

E-BID #20220035
 Traffic Stripping & Markings
 Cost Worksheet - Schedule A
 Attachment A

Company Name: Southwick Industries, Inc.

Line #	Description	Unit	Estimated Quantity	Unit Price	Total Price
1	Raised Pavement Markers, Installed, all colors Class B, ReflectORIZED, 4x4, Bi-directional Class "B"	Per marker	10,000	\$4.00	\$ 40,000.00
2	Stop Bars, 24" wide	Per FT	15,000	\$3.00	\$ 45,000.00
3	Pavement Markings Removed by Grinding	Per SQ FT	40,000	\$1.00	\$ 40,000.00
4	Sign Post 12' round aluminum 3 1/2" dia.	EA	150	\$150.00	\$ 22,500.00
5	Breakaway Base for round aluminum post	EA	150	\$100.00	\$ 15,000.00
6	Sign R4-7 Keep Right	EA	150	\$95.00	\$ 14,250.00
7	Sign OM1-1 Object Market	EA	150	\$40.00	\$ 6,000.00
8	Core Drill 8" dia. Hole in concrete for Sign Post	EA	150	\$10.00	\$ 1,500.00
9	TOTAL:				\$ 184,250.00

Additional Items

Line #	Description	Unit	Unit Price
10	Raised Pavement Markers, Self Adhesive Class "B" all colors (Price per 100 count box) - not installed	Per marker	\$5.00

Painting Traffic Stripes and Markings - Furnish and Install			
11	4" Solid Stripe for Parking Stalls	0 - 5,000 LF	\$ 0.35
12	4" Solid Stripe for Parking Stalls	> 5,000 LF	\$ 0.10
13	6" Skip Stripe, 1:3 Ratio	0 - 5,000 LF	\$ 0.35
14	6" Skip Stripe, 1:3 Ratio	5,001 - 10,000 LF	\$ 0.35
15	6" Skip Stripe, 1:3 Ratio	10,001 - 50,000 LF	\$ 0.20
16	6" Skip Stripe, 1:3 Ratio	> 50,001 LF	\$ 0.20
17	6" Skip Stripe, 6:10 Ratio	0 - 5,000 LF	\$ 0.35
18	6" Skip Stripe, 6:10 Ratio	5,001 - 10,000 LF	\$ 0.20
19	6" Skip Stripe, 6:10 Ratio	10,001 - 50,000 FL	\$ 0.10
20	6" Skip Stripe, 6:10 Ratio	> 50,001 LF	\$ 0.05
21	6" Solid Stripe	0 - 5,000 LF	\$ 0.35
22	6" Solid Stripe	5,001 - 10,000 LF	\$ 0.35

Additional Items

Line #	Description	Unit	Unit Price
23	6" Solid Stripe	10,001 - 50,000 FL	\$ 0.35
24	6" Solid Stripe	> 50,001 LF	\$ 0.15
25	8" Solid Stripe	0 - 5,000 LF	\$ 0.35
26	8" Solid Stripe	5,001 - 10,000 LF	\$ 0.20
27	8" Solid Stripe	10,001 - 50,000 FL	\$ 0.20
28	8" Solid Stripe	> 50,001 LF	\$ 0.20
29	12" Solid Stripe	0 - 5,000 LF	\$ 0.75
30	12" Solid Stripe	5,001 - 10,000 LF	\$ 0.70
31	12" Solid Stripe	10,001 - 50,000 FL	\$ 0.40
32	12" Solid Stripe	> 50,001 LF	\$ 0.40
33	18" Solid Stripe	0 - 5,000 LF	\$ 0.90
34	Arrows, Single Head	EA	\$ 25.00
35	Arrows, Combination	EA	\$ 30.00
36	Letters & Words	Per SQ FT	\$ 3.00
37	Stop Bars, 24" Wide	Per FT	\$ 1.30
38	Handicap Stalls w/ Symbol and Walkways	EA	\$ 50.00
39	Handicap Stalls w/ Symbol only	EA	\$ 50.00
40	Reflective Paint (Island Nose)	Per SQ FT	\$ 4.00

Thermoplastic Traffic Stripes and Markings - Furnish and Install			
41	4" Solid Stripe for Parking Stalls	0 - 5,000 LF	\$ 0.80
42	4" Solid Stripe for Parking Stalls	5,001 - 10,000 LF	\$ 0.80
43	6" Skip Stripe, 1:3 Ratio	0 - 5,000 LF	\$ 0.90
44	6" Skip Stripe, 1:3 Ratio	5,001 - 10,000 LF	\$ 0.90
45	6" Skip Stripe, 1:3 Ratio	10,001 - 50,000 FL	\$ 0.70
46	6" Skip Stripe, 1:3 Ratio	> 50,001 LF	\$ 0.60
47	6" Skip Stripe, 2:4 Ratio	0 - 5,000 LF	\$ 0.90
48	6" Skip Stripe, 2:4 Ratio	5,001 - 10,000 LF	\$ 0.50
49	6" Skip Stripe, 2:4 Ratio	10,001 - 50,000 FL	\$ 0.50
50	6" Skip Stripe, 2:4 Ratio	> 50,001 LF	\$ 0.50
51	6" Skip Stripe, 6:10 Ratio	0 - 5,000 LF	\$ 0.90
52	6" Skip Stripe, 6:10 Ratio	5,001 - 10,000 LF	\$ 0.90
53	6" Skip Stripe, 6:10 Ratio	10,001 - 50,000 FL	\$ 0.50
54	6" Skip Stripe, 6:10 Ratio	> 50,001 LF	\$ 0.50
55	6" Solid Stripe	0 - 5,000 LF	\$ 0.95
56	6" Solid Stripe	5,001 - 10,000 LF	\$ 0.95
57	6" Solid Stripe	10,001 - 50,000 FL	\$ 0.95
58	6" Solid Stripe	> 50,001 LF	\$ 0.95

Additional Items

Line #	Description	Unit	Unit Price
59	8" Solid Stripe	0 - 5,000 LF	\$ 0.95
60	8" Solid Stripe	5,001 - 10,000 LF	\$ 0.60
61	8" Solid Stripe	10,001 - 50,000 FL	\$ 0.40
62	8" Solid Stripe	> 50,001 LF	\$ 0.40
63	12" Solid Stripe	0 - 5,000 LF	\$ 1.60
64	12" Solid Stripe	5,001 - 10,000 LF	\$ 1.60
65	12" Solid Stripe	10,001 - 50,000 FL	\$ 1.00
66	12" Solid Stripe	> 50,001 LF	\$ 0.90
67	18" Solid Stripe	0 - 5,000 LF	\$ 3.00
68	Arrows	EA	\$ 80.00
69	Arrows, Combination	EA	\$ 80.00
70	Letters & Words	Per SQ FT	\$ 7.00
71	Bike Lane Symbol	EA	\$ 120.00
72	Handicap Stalls w/ Symbol and Walkway	EA	\$ 50.00
73	Handicap Stalls w/ Symbol only	EA	\$ 50.00
74	Decorative Crosswalk	Per SQ FT	\$ 95.00
75	Pavement Markings Removed (FDOT spec.)	Per SQ FT	\$ 6.00
76	Yield Line, White, Standard	Per LF	\$ 5.00


Roadway Signs and Post - Furnish and Install			
77	Sign Post 12' round aluminum 3" dia.	EA	\$ 150.00
78	Sign Post 12' round aluminum 4" dia.	EA	\$ 200.00
79	Sign Post 16' round aluminum 3" dia.	EA	\$ 165.00
80	Sign Post 16' round aluminum 3 1/2" dia.	EA	\$ 190.00
81	Sign Post 16' round aluminum 4" dia.	EA	\$ 250.00
82	Sign Post 12' perforated square galvanized 2"	EA	\$ 95.00
83	Sign Post 14' perforated square galvanized 2"	EA	\$ 95.00
84	Sign Post 16' perforated square galvanized 2"	EA	\$ 95.00
85	Sign R1-1 Stop Sign 30"x30"	EA	\$ 50.00
86	Sign R1-1 Stop Sign 36"x36"	EA	\$ 75.00
87	Sign R2-1 Speed Limit 18"x24"	EA	\$ 50.00
88	Sign W13-1 Advisory Speed 18"x18"	EA	\$ 30.00
89	Sign Misc. Warning 18"x18"	EA	\$ 30.00
90	Sign Misc. Warning 36"x36"	EA	\$ 70.00
91	Sign Street Name 9"x24"	EA	\$ 40.00
92	Sign Street Name 9"x30"	EA	\$ 50.00
93	Sign Street Name 9"x36"	EA	\$ 60.00
94	Sign Street Name 9"x42"	EA	\$ 60.00

Additional Items

Line #	Description	Unit	Unit Price
95	Sign Street Name 9"x48"	EA	\$ 70.00
96	Sign Street Name 12"x24"	EA	\$ 90.00
97	Sign Street Name 12"x30"	EA	\$ 100.00
98	Sign Street Name 12"x36"	EA	\$ 115.00
99	Sign Street Name 12"x42"	EA	\$ 125.00
100	Sign Street Name 12"x48"	EA	\$ 125.00

Note: Unit prices are limited to 2 decimals.

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

Contractor Signature: 
Contractor's Name: Adam Holmes
Contractor's Phone Number: 561-688-8833
Contractor's Email Address: adam@southwideindustries.com

CONTRACTOR'S GENERAL INFORMATION WORK SHEET
eBID #20220035

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 11000 Orange Avenue, Fort Pierce, Florida 34951, this 29th day of April, 2022
(Location)

Name of Organization/Contractor: Southwide Industries, Inc.

By: Adam Holmes, Vice President
Name and Title

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

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

Name: Southwide Industries, Inc.

Address: 11000 Orange Avenue
Fort Pierce, Florida 34951

Telephone Number: 561-688-8833

Fax Number: N/A

3. Contact person: Adam Holmes Email: adam@Southwideindustries.com

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

5. How many years has your organization been in business? 24 years

6. Total number of staff at this location: _____ Total number of staff on the Treasure Coast: 15

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

If no, is your company planning to implement such a program? Not at this time

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: Competency License

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

11. **BID RESPONSE:**

11.1 Bidder will / will not accept the Purchasing Card (Visa).
(please circle one)

11.2 Percentage of discount when payment is made with Visa: 0 %
*Please Note: The City has implemented a **Purchasing Card Program**. The Bidder can take advantage of this project and in consideration receive payment within several days instead of the City's payment policy. Any percentage off the bid price for the acceptance of Visa will be consideration in the bid award. If no such percentage is given, the City shall assume zero (0) percent discount applies.*

11.3 Bid Reply Total from Cost Worksheet – Schedule “A”: \$ 184,250.00
(This figure must match the Cost Worksheet and the figure that is to be used on the DemandStar web page. Discrepancies between the Cost Worksheet spreadsheet uploaded on DemandStar, the dollar amount listed on the web page at the time of submittal and the Cost Work Sheet #20220035 uploaded on DemandStar will be resolved in favor of the Cost Worksheet – Schedule “A” that is uploaded at time of submittal.)

Bidders are cautioned that the anticipated quantities used for this computation will be estimates. The City makes no guarantee as to the actual quantity that will be utilized during the Contract period. A unit price for each item shall be offered shall be shown, and such price shall include packing and shipping unless otherwise specified. A total shall be entered in the “Total” column for each separate item. In case of discrepancy between the unit price and the extended price, the unit price will supersede. The total amount shall be entered on line 11.3 above and entered on the DemandStar web page. The City reserves the right to split the award, if in the City’s opinion such a split is in the best interest of the City.

Interpretation of the Approximate Quantities - The Bidder’s attention is called to the fact that any estimate of quantities of work to be done and materials to be furnished under the specifications as shown on the proposed form (or elsewhere) is approximate only and not guaranteed by the City. The City does not assume any responsibility that the final quantities shall remain in strict accordance with the estimated quantities, nor shall the Bidder plead misunderstanding or deception because of such estimate of quantities or of the character, location of the work, or other condition pertaining thereto.

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

Project Number 1

Project Name: Annual Parking Market Contract #2020054
 Description: roadway Striping Contract

Location: Palme Beach County
Client Name, Phone Number & Email: Larry Kelly, 561-351-9298, lkelly@pbegov.org
Value of Total Contract: \$1,000,000.00
Date of Completion: May 2023
Firm's Percentage of Total Contract: 100%
Number of Change Orders: 0
Value of Change Orders: 0
Was Project Completed on Schedule: Yes (still ongoing)
Was Project Completed within Budget? Yes

Project Number 2

Project Name: SR A1A
Description: roadway striping

Location: Indian River County
Client Name, Phone Number & Email: CW Contracting, Mark D'Annunzio, 772-288-0951, mdannunzio@cwcontracting.com
Value of Total Contract: \$900,000.00
Date of Completion: December 2021
Firm's Percentage of Total Contract: 100%
Number of Change Orders: 0
Value of Change Orders: 0
Was Project Completed on Schedule: Yes
Was Project Completed within Budget? Yes

Project Number 3

Project Name: E4U22
Description: roadway striping and sign contract

Location: St. Lucie, Martin, and Indian River County
Client Name, Phone Number & Email: FDOT, Michael Jacobs, 772-429-4949, Michael.Jacobs@cbt.state.fl.us
Value of Total Contract: \$300,000.00
Date of Completion: February 2022
Firm's Percentage of Total Contract: 100%
Number of Change Orders: 0
Value of Change Orders: 0
Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

Project Number 4

Project Name: None

Description:

Location:

Client Name, Phone Number & Email:

Value of Total Contract:

Date of Completion:

Firm's Percentage of Total Contract:

Number of Change Orders:

Value of Change Orders:

Was Project Completed on Schedule:

Was Project Completed within Budget?

Project Number 5

Project Name: None

Description:

Location:

Client Name, Phone Number & Email:

Value of Total Contract:

Date of Completion:

Firm's Percentage of Total Contract:

Number of Change Orders:

Value of Change Orders:

Was Project Completed on Schedule:

Was Project Completed within Budget?

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

None

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

There will be no problems for Southwick Industries to meet the timeline and the budget given.

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

None

16. 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: None

Project Location:

Client Name and Phone Number:

Engineer Name and Phone Number:

Date:

Reason:

Insert additional projects if needed.

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

Yes ()

No (✓)

If yes, please explain:

18. 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)

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

None, No judgments

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

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

None, No criminal violations or convictions

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

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

Ennis - Flint, Inc # 336-308-3837 (Janet)

Traffic Supplies, # 772-905-3351 (Dean)

Signature

Vice President

Title



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NOTICE TO ALL PROPOSERS:

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

All questions regarding this Solicitation are to be submitted in writing to Michelle Fentress, Procurement Agent I with the Procurement Management Department via e-mail mfentress@cityofpsl.com, or by phone 772-871-5222. Please reference the Solicitation number on all correspondence to the City.

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

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

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

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

Typed Name: Adrian Holmes
Signed: [Signature]
Company and Job Title: Southwick Industries, LLC - Vice President
Date: 4/29/2022



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eBID #20220035

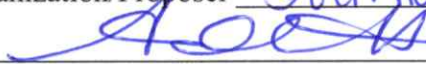
CONTRACTOR'S CODE OF ETHICS

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 Southwide Industries, Inc.
Signature 
Printed Name and Title Adem Holmes, Vice President
Date 4/29/2022

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.

E-Verify Company Identification Number 410333
Date of Authorization 4-22-2011
Name of Contractor Southwide Industries, LLC
Name of Project Traffic Striping and Markings
Solicitation Number (If Applicable) # 20220035

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

Executed on April 29th, 2022 in Fort Pierce (city), Florida (state).

[Signature]
Signature of Authorized Officer

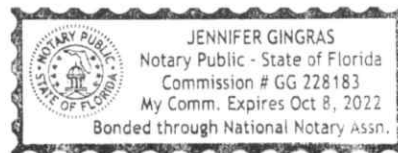
Adam Holmes, Vice President
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 29th DAY OF April, 2022.

NOTARY PUBLIC Jennifer Gingras

My Commission Expires: 10/8/2022





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NON-COLLUSION AFFIDAVIT

Solicitation#20220035

Traffic Striping & Markings

State of Florida }

County of St. Lucie }

Adam Holmes, being first duly sworn, disposes and says that:
(Name/s)

1. They are Vice President of Southwick Industries, 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) [Signature]

(Title) Vice President



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

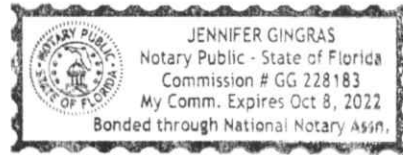
The foregoing instrument was acknowledged before me this (Date) April 29th 2022

by: Adam Holmes who is personally known to me or who has produced
_____ as identification and who did (did not) take an oath.

Commission No. 10/8/2022

Notary Print: Jennifer Gingras

Notary Signature: Jennifer Gingras





"A City for All Ages"

DRUG-FREE WORKPLACE FORM
e-BID #20220035

Traffic Striping & Markings

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

Southwide Industries, LLC 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.

[Handwritten Signature]

Contractor's Signature

4/29/2022
Date

BID BOND

**Travelers Casualty and Surety Company of America
Hartford, CT 06183**

KNOWN ALL BY THESE PRESENTS, That we, Southwide Industries, Inc.,
as Principal, and Travelers Casualty and Surety Company of America, as Surety, are
held and firmly bound unto City of Port St. Lucie, as
Obligee, in the sum of 5% of amount bid
Dollars (5% of amount bid) for the payment of which we bind ourselves, and our
successors and assigns, jointly and severally, as provided herein.

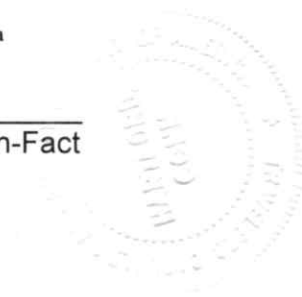
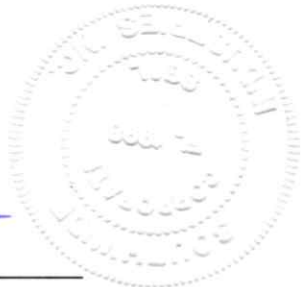
WHEREAS, Principal has submitted or is about to submit a bid to the Obligee on a
contract for Traffic Striping and Markings # 20220035
("Project").

NOW, THEREFORE, the condition of this bond is that if Obligee accepts Principal's bid,
and Principal enters into a contract with Obligee in conformance with the terms of the
bid and provides such bond or bonds as may be specified in the bidding or contract
documents, then this obligation shall be void; otherwise Principal and Surety will pay to
Obligee the difference between the amount of Principal's bid and the amount for which
Obligee shall in good faith contract with another person or entity to perform the work
covered by Principal's bid, but in no event shall Surety's and Principal's liability exceed
the penal sum of this bond.

Signed this 28th day of April, 2022.

(Principal)
By: [Signature]

Travelers Casualty and Surety Company of America
By: [Signature], Attorney-in-Fact





**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **TINA MANGUM** of **POMPANO BEACH Florida**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February**, 2017.



State of Connecticut

City of Hartford ss.

By: *Robert L. Raney*
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February**, 2017, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed 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 hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, 2021



Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 28 day of April, 2018



Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.**

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Southwide Industries, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
16000 Orange Avenue

6 City, state, and ZIP code
Fort Pierce, FL 34951

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

			-						
--	--	--	---	--	--	--	--	--	--

or

Employer identification number

6	5	-	0	8	5	7	7	4	6
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶  Date ▶ **4/29/2022**

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/20/2022

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

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

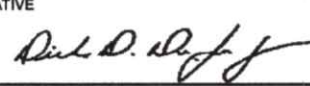
PRODUCER Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061	CONTACT NAME: Wanda Torres PHONE (A/C No, Ext): (954) 943-5050 E-MAIL ADDRESS: wanda@furmaninsurance.com	FAX (A/C, No): (954) 942-6310
	INSURER(S) AFFORDING COVERAGE	
INSURED Southwide Industries, Inc. 4357 Okeechobee Blvd. Suite C4 West Palm Beach FL 33409	INSURER A: Clear Blue Specialty Insurance Company	NAIC # 37745
	INSURER B: Progressive Express Ins Co	NAIC # 10193
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2021 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	WCCNCGL000034102	08/18/2021	08/18/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	Y	Y	02492982-1	08/18/2021	08/18/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		WCCNCEL000034202	08/18/2021	08/18/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project Name: Contract No. 20220035 PSL-Procurement Certificate Tracking. City of Port St. Lucie, a municipality of the State of Florida, its officers, employees and agents and Contract Traffic Striping and Markings. City of Port St Lucie, a municipality of the State of Florida, its officers, employees and agents and Traffic Striping and Marking services are included as Additional Insured regarding General Liability as required by written contract for ongoing & completed operations. Excess Liability is Follow Form. Waiver of Subrogation applies to General Liability as required by written contract. Waiver of Subrogation is included in favor of certificate holder regarding General Liability & Auto as required by written contract.

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

Ref #	Description Any Auto Legal Liability to Others	Coverage Code AACSL	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$412.00
Ref #	Description PIP-Basic	Coverage Code PIP	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount 0	Deductible Type	Premium
Ref #	Description Uninsured motorist BI split limit	Coverage Code UMISP	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Blanket Additional Insured Endorsement

This endorsement modifies insurance provided by the Commercial Auto Policy, Motor Truck Cargo Legal Liability Coverage Endorsement, and/or Commercial General Liability Coverage Endorsement, as appears on the **declarations page**. All terms and conditions of the policy apply unless modified by this endorsement.

If **you** pay the fee for this Blanket Additional Insured Endorsement, **we** agree with **you** that any person or organization with whom **you** have executed a written agreement prior to any **loss** is added as an additional **insured** with respect to such liability coverage as is afforded by the policy, but this insurance applies to such additional **insured** only as a person or organization liable for **your** operations and then only to the extent of that liability. This endorsement does not apply to acts, omissions, products, work, or operations of the additional **insured**.

Regardless of the provisions of paragraph a. and b. of the "Other Insurance" clause of this policy, if the person or organization with whom **you** have executed a written agreement has other insurance under which it is the first named **insured** and that insurance also applies, then this insurance is primary to and non-contributory with that other insurance when the written contract or agreement between **you** and that person or organization, signed and executed by **you** before the **bodily injury** or **property damage** occurs and in effect during the policy period, requires this insurance to be primary and non-contributory.

In no way does this endorsement waive the "Other Insurance" clause of the policy, nor make this policy primary to third parties hired by the **insured** to perform work for the **insured** or on the **insured's** behalf.

ALL OTHER TERMS, LIMITS, AND PROVISIONS OF THE POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II – Who Is An Insured is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
 - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
 - b. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

2. "Bodily injury" or "property damage" occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement you have entered into with the additional insured; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Blanket where required by written contract signed by both parties and the insured contract is executed prior to any loss	Any location where required by written contract signed by both parties and the insured contract is executed prior to any loss
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES/MODIFIES THE POLICY. PLEASE READ IT CAREFULLY.

**AMENDMENT OF LIMITS - DESIGNATED CONSTRUCTION PROJECT(S)
GENERAL AGGREGATE LIMIT**

This endorsement changes/modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

(If no entry appears herein, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

SCHEDULE OF DESIGNATED CONSTRUCTION PROJECT(S)

As required by written contract signed by both parties and the insured contract is executed prior to any loss

- A.** For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY (SECTION I – COVERAGES)**, which can be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:
1. A separate Designated Construction Project General Aggregate Limit applies to each designated construction project, and that limit is equal to the amount shown in the Declarations of this policy.
 2. Subject to the Total Policy Aggregate Limit, the Designated Construction Project General Aggregate Limit is the most we will pay for the sum of all damages under **COVERAGE A**, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard," regardless of the number of:
 - a. Insureds;
 - b. Claims made or "suits" brought; or
 - c. Persons or organizations making claims or bringing "suits."
- 3.** Any payments made under **COVERAGE A** for damages shall reduce the Designated Construction Project General Aggregate Limit for that designated construction project. Subject to the Policy Aggregate Limit, such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Designated Construction Project General Aggregate Limit for any other designated construction project shown in the Schedule above.
- 4.** The limits shown in the Declarations for Each Occurrence continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Designated Construction Project General Aggregate Limit and the Total Policy Aggregate Limit.
- B.** For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY (SECTION I – COVERAGES)**, which cannot be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:

1. Any payments made under **COVERAGE A** for damages shall reduce the amount available under the General Aggregate Limit or the Products-Completed Operations Aggregate Limit, whichever is applicable; and
 2. Such payments shall not reduce any Designated Construction Project General Aggregate Limit.
 3. Such payments will reduce the Policy Aggregate Limit.
- C. When coverage for liability arising out of the "products-completed operations hazard" is provided, any payments for damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard" will reduce the Products-Completed Operations Aggregate Limit, and not reduce the General Aggregate Limit or the Designated Location General Aggregate Limit or the Total Policy Aggregate Limit.
- D. The Total Policy Aggregate Limit scheduled in the Declarations of this policy is the most we will pay for the sum of: (a) all damages covered under this policy and falling within the scheduled Designated Location(s) General Aggregate Limits described in Paragraph A. of this endorsement; and, (b) all

damages covered under this policy and falling within the General Aggregate Limit, as described in Paragraph B. of this endorsement and as set forth in the provisions of Limits of Insurance (SECTION III) not otherwise modified by this endorsement. The Total Policy Aggregate Limit applies regardless of the sums indicated in the Declarations for any General Aggregate Limit, or Designated Location(s) General Aggregate Limit, as applicable to all locations(s) set forth in the Schedule above. The Total Policy Aggregate Limit applies collectively, rather than separately, to all of your scheduled locations. The Total Policy Aggregate Limit is not reduced by payments for damages covered under this policy and falling within the "products-completed operations hazard," but such payments will reduce the Products-Completed Operations Aggregate Limit, as described in Paragraph C. of this endorsement.

- E. For the purposes of this endorsement, **DEFINITIONS (SECTION V)** is amended by the addition of the following definition:
- "Location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.
- F. The provisions of **LIMITS OF INSURANCE (SECTION III)** not otherwise modified by this endorsement shall continue to apply as stipulated.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

This endorsement is attached to and forms a part of the Policy as listed in the Declarations Page or Declarations Extension Schedule, effective on the inception date of the Policy unless otherwise stated herein.

(The following information is required only when this endorsement is issued subsequent to preparation of the Policy.)

Endorsement effective date:

Policy No.:

Endorsement No.:

Named Insured:

Authorized Representative _____

Blanket Waiver of Subrogation Endorsement

This endorsement modifies insurance provided by the Commercial Auto Policy, Motor Truck Cargo Legal Liability Coverage Endorsement, and/or Commercial General Liability Coverage Endorsement, as appears on the **declarations page**. All terms and conditions of the policy apply unless modified by this endorsement.

If you pay the fee for this Blanket Waiver of Subrogation Endorsement, we agree to waive any and all subrogation claims against any person or organization with whom a written waiver agreement has been executed by the named insured, as required by written contract, prior to the occurrence of any loss.

ALL OTHER TERMS, LIMITS AND PROVISIONS OF THE POLICY REMAIN UNCHANGED.

12/17/2021

Policy number: **024929821**

Underwritten by: 41 - Progressive Express Insurance Co.

Certificate of Insurance

<u>Certificate Holder</u>	<u>Insured</u>	<u>Agent</u>
Additional Insured CITY OF PORT ST LUCIE, A MUNICIPALITY OF THE ST OF FL, ITS OFFICERS, EMPLOYEES AND AGENTS 121 SW PORT ST LUCIE BLVD ST LUCIE, FL 34984-5099	SOUTHWIDE INDUSTRIES, INC 4357 OKEECHOBEE BLVD STE C4 WEST PALM BEACH, FL 33409	FURMAN F H INC PO BOX 1927 POMPANO BEACH, FL 33061

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

<u>Policy Effective Date:</u>	<u>Policy Expiration Date:</u>
08/18/2021	08/18/2022

<u>Insurance coverage(s)</u>	<u>Limits</u>
Bodily Injury/Property Damage	\$1,000,000 Combined Single Limit
Uninsured Motorist	\$1,000,000 CSL Non-Stacked
Personal Injury Protection	\$10,000 w/\$0 Ded - Named Insured Only
Any Auto Bodily Injury/Property Damage	\$1,000,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only

2005 INTL 430 1HTMMAAM15H675946	Stated Amount \$60,000
Medical Payments	\$5,000
Comprehensive/Collision	\$2,500 Ded
2007 FRHT 16M 1FVACWDCO7HY45675	Stated Amount \$20,000
Medical Payments	\$5,000
Comprehensive/Collision	\$2,500 Ded
2009 INTL 430 1HTMMAAM89H693415	Stated Amount \$15,000
Medical Payments	\$5,000
Comprehensive/Collision	\$2,500 Ded
2015 CHEVROLET SILVERADO C2500 1GC1CUE86FF192242	
Medical Payments	\$5,000
Comprehensive/Collision	\$1,000 Ded
2013 INTL 430 1HTMMAAL9DH481400	Stated Amount \$70,000
Medical Payments	\$5,000
Comprehensive/Collision	\$2,500 Ded
2016 CHEVROLET SILVERADO C3500 1GC4K0E80GF238450	
Medical Payments	\$5,000
Comprehensive/Collision	\$2,500 Ded
2008 ISU NRR JALE5W16487300719	Stated Amount \$50,000
Medical Payments	\$5,000
Comprehensive/Collision	\$1,000 Ded
2013 INTL 430 3HAMMAAL7DL194633	Stated Amount \$44,000
Medical Payments	\$5,000
Comprehensive/Collision	\$2,500 Ded
2015 INTL 430 3HAMMMML2FL729366	Stated Amount \$75,000
Medical Payments	\$5,000
Comprehensive/Collision	\$2,500 Ded

Certificate number

35221OVC982

2015 HINO 268 5PVNJ8JV7F4S59159 STATED AMOUNT \$49,000. Medical/comp/coll \$5,000/2,500
2021 BIG TEX TRAILER 16V3F4324M6093354 STATED AMOUNT \$14,000 Comp/Coll \$2,500
2020 CHEVROLET 3500 1GB4YSEY0LF317691 STATED AMOUNT \$50,000 Medical/comp/coll \$5,000/2,500
2021 BIG TEX TRAILER 16V1U2620M3099473 STATED AMOUNT \$4,000 Comp/Coll \$1,000
2021 BIG TEX TRAILER 16V142422M3033817 STATED AMOUNT \$4,000 Comp/Coll \$1,000
2021 FORD F350 1FT8W3DT6MED12694 Comp/Coll \$2,500
2021 CHEVROLET SILVERADO 1GB4YSEY5MF241418 STATED AMOUNT \$59,735 Medical/comp/coll \$5,000/2,500

We will endeavor to provide 30 days notice of cancellation to the certificate holder, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. This policy is primary and non-contributory as to Certificate Holder regardless whether Holder is a named insured of any other policy. Job name PSL/PROCUREMENT CERTIFICATE TRACKING.

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/28/2022

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

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

PRODUCER Arthur J. Gallagher Risk Services for CoAdvantage Jeffrey Rendel 250 Tequesta Drive Tequesta, FL 33418	CONTACT NAME: PHONE (A/C No, Ext): (866) 854-5423 FAX (A/C, No): E-MAIL ADDRESS: coi@coadvantage.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED CoAdvantage Corporation Alt. Emp: Southwide Industries, Inc 101 Riverfront Blvd Suite 300 Bradenton, FL 34205	INSURER A: American Zurich Insurance Company NAIC # 40142	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 22FL090907472 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		WC 56-11-942-08	04/01/2022	04/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
			Location Coverage Period:	04/01/2022	04/01/2023	Client# 19755-FL


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

Coverage is provided for only those co-employees of, but not subcontractors to: Southwide Industries, Inc
4357 Okeechobee Blvd. Ste C-4
West Palm Beach, FL 33409

Contract #20220035 PSL-Procurement Certificate Tracking.

Waiver of Subrogation Endorsement in favor of City of Port St. Lucie, a municipality of State of Florida, its officers, employees and agents Contract Traffic Striping and Markings.

Endorsements: Waiver of Subrogation

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

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

IN FAVOR OF:

City of Port St. Lucie
121 SW Port St. Lucie Blvd.
St. Lucie , FL 34984-5099

WORK PERFORMED BY CO-EMPLOYEES OF:

Southwide Industries, Inc
4357 Okeechobee Blvd.Ste C-4
West Palm Beach, FL 33409

ON THE FOLLOWING PROJECT:

Contract #20220035 PSL-Procurement Certificate Tracking.

Waiver of Subrogation Endorsement in favor of City of Port St. Lucie, a municipality of State of Florida, its officers, employees and agents Contract Traffic Striping and Markings.

FEE FOR THIS WAIVER IS:

Premium will be waived

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: 04/01/2022

Policy No: WC 56-11-942-08

Endorsement No:

Insured: CoAdvantage Corporation Alt. Emp: Southwide Industries, Inc

Premium: \$

Insurance Company: American Zurich Insurance Company

Countersigned By:



Authorized Representative