT
- D 250 GLASS
- D 240 SURETY
- D 230 FIDELITY
- D 220 AIRCRAFT
- D 212 COMMERCIAL AUTO PHYSICAL DAMAGE
- D 211 PPA PHYSICAL DAMAGE
- D 194 COMMERCIAL AUTOMOBILE LIABILITY
- D 192 PRIVATE PASSENGER AUTO LIABILITY
- D 170 OTHER LIABILITY
- D 160 WORKERS COMPENSATION
- D 090 INLAND MARINE
- D 080 OCEAN MARINE
- D 050 COMMERCIAL MULTI PERIL
- D 040 HOMEOWNERS MULTI PERIL
- D 030 FARMOWNERS MULTI PERIL
- D 020 ALLIED LINES
- D 550 MOBILE HOME PHYSICAL DAMAGE
- D 010 FIRE

For questions concerning the authorized lines of business reflected on this invoice, please call .

Line of Business Type: D = Direct and Reinsurance R = Reinsurance Only

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. Brightview Landscape Services, 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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input checked="" type="checkbox"/> C Corporation
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> S Corporation
<input type="checkbox"/> Other (see instructions) ▶ _____	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Trust/estate
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.	
5 Address (number, street, and apt. or suite no.) See instructions. P.O. Box 740655	4 Exempt payee code (if any) _____
6 City, state, and ZIP code Atlanta, GA 30374-0655	4 Exemption from FATCA reporting code (if any) _____
7 List account number(s) here (optional)	<small>(Applies to accounts maintained outside the U.S.)</small>
Requester's name and address (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on 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	5		-	4	1	9	4	2	2	3

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶	Date ▶ <u>1/10/2023</u>
------------------	----------------------------	-------------------------

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-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
09/22/2022

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 Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Brightview Landscape Services, Inc. Location #35090 6350 9th Street SW Vero Beach FL 32968 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ACE American Insurance Company		22667
	INSURER B: American Guarantee & Liability Ins Co		26247
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 570095422007 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		XSLG47318397 SIR applies per policy terms & conditions	10/01/2022	10/01/2023	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		ISA H1071333A	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION			AUC508596818	10/01/2022	10/01/2023	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLRC50687302 WC - AOS SCFC50687405 WC - WI	10/01/2022	10/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE-EA EMPLOYEE \$2,000,000 E.L. DISEASE-POLICY LIMIT \$2,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Brightview Landscape 6350 9th Street SW Vero Beach, FL. 32968	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 <i>Aon Risk Services Central, Inc.</i>

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Licenses and Certifications

Licenses and Certifications

- **UF/IFAS Florida Best Management Practices Florida Green Industries**
 - Jason Synowski – GV3691-1
- **State of Florida Certified Pest Control Operator**
 - Jason Synowski – JF118626
- **State of Florida Certified Pest Control Operator Lawn and Ornamental**
 - Jason Synowski – JE92097
- **State of Florida Commercial Applicator License**
 - Jason Synowski – CM26413
- **FNGLA Certified Landscape Contractor**
 - Tim Harris –C9100084
- **FDOT - MOT**
 - Joe Forgony– 79577
- **ISA Certified Arborist**
 - Corine Ferre– FL0260A
- **Florida DPBR Certified Plumbing Contractor**
 - Carlos Victoria– CFC1429383
- **FNGLA Certified Landscape Designer**
 - Corine Ferre– D3200050
- **FNGLA Certified Horticulture Professional**
 - Corine Ferre– H3205560

Business License

2022 - 2023 LOCAL BUSINESS TAX

INDIAN RIVER COUNTY, FLORIDA

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

TYPE OF BUSINESS 265 LANDSCAPING & MAINTENANCE

BUSINESS ADDRESS 6350 9TH ST SW
VERO BEACH, FL 32968

NAME BRIGHTVIEW LANDSCAPE SERVICES INC
MAILING TYLER, ROBERT
ADDRESS 6350 9TH ST SW
VERO BEACH, FL 32968

ACCOUNT # 19445
RECEIPT # 1635
EXPIRES SEPTEMBER 30, 2023

AMOUNT	40.00
PENALTY	0.00
TRANSFER	0.00
TOTAL	40.00

This receipt is in addition to and not in lieu of any other license required by law or municipal ordinance and is subject to regulations of zoning, health and any other lawful authority. Owner must notify the Tax Collector's Office of any changes in business name, ownership, location address or mailing address.

CAROLE JEAN JORDAN, CFC
TAX COLLECTOR
INDIAN RIVER COUNTY, FLORIDA

Paid 08/31/2022 40.00

000-00073965

Nadia Tourjee

From: William Hatfield <William.Hatfield@brightview.com>
Sent: Tuesday, April 25, 2023 4:50 PM
To: Nadia Tourjee
Subject: RE: Incomplete Answers Inquiry | EBID 20230025 Grounds Maintenance Services of City Hall Complex, Community Center, Mary Ann Cernuto Park, Various Locations, and Additional Services

Sorry. I left them blank because the answer is none to all 3. Thought I only had to answer if there was further explanation needed.

Billy Hatfield

Business Developer at BrightView
C: 772-342-8923 | william.hatfield@brightview.com

From: Nadia Tourjee <ntourjee@cityofpsl.com>
Sent: Tuesday, April 25, 2023 4:39 PM
To: William Hatfield <William.Hatfield@brightview.com>
Subject: Incomplete Answers Inquiry | EBID 20230025 Grounds Maintenance Services of City Hall Complex, Community Center, Mary Ann Cernuto Park, Various Locations, and Additional Services

Good afternoon Billy,

The following questions were not completed on the questionnaire in regard to EBID-20230025-0-2023/NTO. Please provide the answers to questions 17 – 19 below:

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 is not an acceptable answer)

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

(N/A is not an acceptable answer)

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

(N/A is not an acceptable answer)

Best regards,

Nadia Tourjee
Procurement Agent I
City of Port St. Lucie
121 S.W. Port St. Lucie Blvd.
Port St. Lucie, Florida 34984
Phone: 772-871-5224
NTourjee@CityofPSL.com



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
09/22/2022

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 Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Brightview Landscape Services, Inc. Location #35090 6350 9th Street SW Vero Beach FL 32968 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ACE American Insurance Company		22667
	INSURER B: American Guarantee & Liability Ins Co		26247
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 570095422007 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y		XSLG47318397 SIR applies per policy terms & conditions	10/01/2022	10/01/2023	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		ISA H1071333A	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION			AUC508596818	10/01/2022	10/01/2023	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLRC50687302 WC - AOS SCFC50687405 WC - WI	10/01/2022	10/01/2023	<input checked="" type="checkbox"/> PER STATUTE OTHER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE-EA EMPLOYEE \$2,000,000 E.L. DISEASE-POLICY LIMIT \$2,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Brightview Landscape 6350 9th Street SW Vero Beach, FL 32968	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 <i>Aon Risk Services Central, Inc.</i>

©1988-2015 ACORD CORPORATION. All rights reserved.

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. Brightview Landscape Services, 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. P.O. Box 740655	Requester's name and address (optional)
6 City, state, and ZIP code Atlanta, GA 30374-0655	
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	5	-	4	1	9	4	2	2	3

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 ▶ <u>1/10/2023</u>
------------------	----------------------------	-------------------------

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.