### E-BID #20240035

### Replacement of Existing Sewer Force Main on Mariposa Avenue Cost Worksheet - Schedule A Attachment C

Company Name: Eastern Pipeline Constuction, Inc

Line #	Description	Unit	Qty		Unit Price	Total Amount
1	6" PVC	LF	340	\$	72.00	\$ 24,480.00
	Fittings					·
2	4" MJ Plug	EA	2	\$	2,100.00	\$ 4,200.00
3	6" 11.25 or 22.5 degree Bend, MJ	EA	4	\$	1,500.00	\$ 6,000.00
4	6" 45 degree Bend, MJ	EA	16	\$	1,500.00	\$ 24,000.00
5	6" 90 degree Bend, MJ	EA	4	\$	1,500.00	\$ 6,000.00
6	6" HDPE to MJ Transition Adapters w/ SS stiffner insert	EA	4	\$	2,500.00	\$ 10,000.00
7	6" Cap, MJ	EA	1	\$	1,050.00	\$ 1,050.00
	Valves and Appurtenances					
8	6" Gate Valve & Box	EA	2	\$	7,500.00	\$ 15,000.00
9	2" Air Release Valve	EA	3	\$	12,000.00	\$ 36,000.00
10	6" Mech Jt Restaint Pair (addition to fittings)	EA	12	\$	400.00	\$ 4,800.00
	Connections					
11	16X6" Tapping Sleeve and Value (Wet Tap)	EA	1	\$	13,000.00	\$ 13,000.00
	Horizontal Directional Drill					
12	6" HDPE HDD	LF	5,110	\$	75.00	\$ 383,250.00
	Sodding					
13	Sodding	SY	555	\$	7.00	\$ 3,885.00
	Asphalt Pavement Removal and Replacement					
14	Asphalt Roadway Replacement	SY	267	\$	78.00	\$ 20,826.00
15	Asphalt Mill and Resurface	SY	1686	\$	24.00	\$ 40,464.00
	Concrete Removal / Replacement					
16	Driveway Contingency	SY	50	\$	100.00	\$ 5,000.00
17	Sidewalk	LF	80	\$	90.00	\$ 7,200.00
	Existing Pipe Grout Fill, Remove and Dispose					
18	4" Force Main	LF	2565	\$	9.00	\$ 23,085.00
19	Clearing and Grubbing	LS	1	\$	11,000.00	\$ 11,000.00
20	Maintenance of Traffic	LS	1	\$	30,000.00	\$ 30,000.00
21	Revention, Control, & Abatement of Erosion / Water Pollution	LF	454	\$	10.00	\$ 4,540.00
22	Mobilzation / Demobiliation / General Conditions	LS	1	\$	90,346.00	\$ 90,346.00
23	Holding of Power Poles	EA	2	\$	500.00	\$ 1,000.00
	Pavement Markings					
24	6" Solid White Thermoplastic	LF	123	\$	14.00	\$ 1,722.00
25	12" Solid White Thermoplastic	LF	205	\$	10.00	\$ 2,050.00
26	24" Solid White Thermoplastic	LF	52	\$	36.00	\$ 1,872.00
				TC	OTAL	\$ 770,770.00

Note: Unit prices are limited to 2 decimals.

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

Contractor Signature: Rowdy Carlton - President Contractor's Name: Eastern Pipeline Construction, Inc

Contractor's Phone Number: 772-283-0016

 $Contractor's\ Email\ Address:\ rowdy.carlton@easternpipeline.net$ 

#20210122 Page 1 of 1

### **Document A310<sup>TM</sup> - 2010**

Conforms with The American Institute of Architects AIA Document 310

### **Bid Bond**

CONTRACTOR:

(Name, legal status and address)

Eastern Pipeline Construction, Inc.

950 SE Central Pkwy

Stuart, FL 34994

OWNER:

(Name, legal status and address)

City of Port St Lucie

121 SW Port St. Lucie Boulevard

Port St. Lucie, FL 34984

**BOND AMOUNT:** \$ 5%

SURETY:

(Name, legal status and principal place of business)

**Great American Insurance Company** 

301 East Fourth Street Cincinnati, OH 45202 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.

Five Percent of Amount Bid

PROJECT:

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

Replacement of Existing Sewer Force Main on Mariposa Avenue - Bid Bond No. 20240035

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 scaled this

17th

day of April, 2024

Great American Insurance Company

Eastern Pipeline Construction, Inc.

(Surety)

(Principal)

(Seal)

(Seal)

By:

(Title) Jarrett Merlucci

Attorney-in-Fact

### GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET CINCINNATI, OHIO 45202 513-369-5000 FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than FIVE

No. 0 20705

### POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name

CHARLES J. NIELSON CHARLES D. NIELSON MARY C. ACEVES DAVID R. HOOVER JARRETT MERLUCCI

Address ALL OF MIAMI LAKES, FLORIDA Limit of Power ALL \$100,000,000

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this

Attest

day of

DECEMBER

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this

day of

**DECEMBER** 

MARK VICARIO (877-377-2405)

2021 , before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



SUSAN A KOHORST **Notary Public** State of Ohio My Comm. Expires May 18, 2025

Susan a Kohowst

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

### CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this

day of

April

Assistant Secretary



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

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

# CARLTON, ROWDY DEAN

950 SE CENTRAL PARKWAY
STUART FL 34994

## **LICENSE NUMBER: CUC1225329**

**EXPIRATION DATE: AUGUST 31, 2024** 

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.



This is your license. It is unlawful for anyone other than the licensee to use this document.



### Eastern Pipeline Construction, Inc. 950 SE Central Pkwy Stuart, Fl 34994 (772) 283-0016 Office@easternpipeline.net

Eastern Pipeline Construction, Inc. 950 SE Central Pkwy Stuart, FL 34994

Replacement of Existing Sewer Force Main on Mariposa Avenue E-Bid (Event) Number: 20240035

### **Proposed Schedule**

- 1 Day Signing Contract
- 3 days ordering and recording P&P Bond
- 10 Days Material Submittals
- 30 Days Material Acquisition
- 1 Day Material Inspection
- 25 Days Installing 6" directional drills
- 15 Days to make all of the required connections
- 2 Days Pressure Testing
- 10 Days As-builts and DEP Approval
- 3 Days Grouting existing 4"
- 15 Days completion of all restoration

Rowdy Carlton - President

4/9/2024

## Construction, Inc. CONTRACTOR'S GENERAL INFORMATION WORKSHEET/QUESTIGN OF Stuart, FL 34994

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	(Location)	t, FL 34994 this 9th	day of <u>April</u> , 2024	
Name	of Organization/Contractor: Ea	stern Pipeline Cons	struction, Inc.	
	owdy Carlton - President Name and Title			
1. Co	orporation, Partnership, Joint Ventu	re, Individual or other? <u>C</u>	orporation	
2. Fi	rm's name and main office address,	telephone and fax number	rs	
	Name: Eastern Pipeline Construction	ı, Inc.		
	Address: 950 SE Central Pkwy, Stu	art, FI 34994		
			·	
	Telephone Number: 772-283-0016	3		
	Fax Number: none			Total Control
3.	Contact person: Rowdy Carlton		mail: rowdy.carlton@easternpip	eline.net
<ul><li>3.</li><li>4.</li></ul>	Contact person: Rowdy Carlton Firm's previous names (if any). No	E		eline.net
	Firm's previous names (if any). No	Dine Ex	mail: rowdy.carlton@easternpipo	<del></del>
4.		Exation been in business? 37	mail: rowdy.carlton@easternpipo	<del></del>
<ul><li>4.</li><li>5.</li></ul>	Firm's previous names (if any). Note that How many years has your organized Has your firm ever received a current fyes, please explain:	cation been in business? 37 e notice from a governmen	mail: rowdy.carlton@easternpipe	<del></del>
<ul><li>4.</li><li>5.</li></ul>	Firm's previous names (if any). Note that the second secon	e notice from a government of the second sec	mail: rowdy.carlton@easternpipe	
<ul><li>4.</li><li>5.</li><li>6.</li></ul>	Firm's previous names (if any). Note that the second secon	e notice from a government of the second sec	mail: rowdy.carlton@easternpipers.  years  at entity? ( ) Yes (X) No  edges that the following adden-	da have been
<ul><li>4.</li><li>5.</li><li>6.</li></ul>	Firm's previous names (if any). Note that the second secon	Exation been in business? 37 e notice from a government  EMENT - Bidder acknowled oposal/bid:	mail: rowdy.carlton@easternpipersyears  It entity? ( ) Yes (X) No  edges that the following addenged	da have been
<ul><li>4.</li><li>5.</li><li>6.</li></ul>	Firm's previous names (if any). Note that the second secon	Exation been in business? 37 e notice from a government  EMENT - Bidder acknowled oposal/bid:	mail: rowdy.carlton@easternpipersyears  It entity? ( ) Yes (X) No  edges that the following addenged	da have been

Page 1 of 13

Attachment E

Provide the Proposed Project Schedule. This is a mandatory document.

8.

#20240035

Eastern Pipeline

Attachment E

List five (5) force main or water main construction projects similar to this project sompleted by Franchism along with a brief description of project, location of project, client name, client phone in the project of the construction of project, client name, client phone in the project of the construction of project, client name, client phone in the construction of project name in the construct 9. 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: Cascades Phase I FM	
Description & size: 4323 LF of 8" drilling spread between 6 locations along FDC	
Grove Rd in Davenport. Longest single shot was over 1250LF.	
Location: Davenport, FL	
Client Name, Phone Number & Email:QGS Land Development, 813-293-0661, msifford@qgsdevelopment	nt.com
Value of Total Contract: \$100,000.00	
Date of Completion: 5/2/2022	
Firm's Percentage of Total Contract: 50%	
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: Brentwood Phase 1 FM	
Description & size: 4522' of 12" Drilling spread between 8 drill locations. Longest drill exceeded 1550LF.	
Location: Davenport, FL	
Client Name, Phone Number & Email: QGS Land Development, 813-293-0661, msifford@qgsdevelopment	nt.com
Value of Total Contract: \$280,940.00	
Date of Completion: 5/2/2022	
Firm's Percentage of Total Contract:	
Number of Change Orders: 50%	
Value of Change Orders: 1	
Was Project Completed on Schedule: \$74,940.00 (added footage to original scope)	
Was Project Completed within Budget? Yes	
Project Number 3	
Project Name: Magnolia Bluffs FM	
Description & size: Installation of 1,401' of 2" FM, 3044' of 3" and 2567' of 4" HDPE FM Via directional drill	
and installation of 20 low pressure force main services.	
Location: Palm City, FL	

Page 2 of 13

#20240035

Client Name, Phone Number & Email: UCMI, 772-260-0244, jerryjrucmi@outlook.  Value of Total Contract: \$92,021.35  Date of Completion: 4/2020	Eastern Pi
Volvo of Total Cantract, \$50,004.05	Construction Stuart
Data of Completion Arong	Stuart, FL 34
	3 <sub>4</sub>
Firm's Percentage of Total Contract: 50%	
Number of Change Orders: 1	
Value of Change Orders: \$6,828 (increase in footage)	
Was Project Completed on Schedule: Yes	
Was Project Completed within Budget? Yes	
Project Number 4	
Project Name: Hideaway Isles FM & WM	
Description & size:Installation of 4476' of 8" WM, 522' of 12" WM, 30 water services, 19	983' of 2" FM, 2954' of
3" FM, 84' of 4" FM and 21 LPFM services.	
Location: Palm City, Fl	
	****
Client Name, Phone Number & Email: UCMI, 772-260-0244, jerryjrucmi@outlook Value of Total Contract: \$231,982.00	.com
Date of Completion: 5/20/2022	
Firm's Percentage of Total Contract: 35%	
Number of Change Orders: 1	
Value of Change Orders: \$15,982 (changes to design based on presence of gopher tor Was Project Completed on Schedule: Yes	tiouses
Was Project Completed within Budget? Yes	
The firefect completed within Budget: 100	
Project Number 5	
Project Name: Palm Lake Park FM and WM	
Description & size: Installation of 14,482' of 6" WM, 187' of 8" WM, 97 water services, 58	523' of 2" FM, 5875' o
f 3" FM and 1397' of 4" FM	· · · · · · · · · · · · · · · · · · ·
Location: Jensen Beach, FL	
Client Name, Phone Number & Email: UCMI, 772-260-0244, jerryjrucmi@outlo	ok.com
Value of Total Contract: \$424,712	
Date of Completion: 12/2019	
Firm's Percentage of Total Contract: 40%	
Number of Change Orders: 1	
Value of Change Orders: \$4,236	
Was Project Completed on Schedule: Yes	
Was Project Completed within Budget? Yes	

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 10. #20240035

Page 3 of 13 Attachment E

Total Number of Projects wh	the name of project, location, client, engineer, date list reached, in the name of project, location, client, engineer, date list reached, in the name of project, location, client, engineer, date list reached, in 950 SE Central Pkw Stuart, FL 34994
	Project Number 1
Project Name:	
Project Location:	
Client Name and Phone Num	
Engineer Name and Phone N	lumber:
Date:	
Reason:	
nsert additional projects if need	ded
partnership or individuals with a	ompleted within the past five (5) years involving the corporation, more than ten percent (10 %) interest:
	o any lawsuits in the past 5 years
Lasterr i ipeline has not been party to	
N/A is not an acceptable answer	er - insert lines if needed)
N/A is not an acceptable answe	er - insert lines if needed) its in the last five (5) years:
N/A is not an acceptable answer List any judgments from lawsui None N/A is not an acceptable answer	er - insert lines if needed) its in the last five (5) years:
N/A is not an acceptable answer any judgments from lawsuin None N/A is not an acceptable answer any criminal violations and	er - insert lines if needed) its in the last five (5) years: er - insert lines if needed) //or convictions of the Proposer and/or any of its principals:



### **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 Contracting Officer II with the Procurement Management Department via e-mail mfentress @cityofpsl.com. 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 <a href="DemandStar's Website">DemandStar's Website</a> for retrieval. All notice of intent to award documentation will be published on the <a href="City Clerk's Website">City Clerk's Website</a>. 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: Rowdy Carlton	
Signed:	
Company and Job Title: Eastern Pipeline Construction, Inc - President	
Date: 4/9/2024	





### E-BID #20240035 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 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 Company with laws, regulations and practices include, but are not limited to the following art, FL 34994

- 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 Eastern Pipeline Construction, Inc
Signature // /
Printed Name and Title Rowdy Carlton - President
Date 4/9/2024

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



### **E-Verify Form**

### Supplier/Consultant acknowledges and agrees to the following:

- 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.

E-Verify Company Identification Number	1705666				
Date of Authorization	5/7/2021				
Name of Contractor	Eastern Pipeline Construction, Inc				
Name of Project	Replacement of Existing Sewer Force Main on Mariposa Avenue				
Solicitation Number (If Applicable)	E-Bid (Event) Number: 20240035				
I hereby declare under penalty of perjury tha	t the foregoing is true and correct.				
Executed on April 9th 2024 in Stuart (city), FL (state).					
Signature of Authorized Officer	Rowdy Carlton - President				
Signature of Authorized Officer	Printed Name and Title of Authorized Officer or Agent				
SUBSCRIBED AND SWORN BEFORE ME					
ON THIS THE 9 DAY OF April 2024. CAROL K ANDERSON					
NOTARY PUBLIC Aff	Notary Public - State of Florida Commission # HH 398991 My Comm. Expires May 16, 2027 Bonded through National Notary Assn.				
My Commission Expires:	DORGER CHROUGH NACIONAL Y ASSN.				



### NON-COLLUSION AFFIDAVIT Solicitation#20240035 Replacement of Existing Sewer Force Main on Mariposa Avenue

State of Florida }
County of Martin
Rowdy Carlton, being first duly sworn, disposes and says that:  (Name/s)
1. They are President of Eastern Pipeline Construction, Inc. the Proposer that
(Title) (Name of Company)
has submitted the attached PROPOSAL;
2. He is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such PROPOSAL;
3. Such Proposal is genuine and is not a collusive or sham Proposal;
4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contract for which the attached proposal has been submitted or to refrain from proposing in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and
5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.  (Signed)
(Title) President



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

The foregoing instrument was acknowledged be	efore me this (Date) 4. 9. 2024
by: Proudly Contre	who is personally known to me or who has produced
FCPL.	as identification and who did (did not) take an oath.
Commission No	W
Notary Print: Concl Philessel	3:91. 400 Public - State of Ft
Notary Signature:	Commission # HH 398991 My Comm. Expires May 16, 2027 Bonded through National Notary Assn.



### DRUG-FREE WORKPLACE FORM e-RFP #20240035

### Replacement of Existing Sewer Force Main on Mariposa Avenue

	The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that			
	Eastern Pipeline Construction, Inc.	e.		
	(Name of Business)	<b>o.</b>		
1.	Publish a statement notifying employees that the unlawful manufacture, distribution, possession, or use of a controlled substance is prohibited in the workplace and specifyin that will be taken against employees for violations of such prohibition.	dispensing, g the actions		
2.	Inform employees about the dangers of drug abuse in the workplace, the busines maintaining a drug-free workplace, any available drug counseling, rehabilitation, ar assistance programs, and the penalties that may be imposed upon employees for violations.	d employee		
3.	Give each employee engaged in providing the commodities or contractual services the proposal a copy of the statement specified in subsection (1).	at are under		
4.	In the statement specified in subsection (1), notify the employees that, as a condition of the commodities or contractual services that are under proposal, the employee will a terms of the statement and will notify the employer of any conviction of, or plea of g contendere to, any violation of Chapter 893 Florida Statutes or of any controlled substitue United States or any state, for a violation occurring in the workplace no later than after such conviction.	abide by the uilty or nolo tance law of		
5.	Impose a sanction on or require the satisfactory participation in a drug abuse as rehabilitation program if such is available in the employee's community, by any employe convicted.	sistance or ee who is so		
5.	Make a good faith effort to continue to maintain a drug-free workplace through implemen section.	tation of this		
As the p	person authorized to sign the statement, I certify that this firm complies fully with the abov	e requirements. sident		
	4/9/2024 Date			

CITY OF PORT ST. LUCIE, FLORIDA

Stuart, FL 34994

PROJECT TITLE: Replacement of Existing Sewer Force Main on Mariposa Avenue

### TRENCH SAFETY ACT COMPLIANCE STATEMENT

Project Location: Mariposa Avenue starting at SE Lennard Road and ending west of SE Calais Street, City of Port St. Lucie, State of Florida

### **Instructions:**

\$1,000.00

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

- I understand that Chapter 90-96 of the Laws of Florida (The Trench Safety Act) requires me 1. 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:

Dollars

	(Written)	(Figures)
3.	The amount listed above has been included within the Base Bid.	
	Certified: Eastern Pipeline Construction, Inc.	
	(Company-Contractor)	
	By: Rowdy Carlton	
	(President's Signature)	
	(President's Typed or Printed Name)	
Swor	n to and subscribed before me in Martin	County, Florida on the
day c	of 9- April, 2024	

CAROL K ANDERSON Notary Public - State of Florida Commission # HH 398991 My Comm. Expires May 16, 2027 Bonded through National Notary Assn.

NOTARY PUBLIC

(Rev. October 2018) Department of the Treasury Internal Revenue Service

### **Request for Taxpayer Identification Number and Certification**

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

	1 Name (as shown on your income tax return). Name is required on this line; or	to not leave this line blank		-			*****	-	
	Eastern Pipeline Construction, Inc								
	2 Business name/disregarded entity name, if different from above		*******				*********		
n page 3.	3 Check appropriate box for federal tax classification of the person whose natifollowing seven boxes.  C Corporation  S Corporation				4 Exemosertain e instructi	entities.	not inc	ividual	only to s; see
ns o	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	Partnership	Partnership Trust/estate Exempt payee code (if any)					anud	
중설	Limited liability company. Enter the tax classification (C=C corporation, S	S=S corporation P=Partne	rehin)		LAGINIPL	payor o	oue hi	arry)	
Print or type. Specific Instructions on	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax pris is disregarded from the owner should check the appropriate box for the tax propriate box	wner. Do i	no II Cin			FATC/	A repor	ting	
bec	U Other (see instructions) ▶				(Applies to			outs/de l	he U.S.)
es a	5 Address (number, street, and apt. or suite no.) See instructions.		Requeste	er's name	and addre	ss (optio	onal)	1	-
See	950 SE Central Pkwy		6174	OF	PORT	Sh.	Lu	CIF	-
1	6 City, state, and ZIP code								
	Stuart, FL 34994								
1	7 List account number(s) here (optional)						****		***************
Par	The state of the s						*******		
backu	our TIN in the appropriate box. The TIN provided must match the nan	ne given on line 1 to av	roid	Social s	ecurity nun	ber			
resider	o withholding. For individuals, this is generally your social security nuntial alien, sole proprietor, or disregarded entity, see the instructions for	Part I later For other						П	
entities	s, it is your employer identification number (EIN). If you do not have a r	number, see How to ge	eta L	$\perp \perp \perp$					
TIN, la			2	or	The transmission of the same o				
Numbe	f the account is in more than one name, see the instructions for line 1 or To Give the Requester for guidelines on whose number to enter.	. Also see What Name	and _	Employe	r identifica	tion nu	mber		
-	galacinos en whose namber to enter.		-	3 1	- 1 1	8	8 7	6	6
Part	II Certification			<u> </u>	<u> </u>		<u>'</u>		0
Contract Con	penalties of perjury, I certify that:						***********		
Serv	number shown on this form is my correct taxpayer identification number subject to backup withholding because: (a) I am exempt from bacice (IRS) that I am subject to backup withholding as a result of a failurenger subject to backup withholding; and	claim withholding or th	I have no	of hoon	natition by	the In	1-man	Rever	nue t I am
3. I am	a U.S. citizen or other U.S. person (defined below); and								
	FATCA code(s) entered on this form (if any) indicating that I am exemp	ot from FATCA reporting	n is come	ct					
Certific	ration instructions. You must cross out item 2 above if you have been no	stified by the IDS that yo	u ara auri	anthe and	singt to bo	aform	Alaka a La		
acquisit other th	re failed to report all interest and dividends on your tax return. For real est tion or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to somethic the certification, but the certification, but the certification is the certification.	ate transactions, item 2	does not	apply. F	or mortgag	e intere	est pai	d,	
Sign Here	Signature of U.S. person ▶		o <sub>ate</sub> ▶ 4	/9/20	24	**************************************	dipenyirean.		·
	eral Instructions	<ul> <li>Form 1099-DIV (div funds)</li> </ul>	vidends, i	ncluding	those fro	m stoc	ks or i	nutua	l
Section noted.	references are to the Internal Revenue Code unless otherwise	• Form 1099-MISC (	various ty	pes of i	ncome, pri	zes, av	vards,	or gre	oss
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted	<ul> <li>proceeds)</li> <li>Form 1099-B (stoc transactions by broken</li> </ul>	k or mutu	al fund	sales and	certain	other		
	ey were published, go to www.irs.gov/FormW9.	The second secon		n real es	tate trans	actions	١		
Purp	ose of Form	<ul> <li>Form 1099-S (proceeds from real estate transactions)</li> <li>Form 1099-K (merchant card and third party network transactions)</li> </ul>							
An indivinforma	ridual or entity (Form W-9 requester) who is required to file an tion return with the IRS must obtain your correct taxpayer	<ul> <li>Form 1098 (home r 1098-T (tuition)</li> </ul>							
identific	ation number (TIN) which may be your social security number	• Form 1099-C (cano	deh hele	f)					
(SSN), i	ndividual taxpayer identification number (ITIN), adoption	• Form 1099-A (acqu			ment of o	CHECK	Drone	et d	
(EIN), TO	er identification number (ATIN), or employer identification number o report on an information return the amount paid to you, or other								
amount	N), to report on an information return the amount paid to you, or other ount reportable on an information return. Examples of information Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.								

Form W-9 (Rev. 10-2018)

returns include, but are not limited to, the following.

Form 1099-INT (interest earned or paid)

alien), to provide your correct TIN.

later.

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,



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

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 ROLLCIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURERIES AND THE CERTIFICATE HOLDER.

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

PRODUCER Acentria Insurance - Fort Lauderdale 1607 NW 136th Ave., Suite B-200 Sunrise FL 33323	ionaei iii iieu oi s	CONTACT NAME: PHONE (A/C, No, Ext): 954-735-5500 E-MAIL ADDRESS: requests@acentria.com						
INSURER A: The Continental Insurance Company 35289  Eastern Pipeline Construction, Inc.  ADDRESS: requests@acentria.com  INSURER A: The Continental Insurance Company 35289  INSURER B: American Casualty Company of Reading, 20427		INSURER(S) AFFORDING COVERAGE INSURER A: The Continental Insurance Company INSURER B: American Casualty Company of Readi	ng,	NAIC# 35289 20427				
	31127							
		INSURER E : INSURER F :						

COVERAGES CERTIFICATE NUMBER: 428213494 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.

NSR LTR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP		
B	Х		INSD	WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	rs
Ь	^	CLAIMS-MADE X OCCUR			7036240871	11/27/2023	11/27/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
								MED EXP (Any one person)	\$ 15,000
	CEN	W ACCRECATE LINE ADDITION						PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- LOC						GENERAL AGGREGATE	\$ 2,000,000
								PRODUCTS - COMP/OP AGG	\$ 2,000,000
^	A	OTHER:							\$
Α	X	OMOBILE LIABILITY			7036240773	11/27/2023	11/27/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
-	^	ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per person)	\$
}	Х	AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
ŀ	^	AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
-									\$
Α	Х	UMBRELLA LIAB X OCCUR			7036241356	11/27/2023	11/27/2024	EACH OCCURRENCE	\$ 5,000,000
-	-	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
	-	DED RETENTION \$							\$
.	AND	KERS COMPENSATION EMPLOYERS' LIABILITY Y/N			7036241292	11/27/2023	11/27/2024	X PER OTH- STATUTE ER	
- 1	OFFIC	ROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
	If ves	datory in NH) , describe under						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
		CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
С	Pollu	tion Liability			CSB7036348682	11/27/2023	11/27/2024	Occurrence Aggregate	1,000,000 1,000,000

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

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

VENDOR CERTIFICATION REGARDING SCRUTINIZED COMPANIES SESTING Construction, Inc.

Stuart, FL 34994

Eastern Pipeline Construction, Inc. Vendor Name: 31-1188766 Vendor FEIN: Rowdy Carlton Authorized Representative's Name: President Authorized Representative's Title: 950 SE Central Pkwy Address: Stuart, FI 34994 City, State and Zip Code: 772-283-0016 Phone Number: **Email Address:** rowdy.carlton@easternpipeline.net

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

The list of "Scrutinized Companies" is created pursuant to Section 215.473, Florida Statutes. A copy of the current list of "Scrutinized Companies" can be found at the following link: <a href="https://www.sbafla.com/fsb/FundsWeManage/FRSPensionPlan/GlobalGovernanceMandates/QuarterlyReports.aspx">https://www.sbafla.com/fsb/FundsWeManage/FRSPensionPlan/GlobalGovernanceMandates/QuarterlyReports.aspx</a>

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

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

**Authorized Signature** 

Rowdy Carlton - President Print Name

Signature

### E-BID #20240035

### Replacement of Existing Sewer Force Main on Mariposa Avenue Cost Worksheet - Schedule A Attachment C

Eastern Pipeline Construction, Inc. 950 SE Central Pkwy Stuart, FL 34994

Company Name: Eastern Pipeline Constuction, Inc

Line #	Description	Unit	Qty		Unit Price		Total Amount
1	6" PVC	LF	340	Ś	72.00	S	24,480,00
	Fittings			Ť		Ť	2 1, 100.00
2	4" MJ Plug	EA	2	\$	2,100.00	5	4,200.00
3	6" 11.25 or 22.5 degree Bend, MJ	EA	4	\$	1,500.00		6,000.00
4	6" 45 degree Bend, MJ	EA	16	\$	1,500.00	<u> </u>	24,000.00
5	6" 90 degree Bend, MJ	EA	4	\$	1,500.00	\$	6,000.00
6	6" HDPE to MJ Transition Adapters w/ SS stiffner insert	EA	4	\$	2,500.00	\$	
7	6" Cap, MJ	EA	1	\$	1,050.00	\$	10,000.00
	Valves and Appurtenances	LA	1	13	1,050.00	13	1,050.00
8	6" Gate Valve & Box	EA	2	\$	7,500.00	\$	15,000.00
9	2" Air Release Valve	EA	3	\$	12,000.00	\$	36,000.00
10	6" Mech Jt Restaint Pair (addition to fittings)	EA	12	\$	400.00	\$	4,800.00
43-11	Connections		12	۲	400.00	٦	4,800.00
11	16X6" Tapping Sleeve and Value (Wet Tap)	EA	1	Ś	13,000.00	\$	13,000.00
	Horizontal Directional Drill			1	13,000.00	٦	13,000.00
12	6" HDPE HDD	LF	5,110	\$	75.00	\$	383,250.00
	Sodding		0,120	Ť	73.00	7	363,230.00
13	Sodding	SY	555	\$	7.00	\$	3,885.00
	Asphalt Pavement Removal and Replacement			۲	7.00	٧	3,863.00
14	Asphalt Roadway Replacement	SY	267	\$	78.00	\$	20,826.00
15	Asphalt Mill and Resurface	SY	1686	\$	24.00	\$	40,464.00
	Concrete Removal / Replacement				2-7.00	7	40,404.00
	Driveway Contingency	SY	50	\$	100.00	\$	5,000.00
17	Sidewalk	LF	80	\$	90.00	\$	7,200.00
100	Existing Pipe Grout Fill, Remove and Dispose			Ť		7	7,200.00
	4" Force Main	LF	2565	\$	9.00	\$	23,085.00
19	Clearing and Grubbing	LS	1	\$	11,000.00	\$	11,000.00
	Maintenance of Traffic	LS	1	\$	30,000.00	\$	30,000.00
21	Revention, Control, & Abatement of Erosion / Water Pollution	LF	454	\$	10.00	\$	4,540.00
22	Mobilzation / Demobiliation / General Conditions	LS	1	\$	90,346.00	\$	90,346.00
23	Holding of Power Poles	EA	2	\$	500.00	\$	1,000.00
	Pavement Markings	93 050 E		<u> </u>	500.00		1,000.00
	6" Solid White Thermoplastic	LF	123	\$	14.00	\$	1,722.00
	12" Solid White Thermoplastic	LF	205	\$	10.00	\$	2,050.00
26	24" Solid White Thermoplastic	LF	52	\$	36.00	\$	1,872.00
		<del> </del>			TAL	\$	770,770.00

Note: Unit prices are limited to 2 decimals.

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

Contractor Signature: \_

Contractor's Name: Eastern Pipeline Construction, Inc

Contractor's Phone Number: 772-283-0016

Contractor's Email Address: rowdy.carlton@easternpipeline.net

Rowsy Caecron - PREL, DEN,



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/14/2023

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).

tine continuate acce not content	ignic to the continuate herael in hea er et	acii ciidei ceiiiciit(e)i					
PRODUCER		CONTACT NAME:					
Acentria Insurance - Fort Lauder 1607 NW 136th Ave., Suite B-20		PHONE (A/C, No, Ext): 954-735-5500	FAX (A/C, No): 954-735	5-2852			
Sunrise FL 33323	,,,	E-MAIL ADDRESS: requests@acentria.com		35-2852 NAIC # 35289 20427 31127			
		INSURER(S) AFFORDING COVERAGE		NAIC#			
	License#: L100460	INSURER A: The Continental Insurance Company		35289			
INSURED	EASTPIP-01	ınsurer в : American Casualty Company of Read	ing,	20427			
Eastern Pipeline Construction, In 950 SE Central Parkway	nc.	INSURER C : Columbia Casualty Company		31127			
Stuart FL 34994		INSURER D:		NAIC# 35289 20427			
		INSURER E :					
		INSURER F:					
00//504050	OFFICIOATE NUMBER 400040404	DEVICION MUI	1050				

### COVERAGES CERTIFICATE NUMBER: 428213494 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.

NSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
В	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			7036240871	11/27/2023	11/27/2024	EACH OCCURRENCE DAMAGE TO RENTED DEFINITION OF THE PROPERTY OF	\$ 1,000,000 \$ 100,000
	CLAIIVIS-IVIADE 11 OCCUR						PREMISES (Ea occurrence)  MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							\$
Α	AUTOMOBILE LIABILITY			7036240773	11/27/2023	11/27/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
Α	X UMBRELLA LIAB X OCCUR			7036241356	11/27/2023	11/27/2024	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DED RETENTION\$							\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			7036241292	11/27/2023	11/27/2024	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
С	Pollution Liability			CSB7036348682	11/27/2023	11/27/2024	Occurrence Aggregate	1,000,000 1,000,000

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

CERTIFICATE HOLDER CAN	ICELLATION
------------------------	------------

City of Port St Lucie 121 SW Port St Lucie Blvd Port Saint Lucie FL 34984 USA 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

hih H. Fgold

(Rev. October 2018) Department of the Treasury Internal Revenue Service

### **Request for Taxpayer Identification Number and Certification**

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

	1 Name (as shown on your income tax return). Name is required on this line; or	to not leave this line blank		-			*****	-	
	Eastern Pipeline Construction, Inc								
	2 Business name/disregarded entity name, if different from above		*******				*********		
n page 3.	3 Check appropriate box for federal tax classification of the person whose natifollowing seven boxes.  C Corporation  S Corporation				4 Exemosertain e instructi	entities.	not inc	ividual	only to s; see
ns o	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	Partnership	Partnership Trust/estate Exempt payee code (if any)					anud	
중설	Limited liability company. Enter the tax classification (C=C corporation, S	S=S corporation P=Partne	rehin)		LAGINIPL	payor o	oue hi	arry)	
Print or type. Specific Instructions on	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax pris is disregarded from the owner should check the appropriate box for the tax propriate box	wner. Do i	no II Cin			FATC/	A repor	ting	
bec	U Other (see instructions) ▶				(Applies to			outs/de l	he U.S.)
es a	5 Address (number, street, and apt. or suite no.) See instructions.		Requeste	er's name	and addre	ss (optio	onal)	1	-
See	950 SE Central Pkwy		6174	OF	PORT	Sh.	Lu	CIF	-
1	6 City, state, and ZIP code								
	Stuart, FL 34994								
1	7 List account number(s) here (optional)						****		***************
Par	The state of the s						*******		
backu	our TIN in the appropriate box. The TIN provided must match the nan	ne given on line 1 to av	roid	Social s	ecurity nun	ber			
resider	o withholding. For individuals, this is generally your social security nuntial alien, sole proprietor, or disregarded entity, see the instructions for	Part I later For other						П	
entities	s, it is your employer identification number (EIN). If you do not have a r	number, see How to ge	eta L	$\perp \perp \perp$					
TIN, la			2	or	The transmission of the same o				
Numbe	f the account is in more than one name, see the instructions for line 1 or To Give the Requester for guidelines on whose number to enter.	. Also see What Name	and _	Employe	r identifica	tion nu	mber		
-	galacinos en whose namber to enter.		-	3 1	- 1 1	8	8 7	6	6
Part	II Certification			<u> </u>	<u> </u>		<u>'</u>		0
Contract Con	penalties of perjury, I certify that:						***********		
Serv	number shown on this form is my correct taxpayer identification number subject to backup withholding because: (a) I am exempt from bacice (IRS) that I am subject to backup withholding as a result of a failurenger subject to backup withholding; and	claim withholding or th	I have no	of hoon	natition by	the In	1-man	Rever	nue t I am
3. I am	a U.S. citizen or other U.S. person (defined below); and								
	FATCA code(s) entered on this form (if any) indicating that I am exemp	ot from FATCA reporting	n is come	ct					
Certific	ration instructions. You must cross out item 2 above if you have been no	stified by the IDS that yo	u ara auri	anthe and	singt to bo	aform	Alala a La		
acquisit other th	re failed to report all interest and dividends on your tax return. For real est tion or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to somethic the certification, but the certification, but the certification is the certification.	ate transactions, item 2	does not	apply. F	or mortgag	e intere	est pai	d,	
Sign Here	Signature of U.S. person ▶		o <sub>ate</sub> ▶ 4	/9/20	24	**************************************	dipenyirean.		·
	eral Instructions	<ul> <li>Form 1099-DIV (div funds)</li> </ul>	vidends, i	ncluding	those fro	m stoc	ks or i	nutua	l
Section noted.	references are to the Internal Revenue Code unless otherwise	• Form 1099-MISC (	various ty	pes of i	ncome, pri	zes, av	vards,	or gre	oss
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted	<ul> <li>proceeds)</li> <li>Form 1099-B (stoc transactions by broken</li> </ul>	k or mutu	al fund	sales and	certain	other		
	ey were published, go to www.irs.gov/FormW9.	The second secon		n real es	tate trans	actions	١		
Purp	ose of Form	<ul> <li>Form 1099-S (proceeds from real estate transactions)</li> <li>Form 1099-K (merchant card and third party network transactions)</li> </ul>							
An indivinforma	ridual or entity (Form W-9 requester) who is required to file an tion return with the IRS must obtain your correct taxpayer	<ul> <li>Form 1098 (home r 1098-T (tuition)</li> </ul>							
identific	ation number (TIN) which may be your social security number	• Form 1099-C (cano	deh hele	f)					
(SSN), i	ndividual taxpayer identification number (ITIN), adoption	• Form 1099-A (acqu			ment of o	CHECK	Drone	et d	
(EIN), TO	er identification number (ATIN), or employer identification number o report on an information return the amount paid to you, or other								
amount	N), to report on an information return the amount paid to you, or other ount reportable on an information return. Examples of information Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.								

Form W-9 (Rev. 10-2018)

returns include, but are not limited to, the following.

Form 1099-INT (interest earned or paid)

alien), to provide your correct TIN.

later.

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,