# PORT ST. LUCIE HARD OF THE TREASURE COAST

# City of Port St. Lucie

# Procurement Management Division

121 SW Port St. Lucie Blvd,, Port St. Lucie, FL 34984

# [EHMAN ELECTRICAL CONTRACTOR LLC] RESPONSE DOCUMENT REPORT

IFB No. 20250215

**Electrical Connection of Retrofitted City Grinder Pump Systems** 

RESPONSE DEADLINE: September 26, 2025 at 12:00 pm Report Generated: Monday, September 29, 2025

# **Ehman Electrical Contractor LLC Response**

# **CONTACT INFORMATION**

# Company:

Ehman Electrical Contractor LLC

Email:

office@ehmanelectric.com

Contact:

Timothy Ehman

Address:

320 NW Enterprise Dr STE 121 Port St Lucie, FL 34986

Phone:

(772) 519-8646

Website:

www.ehmanelectric.com

Submission Date:

Sep 25, 2025 4:00 PM (Eastern Time)

IFB No. 20250215

Electrical Connection of Retrofitted City Grinder Pump Systems

# ADDENDA CONFIRMATION

Addendum #1

Confirmed Sep 25, 2025 12:44 PM by Timothy Ehman

Addendum #2

Confirmed Sep 25, 2025 12:56 PM by Timothy Ehman

Addendum #3

Confirmed Sep 25, 2025 12:56 PM by Timothy Ehman

# **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...
- $1.1\_PSL-\_Contractor's\_General\_Information\_Worksheet.pdf$

## E-VERIFY FORM \*

Please download the below documents, complete, and upload.

• E-Verify Form.pdf

1.2\_E-Verify\_Form\_-\_signed.pdf

NON-COLLUSION AFFIDAVIT \*

Please download the below documents, complete, and upload.

• Non-Collusion Affidavit-fil...

1.3\_Non-Collusion\_Affidavit-fillable\_-\_signed.pdf

SUPPLIER LOCATION CERTIFICATION

Please download the below documents, complete, and upload.

• Supplier Location Certifica...

 $1.4\_Supplier\_Location\_Certification\_Form\_(1)\_-\_signed.pdf$ 

COPY OF W-9\* W9-EHMAN 2025.pdf

COPY OF CERTIFICATE OF INSURANCE \*

City\_of\_Port\_St\_Lucie\_WC\_EXP\_07.01.2026.pdf City\_of\_Port\_St\_Lucie\_-\_GL\_EXP\_10.2026.pdf

COPY OF LICENSES OR CERTIFICATIONS\*

 $license\_EC13009587\_EXP.\_08.31.2026.pdf$ 

COPY OF BID BOND \*

Copy\_-\_Cashier's\_Chk\_1931661\_-\_\$500\_(bond).pdf

## 2. Electronic Confirmation

# CONE OF SILENCE AND COMMUNICATION DOCUMENT\*

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 <u>287.135</u> and <u>215.473</u>, 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/mgodaonn/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

I CERTIFY THAT I HAVE READ, UNDERSTOOD, AND AGREED TO THE TERMS OUTLINED IN THIS SOLICITATION, INCLUDING ALL ADDENDA, NOTICES, AND THE QUESTION & ANSWER SECTION. FURTHERMORE, I CONFIRM 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			
0001	Low Pressure Grinder Systems with GFCI (230) volt.	1	ea	\$900.00	\$900.00			
0002	Low Pressure Grinder Systems with GFCI (120) volt.	1	ea	\$850.00	\$850.00			
0003	Low Pressure Grinder Systems without GFCI (230v)	1	ea	\$825.00	\$825.00			
0004	Low Pressure Grinder Systems without GFCI (120v)	1	ea	\$810.00	\$810.00			
0005	Myers to E-One control panel upgrades	1	ea	\$250.00	\$250.00			
TOTAL								



# CONTRACTOR'S GENERAL INFORMATION WORK SHEET

	Name: EHMAN ELECTRICAL CONTRACTOR LLC
	Address: 320 NW ENTERPRISE DR, SUITE 121 PORT ST LUCIE, FL 34986
	Telephone Number: 772-519-8646
	Fax Number:
(	Contact person: Maria Ehman Email: office@ehmanelectric.com
I	Firm's previous names (if any).
I	How many years has your organization been in business? 5.5 years
I	Is the firm claiming Local Preference under City Ordinance 35.12? YES / NO
Ι	List the license(s) that qualifies your firm to construct this project:
	Unlimited Electrical Contractor License - EC13009587
_	
_	
_	
	List five (5) similar to this project completed by your firm in the last 5 years along with a brief descr

Project Name: Martin County Grinder Pumps
Description:
Install circuits for new grinder pump systems in Martin County & E1 control boxes
Location: Martin County
Client Name, Phone Number & Email: Martin County Utilities, MCU_Grinders@martin.fl.us, (772) 221-1303
Value of Total Contract: \$196,000
Date of Completion: May 2023
Firm's Percentage of Total Contract: 90%
Number of Change Orders: None
Value of Change Orders: None
Was Project Completed on Schedule: Yes
Was Project Completed within Budget? Yes
D : (N 1 2
Project Number 2 Project Name: HPI Storage
Description: Ground up storage facility
Description. Globing up storage rading
Location: Port St Lucie FL
Client Name, Phone Number & Email: Mike Carter Construction, Inc., (941) 745-1700, wes@mcconst.com
Value of Total Contract: 700,000
Date of Completion: Nov. 2024
Firm's Percentage of Total Contract: 100%
Number of Change Orders: 7
Value of Change Orders: \$40,387.00
Was Project Completed on Schedule: Yes
Was Project Completed within Budget? Yes
D. 1. (2) 1. 2
Project Number 3 Project Name: Tradition Business Center
Description: Ground up warehouse/flex space (2 buildings)
E letter recent in the contract of the contrac
Location: Tradition Florida
Client Name, Phone Number & Email: GT Kelly Contractors, patrickbkelly@aol.com,561-743-7381
Value of Total Contract: 603,000
Date of Completion: August 2025

Firm's Percentage of Total Contract: 100%
Number of Change Orders: 3
Value of Change Orders: \$12,341.00
Was Project Completed on Schedule: Yes
Was Project Completed within Budget? Yes
Project Number 4
Project Name: Kendall Industrial
Description: ground upconcrete plant
Location: Indiantown Florida
Client Name, Phone Number & Email: Lendalk Properties LLC, 561-281-0864, richard.lendalk@gmail.com
Value of Total Contract: 497,812
Date of Completion: August 2025
Firm's Percentage of Total Contract: 100%
Number of Change Orders: 30
Value of Change Orders: 129,375
Was Project Completed on Schedule: Yes
Was Project Completed within Budget? Yes
Project Number 5
Project Name: Peacock Business Center
Description: Ground up warehouse/flex space (2 buildings)
Location: Port St Lucie FL
Client Name, Phone Number & Email: GT Kelly Contractors, patrickbkelly@aol.com,561-743-7381
Value of Total Contract: 547,044
Date of Completion: April 2024
Firm's Percentage of Total Contract: 100%
Number of Change Orders:3
Value of Change Orders: 11,000
Was Project Completed on Schedule: Yes
Was Project Completed within Budget? Yes

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

ontractor; refused to enter into a contract after an award has been made; failed to complete ring the past five (5) years or been declared to be in default in any contract or been assessed mages in the last five (5) years? List the name of project, location, client, engineer, date as sea additional pages if needed.  Total Number of Projects where Failure to Complete Work Occurred:  Project Number 1  Project Name:  Project Location:  Client Name and Phone Number:  Engineer Name and Phone Number:  Date:  Reason:  sert additional projects if needed.  as the Contractor or any of its principals ever been declared bankrupt or reorganized under napter 11 or put into receivership?  Yes (X)  No ( )  yes, please explain:  12 due to divorce		3rd Year Apprentice - IEC School
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		mento nom lawbutto in the last live (5) years.
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(N/A is not an acceptable answer - insert lines if needed)	
List subcontractors and major material suppliers for the additional sheets if necessary.	e project. Include telephone numbers
No subcontractors	
Peninsular Electrical Distributors, 561-832-1626	
City Electric Supply, 772-871-0115	
Consolidated Electrical Distributors, 772-426-8200	
Grainger, (800) 472-4643	
Eckart Supply, 561-800-0944	
Graybar, 561-267-7740	
Timothy J. Ehman	Owner/President
Signature	Title



# E-Verify Form

# Supplier/Consultant acknowledges and agrees to the following:

- Shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Supplier/Consultant during the term of the contract; and
- Shall expressly require any subcontractors performing work or providing services pursuant to the state contract to likewise
  utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees
  hired by the subcontractor during the contract term.
- 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	2433479
Date of Authorization	08/27/2024
Name of Contractor	Ehman Electrical Contractor LLC
Name of Project	Electrical Connection of Retrofitted City Grinder Pump Systems
Solicitation Number (If Applicable)	
I hereby declare under penalty of perjury th Executed on September	at the foregoing is true and correct.  25, 20
Timbhy J. Ehmor Signature of Authorized Officer	Timothy L Ehman, Owner/President  Printed Name and Title of Authorized Officer or Agent
SUBSCRIBED AND SWORN BEFORE ME	
NOTARY PUBLIC Septemb	Notary Public State of Florida Autumn Llama My Commission HH 576193 Expires 7/28/2028
My Commission Expires: 0120 2	.0



# **NON-COLLUSION AFFIDAVIT**

State	of			}	
County of St Lucie			}		
Time	othy L. Ehr	nan		, being first duly sworn, disposes a	and says that:
		(Name/s)			
1.	They are	Owner/President	of_	Ehman Electrical Contractor LLC	_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) Owner/President (Title)	
STATE OF FLORIDA } COUNTY OF ST. LUCIE} SS:	Santambar 25, 2025
The foregoing instrument was acknowledged be	fore me this (Date)
by: Timothy L Ehman	who is personally known to me or who has produced
	as identification and who did (did not) take an oath.
Notary Signature: HH5716193  Notary Signature:	Notary Public State of Florida Autumn Llama My Commission HH 576193 Expires 7/28/2028



### SUPPLIER LOCATION CERTIFICATION

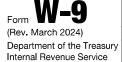
The undersigned, as a duly authorized representative of the Supplier listed herein, certifies to the best of their knowledge and belief, that the Supplier's location is correctly reflected based upon the below information. For purposes of this section, "Location" shall mean a business which:

- a) How far is the Supplier's fixed office or distribution point located from City Hall; and
- b) Is the principal offeror who is a single offeror; a business which is the prime contractor and not a subcontractor; or a partner or joint venturer submitting an offer in conjunction with other businesses.

Complete the following and upload this document and the Google Maps print out to the required sourcing platform:

Complete the following and upload this document and the Google Maps print out to the requir	ca sourcing platform.
Business Name: Ehman Electrical Contractor LLC	
Current Local Address: 320 NW Enterprise Dr., Suite 121 Port St. Lucie, FL 34986	Phone: 772-519-8646
Length of time at this address: 3.5 years	Fax:
Please provide your prior business address if the above address has been for less than one issuance of this solicitation.	(1) year, prior to the
Length of time at this address:	
Home Office Address: 320 NW Enterprise Dr., Suite 121 Port St. Lucie, FL 34986	Phone: 772-519-8646
Length of time at this address: 3.5 years	Fax:
(Signed)	
(Title) Owner/President	
STATE OF FLORIDA } COUNTY OF ST. LUCIE} SS:	
The foregoing instrument was acknowledged before me this (Date) September 25, 2025	
by: Timothy L. Ehman who is personally known to me or who has produced	
ras identification and who did (did not) take an oath.  Commission No. HH57ld193	

Notary (print & sign name)



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

Go to 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, 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.) TIMOTHY L. EHMAN Business name/disregarded entity name, if different from above. EHMAN ELECTRICAL CONTRACTOR LLC က 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check 4 Exemptions (codes apply only to See Specific Instructions on page only one of the following seven boxes. certain entities, not individuals; see instructions on page 3): C corporation S corporation Partnership Individual/sole proprietor LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Exempt payee code (if any) Print or type. Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax **Exemption from Foreign Account 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. Compliance Act (FATCA) reporting code (if any) Other (see instructions) 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, (Applies to accounts maintained and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check outside the United States.) this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . . . Address (number, street, and apt. or suite no.). See instructions. Requester's name and address (optional) 320 NW ENTERPRISE DR., SUITE 121 City, state, and ZIP code PORT SAINT LUCIE, FL 34986 7 List account number(s) here (optional) Taxpayer Identification Number (TIN) Part I Social security number 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. Employer identification number Note: If the account is in more than one name, see the instructions for line 1. See also What Name and 5 7 2 8 5 Number To Give the Requester for guidelines on whose number to enter. 8 0 0 Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

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

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

Sign Signature of 07/29/2025 Here Date U.S. person

# **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.

## 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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/25/2025

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).

	certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER					CONTACT NAME: Marsh Affinity					
Marsh Affinity					PHONE (A/C, No, Ext): 800-743-8130 (A/C, No):					
a division of Marsh USA LLC.					E-MAIL ADDRESS: ADPTotalSource@marsh.com					
PO BOX 14404 Des Moines, IA 50306-9686					INSURER(S) AFFORDING COVERAGE				NAIC#	
Des Mollies, IA 30300-9000					INICITE					23817
INSURED					INSURER A: Illinois National Ins Co INSURER B:					23017
					INSUR					
	ADP TotalSource CO XXI, Inc. 8800 Windward Parkway				INSUR					
/	Alpharetta, GA 30005									
	Alternate Employer: Ehman Electrical Contractor LLC				INSURER E:					
,	220 Northwest Enterprise Drive, Suite 121				INSURER F:					
	Port St. Lucie, FL 34986									
CO	VERAGES CER	TIFI	CATE	NUMBER:			F	REVISION NUMB	ER:	
	HIS IS TO CERTIFY THAT THE POLICIES									
	IDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY									
E	XCLUSIONS AND CONDITIONS OF SUCH P	OLICI	ES. LI	MITS SHOWN MAY HAVE BE		DUCED BY PAIL	D CLAIMS.			
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	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre	ence) \$	
								MED EXP (Any one per		
								PERSONAL & ADV INJ	URY \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	E \$	
	POLICY PRO LOC							PRODUCTS - COMP/O	P AGG \$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LII (Ea accident)	MIT \$	
	ANY AUTO							BODILY INJURY (Per p	erson) \$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per a	ccident) \$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								( or accounty	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESSLIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER X STATUTE	OTH- ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE	٦				07/04/0005	07/04/000/	E.L. EACH ACCIDENT	\$ 2	2,000,000
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	N/A		WC 063528456 FL		07/01/2025	07/01/2026	E.L. DISEASE - EA EMF	PLOYEE \$ 2	2,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	/LIMIT \$ 2	2,000,000
ا All ۱	CRIPTION OF OPERATIONS / LOCATIONS / VEI vorksite employees working for Ehman Electrical C	ontract	tor LLC	paid under ADP TOTAL SOURCE	chedule,	may be attached	d if more space	is required)		
INC	.'s payroll, are covered under the above stated poli rnate employer under this policy. Proprietor/Partner	cy. Ehi	man Ele	ectrical Contractor LLC is an						
as I	ong as they are in the ADPTS payroll or have comp	leted t	he SEI	Participation Addendum.						
<u> </u>										
	RTIFICATE HOLDER				CAN	ICELLATIO	N			
	y of Port St. Lucie I SW Port St. Lucie Blvd. Bldg. B									
	t St. Lucie, FL 34984				1			ESCRIBED POLICIES REOF, NOTICE W		
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AC	ACORD 25 (2016/03)					© 1988	-2015 ACO	RD CORPORATION	UN. All rigi	nts reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/25/2025

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

	UBROGATION IS WAIVED, subject to t ertificate does not confer rights to the ce			•	-, -	oolicies may r	equire an endorsement. A statem	nent on this		
PRODUCER					CONTACT NAME: CLIENT CONTACT CENTER					
FEDERATED MUTUAL INSURANCE COMPANY					PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664					
HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060					F-MAII					
·					ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM  INSURERS AFFORDING COVERAGE NAIC #					
						INSURER A: FEDERATED MUTUAL INSURANCE COMPANY 1				
INSU	INSURED					INSURER B:				
EHMAN ELECTRICAL CONTRACTOR, LLC					INSURER C:					
320 NW ENTERPRISE DR STE 121 PORT SAINT LUCIE, FL 34986-2330					INSURER D:					
POF	RT SAINT LUCIE, FL 34980-2330				INSURER E:					
					INSURER F:					
COVI	ERAGES CERTIF	ICA	TF NI	JMBER: 167	INSOKEK F.	RF	VISION NUMBER: 0			
	HIS IS TO CERTIFY THAT THE POLICIES OF				I ISSUED TO TH			INDICATED.		
NO	DTWITHSTANDING ANY REQUIREMENT, TER	МО	R COM	NDITION OF ANY CONTRACT	OR OTHER DO	CUMENT WITH I	RESPECT TO WHICH THIS CERTIFICA	TE MAY BE		
	SUED OR MAY PERTAIN, THE INSURANCE A JCH POLICIES. LIMITS SHOWN MAY HAVE BE				ED HEREIN IS S	UBJECT TO ALL	. THE TERMS, EXCLUSIONS AND CON	DITIONS OF		
INSR LTR			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
LIK	X COMMERCIAL GENERAL LIABILITY	INSK	WVD		(IVIIVI/DD/TTTT)	(MINI/DD/TTTT)	EACH OCCURRENCE	\$1,000,000		
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000		
	DEALING-INIABE X							EXCLUDED		
Α	<u> </u>	N	l <sub>N</sub> l	1872651	10/01/2025	10/01/2026	MED EXP (Any one person) PERSONAL & ADV INJURY	\$1,000,000		
	GEN1 AGGREGATE LIMIT APPLIES PER:			,			GENERAL AGGREGATE	\$2,000,000		
	X POLICY PRO- JECT LOC						PRODUCTS & COMP/OP ACC	\$2,000,000		
	OTHER:									
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$1,000,000		
	X ANY AUTO						(Ea accident)  BODILY INJURY (Per Person)	ψ1,000,000		
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<i>.</i> .	OWNED AUTOS ONLTAUTOS		'	1012001	10/01/2020	10/01/2020	PROPERTY DAMAGE (Per Accident)			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						(Per Accident)			
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$2,000,000		
_	H	N	NI	1872652	10/01/2025	10/01/2026	AGGREGATE	\$2,000,000		
Α	EXCESS LIAB CLAIMS-MADE	N	N	1012032	10/01/2023	10/01/2020	AGGREGATE	\$2,000,000		
	DED   RETENTION     WORKERS COMPENSATION						PER STATUTE OTHER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE						E.L EACH ACCIDENT			
	l	N/A								
	If yes, describe under						E.L DISEASE EA EMPLOYEE			
	DESCRIPTION OF OPERATIONS below						E.L DISEASE · POLICY LIMIT			
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	Y OF PORT ST LUCIE CONTRACTORS L SW PORT ST LUCIE BLVD	ICE	NSING	G DIVISION 167 0	SHOULD AN	NY OF THE A	ABOVE DESCRIBED POLICIES BI	CANCELLED		
	RT SAINT LUCIE, FL 34984-5042						DATE THEREOF, NOTICE WILL BE	DELIVERED IN		
					ACCORDANG	CE WITH THE P	OLICY PROVISIONS.			
					AUTHORIZED RE	PRESENTATIVE				
						1	) whole R. Lower			
						$\wedge$	Isoholas K. Loever			

# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

**ELECTRICAL CONTRACTORS' LICENSING BOARD** 

# EHMAN, TIMOTHY L

EHMAN ELECTRICAL CONTRACTOR, LLC
320 NW ENTERPRISE DR
SUITE 121
PORT ST LUCIE FL 34986

LICENSE NUMBER: EC13009587

**EXPIRATION DATE: AUGUST 31, 2026** 

Always verify licenses online at MyFloridaLicense.com

ISSUED: 07/16/2024

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.





# CASHIER'S CHECK

P.O. Box 8008 . Lakeland, Florida 33802 . (863) 688-3733

CHECK NO: 1931661

Employee #: 2707 Receipt #: 1103277 Date/Time: 09-25-2025 02:56:12 PM

Account: \*\*\*\*\* Check #: 1931661 Ehman Electrical Contractor LLC \$500.00

Cashier's Check Issue

City Of Port St Lucie

NON-NEGOTIABLE

2631 Credit Union

CASHIER'S CHECK

CHECK NO: 1931661

DATE: 09/25/2025

P.O. Box 8008 \* Lakeland, Florida 33802 \* (863) 688-3733

**AMOUNT** \*\*\*\*\*\*\*500.00

VOID OVER \$500.00

City Of Port St Lucie

**Ehman Electrical Contractor LLC** 

AUTHORIZED SIGNATURE

PAYABLE THROUGH BOKF, NA EUFAULA OK

Pay

TO THE ORDER OF:

**VOID AFTER 90 DAYS**