



City of Port St. Lucie  
Procurement Management Division  
Nathaniel Rubel, Assistant Director  
121 SW Port St. Lucie Blvd., Port St. Lucie, FL 34984

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[SO CAL SHAKER PLATES AND CONSTRUCTION SITE SERVICES LLC] RESPONSE DOCUMENT REPORT

IFB No. 20250099

Preserve Trail at the Port

RESPONSE DEADLINE: June 9, 2025 at 3:00 pm

Report Generated: Thursday, June 12, 2025

So Cal Shaker Plates And Construction Site Services LLC Response

CONTACT INFORMATION

**Company:**

So Cal Shaker Plates And Construction Site Services LLC

**Email:**

mc@nationalgc.net

**Contact:**

Maverick Cissell

**Address:**

643 US Highway 1 #13094  
North Palm Beach, FL 33408

**Phone:**

(951) 813-8541

**Website:**

N/A

**Submission Date:**

Jun 9, 2025 2:31 PM (Eastern Time)

## ADDENDA CONFIRMATION

Addendum #1

*Confirmed Jun 9, 2025 9:45 AM by Nikki Smith*

Addendum #2

*Confirmed Jun 9, 2025 9:45 AM by Nikki Smith*

## QUESTIONNAIRE

### 1. Mandatory Forms

#### CONTRACTOR'S GENERAL INFORMATION WORKSHEET\*

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.

Please download the below documents, complete, and upload.

- [PSL- Contractor's General I...](#)

1.1\_Gen\_Info.pdf

#### E-VERIFY FORM \*

Please download the below documents, complete, and upload.

- [E-Verify Form.pdf](#)

1.2\_E\_Verify.pdf

NON-COLLUSION AFFIDAVIT \*

Please download the below documents, complete, and upload.

- [Non-Collusion Affidavit-fil...](#)

1.3\_Collusion.pdf

DEBARMENT FORM\*

Please download the below documents, complete, and upload.

- [Debarment form-fillable.pdf](#)

1.4\_Debarment.pdf

SUPPLIER LOCATION CERTIFICATION

Please download the below documents, complete, and upload.

- [Supplier Location Certifica...](#)

1.5\_Location.pdf

1.5a.\_Google\_Maps\_Central\_Ave.pdf

1.5b.\_Google\_Maps\_643\_&\_648.pdf

LOBBYING FORM\*

Please download the below documents, complete, and upload.

- [Lobbying form-fillable.pdf](#)

1.6\_Lobby.pdf

TRENCH SAFETY ACT COMPLIANCE STATEMENT

Please download the below documents, complete, and upload.

- [Trench Safety Act Complianc...](#)

1.7\_Trench.pdf

COPY OF W-9\*

W9\_2025\_SoCal\_2025-01-03\_New\_Address\_(1).pdf

COPY OF CERTIFICATE OF INSURANCE\*

COI\_25-26\_GLIA\_POLL\_BAUT\_IM.pdf

COPY OF LICENSE(S) OR CERTIFICATION(S)\*

DBPR\_CGC\_License\_Expires\_2026-08-31\_(2).pdf

COPY OF BID BOND \*

1.11\_Bid\_Bond.pdf

## 2. Electronic Confirmation

CONE OF SILENCE \*

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 the OpenGov Portal, 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 Code of Ordinances, Section 35.13. Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through the Issuing Officer, for the procurement of these services.

Confirmed

CONTRACTOR'S CODE OF ETHICS\*

The City of Port St Lucie ("City), through its Procurement Management Division ("Procurement Management Division") 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 Division 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:

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

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.

Confirmed

#### DRUG FREE WORKPLACE\*

The undersigned Contractor in accordance with section 287.087, Florida Statutes, hereby certifies that they comply fully with the below requirements.

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.

Confirmed

#### AFFIDAVIT OF NONGOVERNMENT ENTITY ANTI-HUMAN TRAFFICKING LAWS\*

In accordance with section 787.06(13), Florida Statutes, the representative of the nongovernmental entity bidder ("Entity"), attests under penalty of perjury that the Entity does not use coercion for labor or services as defined in section 787.06.

Confirmed

#### VENDOR SCRUTINIZED COMPANIES LIST CERTIFICATION\*

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

The list of "Scrutinized Companies" is created pursuant to Section 215.473, Florida Statutes. A copy of the current list of "Scrutinized Companies" can be found at the following link:

[https://www.sbafla.com/media/mqodaonn/2024\\_12\\_17\\_-israel-scrutinized-companies-list-for-web.pdf](https://www.sbafla.com/media/mqodaonn/2024_12_17_-israel-scrutinized-companies-list-for-web.pdf)

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

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

Confirmed

COMPLIANCE WITH 2 C.F.R. 200.318 THROUGH 200.326\*

The Contractor will comply with all applicable federal and state laws and regulations, to include 2 C.F.R. 200.318 through 200.326 as well as Appendix II to 2 C.F.R. Part 200 entitled "Contract Provisions for Non-Federal Entity Contracts Under Federal Awards".

Confirmed

I CERTIFY THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS IN THIS SOLICITATION, AND THAT I AM AUTHORIZED TO SUBMIT THIS RESPONSE ON BEHALF OF MY COMPANY.\*

Confirmed

#### PRICE TABLES

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	101-1A Mobilization / General Conditions / Bonds	1	LS	\$108,000.00	\$108,000.00
2	101-1B Pre-Construction Video	1	LS	\$1,500.00	\$1,500.00
3	104-10-3 Sediment Barrier	2,760	LF	\$7.00	\$19,320.00

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Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
4	104-11 Floating Turbidity Barrier	200	LF	\$15.00	\$3,000.00
5	104-15 Soil Tracking Prevention Device	1	EA	\$4,500.00	\$4,500.00
6	110-1-1 Clearing & Grubbing (Select - Pathway)	1.2	AC	\$40,000.00	\$48,000.00
7	120-6 Embankment	420	CY	\$20.00	\$8,400.00
8	160-4 Stabilized Subgrade Pathway	1,530	SY	\$15.00	\$22,950.00
9	285-701 Optional Base, Base Group 01(LBR 100)(4" thick pathway)	1,530	SY	\$24.00	\$36,720.00
10	400-2-25 Concrete Class II (Bridge Abutment)	50	CY	\$360.00	\$18,000.00
11	425-10 Yard Inlets	20	EA	\$750.00	\$15,000.00
12	470-1A Boardwalk (Over Wetlands)(Wooden Piling Composite Deck)	1,620	SF	\$95.00	\$153,900.00
13	470-1B Boardwalk (Over Land)(Wooden Piling Composite Deck)	900	SF	\$95.00	\$85,500.00
14	515-1-2 Aluminum Railing - Boardwalk	840	LF	\$200.00	\$168,000.00
15	520-2-4 Concrete Curb, Type D	70	LF	\$35.00	\$2,450.00
16	522-2 Concrete Sidewalk/Pads, 6" Thick	280	SY	\$135.00	\$37,800.00
17	524-1-1 Concrete Flume	1	LS	\$7,900.00	\$7,900.00
18	530-3-4 Riprap, Rubble, F&I, Ditch Lining (1' Thick w/ Bedding Stone)	100	SF	\$85.00	\$8,500.00
19	570-1-2 Performance Turf, Sod	2,000	SY	\$6.00	\$12,000.00

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Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
20	630-2-11 Conduit, F&I, Open Trench 12"	200	LF	\$40.00	\$8,000.00
21	1050-41201 Utility Pipe, F&I, 1" Poly Water Service Line	1,350	LF	\$12.00	\$16,200.00
22	1080-11101 Utility Fixture, F&I, Water Spigot	3	AS	\$350.00	\$1,050.00
23	1080-24100 Utility Fixture - Valve Assembly, F&I, 1"	2	EA	\$750.00	\$1,500.00
24	1080-32101 Fixture - Sample Point, F&I	3	EA	\$650.00	\$1,950.00
25	1000-1 Bench	2	EA	\$3,800.00	\$7,600.00
26	1000-2 Waste Receptacle	2	EA	\$1,500.00	\$3,000.00
27	1000-3 Stone Bench	34	LF	\$400.00	\$13,600.00
28	1000-4 Directional Signage	7	EA	\$550.00	\$3,850.00
29	1000-5 Artificial Turf Repair	85	SY	\$56.00	\$4,760.00
<b>TOTAL</b>					<b>\$822,950.00</b>

ALTERNATE BID ITEMS

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
30	470-1A Boardwalk (Over Wetlands)(Alternate Substructure / Composite Deck)	1,620	SF	\$18.00	\$29,160.00
31	470-1B Boardwalk (Over Land)(Alternate Substructure / Composite Deck)	900	SF	\$18.00	\$16,200.00
<b>TOTAL</b>					<b>\$45,360.00</b>

[SO CAL SHAKER PLATES AND CONSTRUCTION SITE SERVICES LLC] RESPONSE DOCUMENT REPORT

Invitation For Bid (IFB) - Preserve Trail at the Port





## CONTRACTOR'S GENERAL INFORMATION WORK SHEET

1. Corporation, Partnership, Joint Venture, Individual or other? SoCal Shaker Plates & Construction Site Services, LLC dba National General Construction

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

Name: SoCal Shaker Plates & Construction Site Services, LLC dba National General Construction

Address: 643 US Hwy 1, Unit 13094, North Palm Beach, FL 3340

Telephone Number: 951-288-5555

Fax Number:

3. Contact person: Jay Zuppardo Email: zz@nationalgc.net

4. Firm's previous names (if any). \_\_\_\_\_

5. How many years has your organization been in business? Five (5) years

6. Is the firm claiming Local Preference under City Ordinance 35.12? YES ☒ NO ☐

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

Florida DBPR CGC 153340

10. List five (5) 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:** Fairwinds Golf Course Cart Storage Barn

**Description:** Demolition of existing cart storage building. Grade site to increase building footprint and install new prefab metal building, cart wash station & landscaping.

**Location:** Ft Pierce, FL

**Client Name, Phone Number & Email:** St Lucie County Board of County Commssioners - Florida

**Value of Total Contract:** \$461,161.00

**Date of Completion:** May 2025

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

**Number of Change Orders:** 3

**Value of Change Orders:** \$34,000.00

**Was Project Completed on Schedule:** Yes

**Was Project Completed within Budget?** Yes. The chage orders were at the request of the stakeholder for additional work

## Project Number 2

**Project Name:** Metal Building Site Work

**Description:** Concrete, Demo, Grading, Landscape, Paving, Sewer, Underground, Water - Site work around an existing covered storage facility for City equipment

**Location:** Pembroke Pines, FL

**Client Name, Phone Number & Email:** City Pembroke Pines - Jim Mulvaney 954-450-1060 954-445-9613 jmulvaney@ppines.com

**Value of Total Contract:** \$723,000.00

**Date of Completion:** March 2024

**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:** Lake Indrio Docks & Pavillion

**Description:** Install fishing pier, boardwalk & a covered picnic pavilion

**Location:** Ft Pierce, FL

**Client Name, Phone Number & Email:** St Lucie County Board of County Commssioners - Brion Pauley 772-462-2525 auleyb@stlucieco.org

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Value of Total Contract: \$224,000.00

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Date of Completion: December 2023

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Firm's Percentage of Total Contract: 100%

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Number of Change Orders: 0

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Value of Change Orders: 0

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Was Project Completed on Schedule: Yes

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Was Project Completed within Budget? Yes

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#### Project Number 4

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Project Name: 500 N Delaware Demo

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Description: Demolition of radio station, grading, clearing

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Location: Jupiter, FL

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Client Name, Phone Number & Email: Town of Jupiter - Thomas Hernandez 561-746-5134 thomash@jupiter.fl.us

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Value of Total Contract: \$117,500.00

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Date of Completion: June 2023

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Firm's Percentage of Total Contract: 100%

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Number of Change Orders: 0

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Value of Change Orders: 0

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Was Project Completed on Schedule: Yes

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Was Project Completed within Budget? Yes

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#### Project Number 5

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Project Name: Indrio Savannah Wet Pond

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Description: Grading a spillway for the the lake, landscaping

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Location: Ft Pierce, FL

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Client Name, Phone Number & Email: St Lucie County Board of County Commssioners - William Cornelius 772-462-2841 William.Cornelius@stlucieco.gov

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Value of Total Contract: \$802,998.00

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Date of Completion: June 2025

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Firm's Percentage of Total Contract: 100%

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Number of Change Orders: 0

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Value of Change Orders: 0

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Was Project Completed on Schedule: Yes, to date

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Was Project Completed within Budget?

Yes, to date

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

Maverick Cissell - Manager Member - License holder CGC 1533402

Jay Z Zuppardo - Manager Florida Division - Superintendent

Jay A Zuppardo - Superintendent

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12. 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: Zero (0)

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Project Number 1

Project Name:

Project Location:

Client Name and Phone Number:

Engineer Name and Phone Number:

Date:

Reason:

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Insert additional projects if needed.

13. 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:

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14. 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

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

15. List any judgments from lawsuits in the last five (5) years: None  
\_\_\_\_\_  
\_\_\_\_\_  
(N/A is not an acceptable answer - insert lines if needed)

16. 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)

17. List subcontractors and major material suppliers for the project. Include telephone numbers. Insert additional sheets if necessary. **All subcontractors listed must complete a "Certification Regarding Lobbying" form and is to be included in the bid package. Attach all licenses and certifications that qualify them to perform the work.**

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

 _____ Signature	<span style="color: blue;">FI D.V</span> _____ Title
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### E-Verify Form

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

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

**E-Verify Company Identification Number** 2605282

**Date of Authorization** January 14, 2025

**Name of Contractor** So Cal Shaker Plates & Construction Site Services LLC dba National General Construction

**Name of Project** Preserve Trail at the Port

**Solicitation Number (If Applicable)** 20250099

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

Executed on June, 09, 2025 in North Palm Beach (city), FL (state).

  
Signature of Authorized Officer

Jay Zuppardo Manager Florida Division

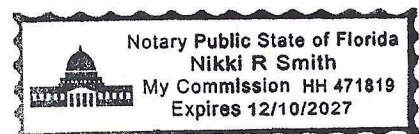
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 09 DAY OF June, 2025.

NOTARY PUBLIC Nikki Smith 

My Commission Expires: December 10, 2027





**NON-COLLUSION AFFIDAVIT**

State of Florida }

County of Palm Beach }

Jay Zuppardo

(Name/s)

, being first duly sworn, disposes and says that:

Site Services LLC dba National

General Constructio

1. They are Mgr FL Division of SoCal Shaker Plates & Construction the Proposer that

(Title)

(Name of Company)

has submitted the attached PROPOSAL;

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

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

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

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



(Signed) \_\_\_\_\_  
(Title) Manager Florida Division

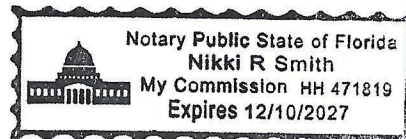
STATE OF FLORIDA }  
COUNTY OF ST. LUCIE } SS:

The foregoing instrument was acknowledged before me this (Date) June 09, 2025  
by: Jay Zuppardo who is personally known to me or who has produced  
\_\_\_\_\_ as identification and who did (did not) take an oath.

Commission No. HH 471819

Notary Print: Nikki Smith

Notary Signature: 





***Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Primary Covered Transactions***

The Contractor certifies that, the firm or any person associated therewith in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, and/or position involving the administration of federal funds:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions, as defined in 49 CFR s29.110(a), by any federal department or agency;

(b) have not within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or public contract; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property

(c) are not presently indicted for or otherwise criminally or civilly charged by a federal, state, or local governmental entity with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a three-year period preceding this certification had one or more federal, state, or local government public transactions terminated for cause or default.

The Contractor certifies that it shall not knowingly enter into any transaction with any subcontractor, material supplier, or vendor who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this project by any federal agency unless authorized by the Florida Department of Transportation."

Company Name: SoCal Shaker Plates & Const Site Svcs LLC dba National Gen Const

Authorized By:  Jay Zuppardo  
(Sign) (Print Name)

Title: Manager Florida Division Date: 06/09/2025

***\*\*All subcontractors are required to submit this form with the prime contractor's proposal\*\*  
This is a mandatory document. No exceptions will be made.***





600 Central Ave

Riverside County  
department of public...





## CERTIFICATION REGARDING LOBBYING

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions [as amended by “Government wide Guidance for New Restrictions on Lobbying”, 61 Fed. Reg. 1413 (1/19/96)]. Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]
- (3) The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Company Name: SoCal Shaker Plates & Const Site Srvcs LLC dba National Gen Cons

Authorized By: \_\_\_\_\_

(Sign)

Jay Zuppardo

(Print Name)

Title: Manager Florida Division

Date: 06/09/2025

**\*\*\*ALL SUBCONTRACTORS ARE REQUIRED TO FILL OUT THIS FORM AND SUBMIT WITH BID PACKAGE\*\*\* This is a mandatory document. No exceptions will be made.**



### TRENCH SAFETY ACT COMPLIANCE STATEMENT

Project Name: Preserve Trail at the Port  
Project Location: City of Port St Lucie - The Port District

#### **Instructions:**

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

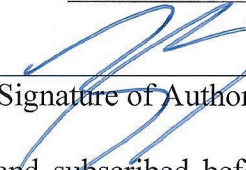
Certify this form in the presence of a notary public or other officer authorized to administer oaths.

#### **Certification**

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

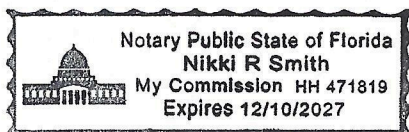
<u>Zero</u> Dollars	<u>\$ 0.00</u>
(Written)	(Figures)
3. The amount listed above has been included within the Base Bid.

Certified: \_\_\_\_\_

By:  (Company-Contractor) Jay Zuppardo Manager Florida Division  
Signature of Authorized Officer Printed Name and Title of Authorized Officer or Agent

Sworn to and subscribed before me in Palm Beach County, Florida on the 9 day of June, 20 25.

Nikki Smith   
NOTARY PUBLIC



**Request for Taxpayer  
Identification Number and Certification**

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

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

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

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

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

<b>Social security number</b>											
				-				-			
<b>or</b>											
<b>Employer identification number</b>											
					-						

**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.

<b>Sign Here</b>	Signature of U.S. person 
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Date **Jan 03, 2025**

**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).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



SOCASHA-01

GROLLINGS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/6/2025

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 <b>Acrisure Southwest Partners Insurance Services, LLC</b> 4000 Westerly Place Suite 110 Newport Beach, CA 92660	CONTACT NAME: <b>Jay Jay Janssens</b>	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: <b>janssens@acrisure.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : <b>Century Surety Company</b>	<b>36951</b>
INSURED <b>SoCal Shaker Plates &amp; Construction Site Services LLC</b> 27475 Ynez Rd. #389 Temecula, CA 92591	INSURER B : <b>California Automobile Insurance Company</b>	<b>38342</b>
	INSURER C : <b>The Hanover Insurance Company</b>	<b>22292</b>
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CCP1261501	1/19/2025	1/19/2026	EACH OCCURRENCE \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			BA040000067623	5/6/2025	5/6/2026	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			CCP1261502	1/19/2025	1/19/2026	EACH OCCURRENCE \$ <b>3,000,000</b>
							AGGREGATE \$ <b>3,000,000</b>
							\$
							PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	Equipment Floater			IH3J96842200	2/23/2025	2/23/2026	Limit <b>665,864</b>
A	PROF/POLL Liability			CCP1261501	1/19/2025	1/19/2026	Occurrence <b>1,000,000</b>

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

## CERTIFICATE HOLDER

## CANCELLATION

Insured Copy of Verification

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

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS –  
SCHEDULED PERSON OR ORGANIZATION,  
PRIMARY AND NON-CONTRIBUTORY**

This endorsement modifies insurance provided under the following:

**ENVIRONMENTAL SERVICES LIABILITY COVERAGE FORM**

**SCHEDULE**

Name of Additional Insured Person(s) Or Organization	Location(s) of Covered Operations
Any person or organization whom you are required to add as an additional insured pursuant to a written contract or agreement.	Various locations where you are performing work for the additional insured whom you are required to add as an additional insured pursuant to a written contract or agreement.

- 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", "property damage", "personal and advertising injury" or "environmental damage" 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(s) at the location(s) designated above. 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.** This endorsement shall not apply to and shall afford no coverage to additional insureds shown in the Schedule above under the following coverages:
1. Coverage **E** – Consultants' Professional Liability; or
  2. Coverage **F** – Scheduled Property Pollution Liability; or
  3. Coverage **G** – Non-Owned Disposal Site Pollution Liability.
- C.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:
- This insurance does not apply to "bodily injury", "property damage", "personal and advertising injury" or "environmental damage" occurring after:
1. 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
  2. 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.
- D.** The insurance provided for the benefit of the above scheduled additional insured(s) shall be primary and non-contributory, but only with respect to liability for "bodily injury", "property damage", "personal and advertising injury" or "environmental damage" 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(s) at the location(s) designated in the Schedule above.

**E.** With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits of Insurance and Deductible:

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.

All other terms and conditions of this policy remain unchanged.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – COMPLETED OPERATIONS PRIMARY AND NON-CONTRIBUTORY**

This endorsement modifies insurance provided under the following:

### **ENVIRONMENTAL SERVICES LIABILITY COVERAGE FORM**

#### **SCHEDULE**

<b>Designated Additional Insured(s)</b>	<b>Designated Project or Premises</b>
Any person or organization whom you are required to add as an additional insured pursuant to a written contract or agreement.	Various locations where you are performing work for the additional insured whom you are required to add as an additional insured pursuant to a written contract or agreement.

**A. The following changes are made to Section II – Who is An Insured.**

1. The designated additional insured shown in the Schedule above is included as an additional insured but only with respect to:
  - a. "Bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by "your work" at the designated project or premises shown in the Schedule above, performed for that designated additional insured and included in the "products-completed operations hazard" under Section I – Coverages, Commercial General Liability Coverage **A** – Bodily Injury and Property Damage Liability and Coverage **B** – Personal and Advertising Injury Liability; and
  - b. "Bodily injury", "property damage" or "environmental damage" caused, in whole or in part, by your "covered operations" at the designated project or premises shown in the Schedule above, performed for that designated additional insured under Section I – Coverages, Coverage **D** – Contractors' Pollution Liability if a Limit of Insurance is shown for Coverage **D** on the Declarations.
2. However:
  - a. The insurance afforded to such designated additional insured only applies to the extent permitted by law; and
  - b. If coverage provided to the designated additional insured is required by a contract or agreement, the insurance afforded to such designated additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. Under Section I – Coverages, Commercial General Liability Coverage **A** – Bodily Injury and Property Damage Liability and Commercial General Liability Coverage **B** – Personal and Advertising Injury Liability, the insurance provided for the benefit of the above designated additional insured shall be primary and non-contributory, but 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;

performed for the above designated additional insured at the above designated project or premises and included in the "products-completed operations hazard".

**C. Under Section I – Coverages, Coverage **D** – Contractors' Pollution Liability, the insurance provided for the benefit of the above designated additional insured shall be primary and non-contributory, but only with respect to liability for "bodily injury", "property damage", or "environmental damage" caused, in whole or in part, by:**

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

performed for the above designated additional insured at the above designated project or premises and included in the "covered operations".

- D.** With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits of Insurance and Deductibles:

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

- E.** This endorsement shall not apply to and shall afford no coverage to designated additional insureds shown in the Schedule above under the following coverages:

1. Coverage **E** – Consultants' Professional Liability; or
2. Coverage **F** – Scheduled Property Pollution Liability; or
3. Coverage **G** – Non-Owned Disposal Site Pollution Liability.

All other terms and conditions of this policy remain unchanged.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

### **ENVIRONMENTAL SERVICES LIABILITY COVERAGE FORM**

#### **SCHEDULE**

<b>Name of Additional Insured Person(s) Or Organization</b>	<b>Designated Project or Premises</b>
Any person or organization whom you are required to add as an additional insured pursuant to a written contract or agreement.	Various locations where you are performing work for the additional insured whom you are required to add as an additional insured pursuant to a written contract or agreement.

- 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 "bodily injury", "property damage", "personal and advertising injury" or "environmental damage" 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(s) at the designated project or premises shown above.
- 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.** This endorsement shall not apply to and shall afford no coverage to additional insureds shown in the Schedule above under the following coverages:
1. Coverage **E** – Consultants' Professional Liability; or
  2. Coverage **F** – Scheduled Property Pollution Liability; or
  3. Coverage **G** – Non-Owned Disposal Site Pollution Liability.
- C.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:  
This insurance does not apply to "bodily injury", "property damage", "personal and advertising injury" or "environmental damage" occurring after:
1. 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 designated project or premises of the covered operations has been completed; or
  2. 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.
- D.** With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits of Insurance and Deductibles:
- 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.

All other terms and conditions of this policy remain unchanged.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**ADDITIONAL INSURED – LESSOR OF LEASED EQUIPMENT**

This endorsement modifies insurance provided under the following:

**ENVIRONMENTAL SERVICES LIABILITY COVERAGE FORM**

**SCHEDULE**

**Name of Additional Insured Person(s) or Organization(s)**

Any person or organization whom you are required to add as an additional insured pursuant to a written contract or agreement.

- 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", "property damage", "personal and advertising injury" or "environmental damage" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s).

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, this insurance does not apply to any "occurrence" or "pollution condition" which takes place after the equipment lease expires.
- C.** This endorsement shall not apply to and shall afford no coverage to additional insureds shown in the Schedule above under the following coverages:
1. Coverage **E** – Consultants' Professional Liability; or
  2. Coverage **F** – Scheduled Property Pollution Liability; or
  3. Coverage **G** – Non-Owned Disposal Site Pollution Liability
- D.** With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance and Deductibles:

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.

All other terms and conditions of this policy are unchanged.

**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:

### **ENVIRONMENTAL SERVICES LIABILITY COVERAGE FORM**

#### **SCHEDULE**

<b>Designated Person or Organization:</b> Any person or organization whom you are required to add as an additional insured pursuant to a written contract or agreement.	<b>Designated Project or Premises:</b> Various locations where you are performing work for the additional insured whom you are required to add as an additional insured pursuant to a written contract or agreement.
--	---

**A.** The following changes are made to Section **II** – Who is An Insured.

1. The designated person or organization shown in the Schedule above is included as an additional insured but only with respect to:
  - a. "Bodily injury", "property damage", or "personal and advertising injury" caused, in whole or in part, by "your work" at the designated project or premises shown in the Schedule above performed for that designated additional insured and included in the "products-completed operations hazard" under Section **I** – Coverages, Commercial General Liability Coverage **A** – Bodily Injury and Property Damage Liability; and Commercial General Liability Coverage **B** – Personal and Advertising Injury Liability.
  - b. "Bodily injury", "property damage" or "environmental damage" caused, in whole or in part, by your "covered operations" at the designated project or premises shown in the Schedule above, performed for that designated additional insured under Section **I** – Coverages, Coverage **D** – Contractors' Pollution Liability, if a Limit of Insurance is shown for Coverage **D** on the Declarations.
2. However:
  - a. The insurance afforded to such designated additional insured only applies to the extent permitted by law; and
  - b. If coverage provided to the designated additional insured is required by a contract or agreement, the insurance afforded to such designated additional insured will not be broader than that which you are required by the contract or agreement to provide for such designated additional insured.

**B.** With respect to the insurance afforded to the designated additional insureds, the following is added to Section **III** – Limits of Insurance and Deductibles:

If coverage provided to the designated additional insured is required by a contract or agreement, the most we will pay on behalf of the designated 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 CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS

This endorsement modifies insurance provided under the following:

ENVIRONMENTAL SERVICES LIABILITY COVERAGE FORM  
ENVIRONMENTAL SERVICES BUSINESSOWNERS COVERAGE FORM, PART II - LIABILITY

### SCHEDULE

**Designated Person or Organization:**

Any person or organization against whom you are required, pursuant to a written contract or agreement, to waive any right of recovery,

In consideration of the premium paid, it is hereby agreed that the condition, Transfer Of Rights Of Recovery Against Others To Us, in Section IV – Conditions, is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for an injury or damage, arising out of your ongoing operations or “your work” done under a contract with that person or organization and included in the “products-completed operations hazard”. This waiver applies only to the person or organization shown in the Schedule above.

All other terms and conditions of this policy remain unchanged.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **DESIGNATED PROJECT(S) GENERAL AGGREGATE LIMIT**

This endorsement modifies insurance provided under the following:

ENVIRONMENTAL SERVICES LIABILITY COVERAGE FORM  
ENVIRONMENTAL SERVICES BUSINESSOWNERS COVERAGE FORM, PART II - LIABILITY

### **SCHEDULE**

**Designated Project(s);** Those projects where you are performing work for an additional insured whom you are required to add as an additional insured pursuant to a written contract or agreement.

- A.** For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Coverage **A** and for all medical expenses caused by accidents under Coverage **C**, which can be attributed only to ongoing operations at a single designated project shown in the Schedule above:
1. A separate Designated Project General Aggregate Limit applies to each designated construction project, and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.
  2. The Designated 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", and for medical expenses under Coverage **C** 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 or under Coverage **C** for medical expenses shall reduce the Designated Project General Aggregate Limit for that designated project. Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Designated Project General Aggregate Limit for any other designated project shown in the Schedule above.
- B.** For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Coverage **A** and for all medical expenses caused by accidents under Coverage **C**, which cannot be attributed only to ongoing operations at a single designated project shown in the Schedule above:
1. The limits shown in the Declarations for Each Occurrence, Damage To Premises Rented To You and Medical Expense 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 Project General Aggregate Limit.
  2. Any payments made under Coverage **A** for damages, or under Coverage **C** for medical expenses shall reduce the amount available under the General Aggregate Limit or the Products-Completed Operations Aggregate Limit, whichever is applicable; and

# Century Surety Company

## ENVIRONMENTAL SERVICES LIABILITY COVERAGE FORM

### Coverage Part - Declarations

**Policy No:** CCP 1261501

**Effective Date:** 01/19/2025

**NAMED INSURED:** SoCal Shaker Plates & Construction Site Services LLC  
(See CSCP1003 for Named Insured Schedule)

**12:01 A.M. Standard Time**

#### A. LIMITS OF INSURANCE:

General Aggregate Limit (Other than the Product-Completed Operations in Coverage A)	\$ 2,000,000	
Products-Completed Operations Aggregate Limit (Coverage A)	\$ 2,000,000	
Personal and Advertising Injury Limit	\$ 1,000,000	
Each Occurrence	\$ 1,000,000	
Contractors' Pollution Liability Each Pollution Condition Limit	\$ 1,000,000	
Consultants' Professional Liability Each Wrongful Act Limit	\$ 1,000,000	
Scheduled Property Each Pollution Condition Limit	\$ N/A	
Non-Owned Disposal Site Each Non-Owned Disposal Site Pollution Condition Limit	\$ 1,000,000	
Damage To Premises Rented To You	\$ 100,000	<b>Any One Fire</b>
Medical Expense Limit	\$ 5,000	<b>Any One Person</b>

If any Coverage Form, Coverage Part or policy issued to you by us or any company affiliated with us apply to the same claim for damages, the maximum Limit of Insurance for Liability Coverage under all of the Coverage Forms, Coverage Parts or policies shall not exceed the highest applicable Limit of Insurance available under any one Coverage Form, Coverage Part or policy. This provision would not apply to any Coverage Part, Coverage Form or policy issued by us or an affiliated company specifically to apply as excess insurance over this policy.

#### B. RETROACTIVE DATES:

##### ENV 0001 only

Contractors Pollution Liability Coverage <b>D</b> Retroactive Date (ENV 2032 attached)	N/A
Consultants' Professional Liability Coverage <b>E</b> Retroactive Date	01/19/2025
Scheduled Property Pollution Liability Coverage <b>F</b> Retroactive Date	N/A
Non-owned Disposal Site Pollution Liability Coverage <b>G</b> Retroactive Date	01/19/2025

##### ENV 0002 only

Commercial General Liability Coverage <b>A</b> and <b>B</b> Retroactive Date	N/A
Contractors' Pollution Liability Coverage <b>D</b> Retroactive Date	N/A
Consultants' Professional Liability Coverage <b>E</b> Retroactive Date	N/A
Scheduled Property Pollution Liability Coverage <b>F</b> Retroactive Date	N/A
Non-owned Disposal Site Pollution Liability Coverage <b>G</b> Retroactive Date	N/A

#### C. DEDUCTIBLE:

Commercial General Liability Coverage <b>A</b> and <b>B</b>	\$ 5,000	<input checked="" type="checkbox"/> Each Event	<input type="checkbox"/> Per Claim
Contractors' Pollution Liability Coverage <b>D</b>	\$ 5,000	<input checked="" type="checkbox"/> Each Event	<input type="checkbox"/> Per Claim
Consultants' Professional Liability Coverage <b>E</b>	\$ 5,000	<input type="checkbox"/> Each Event	<input checked="" type="checkbox"/> Per Claim
Scheduled Property Pollution Liability Coverage <b>F</b>	\$ N/A	<input type="checkbox"/> Each Event	<input type="checkbox"/> Per Claim
Non-owned Disposal Site Pollution Liability Coverage <b>G</b>	\$ 5,000	<input type="checkbox"/> Each Event	<input checked="" type="checkbox"/> Per Claim
Deductible also applies to Supplementary Payments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

#### D. SCHEDULE OF HAZARDS

				RATE:		ADVANCED PREMIUM	
St	/Terr	Code	Classification	Prem. Basis	Prem. Ops.	Pr/Co	All Other
			See Attached Warranty Application	Flat			15,792
Audit period is Annual Unless Otherwise Stated				Total Advance Premium		\$ 15,792	
				TRIA Coverage		\$ 0	
				Minimum Premium for This Coverage Part		\$ 15,792	

#### FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy):

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

**See Attached Schedule of Forms, CIL 1500b 02 02**

**THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THIS INSURED AND THE POLICY PERIOD**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **BLANKET WAIVER OF SUBROGATION**

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

SECTION IV – BUSINESS AUTO CONDITIONS, A. Loss Conditions, 5. Transfer of Rights Of Recovery Against Others To Us, the following is added:

We waive any right of recovery we may have against any person or organization to the extent required of you by a written contract executed prior to any “accident” or “loss”, provided that the “accident” or “loss” arises out of the operations contemplated by such contract. The waiver applies only to the person or organization designated in such contract.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **BLANKET ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The following is added to the **Section II – Liability Coverage, Paragraph A.1. Who Is An Insured** Provision:

Any person or organization that you are required to include as additional insured on the Coverage Form in a written contract or agreement that is signed and executed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period is an "insured" for Liability Coverage, but only for damages to which this insurance applies and only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Section II.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **Business Auto Broadening Endorsement**

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE FORM**

- I. NEWLY ACQUIRED OR FORMED ENTITY (BROAD FORM NAMED INSURED)
- II. EMPLOYEES AS INSURED
- III. AUTOMATIC ADDITIONAL INSURED
- IV. EMPLOYEE HIRED AUTO LIABILITY
- V. SUPPLEMENTARY PAYMENTS
- VI. FELLOW EMPLOYEE COVERAGE
- VII. ADDITIONAL TRANSPORTATION EXPENSE
- VIII. HIRED AUTO PHYSICAL DAMAGE COVERAGE
- IX. ACCIDENTAL AIRBAG DEPLOYMENT COVERAGE
- X. LOAN/LEASE GAP COVERAGE
- XI. GLASS REPAIR – DEDUCTIBLE WAIVER
- XII. TWO OR MORE DEDUCTIBLES
- XIII. AMENDED DUTIES IN EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS
- XIV. WAIVER OF SUBROGATION
- XV. UNINTENTIONAL ERROR, OMISSION, OR FAILURE TO DISCLOSE HAZARDS
- XVI. EMPLOYEE HIRED AUTO PHYSICAL DAMAGE
- XVII. PRIMARY AND NONCONTRIBUTORY IF REQUIRED BY CONTRACT
- XVIII. HIRED AUTO – COVERAGE TERRITORY
- XIX. BODILY INJURY REDEFINED TO INCLUDE RESULTANT MENTAL ANGUISH

## BUSINESS AUTO COVERAGE FORM

### I. NEWLY ACQUIRED OR FORMED ENTITY (Broad Form Named Insured)

SECTION II - LIABILITY COVERAGE, A. Coverage, 1. Who Is An Insured, the following is added:

- d. Any business entity newly acquired or formed by you during the policy period provided you own 50% or more of the business entity and the business entity is not separately insured for Business Auto Coverage. Coverage is extended up to a maximum of 180 days following acquisition or formation of the business entity. Coverage under this provision is afforded only until the end of the policy period. Coverage does not apply to an "accident" which occurred before you acquired or formed the organization.

### II. EMPLOYEES AS INSURED

SECTION II - LIABILITY COVERAGE, A. Coverage, 1. Who Is An Insured, the following is added:

- e. Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

### III. AUTOMATIC ADDITIONAL INSURED

SECTION II - LIABILITY COVERAGE, A. Coverage, 1. Who Is An Insured, the following is added:

- f. Any person or organization that you are required to include as additional insured on the Coverage Form in a written contract or agreement that is signed and executed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period is an "insured" for Liability Coverage, but only for damages to which this insurance applies and only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Section II.

### IV. EMPLOYEE HIRED AUTO LIABILITY

SECTION II - LIABILITY COVERAGE, A. Coverage, 1. Who Is An Insured, the following is added:

- g. An "employee" of yours is an "insured" while operating an "auto" hired or rented under a contract or agreement in that "employee's" name, with your permission, while performing duties related to the conduct of your business.

### V. SUPPLEMENTARY PAYMENTS

SECTION II – LIABILITY COVERAGE, A. Coverage, 2. Coverage Extensions, a. Supplementary Payments, Subparagraphs (2) and (4) are replaced by the following:

- (2) Up to \$3,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We are not obligated to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

**VI. FELLOW EMPLOYEE COVERAGE:**

SECTION II – LIABILITY COVERAGE, B. Exclusions, 5. Fellow Employee

This exclusion does not apply if you have workers' compensation insurance in-force covering all of your "employees". Coverage is excess over any other collectible insurance.

**VII. ADDITIONAL TRANSPORTATION EXPENSE**

SECTION III - PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions, a. Transportation Expenses, is replaced with the following:

We will pay up to \$50 per day to a maximum of \$1000 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss". If your business shown in the Declarations is other than an auto dealership, we will also pay up to \$1,000 for reasonable and necessary costs incurred by you to return a stolen covered auto from the place where it is recovered to its usual garaging location.

**VIII. HIRED AUTO PHYSICAL DAMAGE COVERAGE**

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions, the following is added:

- c. If Liability Coverage is provided in this policy on a Symbol 1 or a Symbol 8 basis and Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this coverage form for any "auto" you own, then the Physical Damage Coverages provided are extended to "autos" you hire, subject to the following limit:
  - (1) The most we will pay for "loss" to any hired "auto" is \$50,000 or Actual Cash Value or Cost of Repair, whichever is less
  - (2) \$500 deductible will apply to any loss under this coverage extension, except that no deductible shall apply to "loss" caused by fire or lightningSubject to the above limit and deductible we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own of similar size and type. This coverage extension is excess coverage over any other collectible insurance.

**IX. ACCIDENTAL AIRBAG DEPLOYMENT COVERAGE**

SECTION III - PHYSICAL DAMAGE COVERAGE, B. Exclusions, 3.a., is amended to add the following:

This exclusion does not apply to the accidental discharge of an airbag.

**X. LOAN/LEASE GAP COVERAGE**

SECTION III - PHYSICAL DAMAGE COVERAGE C. Limit of Insurance, the following is added:

4. In the event of a "total loss" to a covered "auto" shown in the schedule or declarations for which Collision and Comprehensive Coverage apply, we will pay any unpaid amount due on the lease or loan for that covered "auto," less:
- a. The amount paid under the Physical Damage Coverage Section of the policy; and
  - b. Any:
    - (1) Overdue lease/loan payments at the time of the "loss";
    - (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage.
    - (3) Security deposits not returned by the lessor;
    - (4) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
    - (5) Carry-over balances from previous loans or leases.

The most we will pay under Auto Loan/Lease Gap Coverage for an insured auto is 25% of the actual cash value of that insured auto at the time of the loss.

**XI. GLASS REPAIR – DEDUCTIBLE WAIVER**

SECTION III - PHYSICAL DAMAGE COVERAGE, D. Deductible, the following is added:

No deductible applies to glass damage if the glass is repaired rather than replaced.

**XII. TWO OR MORE DEDUCTIBLES**

SECTION III -PHYSICAL DAMAGE COVERAGE, D. Deductible, the following is added:

If two or more "company" policies or coverage forms apply to the same accident:

- 1. If the applicable Business Auto deductible is the smallest, it will be waived; or
- 2. If the applicable Business Auto deductible is not the smallest, it will be reduced by the amount of the smallest deductible; or
- 3. If the loss involves two or more Business Auto coverage forms or policies the smallest deductible will be waived.

For the purpose of this endorsement "company" means the company providing this insurance and any of the affiliated members of the Mercury Insurance Group of companies.

**XIII. AMENDED DUTIES IN EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS**

The requirement in SECTION IV, BUSINESS AUTO CONDITIONS, A. Loss Conditions, 2. Duties In The Event Of Accident, Claim, Suit, Or Loss, a., In the event of "accident", you must notify us of an "accident" applies only when the "accident" is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership;
- (3) A member, if you are a limited liability company; or
- (4) An executive officer or insurance manager, if you are a corporation.

**XIV. WAIVER OF SUBROGATION**

SECTION IV - BUSINESS AUTO CONDITIONS, A. Loss Conditions, 5. Transfer of Rights Of Recovery Against Others To Us, section is replaced by the following:

5. Transfer Of Rights Of Recovery Against Others To Us

We waive any right of recovery we may have against any person or organization to the extent required of you by a written contract executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of the operations contemplated by such contract. The waiver applies only to the person or organization designated in such contract.

**XV. UNINTENTIONAL ERROR, OMISSION, OR FAILURE TO DISCLOSE HAZARDS**

SECTION IV - BUSINESS AUTO CONDITIONS, B. General Conditions, 2. Concealment, Misrepresentation, or Fraud, the following is added:

Any unintentional omission of or error in information given by you, or unintentional failure to disclose all exposures or hazards existing as of the effective date or at any time during the policy period shall not invalidate or adversely affect the coverage for such exposure or hazard or prejudice your rights under this insurance. However, you must report the undisclosed exposure or hazard to us as soon as reasonably possible after its discovery. This provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

**XVI. EMPLOYEE HIRED AUTO PHYSICAL DAMAGE**

SECTION IV – BUSINESS AUTO CONDITIONS, B. General Conditions, 5. Other Insurance, b. For Hired Auto Physical Damage Coverage, is replaced by the following:

b. For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:

1. Any covered "auto" you lease, hire, rent or borrow; and
2. Any covered "auto" hired or rented by your "employee" under a contract in that individual "employee's" name, with your permission, while performing duties related to the conduct of your business.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

**XVII. PRIMARY AND NONCONTRIBUTORY IF REQUIRED BY CONTRACT**

SECTION IV – BUSINESS AUTO CONDITIONS, B. General Conditions, 5. Other Insurance, the following is added and supersedes any provision to the contrary:

e. This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

**XVIII. HIRED AUTO - COVERAGE TERRITORY**

SECTION IV - BUSINESS AUTO CONDITIONS, B. General Conditions, 7. Policy Period, Coverage Territory, e. Anywhere in the world if:, is replaced by the following:

e. Anywhere in the world if:

- (1) A covered "auto" is leased, hired, rented or borrowed without a driver for a period of 30 days or less; and
- (2) The "insured's" responsibility to pay damages is determined in a "suit" on the merits, in the United States of America, the territories and possessions of the United States of America, Puerto Rico, or Canada or in a settlement we agree to.

**XIX. BODILY INJURY REDEFINED TO INCLUDE RESULTANT MENTAL ANGUISH**

SECTION V – DEFINITIONS, C. "Bodily Injury" is amended by adding the following:

"Bodily injury" also includes mental anguish but only when the mental anguish arises from other bodily injury, sickness, or disease.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

**CONSTRUCTION INDUSTRY LICENSING BOARD**

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

**CISSELL, MAVERICK**

SOCAL SHAKER PLATES & CONSTRUCTION SITE SERVICES, LLC  
27475 YNEZ RD  
#389  
TEMECULA CA 92591

**LICENSE NUMBER: CGC1533402**

**EXPIRATION DATE: AUGUST 31, 2026**

Always verify licenses online at [MyFloridaLicense.com](https://MyFloridaLicense.com)

ISSUED: 01/02/2025

Do not alter this document in any form.

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



BID BOND

KNOW ALL BY THESE PRESENTS, That we, SoCAL SHAKER PLATES & CONSTRUCTION SITE SERVICES, LLC.

of 648 RIVERSIDE RD. NORTH PALM BEACH, FL 33408 (hereinafter called the Principal),

as Principal, and GREAT MIDWEST INSURANCE COMPANY

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

(hereinafter called the Obligee) in the penal sum of FIVE PERCENT OF AMOUNT BID

\_\_\_\_\_ Dollars (\$ 5% )  
for the payment of which the Principal and the Surety bind themselves, their heirs, executors, administrators, successors and assigns,  
jointly and severally, firmly by these presents.

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

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

Signed and sealed this 5TH day of JUNE, 2025

Mike S.                      Nicki Smith  
Witness

SoCal Shaker Plates & Construction Site Services, LLC. (Seal)  
Principal  
FL. Div  
Title

GREAT MIDWEST INSURANCE COMPANY

By  KEVIN VEGA Attorney-in-Fact

POWER OF ATTORNEY  
**Great Midwest Insurance Company**

KNOW ALL MEN BY THESE PRESENTS, that **GREAT MIDWEST INSURANCE COMPANY**, a Texas Corporation, with its principal office in Houston, TX, does hereby constitute and appoint: Philip E. Vega, Kevin Vega, Britton Christiansen

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **GREAT MIDWEST INSURANCE COMPANY**, on the 1<sup>st</sup> day of April, 2025 as follows:

Resolved, that the President, or any officer, be and hereby is, authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed One-Hundred Million dollars (\$100,000,000.00), which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed in the Company's sole discretion and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by electronic mail on any power of attorney granted, and the signature of the Secretary, and the seal of the Company may be affixed by electronic mail to any certificate of any such power and any such power or certificate bearing such electronic signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **GREAT MIDWEST INSURANCE COMPANY**, has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 8th day of April, 2025.

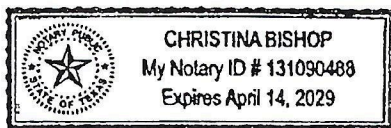


**GREAT MIDWEST INSURANCE COMPANY**

BY Mark W. Haushill  
Mark W. Haushill  
President

**ACKNOWLEDGEMENT**

On this 8th day of April 2025, before me, personally came Mark W. Haushill to me known, who being duly sworn, did depose and say that he is the President of **GREAT MIDWEST INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



BY Christina Bishop  
Christina Bishop  
Notary Public

**CERTIFICATE**

I, the undersigned, Secretary of **GREAT MIDWEST INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Houston, TX this 5th Day of June 2025



BY Patricia Ryan  
Patricia Ryan  
Secretary

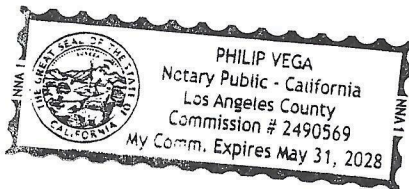
**"WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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

State of California }  
 } ss.  
County of LOS ANGELES }

On June 5th, 2025 before me, Philip Vega, Notary Public  
Here Insert Name and Title of the Officer  
personally appeared Kevin Vega, Attorney-in-Fact  
Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Place Notary Seal Above

Signature:

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title of Type of Document: \_\_\_\_\_

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Signer(s) Other Than Named Above: \_\_\_\_\_

Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer Title(s): \_\_\_\_\_  
☐ Partner - ☐ Limited ☐ General  
☐ Attorney in Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Right Thumbprint of Signer  
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Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer Title(s): \_\_\_\_\_  
☐ Partner - ☐ Limited ☐ General  
☐ Attorney in Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Right Thumbprint of Signer  
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