

COST WORK SHEET - ATTACHMENT D
E-BID #20210052
FAIRGREEN CROSSINGS SIDEWALK CONSTRUCTION PROJECT
SCHEDULE A

Company Name: **McTeague Construction Co**

LINE #	ITEM NO.	DESCRIPTION	UNIT	QUAN.	UNIT PRICE	TOTAL
1	101-1A	MOBILIZATION/GENERAL CONDITIONS/BONDS	LS	1	\$ 57,500.00	\$ 57,500.00
2	101-1B	PRE-CONSTRUCTION VIDEO	LS	1	\$ 500.00	\$ 500.00
3	101-99	SURVEY STAKING & RECORD DRAWINGS	LS	1	\$ 25,000.00	\$ 25,000.00
4	102-1	MAINTENANCE OF TRAFFIC	LS	1	\$ 24,000.00	\$ 24,000.00
5	104-10-3	SILT FENCE	LF	5,220	\$ 1.25	\$ 6,525.00
6	104-18	INLET PROTECTION SYSTEM	EA	18	\$ 100.00	\$ 1,800.00
7	110-1	CLEARING & GRUBBING	AC	2.53	\$ 5,500.00	\$ 13,915.00
8	120-1	REGULAR EXCAVATION	CY	386	\$ 13.50	\$ 5,211.00
9	120-6	EMBANKMENT	CY	727	\$ 15.50	\$ 11,268.50
10	327-70-1	MILLING EXISTING ASPH PAVT, 1" AVG DEPTH	SY	1,043	\$ 2.50	\$ 2,607.50
11	334-1-13	SUPERPAVE ASPHALT CONC, TRAFFIC C	TON	57.40	\$ 299.00	\$ 17,162.60
12	400-0-11	CONCRETE CLASS NS, GRAVITY WALL	CY	10.40	\$ 900.00	\$ 9,360.00
13	400-1-2	CONCRETE CLASS I, ENDWALL	CY	2.54	\$ 900.00	\$ 2,286.00
14	425-1-521	INLETS, DITCH BOTTOM, TYPE C, < 10'	EA	6	\$ 3,200.00	\$ 19,200.00
15	430-174-118	PIPE CULVERT, CAP, ROUND, 18" CD	LF	112	\$ 65.00	\$ 7,280.00
16	430-174-215	PIPE CULVERT, CAP, ELLIPTICAL, 13"X17"SD	LF	604	\$ 58.00	\$ 35,032.00
17	430-174-218A	PIPE CULVERT, RCP, ELLIP, 14"X23" SD	LF	5	\$ 190.00	\$ 950.00
18	430-174-218B	PIPE CULVERT, CAP, ELLIP, 15"X21" SD	LF	283	\$ 65.00	\$ 18,395.00
19	430-174-221	PIPE CULVERT, CAP, ELLIP, 18"X24" SD	LF	5	\$ 120.00	\$ 600.00
20	430-174-224	PIPE CULVERT, CAP, ELLIP, 20"X28" SD	LF	4	\$ 120.00	\$ 480.00
21	430-984-625A	MITERED END SECTION, ELLIP, 14"X23" SD	EA	1	\$ 950.00	\$ 950.00
22	430-984-625B	MITERED END SECTION, ELLIP, 15"X21" SD	EA	1	\$ 950.00	\$ 950.00
23	514-72	SWALE LINER, BLACK POLY, 1/4 SECTION OF 12" ID PIPE	LF	2470	\$ 4.25	\$ 10,497.50
24	515-1-2	PIPE HANDRAIL - GUIDERAIL ALUMINUM	LF	48	\$ 85.00	\$ 4,080.00
25	522-1	CONCRETE SIDEWALK/PADS , 4" THICK	SY	3,291	\$ 39.00	\$ 128,349.00
26	522-2	CONCRETE SIDEWALK/PADS , 6" THICK	SY	803	\$ 60.00	\$ 48,180.00
27	527-2	DETECTABLE MAT	SF	364	\$ 15.00	\$ 5,460.00
28	570-1-2	PERFORMANCE TURF, SOD	SY	8,890	\$ 3.45	\$ 30,670.50
29	700-1-11A	SINGLE POST SIGN, F&I GROUND MOUNT, UP TO 12 SF (STOP)	EA	19	\$ 472.00	\$ 8,968.00
30	700-1-11B	SINGLE POST SIGN, F&I GROUND MOUNT, UP TO 12 SF (CROSSWALK)	EA	2	\$ 580.00	\$ 1,160.00
31	700-1-11C	SINGLE POST SIGN, F&I GROUND MOUNT, UP TO 12 SF (CROSSWALK AHEAD)	EA	2	\$ 580.00	\$ 1,160.00
32	700-1-11D	SINGLE SIGN, F&I, UP TO 12 SF (ALL WAY attached to existing sign post)	EA	1	\$ 83.00	\$ 83.00
33	711-11-106	THERMOPLASTIC, PREFORMED, WHITE, SOLID 6"	LF	1,170	\$ 5.65	\$ 6,610.50
34	711-11-123	THERMOPLASTIC, PREFORMED, WHITE, SOLID, 12" FOR CROSSWALK	LF	1,140	\$ 11.35	\$ 12,939.00
35	711-11-125	THERMOPLASTIC, PREFORMED, WHITE, SOLID, 24"	LF	872	\$ 22.50	\$ 19,620.00
36	711-11-206	THERMOPLASTIC, PREFORMED, YELLOW, SOLID, 6"	LF	1,500	\$ 5.90	\$ 8,850.00
37	1080-215-00	UTILITY FIXTURE, VALVE/METER BOX, ADJUST	EA	7	\$ 100.00	\$ 700.00

38	1080-245-00	UTILITY FIXTURE, VALVE ASSEMBLY, ADJUST/MOD	EA	8	\$ 100.00	\$ 800.00
39	2000-1	UTILITY COORDINATION	LS	1	\$ 500.00	\$ 500.00
40					TOTAL	\$ 549,600.10

CONTRACTOR'S GENERAL INFORMATION WORKSHEET/QUESTIONNAIRE
eBID #20210052 – ATTACHMENT G

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 624 SE central Parkway Stuart Fl 34994, this 15 day of April, 2021
 (Location)

Name of Organization/Contractor: McTeague Construction Co

By: Michael H McTeague president
 Name and Title

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

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

Name: McTeague Construction Co Inc
 Address: 624 SE Central Parkway
Stuart Fl 34994

Telephone Number: 772-286-6100
 Fax Number: 772-286-7130

3. Contact person: Michael McTeague Email: mike@mcteagueconstruction.com

4. Firm's previous names (if any). NONE

5. How many years has your organization been in business? 35

6. Has your firm ever received a cure notice from a government entity? () Yes (X) No
 If yes, please explain: _____

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
1	4/8/21		
2	4/9/21		

8. List five (5) sidewalk construction 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 1

Project Name: Torino Sidewalk

Description: new sidewalk and drange

Location Torino Pkwy

Client Name, Phone Number & Email: City of port st lucie Frank knotts

Value of Total Contract: 1,011,969.00

Date of Completion: 4/21

Firm's Percentage of Total Contract: 80%

Number of Change Orders: 4

Value of Change Orders: 118,175.00

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 2

Project Name: Macado Sidewalk

Description: new sidewalks and drainage

Location: Macado drive

Client Name, Phone Number & Email: City of port st lucie Frank knotts

Value of Total Contract: 330,000.00

Date of Completion: 8/27/20

Firm's Percentage of Total Contract: 90%

Number of Change Orders:

Value of Change Orders:

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 3

Project Name: Custom center

Description: new custom facility at martin county airport

Location: martin county airport

Client Name, Phone Number & Email: George Dzama gdzama@martin.fl.us

Value of Total Contract: 1,664,000.00

Date of Completion: 10/31/19

Firm's Percentage of Total Contract: 55%

Number of Change Orders:

Value of Change Orders:

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 4

Project Name: Jensen Beach Moorings

Description: New park restrooms and laundry facility

Location: Jensen beach causewaay

Client Name, Phone Number & Email: George Dzama gdzama@martin.fl.us

Value of Total Contract: 780,000.00

Date of Completion: 10/20

Firm's Percentage of Total Contract: 65%

Number of Change Orders:

Value of Change Orders:

Was Project Completed on Schedule: yes

Was Project Completed within Budget?yes

Project Number 5

Project Name: Idol sidewalk

Description: new sidewalk and drainage

Location: SW idol Ave

Client Name, Phone Number & Email:

Value of Total Contract: 425,000

Date of Completion: 7/18

Firm's Percentage of Total Contract: 85%

Number of Change Orders:

Value of Change Orders:

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

9. List subcontractors and major material suppliers for the project. Include telephone numbers. Insert additional sheets if necessary. **Attach all licenses and certifications that qualify them to perform the work.**

Titan Concrete

Bobs barricades

10. 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:

NONE

Project Number 1

Project Name:

Project Location:

Client Name and Phone Number:

Engineer Name and Phone Number:

Date:

Reason:

Insert additional projects if needed.

11. 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:

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

NONE

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

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

NONE

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

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

NONE

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

 _____ President _____
Signature Title



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


CONSTRUCTION INDUSTRY LICENSING BOARD
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783

(850) 487-1395

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

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

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



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC1522608 ISSUED: 05/28/2020
 CERTIFIED GENERAL CONTRACTOR
 MCTEAGUE, MICHAEL HAGAN SR
 MCTEAGUE CONSTRUCTION CO., INC.

Signature

LICENSED UNDER CHAPTER 489, FLORIDA STATUTES
 EXPIRATION DATE: AUGUST 31, 2022


Ron DeSantis, Governor Halsey Beshears, Secretary

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

LICENSE NUMBER: CGC1522608 **EXPIRATION DATE: AUGUST 31, 2022**

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

MCTEAGUE, MICHAEL HAGAN SR
 MCTEAGUE CONSTRUCTION CO., INC.
 624 SE CENTRAL PARKWAY
 STUART FL 34994



ISSUED: 05/28/2020

Always verify licenses online at MyFloridaLicense.com
 Do not alter this document in an form.
 This is your license. It is unlawful for anyone other than the licensee to use this document.



"A City for All Ages"

Attachment E

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 Michelle Fentress, Issuing Officer, for the procurement of these services.

All questions regarding this Solicitation are to be submitted in writing to Michelle Fentress, Procurement Agent I with the Procurement Management Department via e-mail mientress@cityofpsl.com, or by phone 772-871-5222. 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: Michael McTeague
Signed: 
Company and Job Title: McTeague Construction Co President
Date: 4/12/21



MCTEC-1

OP ID: TC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/05/2020

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 Stuart Insurance, Inc. 3070 S W Mapp Palm City, FL 34990 Rick Halcomb, CIC, ARM	772-286-4334		CONTACT NAME: Tracy Chapman PHONE (A/C, No, Ext): 772-286-4334 FAX (A/C, No): 772-286-9389 E-MAIL ADDRESS: tchapman@stuartinsurance.net
	INSURER(S) AFFORDING COVERAGE		
INSURED Mc League Construction Co 824 SE Central Parkway Stuart, FL 34934	INSURER A : FFVA Mutual Ins. Co.		10385
	INSURER B : Auto Owners Ins Co		18988
	INSURER C : Southern Owners Ins Co		10190
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		72618708	07/10/2019	07/10/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			4380812601	04/03/2020	04/03/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below			WC84000316442020A	06/08/2020	06/08/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Port St. Lucie, a municipality of the State of Florida, its officers, employees, agents, including project #20200042 - Torino Parkway Sidewalk Construction Project are Additional Insured.

CERTIFICATE HOLDER CITPS-5 City of Port St. Lucie 121 SW Port St. Lucie Blvd. Port St. Lucie, FL 34984-5099	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:
(Name, legal status and address)

McTeague Construction Co., Inc.
624 SE Central Parkway
Stuart, FL 34994

SURETY:
(Name, legal status and principal place of business)

The Ohio Casualty Insurance Company
175 Berkeley Street
Boston, MA 02116

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

OWNER:
(Name, legal status and address)

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

BOND AMOUNT: \$ 5% Five Percent of Amount Bid

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

Firgreen Crossings Sidewalk Construction - Project No. 20210052

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 20th day of April, 2021



(Witness)



(Witness) Dania Banks

McTeague Construction Co., Inc.
(Principal) _____ *(Seal)*

By: 

(Title) PRESIDENT

The Ohio Casualty Insurance Company
(Surety) _____ *(Seal)*

By: 

(Title) Jarrett Merucci Attorney-in-Fact



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: 8204567-964011

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, Charles D. Nielson; Charles J. Nielson, David R. Hoover; Jarrett Merlucci; Shawn A. Burton

all of the city of Miami Lakes state of FL 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 7th day of December, 2020.



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

By: David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA ss
County of MONTGOMERY

On this 7th day of December, 2020 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
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
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

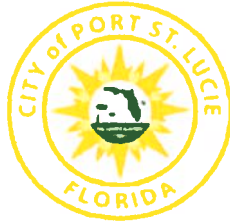
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 20th day of April, 2021.



By: Renee C. Llewellyn
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.



"A City for All Ages"

eBID #20210052 – ATTACHMENT H 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 McTeague Construction Co

Signature 

Printed Name and Title Michael McTeague President

Date 4/12/2021

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

DRUG-FREE WORKPLACE FORM
E-Bid # 20210052- Attachment L
Fairgreen Crossings Sidewalk Construction Project

The undersigned Contractor in accordance with Florida Statute 287.087 hereby certifies that
McTeague Construction Co 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

4/12/21
Date:

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.

E-Verify Company Identification Number 1665185

Date of Authorization 4/15/21

Name of Contractor McTeague Construction Co

Name of Project Firgreen Crossing Sidewalk Project

Solicitation Number (If Applicable) EBID-20210052-0-2021/RH

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

Executed on April, 12, 2021 in Stuart (city), Fl (state).


Signature of Authorized Officer

Michael McTeague President
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 12 DAY OF April, 2021.

NOTARY PUBLIC Jennifer McTeague 

My Commission Expires: 9/6/2024



Jennifer McTeague
Comm. #HH029495
Expires: Sept. 6, 2024
Bonded Thru Aaron Notary

CITY OF PORT ST. LUCIE, FLORIDA
SEALED BID NO. 20210052 - Attachment I
PROJECT TITLE: Fairgreen Crossings Sidewalk Construction Project

Half Cent Sales Tax Funded

TRENCH SAFETY ACT COMPLIANCE STATEMENT

Project Location: Fairgreen Crossings

Instructions:

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

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


Certification

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

2. The estimated cost imposed by compliance with The Trench Safety Act will be:

1.00 Dollars
(Written) One Dollar and NO/100 (Figures)

3. The amount listed above has been included within the Base Bid.

Certified: McTeague Construction Co
(Company-Contractor)
By: Michael McTeague President 
(President's Signature)
(President's Typed or Printed Name)

Sworn to and subscribed before me in Martin County, Florida on the day of 4 April, 2021


NOTARY PUBLIC



Jennifer McTeague
Comm. #HH029495
Expires: Sept. 6, 2024
Bonded Thru Aaron Notary

NON-COLLUSION AFFIDAVIT
Attachment K - E-Bid #20210052
Fairgreen Crossings Sidewalk Construction Project

State of Florida

County of Martin }

Michael McTeague, being first duly sworn, disposes and says that:

(Name/s)

1. They are President of McTeague Construction Co the Proposer that

(Title)

(Name of Company)

has submitted the attached PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such PROPOSAL;

3. Such Proposal is genuine and is not a collusive or sham Proposal;

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contract for which the attached proposal has been submitted or to refrain from proposing in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) 

(Title) President

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

The foregoing instrument was acknowledged before me this (Date) 4/12/21

by: Michael McTeague who is personally known to me or who has produced
Personally Know as identification and who did (did not) take an oath.

Commission No. #HH029495

Notary Print: Jennifer McTeague

Notary Signature: Jennifer McTeague



Jennifer McTeague
Comm. #HH029495
Expires: Sept. 6, 2024
Bonded Thru Aaron Notary

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input 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) ▶	<input type="checkbox"/> Exempt payee
<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] [] [] []	
Employer identification number	
[] [] [] [] - [] [] [] [] [] [] [] [] [] []	

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).

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 on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.