COST WORK SHEET - ATTACHMENT C

E-BID #20220007

FURNISH & INSTALL NEIGHBORHOOD SPEED LIMIT SIGN ASSEMBLIES SCHEDULE A

Company Name: Florida Roadway Guardray + Signs Inc

LINE#	ITEM NO.	DESCRIPTION	UNIT	QUAN.	UNIT PRICE	TOTAL
1		Furnish & Install Neighborhood Speed Limit Sign Assemblies (to include locates)	EA	1,130	100.	\$113,000-00
2	R2-5cP	Residential Plaques	EA	1,130	95.84	\$ 108,299-20
3		Removal of 30 MPH Speed Limit Signs	EA	1,700	5.00	\$ 8500-00
4					TOTAL	\$229,199.20

Note: Unit prices are limited to 2 decimals.

Example: \$5.2555 is not acceptable - \$5.25 is acceptable

Offer's Full Legal Name as listed on W-9: Florida Kala	tway Guardrail+Signs, Inc.
Printed Name & Title of Person Signing: DINKA RICA, Authorized Signature: DISA RICA	Date: ///////

CONTRACTOR'S GENERAL INFORMATION WORKSHEET E-BID #20220007 – ATTACHMENT H

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.

to verify the information on the questionname.	
Dated at 1137 Silver Brach Rd Lake Park Fl, this 17 day of NOV, 2021 (Location) 33403	
Name of Organization/Contractor: Florida Roadway Guardrail + Signs Inc.	
By: Debka Kika President Name and Title	
1. Corporation, Partnership, Joint Venture, Individual or other?	
2. Firm's name and main office address, telephone and fax numbers	
Name: Florida Roadway Guardraila Signs, Inc. Address: 1/37 Sylver Beach Rd. Lake Park, Fl 33403	
Telephone Number: 561 - 848 - 1411	
Fax Number:	
3. Contact person: Graig Ricci Email: Craige Florida roadway. C. 4. Firm's previous names (if any). Florida Roadway Signs Tose	on Lon
5. How many years has your organization been in business? 4 yes	
6. Work will be completed in 180 calenda days:No	
In the event all cannot be completed in 180 calendar days:days	
7. 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	
11/10/2021	

8. List three (3) sign replacement projects similar to this project completed by your firm along with a brief description of project, location of project, client name, client phone number, 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.

Project Number I	
Project Name: FDOT Sign Maintenance	
Description & Size: Sign Maintenance Coxtract E4V16	
0	
Location: Martin St Lucic and Indian River Country	
Client Name, Phone Number & Email: John 172-349-8029 John Whitford Color Story	6. f1.4
Value of Total Contract: \$ 75,000.	
Date of Completion: 130 day Maintenance Contract	
Firm's Percentage of Total Contract:	
Number of Change Orders:	
Value of Change Orders:	
Was Project Completed on Schedule:	
Was Project Completed within Budget?	
Project Number 2	
Project Name:	
Description:	
Location:	
Client Name, Phone Number & Email:	
Value of Total Contract:	
Date of Completion:	
Firm's Percentage of Total Contract:	
Number of Change Orders:	
Value of Change Orders:	
Was Project Completed on Schedule:	
Was Project Completed within Budget?	
Project Number 3	
Project Name:	
Description & Size:	

Location:	
Client Name, Phone Number & Email:	
Value of Total Contract:	
Date of Completion:	
Firm's Percentage of Total Contract:	
Number of Change Orders:	
Value of Change Orders:	
Was Project Completed on Schedule:	
Was Project Completed within Budget?	
he past five (5) years or been declared to be in default in any contract or been assessed liquing the last five (5) years? List the name of project, location, client, engineer, date and reason. Doages if needed. Total Number of Projects where Failure to Complete Work Occurred:	
Project Number 1	
Project Name:	
Project Location:	
Client Name and Phone Number:	
Engineer Name and Phone Number:	
Date:	
Reason:	
nsert additional projects if needed.	
Has the Contractor or any of its principals ever been declared bankrupt or reorganized under 1 or put into receivership? Yes () No () f yes, please explain:	Ch a pter
	ration,

9.

10.

11.

. =	List any judgments from lawsuits in the last five (5) years:
	Klone
	(N/A is not an acceptable answer - insert lines if needed)
2	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)
	Delra Rica 11/17/21
	C:

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



Solicitation Addendum Form

Solicitation Number: 20220007	Solicitation Title: Furnish & Install Neighborhood Speed Limit Signs			
Issuing Officer: Robyn Holder, CPPB	Solicitation Initially Posted to Internet: See DemandStar			
eMail Address: rholder@cityofpsl.com	Telephone: 772-344-4293			
Addendum Number: 1	Date: 11/10/2021			

Note: In the event of a conflict between previously released information and the information contained herein, the latter shall control.

QUESTIONS:

- 1.) Question: The bid calls for 2" square galvanized poles. What is the length of the pole? Are they being installed with a 3' x 2.25" anchor breakaway base? Response: The length of the pole should be determined by meeting MUTCD sign height requirements with the post buried 2-3' in the ground. No breakaway bases are required.
- 2.) Question: Are all of the locations for the installation and removal located within landscaped areas? No concrete removal or installation needed? Response: All areas are within City of PSL ROW green space, and no concrete work is necessary.
- 3.) Question: For the "RESIDENTIAL" sign, what are the dimensions of the sign, and will it be required to be mounted with 2 bolts in order to keep from spinning? Plastic/rubber washers needed? Response: per MUTCD 24"x6"
- 4.) Will the Speed Limit signs need to be installed in the contract require an anchor post or soil plate for the 2" galvanized steel tube, or will it be direct buried? Also, will the requirement on the 2: galvanized tube be 12ga. Or 14ga.? Response: 12Ga
- 5.) Question: Will the sheeting required on the signs on the contract for the project (neighborhood speed limit signs) be Hi Intensity or Type XI Diamond Grade? Response: Diamond Grade

NOTE: The bid opening date has not been changed.

NOTICE TO ALL PROPOSERS - ATTACHMENT B

To ensure fair consideration is given for all Proposers, it must be clearly understood that upon release of the proposal and during the proposal process, firms and their employees of related companies as well as paid or unpaid personnel acting on their behalf shall not contact or participate in any type of contact with City employees, department heads or elected officials, up to and including the Mayor and City Council. The "Cone of Silence" is in effect for this solicitation from the date the solicitation is advertised on DemandStar, until the time an award decision has been approved by City Council and fully executed by all parties. Information about the Cone of Silence can be found under the City of Port St. Lucie Ordinance 20-15, Section 35.13. Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through Ms. Robyn Holder, Issuing Officer, for the procurement of these services.

All questions regarding this Solicitation are to be submitted in writing to Robyn Holder, Procurement Manager with the Procurement Management Department via e-mail rholder@cityofpsl.com, or by phone 772-344-4293. 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 <u>DemandStar's Website</u> for retrieval. All notice of intent to award documentation will be published on the <u>City Clerk's Website</u>. 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: Debra Kić	Ci.
Signed: Delra Rica	President
Company and Job Title: Florida	Roadway Guardrail & Signs
Date: ///1/2/	Į .

Attachment C E-Bid #20220007



CERTIFICATE OF LIABILITY INSURANCE

DATE :MM/DD/YYYY) 11/39/2021

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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		CONTACT NAME:	Katie Buckley	
Brown & Brown of Florida, Inc.		PHONE (A/C, No, Ex	ti: (561) 686-2266	FAX (A/C, No): (561) 686-2313
1661 Worthington Rd Ste 175		E-MAIL ADDRESS:	kbuckley@bb-wpb.com	1.00
			INSURER(S) AFFORDING COVERAGE	NAIC #
West Palm Beach	FL 33409	INSURER A	Great American E & S Insurance Compa	ny 37532
INSURED		INSURER B	Progressive Express Insurance Company	y 10193
Florida Roadway Guardr	ail & Signs	INSURER C	. Evanston Insurance Company	524210
Florida Roadway Signs I	nc	INSURER D	. Bridgefield Casualty Insurance Company	10335
1137 Silver Beach Rd		INSURER E	Chubb	524210
Lake Park	FL 33403	INSURER F	:	
COVERAGES	CERTIFICATE NUMBER: 21-22	Master	REVISION NUM	IBER:

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.

INSRI

INDICATE:

| POLICY EFF | POLICY EXP |

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR Ded - \$2,500 BI/PD GENTLAGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC			E745352	08/01/2021	08/01/2022	DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1,000,000 \$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000 \$ 1,000,000
В	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			03920695-0	08/01/2021	08/01/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Uninsured motorist	\$ 1,000,000 \$ 5 1,000,000 \$ 5 5 5 5 1,000,000
С	UMBRELLA LIAB COCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$			MKLV7EUL102256	08/01/2021	08/01/2022	AGGREGATE	\$ 1,0CO,000 \$ 1,0CO,000 \$
٥	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		0196-53400	08/01/2021	08/01/2022	E.L. DISEASE - EA EMPLOYEE	\$ 1,0C0,000 \$ 1,0C0,000 \$ 1,0C0,000
Е	Inland Marine			45473678	08/01/2021	08/02/2022	Limit of Insurance Ded Leased & Rented	\$743 000 \$1,000 \$100 000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Guardrall installation, repair & maintenance. Sign installation, repair and maintenance.

CERTIFICATE HOLDER	CANCELLATION
St. Lucie County Boarrd of County Commissioners 2300 Virginia Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2500 Virginia Avenue	AUTHORITE DESPECTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

Fort Pierce

FL 34982

DRUG-FREE WORKPLACE FORM E-Bid # 20220007 - Attachment G F&I Neighborhood Speed Limit Signs

The undersigned Contractor in acc	cordance with Florida	Statute 287.08	7 hereby certifies that
Florida Roa	edway Guidra	1 + Sians	does:
	(Name of Business)	-

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

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Bidder's Signature

Date:



Bid Bond

CONTRACTOR:

(Name, legal status and address)

Florida Roadway Guardrail & Signs, Inc. 1137 Silver Beach Rd

Lake Park, FL 33403

OWNER:

(Name, legal status and address)
County of Port St. Lucie
2300 Virginia Ave.
Fort Pierce, FL 34982

BOND AMOUNT: One Thousand (\$1,000.00)

SURETY:

(Name, legal status and principal place

of business)

WESTERN SURETY COMPANY (CNA) 151 N. FRANKLIN ST.

> respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered

This document has important legal

consequences. Consultation with

an attorney is encouraged with

plural where applicable.

PROJECT

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

Replace standard regulatory speed limit signs in residential neighborhoods in St. Lucie County Job# 20220@007

CHICAGO, IL 60606

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

18th

day of November, 2021

Florida Roadway Guardrail & Signs, Inc.

(Principal) (Seal,

(Witness)

WESTERN SURFITY COMPANY (CNA)

(Surety) (Seal,

(Title) Gary Albert Cardinale, Attorney-in-Fact

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.

AIA Document A310^{TE} - 2010, Copyright © 1963, 1970 and 2010 by The American Institute of Architects. All rights reserved. WARNING: This AIA® Document is protected by U.S. Copyright Law and International Treaties. Unauthorized reproduction or distribution of this AIA® Document, or any portion of it, may result in severe civil and criminal penalties, and will be prosecuted to the maximum extent possible under the law. Purchasers are pamilted to reproduce ten (10) copies of this document when completed. To report copyright violations of AIA Contract Documents, e-main the Arrentzan Institute of Architects' legal counset, copyright@dis.org.

601310

ACKNOWLEDGMENT OF PRINCIPAL

STATE OF	
COUNTY OF) SS.:	
undersigned, personally appeared to me or proved to me on the basis of sa subscribed to the within instrument and	in the year, before me, the, personally known atisfactory evidence to be the individual whose name is acknowledged to me that he/she executed the same in nature on the instrument, the individual, or the person ed, executed the instrument.
	Notary Public
ACKNOWLEDGMENT OF SURETY	
STATE OF New York) SS.: COUNTY OF Erie)	
undersigned, personally appeared to me or proved to me on the basis of sa subscribed to the within instrument and	November in the year 2021, before me, the Gary Albert Cardinale, personally known atisfactory evidence to be the individual whose name is acknowledged to me that he/she executed the same in nature on the instrument, the individual, or the person ed, executed the instrument.
	Notary Public
WENDY MARIE MONTANTE OTARY PUBLIC, STATE OF NEW YORK Registration No. 01MO6411197	WENDY MARIE MONT: NOTARY PUBLIC, STATE OF 1 Registration No. 01 MO6: Qualified in Eric Cour

Qualified in Eric County Commission Expires November 09, 2024

Commission Expires November

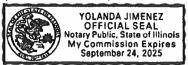
WESTERN SURETY COMPANY Sioux Falls, South Dakota Statement of Net Admitted Assets and Liabilities December 31, 2020

ACCETO

ASSETS		
Bonds Stocks Cash, cash equivalents, and short-term investments Receivables for securities	\$	1,912,532,179 25,319,501 40,409,249
Investment income due and accrued Premiums and considerations Amounts recoverable from reinsurers		17,596,947 66,346,899 3,171,900
Current federal and foreign income tax recoverable and interest thereon Net deferred tax asset Receivable from parent, subsidiaries, and affiliates		2,464,571 14,052,177 12,599,707
Receivable from parent, subsidiaries, and affiliates Other assets Total Assets	\$	2,094,493,130
LIABILITIES AND SURPLUS		
Losses	\$	215,792,050
Loss adjustment expense	Ψ	51,323,326
Commissions payable, contingent commissions and other similar charges		10,245,562
Other expenses (excluding taxes, license and fees		-
Taxes, License and fees (excluding federal and foreign income taxes) Federal and foreign income taxes payable		3,169,742
Unearned premiums		256,859,522
Advance premiums		5,954,577
Ceded reinsurance premiums payable (net of ceding commissions) Amounts withheld or retained by company for account of other		977,849 9,740,338
Provision for reinsurance		420,825
Payable to parent, subsidiaries and affiliates		2,297
Payable on security transactions Other liabilities		31,467
Total Liabilities	\$	554,517,555
	-	#
Surplus Account: Common stock Gross paid in and contributed surplus Unassigned funds \$ 4,000,000 280,071,837 1,255,903,739		
Surplus as regards policyholders Total Liabilities and Capital	\$ \$	1,539,975,575 2,094,493,130
I, Julie Lee Assistant Vice President of Western Surety Company hereby certify accurate representation of the financial statement of the Company dated December with the various Insurance Departments and is a true and correct statement of the company as or that date. WESTERN SU	er 31, condit	2020, as filed
By Quie Her		
Assistant Vice Presi	ident T	External Reporting
Assistant vice i test		zacinai reporting

Subscribed and sworn to me this _____9 day of _____, 2021.

My commission expires:



By Golanda Junanez Notary Public

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Gary Albert Cardinale, Joseph V Cardinale, Individually

of Buffalo, NY, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

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

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 28th day of June, 2021.

WESTERN SURETY COMPANY

10

State of South Dakota County of Minnehaha

ss

On this 28th day of June, 2021, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

March 2, 2026



Bent M. Bens Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have here_nto subscribed my name and affixed the seal of the said corporation this 18th day of Weenle, 2021



WESTERN SURETY COMPANY

J. Nelson, Ass stant Secretary

Form F4280-7-2012

Authorizing By-Law

ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

E-Verify Form

Supplier/Consultant acknowledges and agrees to the following:

- 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
- 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.

My Commission Expires:

E-Verify Company Identification Number	18149246 Paychet/E-Verify
Date of Authorization	9/24/21
Name of Contractor	Florida Roadway Guardrail + Signs Inc
Name of Project	Furnish + Install Neighborhood Speed line
Solicitation Number (If Applicable)	20220001
I hereby declare under penalty of perjury the Executed on November	at the foregoing is true and correct. 17, 20 21 in Lake Park (city), F1 (state).
Delra Ricei Signature of Authorized Officer	Debra Rica President Printed Name and Title of Authorized Officer or Agent
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 17th DAY OF NOVEMBE	20 21. Supplies Shake of Shake

NON-COLLUSION AFFIDAVIT

Solicitation 20220007 F & I Neighborhood Speed Limit Signs

		0.9.10
State of	Florida	<u></u>
	Florida of Palmblack	_}
D	ebra Ricci	, being first duly sworn, disposes and says that:
	(Name/s)	
1.	They are <u>PRESIDENT</u> of	of Florida Roadway Guardray the Proposer that
	(Title)	(Name of Company)
has sub	mitted the attached PROPOSAL;	
	He is fully informed respecting the t circumstances respecting such PR	preparation and contents of the attached proposal and of al OPOSAL;
3.	Such Proposal is genuine and is no	t a collusive or sham Proposal;
employed agreed, in conne proposir or collus in the att or unlaw	ees or parties in interest, including directly or indirectly with any other fection with the contract for which ag in connection with such Contract coion or communication or conference tached Proposal or of any other Prop	representatives this affiant, has in any way colluded, conspired, connived or Proposer, firm or person to submit a collusive or sham Proposa the attached proposal has been submitted or to refrain from or has in any manner, directly or indirectly, sought by agreement with any other Proposer, firm or person to fix the price or prices oser, or to secure through any collusion, conspiracy, connivance inst the City of Port St. Lucie or any person interested in the
collusion		tached Proposal are fair and proper and are not tainted by any ful agreement on the part of the Proposer or any of its acents ies in interest, including this affiant.
(Signed)	Delra Rica	
(Title) _	Phiselest	

STATE OF FLORIDA } COUNTY OF ST. LUCIE} SS: Fol m Black The foregoing instrument was acknowledged by	pefore me this (Date)	11/17/21
by: Debkor Ricci	,	own to me or who has produced
	_ as identification and wi	ho did (did not) take an oath.
Notary Print: Tiffany Pale Mors Notary Signature:	Kawski Ka	Notary Public State of Florida Tiffany N Palermo-Skawski My Commission GG 318514 Expires 04/01/2023



"A City for All Ages"

E-BID #20220007 – ATTACHMENT I 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, <u>City official</u>, 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

Page 1 of 2
E-Bid #20220007
Attachment I

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.
- 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.

Name of Organization/Proposer Florida Roadway Guardrail + Signs, Inc
Signature Delra Rilia
Printed Name and Title Debka Kka Presdut
Date ///17/2/

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 contract contract, the law, regulatory provision(s) and/or vendor contract shall prevail.

(Rev. October 2018) Department of the Treasury Request for Taxpayer Identification Number and Certification

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

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

interna	Revenue Service Go to www.irs.gov/Forming for ins		st iiiiOiiii	(ati	J. 1.									
	1 Name (as shown on your income tax return), Name is required on this line; of	to not leave this line blank.												
	FLORIDA ROADWAT GUARDRAIL & SIGNS, INC 2 Business name/disregarded entity name, if different from above													
	2 Business hame/disregarded entity hame, it different from above													
page 3.	Tollowing seven boxes.			_					4 Exemptions (codes app y only to certain entities, not individuals; see instructions on page 3):					
IS ON	Individual/sole proprietor or ☐ C Corporation ☑ S Corporation single-member LLC	n L Partnership	Partnership Trust/estate				xem	pt paye	e co	de iif	any)			
tion	Limited liability company. Enter the tax classification (C=C corporation, S	S=S corporation, P=Partners	ship) >							2	-			
Print or type. Specific Instructions on	Note: Check the appropriate box in the line above for the tax classificating LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax is disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for the	from the owner unless the ovourposes. Otherwise, a single	wner of th le-membe	e Ll	.C is	٠ ،		ption fr (if any)	om —	FATC	A rex	orting		
Se CI	☐ Other (see instructions) ►										outs d	the U.S.)		
e Si	5 Address (number, street, and apt. or suite no.) See instructions.		Requeste	er's i	nam	e an	d add	dress (c	ptic	nall				
See	1137 SILVER BEACH RD 6 City, state, and ZIP code													
	LAKE PARK, FL 33403													
	7 List account number(s) here (optional)													
Par														
	your TIN in the appropriate box. The TIN provided must match the nar			Soc	ials	ecu	rity r	number	_		-	· · · · ·		
reside	p withholding. For individuals, this is generally your social security nument alien, sole proprietor, or disregarded entity, see the instructions for	mber (SSN). However, to Part I, later. For other	ora				_			_				
entitie	es, it is your employer identification number (EIN). If you do not have a	number, see How to get							┙		Ш			
TIN, la		I Also see What Name a	_	Emi	plov	er id	entif	fication	nu	mber				
	If the account is in more than one name, see the instructions for line to the regular to enter.	i. Also see virial ivairie a	<i>"10</i> [T		T	Ħ		
	·			8	7	-	1	5 3	1	3 8	7	2		
Par	t II Certification							<u> </u>						
Unde	r penalties of perjury, I certify that:													
2. I an Ser	e number shown on this form is my correct taxpayer identification num n not subject to backup withholding because: (a) I am exempt from ba vice (IRS) that I am subject to backup withholding as a result of a failu longer subject to backup withholding; and	ckup withholding, or (b)	I have no	ot b	een	not	ified	by the	e In	terna	l Re√ me tl	enue nat I am		
3. I an	n a U.S. citizen or other U.S. person (defined below); and													
	e FATCA code(s) entered on this form (if any) indicating that I am exem		-											
you ha	ication instructions. You must cross out item 2 above if you have been nave failed to report all interest and dividends on your tax return. For real estition or abandonment of secured property, cancellation of debt, contribut than interest and dividends, you are not required to sign the certification,	state transactions, item 2 dions to an individual retire	does not ement arra	ap _l ang	oly. eme	For ent (mort RA),	gage in and g	nter ene	est pa rally, :	aid, paym	ents		
Sign Here		D)ate ▶	11	/	17		2/						
Ge	neral Instructions	• Form 1099-DIV (div funds)	idends, i	incl	<i>l</i> udir	ng th	ose	from :	stoc	ks o	mut	ual		
Section noted	on references are to the Internal Revenue Code unless otherwise .	 Form 1099-MISC (v proceeds) 	arious ty	/pe	s of	inco	ome,	, prize:	s, a	ward	s, or	gross		
relate	e developments. For the latest information about developments d to Form W-9 and its instructions, such gesilation enacted	Form 1099-B (stock transactions by broken		ual 1	func	i sal	es a	nd cer	tair	othe	er			
	hey were published, go to www.irs.gov/FormW9.		aada frar	~ -	eal e	esta	e tra	ansact	ion	s)				
	. =	• Form 1099-S (proce	eeus iroi	11 16								one)		
Anine	pose of Form	• Form 1099-K (merc	chant car	d a	nd t	hird	par	-	vorl					
inform	dividual or entity (Form W-9 requester) who is required to file an nation return with the IRS must obtain your correct taxpayer	 Form 1099-K (merc Form 1098 (home n 1098-T (tuition) 	chant car nortgage	d a int	nd t	hird	par	-	vorl					
inform identif	dividual or entity (Form W-9 requester) who is required to file an	 Form 1099-K (merc Form 1098 (home n 1098-T (tuition) Form 1099-C (canc 	chant car nortgage celed deb	d a e int ot)	nd t	hird st), 1	par 1098	-E (stu	vorl idei	nt Ioa	n ince	erest),		
informidentif (SSN) taxpa	dividual or entity (Form W-9 requester) who is required to file an nation return with the IRS must obtain your correct taxpayer fication number (TIN) which may be your social security number, individual taxpayer identification number (ITIN), adoption yer identification number (ATIN), or employer identification number	 Form 1099-K (merc Form 1098 (home n 1098-T (tuition) Form 1099-C (canc Form 1099-A (acqui 	chant car nortgage celed deb isition or	rd a e int ot) aba	nd teres	hird st), 1	par 1098 ent (S-E (stu	vorl idei	nt Ioa I prop	n ince erty)	erest),		
informidentif (SSN) taxpar (EIN),	dividual or entity (Form W-9 requester) who is required to file an nation return with the IRS must obtain your correct taxpayer fication number (TIN) which may be your social security number, individual taxpayer identification number (ITIN), adoption	 Form 1099-K (merc Form 1098 (home n 1098-T (tuition) Form 1099-C (canc 	chant car nortgage celed deb isition or y if you a	rd a e int ot) aba	nd teres	hird st), 1	par 1098 ent (S-E (stu	vorl idei	nt Ioa I prop	n ince erty)	erest),		

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.

• Form 1099-INT (interest earned or paid)