

# ADDENDUM #1

## CONTRACTOR'S GENERAL INFORMATION WORK SHEET eBID #20230049

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

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

Dated at Stuart, FL, this July day of 13, 2023  
(Location)

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

By: Darren McDonough - Senior VP  
Name and Title

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

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

Name: Brightview Landscape Services, Inc.

Address: 3340 SE Dixie Hwy, Stuart, FL 34997

Telephone Number: 772-220-3676

Fax Number:

3. Contact person: Darren McDonough Email: darren.mcdonough@brightview.com

4. Firm's previous names (if any). Valleycrest

5. How many years has your organization been in business? 120+

6. Total number of staff at this location: 115 Total number of staff on the Treasure Coast: 160

7. Is the Firm a minority business: YES / **NO**

If no, is your company planning to implement such a program? No

8. Is the firm claiming Local Preference under City Ordinance 35.12? **YES** / NO

9. List the license(s) that qualifies your firm to construct this project: \_\_\_\_\_

CPCO, BMP, MOT, FNGLA Certified Landscaper, ISA Certified Arborist

10. **ADDENDUM ACKNOWLEDGMENT** - Bidder acknowledges that the following addenda have been received and are included in its proposal/bid:

Addendum Number	Date Issued	Addendum Number	Date Issued
1	6/27/23		
2	7/11/23		

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

Project Number 1

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Project Name: School District of Indian River County

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Description: Grounds Maintenance of all the schools in Indian River County

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Location: Indian River County, FL

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Client Name, Phone Number & Email: Robert Michael - 772-564-5060- Robert.michael@indianriverschools.org

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Value of Total Contract: \$580,000.00

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Date of Completion: Current

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Firm’s Percentage of Total Contract: 100

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Number of Change Orders: 0

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Value of Change Orders: 0

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Was Project Completed on Schedule: Yes

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Was Project Completed within Budget? Yes

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Project Number 2

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Project Name: 58th Street Road Maintenance

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Description: Mowing services on 58th Street in Vero Beach

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Location: Vero Beach, FL

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

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Value of Total Contract: \$50,000.00

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Date of Completion: Current

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Firm’s Percentage of Total Contract: 20

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Number of Change Orders: 0

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Value of Change Orders: 0

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Was Project Completed on Schedule: Yes

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Was Project Completed within Budget? Yes

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**Project Number 3**

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**Project Name:** Town of Jupiter Island Grounds Maintenance

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

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**Location:** Town of Jupiter Island, FL

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

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**Value of Total Contract:** \$75,000.00

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**Date of Completion:** Current

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**Firm's Percentage of Total Contract:** 100

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**Number of Change Orders:** 0

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**Value of Change Orders:** 0

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**Was Project Completed on Schedule:** Yes

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**Was Project Completed within Budget?** Yes

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**Project Number 4**

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**Project Name:** FAU Campus Grounds Maintenance

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**Description:** Maintenance of all the campus grounds

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**Location:** Boca Raton, FL

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

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

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**Date of Completion:** Current

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**Firm's Percentage of Total Contract:** 100

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**Number of Change Orders:** 0

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**Value of Change Orders:** 0

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**Was Project Completed on Schedule:** Yes

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**Was Project Completed within Budget?** Yes

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**Project Number 5**

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**Project Name:** City of Stuart Grounds Maintenance

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**Description:** Grounds Maintenance of various locations within the city limits

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Location:	Stuart, FL
Client Name, Phone Number & Email:	Milton Leggett - 772-288-5341 - Mleggett@ci.stuart.fl.us
Value of Total Contract:	\$71,000.00
Date of Completion:	Current
Firm's Percentage of Total Contract:	35
Number of Change Orders:	0
Value of Change Orders:	0
Was Project Completed on Schedule:	Yes
Was Project Completed within Budget?	Yes

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

See Above

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

We are well equipped and have the current labor force with supervision to be able to

complete all aspects of the services outlined in the RFP

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

10-12 workers with an account manager. BMP, MOT\_\_

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

Total Number of Projects where Failure to Complete Work Occurred: 0

Project Number 1

Project Name:

Project Location:

Client Name and Phone Number:

Engineer Name and Phone Number:

Date:

Reason:

Insert additional projects if needed.

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

Yes ( )

No ( x )

If yes, please explain:

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

None

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

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

None

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

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

None

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

20. Provide a Project Management Plan.

21. Provide an Equipment List.

22. Provide a Project Schedule.

*Darren McDonough*

Signature

Senior VP

Title

**\*\* THIS WILL BE THE ONLY FORM ACCEPTED UNLESS DIRECTED  
IN A FUTURE ADDENDUM. \*\***





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**NOTICE TO ALL PROPOSERS:**

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

All questions regarding this Solicitation are to be submitted in writing to Nadia Tourjee, Procurement Agent I with the Procurement Management Department via e-mail [NTourjee@cityofpsl.com](mailto:NTourjee@cityofpsl.com), or by phone 772-871-5224. Please reference the Solicitation number on all correspondence to the City.

All questions, comments and requests for clarification must reference the Solicitation number on all correspondence to the City. Any oral communications shall be considered unofficial and non-binding.

Only written responses to written communication shall be considered official and binding upon the City. The City reserves the right, at its sole discretion, to determine appropriate and adequate responses to the written comments, questions, and requests for clarification.

\*NOTE: All addendums and/or any other correspondence before bid close date (general information, question and responses) to this solicitation will be made available exclusively through the [DemandStar's Website](#) for retrieval. All notice of intent to award documentation will be published on the [City Clerk's Website](#). Proposers are solely responsible for frequently checking these websites for updates to this solicitation.

**I understand and shall fully comply with all requirements of City of Port. St. Lucie Ordinance 20-15, Section 35.13.**

Typed Name:     Darren McDounough      
Signed:     Darren McDonough      
Company and Job Title:     Brightview Landscape Services, Inc - Senior VP      
Date:     7/13/23



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**e-BID #20230049**  
**CONTRACTOR'S CODE OF ETHICS**

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

- ◆ A Contractor's bid or proposal will be competitive, consistent, and appropriate to the bid documents.
- ◆ A Contractor will not discuss or consult with other Vendors intending to bid on the same contract or similar City contract for the purpose of limiting competition. A Vendor will not make any attempt to induce any individual or entity to submit or not submit a bid or proposal.
- ◆ Contractor will not disclose the terms of its bids or proposal, directly or indirectly, to any other competing Vendor prior to the bid or proposal closing date.
- ◆ Contractor will completely perform any contract awarded to it at the contracted price pursuant to the terms set forth in the contract.
- ◆ Contractor will submit timely, accurate and appropriate invoices for goods and/or services actually performed under the contract.
- ◆ Contractor will not offer or give any gift, item, or service of value, directly or indirectly, to a City employee, City official, employee family member or other vendor contracted by the City.
- ◆ Contractor will not cause, influence, or attempt to cause or influence, any City employee or City Official, which might tend to impair his/her objectivity or independence of judgment; or to use, or attempt to use, his/her official position to secure any unwarranted privileges or advantages for that Vendor or for any other person.
- ◆ Contractor will disclose to the City any direct or indirect personal interests a City employee or City official holds as it relates to a Vendor contracted by the City.
- ◆ Contractor must comply with all applicable laws, codes or regulations of the countries, states and localities in which they operate. This includes, but is not limited to, laws and regulations relating to environmental, occupational health and safety, and labor practices. In addition, Contractor must require their suppliers



(including temporary labor agencies) to do the same. Contractor must conform their practices to any published standards for their industry. Compliance with laws, regulations and practices include, but are not limited to the following:

- Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling, and substitution methods.
- Providing workers with a safe working environment, which includes identifying and evaluating workplace risks and establishing processes for which employee can report health and safety incidents, as well as providing adequate safety training.
- Providing workers with an environment free of discrimination, harassment, and abuse, which includes establishing a written antidiscrimination and anti-bullying/harassment policy, as well as clearly noticed policies pertaining to forced labor, child labor, wage and hours, and freedom of association.

Name of Organization/Proposer Brightview Landscape Services, Inc.

Signature *Darren McDonough*

Printed Name and Title Darren McDonough - Senior VP

Date 7/13/23

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



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E-Verify Form

Supplier/Consultant acknowledges and agrees to the following:

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

E-Verify Company Identification Number 19959
Date of Authorization 10/23/09
Name of Contractor Brightview Landscape Services, Inc.
Name of Project Swale Liner Maintenance - Areas A & B
Solicitation Number (If Applicable) EBID-20230049-0-2023/NT0

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

Executed on July 13, 2023 in Stuart (city), FL (state).

Darren McDonough
Signature of Authorized Officer

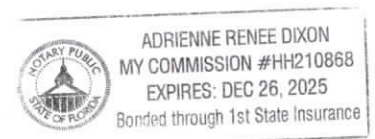
Darren McDonough - Senior VP
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 13th DAY OF July, 2023.

NOTARY PUBLIC Adrienne Dixon

My Commission Expires: December 26, 2025





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**NON-COLLUSION AFFIDAVIT**  
**EBID#20230049**  
**Swale Liner Maintenance - Areas A & B**

State of Florida }

County of Martin }

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

1. They are Senior VP of Brightview Landscape Services, Inc. the Proposer that  
(Title) (Name of Company)

has submitted the attached PROPOSAL;

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

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

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

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

(Signed) Darren McDonough

(Title) Senior VP



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

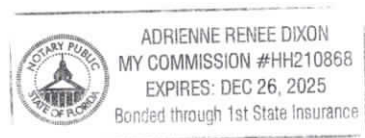
The foregoing instrument was acknowledged before me this (Date) July 13, 2023

by: Darren McDonough who is personally known to me or who has produced  
\_\_\_\_\_ as identification and who did (did not) take an oath.

Commission No. HH210868

Notary Print: Adrienne Dixon

Notary Signature: Adrienne Dixon





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**DRUG-FREE WORKPLACE FORM**  
**e-BID #20230049**  
**Swale Liner Maintenance - Areas A & B**

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

Brightview Landscape Services Inc. does:

(Name of Business)

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

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

*Darren McDonough*

Contractor's Signature

7/13/23

Date



**BID BOND**

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

of 3340 SE Dixie Hwy, Stuart, FL 34997

(hereinafter called the Principal), as Principal, and LIBERTY MUTUAL INSURANCE COMPANY

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

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

(hereinafter called the Obligee) in the penal sum of \_\_\_\_\_

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

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

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

Swale Liner Maintenance – Area A & B eBid (Event) Number: 20230049

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

Signed and sealed this 14th day of July, 2023



Mary Volmar  
Mary Volmar

Witness

BRIGHTVIEW LANDSCAPE SERVICES, INC. (Seal)

Meghan Hanes  
Meghan Hanes  
Attorney-in-Fact

Principal

Title

Beverly McCoy  
Beverly McCoy

Witness

LIBERTY MUTUAL INSURANCE COMPANY

Samantha Russell  
Samantha Russell

Attorney-in-Fact

Optional Counter Signature Area

Empty signature lines for the counter area.



# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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

State of California

County of Los Angeles

On 07/14/23 before me, Tracy Aston, Notary Public, personally appeared Meghan Hanes who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that ~~he~~/she/~~they~~ executed the same in ~~his~~/her/~~their~~ authorized capacity(ies), and that by ~~his~~/her/~~their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



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

WITNESS my hand and official seal.

Signature \_\_\_\_\_

Handwritten signature of Tracy Aston in blue ink.

Signature of Notary Public

**Limited Power of Attorney**

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

**Aon Employee**

**Los Angeles**  
Meghan Hanes  
Samantha Russell  
Tracy Aston  
Vanessa Fong

**Philadelphia**  
George Gionis  
Sara Owens  
Sean Dent

**New York**  
Frances Rodriguez  
Francesca Kazmierczak

**Chicago**  
Jennifer L. Jakaitis  
Nicholas Kertesz

**Aon Subsidiary**

**Aon Risk Services West, Inc.**

**Aon Risk Services Northeast, Inc.**

**Aon Risk Services Northeast, Inc.**

**Aon Risk Services Central, Inc.**

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

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

Dated: March 24, 2023

By *Louay H. Khatib*  
Name: *LOUAY H. KHATIB*  
Title: *CHIEF ACCOUNTING OFFICER*

Sworn to and subscribed before me  
this *24<sup>th</sup>* day of *March*, 20*23*.  
*Christine Tryon*

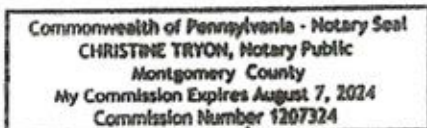




Exhibit A

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



## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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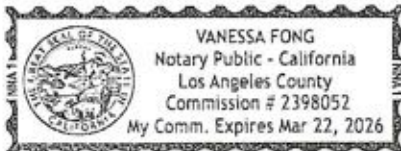
State of California

County of Los Angeles

On 07/14/23 before me, Vanessa Fong, Notary Public, personally appeared Samantha Russell who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.



Signature

*Vanessa Fong*  
Signature of Notary Public



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

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

Certificate No: 8208265-024029

POWER OF ATTORNEY

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

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

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



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

By: David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

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

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



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

By: Teresa Pastella, Notary Public

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

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

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

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

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

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

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

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 14 day of July, 2023



By: Renee C. Llewellyn, Assistant Secretary

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

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

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Brightview Landscape Services, Inc.</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>P.O. Box 740655</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Atlanta, GA 30374-0655</b>	
<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
9	5	-	4	1	9	4	2	2	3

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>1/10/2023</u>
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**General Instructions**

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

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

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

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

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

**COVERAGES**      **CERTIFICATE NUMBER:** 570095422007      **REVISION NUMBER:**

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

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

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

### CERTIFICATE HOLDER

### CANCELLATION

Brightview Landscape 6350 9th Street SW Vero Beach, FL 32968	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  <i>Aon Risk Services Central, Inc.</i>

## Swale Production Plan

Based on 3 rotations April - September 2024

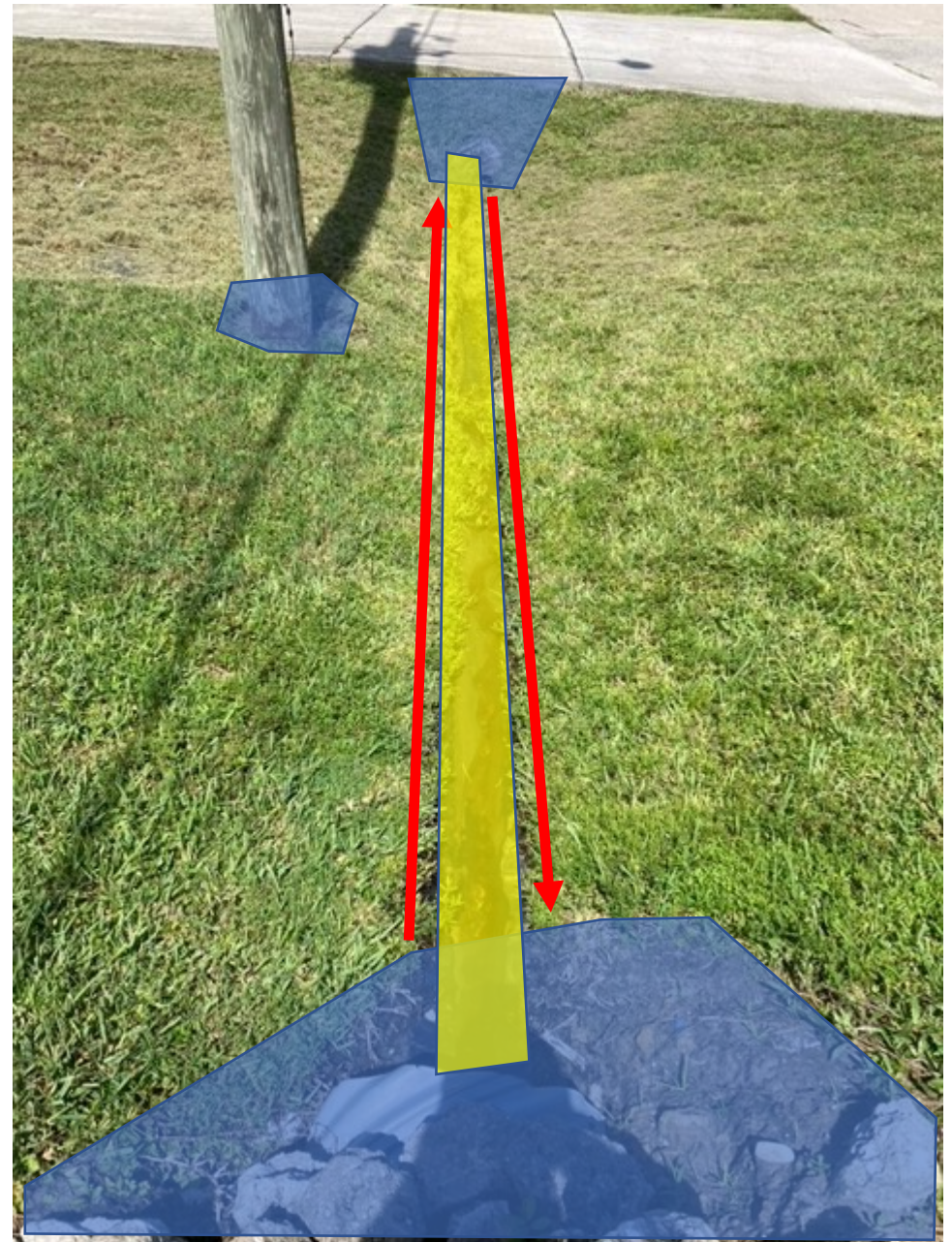
### Crew Breakdown per Area

- Three 6 man crews with 2 Production Managers (20 Person Team) - Account Manager and Branch Manager
  - Two crew members will run the edgers
  - One will follow with string trimmer – Hitting all outflows, culverts, headwalls, fire hydrants, etc.
  - Two will follow with shovel – Utilizing irrigation shovel in liner, standard shovel and rakes in culverts.
  - One will assist shovel member with debris removal and disposal – Utilizing buckets and debris cans to move to Izuzu and/or debris trailer or stage for pickup.
  - Edger crew members will edge back to beginning to blow out liners and assist with debris and repairs.
  - String trimmer crew member will be available to re-peg and do repairs if needed as he finishes his rotation – Will pick up pegs and liners in bulk beginning of month or as needed so there is no down time on the repairs.
  - Will utilize MOT and appropriate safety standards where applicable. See attached MOT License.
  - Path of Motion determined by the city on attached map.
  - Utilization of Kubotas and Izuzu dump trucks used for transportation and dumping of debris at city designated dump site.
  - Production managers are boots on the ground used as floaters to help the crews with any of there needs especially driving to dump, repairs, and any emergencies.
  - Account manager and branch manager also available for communication and emergencies



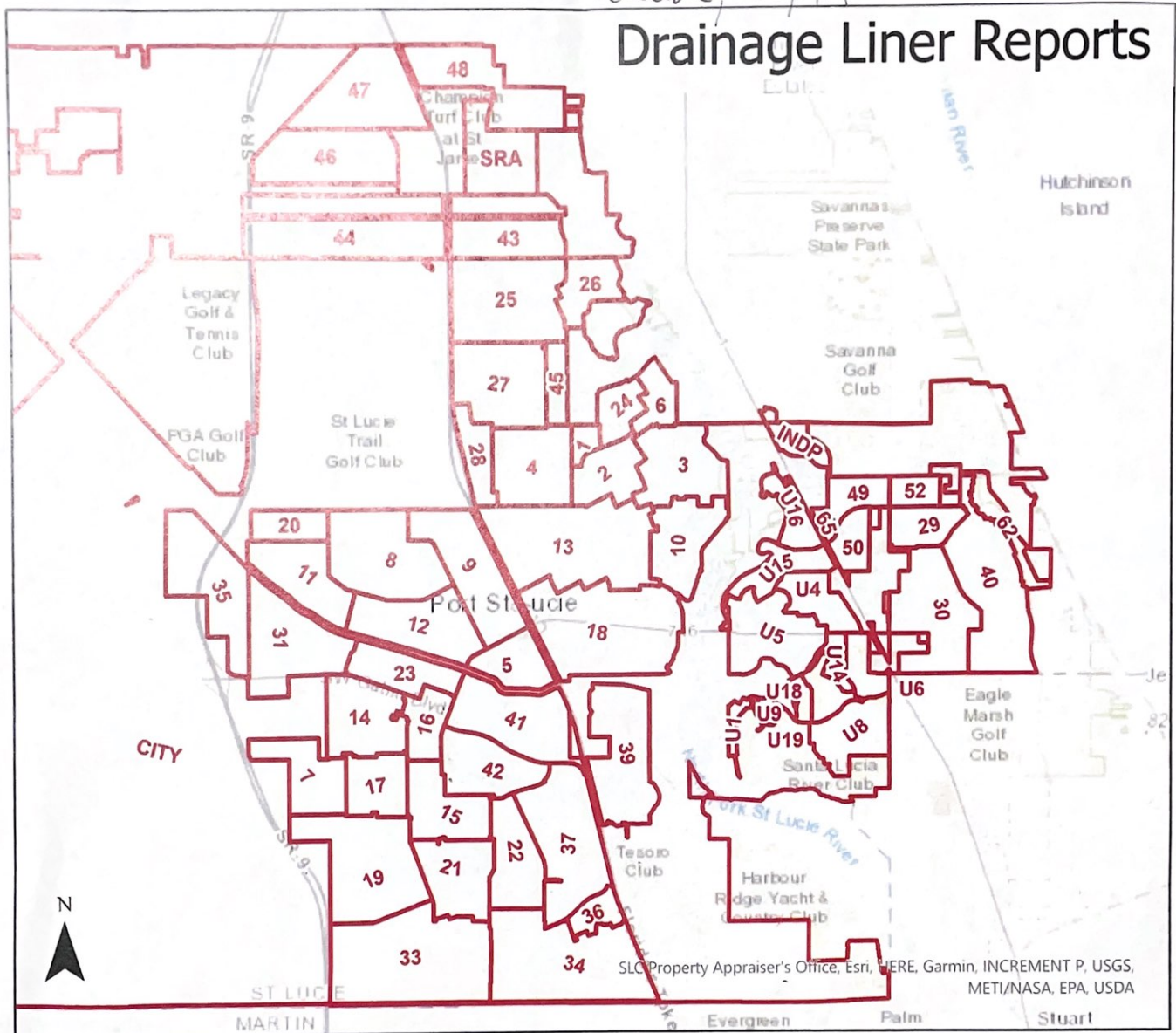


- Edge – Red
- String Trim – Blue
- Shovel - Yellow



Schedule reports

# Drainage Liner Reports



SLO Property Appraiser's Office, Esri, HERE, Garmin, INCREMENT P, USGS, METI/NASA, EPA, USDA

SECTION	TOTAL MILES	REMAIN	Page
CITY	967.34	409.26	0
1	2.68	2.4	1
2	13.15	5.68	2
3	22.68	7.47	3
4	24.58	7.84	4
5	9.65	5.88	5
6	8.11	3.74	6
7	17.02	7.32	7
8	33.14	11.08	8
9	24.43	10.27	9
10	20.91	7.38	10
11	19.14	7.02	11
12	23.59	12.04	12
13	49.9	17.63	13
14	20.01	9.75	14
15	16.67	9.1	15
16	8.58	4.15	16
17	15.38	5.77	17
18	41.62	16.95	18
19	39.8	14.88	19
20	8.34	3.71	20
21	19.51	9.1	21

SECTION	TOTAL MILES	REMAIN	Page
22	18.24	7.07	22
23	11.6	6.9	23
24	8.82	3.53	24
25	29.56	18.54	25
26	8.9	5.07	26
27	25.54	12.31	27
28	6.14	3.22	28
29	8.64	2.72	29
30	29.41	8.91	30
31	25.91	9.94	31
33	39.06	27.82	32
34	36.84	22.31	33
35	24.34	12.59	34
36	5.56	1.6	35
37	13.53	4.08	36
39	26.16	8.92	37
40	37.27	10.6	38
41	24.42	11.39	39
42	1.92	0.18	40
43	18.35	5.2	41
44	30.78	9.07	42
45	0.75	4.77	43

SECTION	TOTAL MILES	REMAIN	Page
46	14.52	6.86	44
47	10.79	8.12	45
48	10.91	8.56	46
49	0.57	0.12	47
50	0.96	0.14	48
52	0.32	0	49
62	1.87	0.31	50
65	0.1	0	51
UNIT 1	0.56	-0.06	52
UNIT 4	9.9	2.02	53
UNIT 5	24.06	3.12	54
UNIT 6	6.13	0.41	55
UNIT 8	11.94	2.94	56
UNIT 9	0.08	0.01	57
UNIT 14	0.24	0.1	58
UNIT 15	0.59	0.13	59
UNIT 16	0.25	0.06	60
UNIT 18	0.15	0.05	61
UNIT 19	0.13	-0.08	62
INDP	1.09	0.4	63
SRA	1.4	0.33	64



# SWALE LINER MAINTENANCE PROGRAM

(ORDER OF ROTATION for July 2023 & July 2023)

TOTAL SWALE LINER MILES 484.35 FOR AREA B OFFICE 6/20/23

START OF ROTATION      Miles	START OF ROTATION      Miles
Start 2023	
June, 2023	July 2023
1. SECTION 62                      1.87	1. SECTION 3                      22.68
2. SECTION 40                      37.27	2.. SECTION 1                      2.68
3. SECTION 30                      29.41	3. SECTION 2                      13.15
4. SECTION 29                      8.64	4. SECTION 24                      8.82
5. SECTION 52                      0.32	5. SECTION 6                      8.11
6. SECTION 50                      0.96	6. SECTION 4                      24.58
7. SECTION 49                      0.57	7. SECTION 28                      6.14
8. SECTION 65                      0.1	8. SECTION 27                      25.54
9. IND. PK.                      1.09	9. SECTION 45                      0.75
10. UNIT 16                      0.25	10. SECTION 25                      29.56
11. UNIT 15                      0.59	11. SECTION 26                      8.9
12. UNIT 4                      9.9	12. SECTION 43                      18.35
13. UNIT 6                      6.13	13. SECTION S.R.A.                      1.4
14. UNIT 1                      0.56	14. SECTION 48                      10.91
15. UNIT 19                      0.13	15. SECTION 47                      10.79
16. UNIT 18                      0.15	16. SECTION 46                      14.52
17. UNIT 9                      0.08	17. SECTION 44                      30.78
18. UNIT 8                      11.94	
19. UNIT 14                      0.24	
20. UNIT 5                      24.06	
21. SECTION 18                      41.62	<b>Total Miles = 237.66</b>
22. SECTION 13                      49.9	
23. SECTION 10                      20.91	<b>Area B = \$0.00 Unit Price</b>
<b>Total Miles = 246.69</b>	
	Maps 5/26/2023

# Certificate of Completion

**ALEXI ZAMORA**

**Has Completed a Florida Department of  
Transportation Approved Temporary Traffic  
Control (TTC) Intermediate Course.**

12/10/2025

Date Expires

145

FDOT Provider #

Jason Henley

Instructor

79545

Certificate #



A Plus Training by Ron Henley, LLC  
9001 SW 124 Street  
Alachua, FL 32618  
aplustrainingbyronhenley.com  
rhenley8@cox.net



For more information about Temporary Traffic  
Control (TTC) or to verify this certificate

[www.motadmin.com](http://www.motadmin.com)

## Swale Production Plan

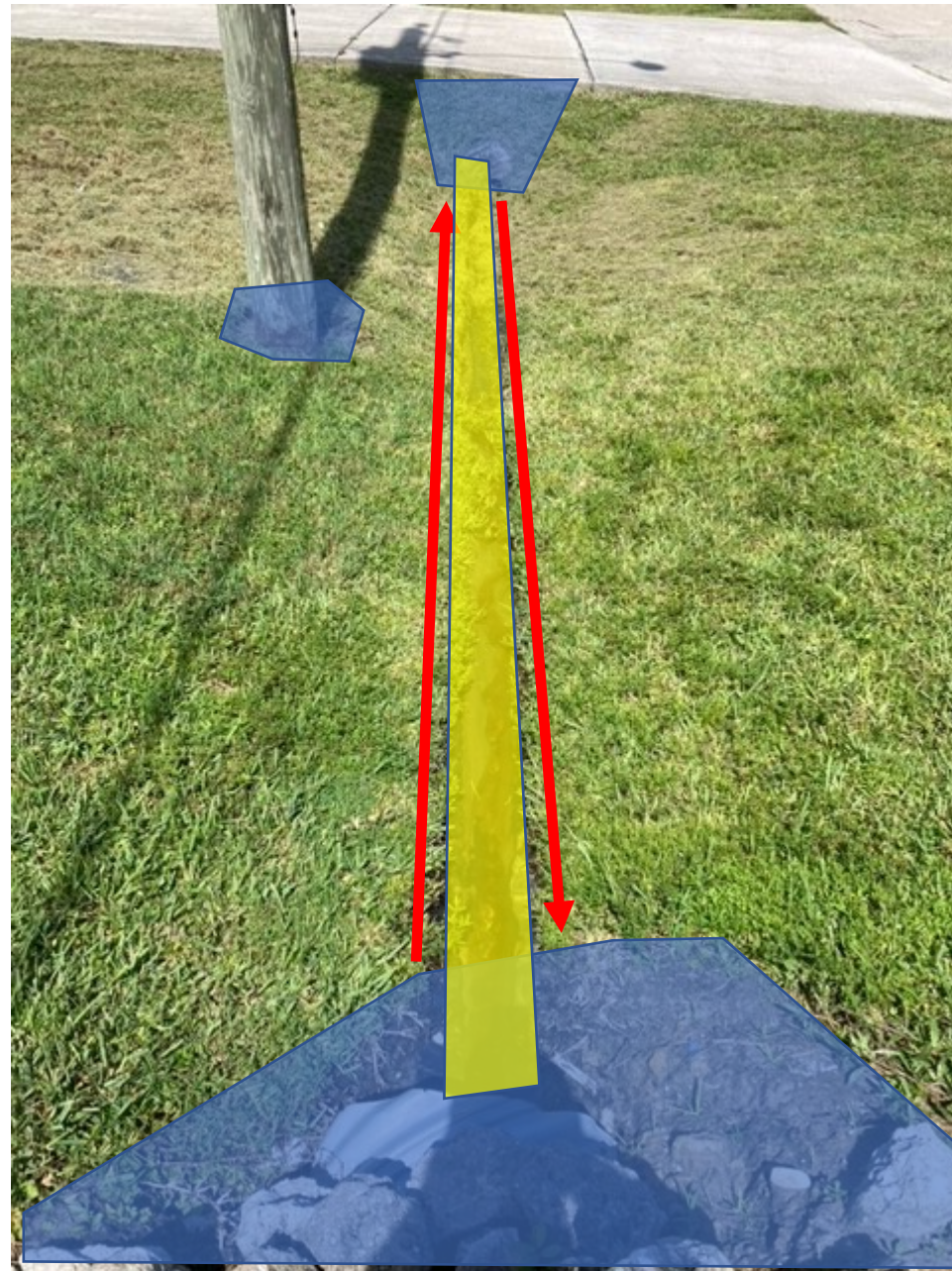
Based on 10 rotations annually  
Crew Breakdown per Area

- Three 6 man crews with 2 Production Managers (20 Person Team) - Account Manager and Branch Manager
  - Two crew members will run the edgers
  - One will follow with string trimmer – Hitting all outflows, culverts, headwalls, fire hydrants, etc.
  - Two will follow with shovel – Utilizing irrigation shovel in liner, standard shovel and rakes in culverts.
  - One will assist shovel member with debris removal and disposal – Utilizing buckets and debris cans to move to Izuzu and/or debris trailer or stage for pickup.
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  - Will utilize MOT and appropriate safety standards where applicable. See attached MOT License.
  - Path of Motion determined by the city on attached map.
  - Utilization of Kubotas and Izuzu dump trucks used for transportation and dumping of debris at city designated dump site.
  - Production managers are boots on the ground used as floaters to help the crews with any of there needs especially driving to dump, repairs, and any emergencies.
  - Account manager and branch manager also available for communication and emergencies



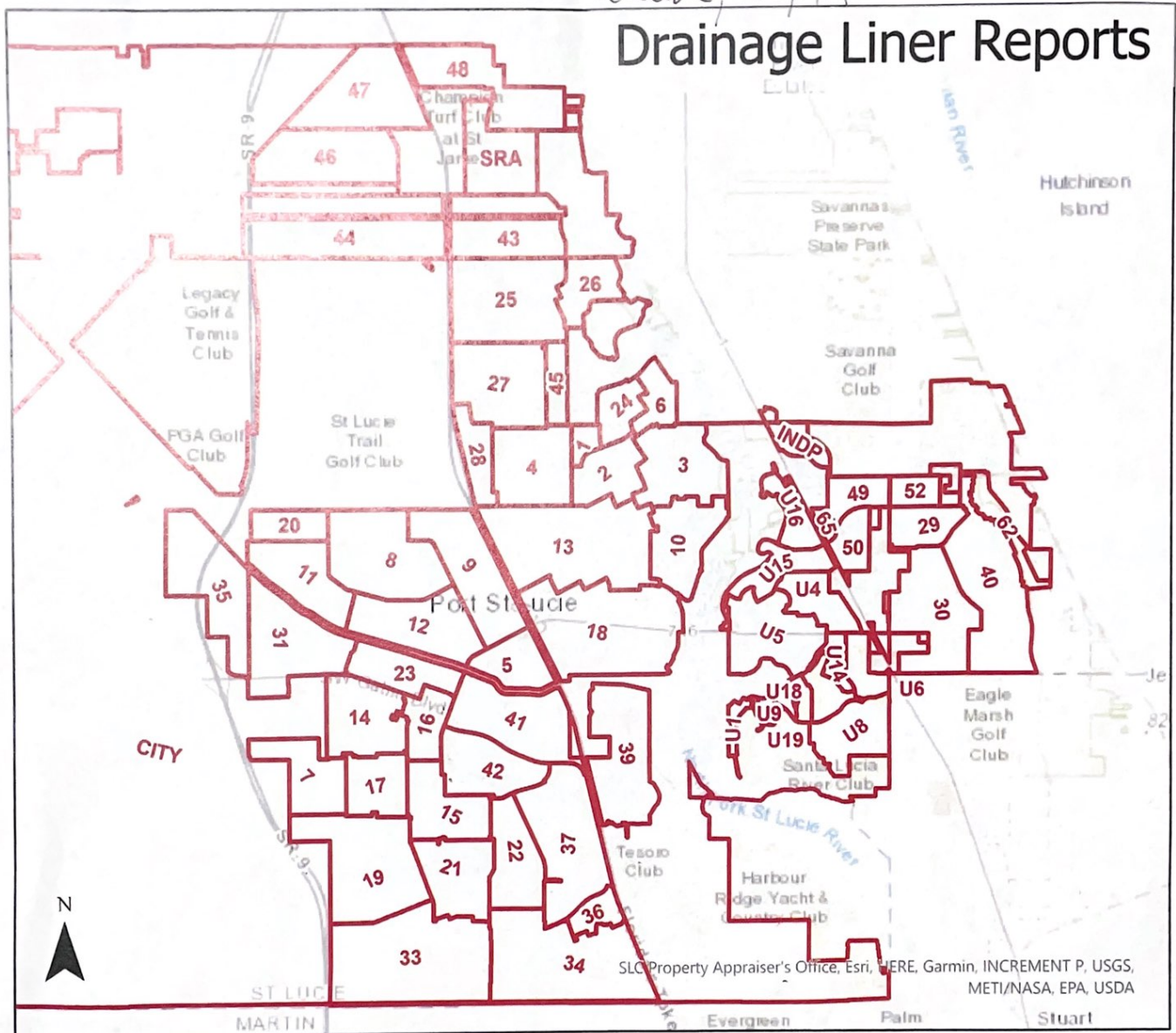


- Edge – Red
- String Trim – Blue
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Schedule reports

# Drainage Liner Reports



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UNIT 8	11.94	2.94	56
UNIT 9	0.08	0.01	57
UNIT 14	0.24	0.1	58
UNIT 15	0.59	0.13	59
UNIT 16	0.25	0.06	60
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UNIT 19	0.13	-0.08	62
INDP	1.09	0.4	63
SRA	1.4	0.33	64

# SWALE LINER MAINTENANCE PROGRAM

(ORDER OF ROTATION for July 2023 & July 2023)

TOTAL SWALE LINER MILES 484.35 FOR AREA B OFFICE 6/20/23

START OF ROTATION      Miles	START OF ROTATION      Miles
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6. SECTION 50                                              0.96	6. SECTION 4                                                      24.58
7. SECTION 49                                              0.57	7. SECTION 28                                                      6.14
8. SECTION 65                                              0.1	8. SECTION 27                                                      25.54
9. IND. PK.                                                      1.09	9. SECTION 45                                                      0.75
10. UNIT 16                                                      0.25	10. SECTION 25                                                      29.56
11. UNIT 15                                                      0.59	11. SECTION 26                                                      8.9
12. UNIT 4                                                      9.9	12. SECTION 43                                                      18.35
13. UNIT 6                                                      6.13	13. SECTION S.R.A.                                                      1.4
14. UNIT 1                                                      0.56	14. SECTION 48                                                      10.91
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<b>Total Miles = 246.69</b>	
	<b>Maps 5/26/2023</b>

# Certificate of Completion

**ERNEST FORGONY**

**Has Completed a Florida Department of  
Transportation Approved Temporary Traffic  
Control (TTC) Intermediate Course.**

**12/10/2025**

Date Expires

**145**

FDOT Provider #

**Jason Henley**

Instructor

**79577**

Certificate #



A Plus Training by Ron Henley, LLC  
9001 SW 124 Street  
Alachua, FL 32618  
[aplustrainingbyronhenley.com](http://aplustrainingbyronhenley.com)  
[rhenley8@cox.net](mailto:rhenley8@cox.net)



For more information about Temporary Traffic  
Control (TTC) or to verify this certificate

[www.motadmin.com](http://www.motadmin.com)

## Swale Production Plan

Based on 3 rotations annually (4 month intervals)

Crew Breakdown per Area

- Two 4 man crews with Production Manager
  - One member will run the edger
  - One will follow with string trimmer
  - One will follow with shovel
  - One will assist shovel member with debris removal and disposal
  - Edger crew member will edge back to beginning and blow out liner
  - String trimmer crew member will be available to re-peg and do repairs if needed as he finishes his rotation
  - Will utilize MOT and appropriate safety standards where applicable.





**City of Port St. Lucie**  
**Procurement Management Department**  
**E-Bid #20230049**  
**Swale Liner Maintenance - Areas A & B**  
**E-Bid Reply Excel Spreadsheet**  
**Schedule A (Attachment B)**

Company Name: Brightview Landscapes Services, Inc.

Line #	Drainage Swale Liner Maintenance	Est. # of Miles	Annual Rotations	Total Miles Maintained
<b>Year 1</b>				
1	Area A	482.50	3	1,447.50
2	Area B	485.40	3	1,456.20
				<b>TO</b>
<b>Year 2</b>				
1	Area A	482.50	1	482.50
2	Area B	485.40	1	485.40
				<b>TO</b>
<b>Optional Rotations</b>				
1	Area A	482.50	6	2,895.00
2	Area B	485.40	6	2,912.40

NOTE: The City's Estimated Annual Usage as indicated in this document has been inserted to estimate by the City during the Contract Period may vary substantially from the Estimated Annual Usage. Bid computation will be estimates. The City makes no guarantee as to the actual quantity or type of service.

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

Contractor's Signature:     *Darren McDonough*    

Printed - Contractor's Name:     Darren McDonough - Senior VP    

Contractor's Phone Number:     305-904-8356

Contractor's Email Address: \_\_ darren.mcdonough@brightview.com

E-BID #20230049

Page 1 of 1

Attachment B

*Darren McDonough*

it

B

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Fixed Price per Mile	Toatal Annual Amount
\$ 479.00	\$ 693,352.50
\$ 479.00	\$ 697,519.80
<b>TAL AMOUNT FOR YEAR 1</b>	<b>\$ 1,390,872.30</b>
\$ 499.00	\$ 240,767.50
\$ 499.00	\$ 242,214.60
<b>TAL AMOUNT FOR YEAR 2</b>	<b>\$ 482,982.10</b>
\$ 479.00	\$ 1,386,705.00
\$ 479.00	\$ 1,395,039.60

ublish a possible annual usage. Actual quantities that will be ordered  
lders are cautioned that the anticipated quantities used for this  
vices that will be utilized during the Contract period.

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

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

**COVERAGES**      **CERTIFICATE NUMBER:** 570095422007      **REVISION NUMBER:**

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

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

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

### CERTIFICATE HOLDER

### CANCELLATION

Brightview Landscape 6350 9th Street SW Vero Beach, FL 32968	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  <i>Aon Risk Services Central, Inc.</i>

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# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Brightview Landscape Services, Inc.</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>P.O. Box 740655</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Atlanta, GA 30374-0655</b>	
<b>7</b> List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
9	5	-	4	1	9	4	2	2	3

### Part II Certification

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ 1/10/2023
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### General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.  
*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*