

**E-Bid Reply Sheet/Questionnaire #20190045**

**Chemically Treat Curbs throughout the City**

1. **COMPANY NAME:** Coast to Coast Landscaping

DIVISION OF: \_\_\_\_\_

PHYSICAL ADDRESS: 795 12th Ave SW Vero Beach, FL 32962

MAILING ADDRESS: PO Box 651477 Vero Beach, FL 32965

CITY, STATE, ZIP CODE: Vero Beach, FL 32965

TELEPHONE NUMBER: (772) 562-6249 FAX NO. (772) 562-7878

CONTACT PERSON: John Pulvermacher E-MAIL: coast\_2\_coast@bellsouth.net

2. **ORGANIZATIONAL PROFILE:** (complete all appropriate information)

Is the firm incorporated?  Yes  No If yes, in what state? Florida

Jeffrey J Gomez  
President

Betty Sue Gomez  
Vice President

Treasurer \_\_\_\_\_

How long in present business: 17 How long at present location: 17

Is firm a minority business? Yes  No

Does firm have a drug-free workplace program? Yes  No   
If no, is your company planning to implement such a program? \_\_\_\_\_

How many employees are living in the Treasure Coast Area? 150 +/-

Is this firm claiming Local Preference under City ordinance 35.12? Yes  No

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

Addendum Number	Date Issued
<u>1</u>	<u>NO DATE</u>
<u>2</u>	<u>NO DATE</u>
<u>3</u>	<u>4-19-19</u>

Chemically Treat Curbs throughout the City

4. **VENDOR'S LIST** - If your company offers commodities other than the one (1) specified for this bid, and you wish to be put on the vendor's list, please contact Onvia.com at (800) 711-1712. Bid Tabulation Reports are advertised on the City's Web Site at www.cityofpsl.com.

5. **BID RESPONSE:**

5.1 Bidder will / will not accept the Purchasing Card (Visa).  
(Please circle one)

5.2 Percentage of discount when payment is made with Visa: 0 %

5.3 Total Price from Schedule A, Line 1: \$ 116,160<sup>00</sup>

Schedule A

Estimate # of City Curb Miles	Price per Linear Foot	Price per Rotation	Annual Frequency	Annual Total
220	\$0.00	\$0.00	2	\$0.00
Additional/Future Areas	\$0.00	\$0.00		

*Please Note: The City has implemented a Purchasing Card Program. The Bidder can take advantage of this program 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.*

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 extended price, the unit price will supersede. The total amount shall be entered on line 5.3 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.

**The City reserves the right to split this award, if in the City's opinion such a split is beneficial to the City.**

6. **INSURANCE CERTIFICATES LICENSE** - Bidders are required, to submit a copy of their Insurance Certificate for the type and dollar amount of insurance they currently maintain. Bidders are required to submit all licenses and certifications required to perform this project.

7. **COMPLETION OF FORM** - An authorized representative of the firm offering this Bid must complete this form in its entirety. Prices entered herein shall not be subject to withdrawal or escalation by Bidder. The City reserves the right to hold proposals and bid guarantees for a period not to exceed ninety (90) days after the date of the bid opening stated in the Invitation to Bid before awarding the Contract. Contract award constitutes the date that City Council executes the motion to award the bid.

8. **CONTRACT** - Bidder agrees to comply with all requirements stated in the specifications for this bid.

9. List all subcontractors and major material suppliers for the project. Include scope of work, telephone numbers, and contact information. Include all license that allows them to perform the work. Insert additional lines if necessary.

NO subcontractors used

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

Yes ( ) No (X)

11. 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)

12. List any judgements from lawsuits in the last five (5) years:

None

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

13. 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)

**11. CERTIFICATION**

This bid is submitted by: I (print) Jeffrey Gomez am an officer of the above firm duly authorized to sign bids and enter into Contracts. I certify that this bid is made without prior understanding, Contract, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I understand collusive bidding is a violation of State and Federal law and can result in fines, prison sentences, and civil damage awards. I agree to abide by all conditions of this bid.

**Bidder has read and accepts the terms and conditions of the City's standard Contract:**

Signature

President  
Title

If a corporation renders this Bid, the corporate seal attested by the secretary shall be affixed below. Any agent signing this Bid shall attach to this form evidence of legal authority. (seal)

Chemically Treat Curbs throughout the City

CITY OF PORT ST LUCIE  
121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida, 34984  
772-871-5223

**REFERENCE CHECK FORM**  
**Bidder Instructions: Fill out top portion only.**  
**(Please print or type)**

<b>Bid Number: 20190045</b>	
<b>Title: Chemically Treat Curbs throughout the City</b>	
Bidder/Respondent: <u>Coast to Coast Landscaping</u>	
Reference: <u>John's Island Community</u>	Fax #: <u>772.231.6445</u>
Email: <u>mike.korpar@jproperties.com</u>	Telephone #: <u>772.231.6446</u>
Person to contact: <u>Mike Korpar</u>	

**Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.**

Describe the scope of work of the contract awarded by your firm to this Contractor.

What manufacturer's product was used?

Was the project completed on time and within budget?

What was the project completion date?

How many projects has this vendor completed for you within the past 5 years?

What problems were encountered (claims)?

How many change orders were requested by this Contractor?

How would you rate the Contractor on a scale of low (1) to high (10) for the following?

Professionalism \_\_\_\_\_  
Qualifications \_\_\_\_\_  
Budget Control \_\_\_\_\_

Final Product \_\_\_\_\_  
Cooperation \_\_\_\_\_  
Reliability \_\_\_\_\_

Would you contract with this Contractor again? Yes [ ] No [ ] Maybe [ ]

Comments:

Thank you.

For OMB Use Only	
Reference Checked	
Clerk Checked	

Chemically Treat Curbs throughout the City

CITY OF PORT ST LUCIE  
121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida, 34984  
772-871-5223

**REFERENCE CHECK FORM**  
**Bidder Instructions: Fill out top portion only.**  
**(Please print or type)**

**Bid Number: 20190045**

**Title: Chemically Treat Curbs throughout the City**

Bidder/Respondent: Coast to Coast Landscaping  
Reference: Will Lee (Keystone Property) Fax #: 72-778-3213  
Email: wlee@keystone.com Telephone #: 772-569-7928  
Person to contact: Will Lee

**Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.**

Describe the scope of work of the contract awarded by your firm to this Contractor.

What manufacturer's product was used?

Was the project completed on time and within budget?

What was the project completion date?

How many projects has this vendor completed for you within the past 5 years?

What problems were encountered (claims)?

How many change orders were requested by this Contractor?

How would you rate the Contractor on a scale of low (1) to high (10) for the following?

Professionalism \_\_\_\_\_  
Qualifications \_\_\_\_\_  
Budget Control \_\_\_\_\_

Final Product \_\_\_\_\_  
Cooperation \_\_\_\_\_  
Reliability \_\_\_\_\_

Would you contract with this Contractor again? Yes [ ] No [ ] Maybe [ ]

Comments:

Thank you.

For OMB Use Only	
Reference Checked	
Clerk Checked	

Chemically Treat Curbs throughout the City

CITY OF PORT ST LUCIE  
121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida, 34984  
772-871-5223

**REFERENCE CHECK FORM**  
**Bidder Instructions: Fill out top portion only.**  
**(Please print or type)**

**Bid Number: 20190045**

**Title: Chemically Treat Curbs throughout the City**

Bidder/Respondent: Coast to Coast Landscaping

Reference: Craig Merrill Elliott Merrill Mgmt Fax #: \_\_\_\_\_

Email: Cmerrill@elliottmerrill.com Telephone #: 772-569-9853

Person to contact: Craig Merrill

**Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.**

Describe the scope of work of the contract awarded by your firm to this Contractor.

What manufacturer's product was used?

Was the project completed on time and within budget?

What was the project completion date?

How many projects has this vendor completed for you within the past 5 years?

What problems were encountered (claims)?

How many change orders were requested by this Contractor?

How would you rate the Contractor on a scale of low (1) to high (10) for the following?

Professionalism \_\_\_\_\_

Final Product \_\_\_\_\_

Qualifications \_\_\_\_\_

Cooperation \_\_\_\_\_

Budget Control \_\_\_\_\_

Reliability \_\_\_\_\_

Would you contract with this Contractor again? Yes [ ] No [ ] Maybe [ ]

Comments:

Thank you.

For OMB Use Only	
Reference Checked	
Clerk Checked	


## DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Section 287.087, Florida Statutes hereby certifies that

Coast to Coast Landscaping 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 bid 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 bid, 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 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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

  
\_\_\_\_\_  
Bidder's Signature

5-2-19  
\_\_\_\_\_  
Date



"A City for All Ages"

**VENDOR CODE OF ETHICS  
E-BID #20190045  
Chemically Treat Curbs throughout the City**

The City of Port St Lucie ("City), through its Procurement Management Department ("PMD") 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, PMD requires each vendor who seeks to do business with the City to subscribe to this Vendor Code of Ethics.

- ◆ A Vendor's bid or proposal will be competitive, consistent and appropriate to the bid documents.
- ◆ A Vendor 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.
- ◆ Vendor 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.
- ◆ Vendor will completely perform any contract awarded to it at the contracted price pursuant to the terms set forth in the contract.
- ◆ Vendor will submit timely, accurate and appropriate invoices for goods and/or services actually performed under the contract.
- ◆ Vendor 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.
- ◆ Vendor 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.
- ◆ Vendor 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.
- ◆ Vendors 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, Vendors must require their suppliers (including temporary labor agencies) to do the same. Vendors 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, Vendor 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 Coast to Coast Landscaping  
 Signature \_\_\_\_\_  
 Printed Name and Title Jeffrey J Gomez  
 Date 5-2-19

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



**CHECKLIST**  
**E-BID #20190045**  
**Chemically Treat Curbs throughout the City**

Name of Bidder: Coast to Coast Landscaping

This checklist is provided to assist bidders in the preparation of their bid response. Included in this checklist are important requirements that are the responsibility of each Bidder to submit with their response in order to make their bid response fully compliant. This checklist is only a guideline -- it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

- E-Bid Reply Sheet #20190045 with proper signatures upload to DemandStar
- \$500.00 Bid Surety uploaded to DemandStar and mailed in within five (5) business days after the opening or the bid shall be considered non-responsive.
- Copy of Insurance Certificate in accordance with Section VIII of the E-Bid documents uploaded to DemandStar.
- Copy of all required licenses and certifications to do work in the City of Port St. Lucie uploaded to DemandStar.
- Drug-Free Workplace Form uploaded to DemandStar
- Required forms: Vendor Code of Ethics. All forms are to be uploaded to DemandStar.
- Required W-9 as per Section 1.13 uploaded to DemandStar
- Copy of the Checklist uploaded to DemandStar
- Each Bid Addendum (when issued) is acknowledged on the E-Bid Reply Sheet #
- Have reviewed the Contract and accept all City Terms and Conditions
- All pricing has been mathematically reviewed and all corrections have been initialed
- All price extensions and totals have been thoroughly checked
- Upload Bid Reply Excel Spreadsheet in Excel Format

**\*THIS FORM SHOULD BE RETURNED WITH YOUR BID REPLY SHEET\***

# Chemically Treat Curbs throughout the City

City of PSL Contract Number 20190045 - Addendum #1

Company Name: Coast to Coast Landscaping

Line Number	Estimate # of City Curb Miles	Price per Linear Foot	Price per Rotation	Annual Frequency	Annual Total
1	220	\$0.00	\$0.00	2	\$0.00
2	Additional/Future Areas	\$0.00			

**Chemically Treat Curbs throughout the City**

**City of PSL Contract Number 20190045 - Addendum #2**

Company Name: Coast to Coast Landscaping

<b>Line Number</b>	<b>Estimate # of City Curb Miles</b>	<b>Price per Linear Foot</b>	<b>Price per Rotation</b>	<b>Annual Frequency</b>	<b>Annual Total</b>
1	220	\$0.05	\$58,080.00	2	\$116,160.00
2	Additional/Future Areas	\$0.05			

**Chemically Treat Curbs throughout the City**

**City of PSL Contract Number 20190045 - Addendum #2**

Company Name: Coast to Coast Landscaping

<b>Line Number</b>	<b>Estimate # of City Curb Miles</b>	<b>Price per Linear Foot</b>	<b>Price per Rotation</b>	<b>Annual Frequency</b>	<b>Annual Total</b>
1	220	\$0.00	\$0.00	2	\$0.00
2	Additional/Future Areas	\$0.00			

**ADDENDUM #3**  
**BID #20190045**  
**Addendum Date: April 19, 2019**  
**Bid Name: Chemically Treat Curbs Throughout the City**

Please make the following changes/modifications to the subject bid:

NOTE: The bid opening date has changed to May 3, 2019 at 2:00 PM.

Instructions to Bidder:

Each bidder must acknowledge receipt of any addenda on the Bid Reply Sheet in order to have his/her bid proposal/bid to be accepted.

## 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.

<b>1</b> Name (as shown on your income tax return). Name is required on this line, do not leave this line blank. COAST TO COAST LANDSCAPING INC.	
<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) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. PO BOX 651477	<b>Requester's name and address (optional)</b>
<b>6</b> City, state, and ZIP code VERO BEACH, FL 32965	
<b>7</b> List account number(s) here (optional)	

Print or type.  
See Specific Instructions on page 3.

### 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>										
or										
<b>Employer identification number</b>										
0	1		-	0	6	7	9	0	1	7

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶

### 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.*

**2018 - 2019 LOCAL BUSINESS TAX**  
**INDIAN RIVER COUNTY, FLORIDA**  
***MUST BE DISPLAYED IN A CONSPICUOUS PLACE***

TYPE OF BUSINESS 254 HAULING SERVICE  
265 LANDSCAPING & MAINTENANCE

BUSINESS ADDRESS 795 12TH AVE SW  
VERO BEACH, FL 32962

NAME MAILING ADDRESS COAST TO COAST LANDSCAPING  
GOMEZ, JEFFREY J  
PO BOX 651477  
VERO BEACH, FL 329651477

ACCOUNT # 5329  
RECEIPT # 2652864.000  
**EXPIRES SEPTEMBER 30, 2019**

AMOUNT	40.00
PENALTY	0.00
TRANSFER	0.00
TOTAL	40.00

This receipt is in addition to and not in lieu of any other license required by law or municipal ordinance and is subject to regulations of zoning, health and any other lawful authority. Owner must notify the Tax Collector's Office of any changes in business name, ownership, location address or mailing address.

Paid 09/06/2018 40.00

104-00001263

CAROLE JEAN JORDAN, CFC  
TAX COLLECTOR  
INDIAN RIVER COUNTY, FLORIDA



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/25/2019

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 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> Gateway-Acentria Insurance, LLC 2430 W. Oakland Park Blvd. Fort Lauderdale FL 33311	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 954-735-5500      FAX (A/C, No): 954-735-2852 E-MAIL ADDRESS: certificates@gatewayins.com														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Allied Property &amp; Casualty Insurance Company</td> <td>42579</td> </tr> <tr> <td>INSURER B : Nationwide Insurance Company of America</td> <td>25453</td> </tr> <tr> <td>INSURER C : Depositors Insurance Company</td> <td>42587</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Allied Property & Casualty Insurance Company	42579	INSURER B : Nationwide Insurance Company of America	25453	INSURER C : Depositors Insurance Company	42587	INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Allied Property & Casualty Insurance Company	42579														
INSURER B : Nationwide Insurance Company of America	25453														
INSURER C : Depositors Insurance Company	42587														
INSURER D :															
INSURER E :															
INSURER F :															
<b>INSURED</b> Coast to Coast Landscaping, Inc. P.O. Box 651477 Vero Beach FL 32965	COASTTO-CD														

**COVERAGES**

CERTIFICATE NUMBER: 2023038396

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<b>GENERAL LIABILITY</b> <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 checked="" type="checkbox"/> LOC	Y		GLZO300898448	8/18/2018	8/18/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			BAPD300898448	8/18/2018	8/18/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			CAP300898448	8/18/2018	8/18/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Follow Form applies \$ WC STATUTORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Additional Named Insureds: East Coast Tree Co. Inc.; South East Irrigation, Inc.; Coast to Coast Pest Control, Inc.; Beech Annual Flowers, Inc. ATTACHED ENDORSEMENTS APPLY WHEN REQUIRED BY WRITTEN CONTRACT. ALL COVERAGES ARE IN ACCORDANCE WITH POLICY TERMS & CONDITIONS INCLUDING RETENTIONS, DEFINITIONS, ENDORSEMENTS, AND EXCLUSIONS.  
 This provision does not apply to any obligation imposed on any other party to obtain insurance coverage for this project, any obligation to name the City of Port St. Lucie as an additional insured under any other insurance policy, or otherwise protect the interests of the City of Port St. Lucie as specified in this Contract.

**CERTIFICATE HOLDER****CANCELLATION**

City of Port St Lucie  
 Procurement Management Department  
 121 SW Port St Lucie Boulevard  
 Port Saint Lucie FL 34984

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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# CERTIFICATE OF LIABILITY INSURANCE

Date  
1/25/2019

**Producer:** Plymouth Insurance Agency  
2739 U.S. Highway 19 N.  
Holiday, FL 34691  
(727) 938-5562

**This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.**

**Insured:** South East Personnel Leasing, Inc. & Subsidiaries  
2739 U.S. Highway 19 N.  
Holiday, FL 34691

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	11075
Insurer B:		
Insurer C:		
Insurer D:		
Insurer E:		

## Coverages

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$
						Bodily Injury (Per Person)	\$
						Bodily Injury (Per Accident)	\$
						Property Damage (Per Accident)	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence	
						Aggregate	
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? <b>NO</b> If Yes, describe under special provisions below.	WC 71949	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> WC Statutory Limits	<input type="checkbox"/> OTH-ER
						E.L. Each Accident	\$1,000,000
						E.L. Disease - Ea Employee	\$1,000,000
						E.L. Disease - Policy Limits	\$1,000,000

Other

**Lion Insurance Company is A.M. Best Company rated A (Excellent). A.M.B. # 12616**

**Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:**

Client ID: 92-67-272

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

**Coast To Coast Landscaping, Inc**

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.

Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or email certificates@lioninsurancecompany.com

**Project Name:** BID 20190035

ISSUE 01-25-19 (KLR)

**Begin Date: 3/21/2013**

**CERTIFICATE HOLDER**

CITY OF PORT ST. LUCIE  
PROCUREMENT MANAGEMENT DEPARTMENT  
121 SW PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34984

**CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

