## E-BID #20210053R CITY OF PORT ST. LUCIE

# REHABILITATION / REPAIR OF WATER CONTROL STRUCTURES A-22, A-24, BSL-1, BSL-2, AND TWIN CULVERT REPLACEMENT AT THE A-2 POND COST WORKSHEET - SCHEDULE A

Contractor's Name \_\_Custom Built Marine Construction, Inc.\_

| LIME        | DAN ITESA       | A-22 CONTROL STRUCTURE IMPRO   | A PIATEIA |            | T            | 7  | 1/2/D14            |
|-------------|-----------------|--|-----------|------------|--------------|----|--------------------|
| LINE<br>NO. | PAY ITEM<br>NO. | DESCRIPTION  | UNIT      | EST<br>QTY | UNIT PRICE   |    | ITEM<br>TOTAL      |
| W. Sil      |                 | GENERAL ITEMS  |           |            |              |    |                    |
| 1           | 999-1           | MOBILIZATION   | LS        | 1          | \$ 90,000.00 | 15 | 90,000.0           |
| 2           | 999-2           | PRE-CONSTRUCTION VIDEO   | LS        | ]          | \$ 2,000.00  | \$ | 2.000.0            |
| 3           | 102-1           | MAINTENANCE OF TRAFFIC   | LS        | 1          | \$ 20,000.00 | \$ | 20,000.0           |
| 4           | 999-3           | CONSTRUCTION LAYOUT / RECORD DRAWINGS                                  | LS        | ł          | \$ 10,000.00 | \$ | 10,000.0           |
| 5           | 101-1-3         | SELECTIVE CLEARING & GRUBBING - EXOTIC REMOVAL                         | AC        | 0.5        | \$ 17,120.00 | \$ | 8,560.0            |
| 6           | 120-1           | REGULAR EXCAVATION   | CY        | 75         | \$ 75.00     | \$ | 5,625.0            |
| 7           | 530-3-3         | RUBBLE RIPRAP BANK & SHORE (INCLUDES FILTER FABRIC / BEDDING STONE)    | TN        | 120        | \$ 145.00    | \$ | 17,400.0           |
| 8           | 999-4           | REMOVE/DISPOSE OF EXISTING SHEET PILE WEIR                             | LS        | ı          | \$ 20,000.00 | \$ | 20,000.0           |
| 9           | 999-5           | EROSION CONTROL (INCLUDES SILT FENCE / FLOATING TURBIDITY BARRIER)     | LS        | 1          | \$ 20,000.00 | \$ | 20.000.0           |
| 10          | 999-6           | DREDGING EXISTING CHANNEL - MUCK REMOVAL (3' DEPTH - APPROX 27,000 SF) | CY        | 3,000      | \$ 35.00     | s  | 105,000.0          |
| 11          | 999-7           | DEWATERING   | LS        | ı          | \$ 50.000.00 | \$ | 50,000.0           |
| 12          | 999-7           | COFFER DAM   | LF        | 200        | \$ 280.00    | \$ | 56,000.0           |
|             |                 | Total for General Items  | **        |            |              | S  | 404,585.0          |
|             | Multiple State  | FENCING  |           | 14/6       |              |    | THE REAL PROPERTY. |
| 13          | 550-10-220      | FENCE (TYPE 'B',6' HEIGHT, STANDARD)                                   | LF        | 24         | \$ 200.00    | \$ | 4,800.0            |
| 14          | 550-60-211      | FENCE GATE (TYPE 'B', SINGLE, 4' OPENING)                              | EA        | l l        | \$ 1,500.00  | \$ | 1,500.0            |
|             |                 | Total for Fencing  | +-        |            |              | S  | 6,300.0            |
| LIPATE      |                 | PLANTING & GRASSING  |           |            |              |    | In the Paris Inte  |
| 15          | 570-1-2         | PERFORMANCE TURF (SOD) (BAHIA)   | SY        | 500        | \$ 7.00      | \$ | 3,500.0            |
|             |                 | Total for Planting and Grassing  | ••        | **         |              | S  | 3,500.0            |
|             |                 | UTILITIES  | La Parado | A PARTY    |              |    |                    |
| 16          | 999-8           | CCTV SYSTEM / CONC POLE / WIRING                                       | LS        | ı          | \$ 12,000.00 | \$ | 12.000.0           |
| 17          |                 | SHEET PILE WEIR  | SF        | 2,410      | \$ 77.00     |    | 185,570.0          |
| 18          | 999-10          | CONCRETE CAP (CLASS I)   | CY        | 20         | \$ 1,000.00  | S  | 20,000.0           |
| 19          | 999-11          | HANDRAIL   | LF        | 145        | \$ 90.00     | \$ | 13,050.0           |
| 20          | 999-12          | S.S. SLIDE GATE (2'x9')  | ΕA        | 2          | \$ 20,000.00 | S  | 40,000.0           |
| 21          | 999-13          | ELECTRIC MOTOR ACTUATOR/ ELECTRICAL                                    | EA        | 2          | \$ 3,500.00  | \$ | 7,000.0            |
| 22          | 999-14          | CONTROL PANEL WIRING / ELECTRICAL / PROGRAMMING                        | LS        | 1          | \$ 25,000.00 | \$ | 25.000.0           |
|             |                 | Total for Utilitites   | **        |            |              | S  | 302,620.0          |
|             |                 |  |           | SUBT       | TOTAL COST   | S  | 717,005,0          |

|    | A-24 CONTROL STRUCTURE IMPROVEMENTS & TWIN CULVERT REPLACEMENT |  |     |         |    |           |    |           |  |  |
|----|--|--|-----|---------|----|-----------|----|-----------|--|--|
|    | GENERAL ITEMS  |  |     |         |    |           |    |           |  |  |
| 23 | 999-1  | MOBILIZATION   | LS  |         | \$ | 35,000.00 | \$ | 35,000.00 |  |  |
| 24 | 999-2  | PRE-CONSTRUCTION VIDEO   | LS  | l l     | \$ | 2,000.00  | \$ | 2,000.00  |  |  |
| 25 | 102.1  | MAINTENANCE OF TRAFFIC   | LS  | 1       | \$ | 20,000.00 | \$ | 20,000.00 |  |  |
| 26 | 999-3  | CONSTRUCTION LAYOUT / RECORD DRAWINGS                                  | L.S | 1       | \$ | 10,000.00 | \$ | 10,000.00 |  |  |
| 27 | 101-1-3  | SELECTIVE CLEARING & GRUBBING - EXOTIC REMOVAL                         | AC  | 0.5     | \$ | 17,120.00 | \$ | 8,560.00  |  |  |
| 28 | 522-1  | CONCRETE SIDEWALK (4")   | SY  | 1.150.0 | \$ | 6.00      | \$ | 6,900.00  |  |  |
| 29 | 120-1  | REGULAR EXCAVATION   | CY  | 100     | \$ | 55.00     | \$ | 5,500.00  |  |  |
| 30 | 530-3-3  | RUBBLE RIPRAP BANK & SHORE<br>(INCLUDES FILTER FABRIC / BEDDING STONE) | TN  | 90      | \$ | 145.00    | s  | 13,050.00 |  |  |

| 31 | 999-4       | EROSION CONTROL (INCLUDES SILT FENCE / FLOATING                           | LS         |       | 5    | 10.000.00 | s  | 10.000.00                             |
|----|-------------|---|------------|-------|------|-----------|----|---------------------------------------|
|    |             | TURBIDITY BARRIER)  |            |       |      | . 51      | Ľ  | M                                     |
| 32 | 999-5       | DEWATERING  | LS         | 1 1   | \$   | 50,000.00 | \$ | 50,000.00                             |
| 33 | 999-7       | COFFER DAM  | LF         | 365   | 5    | 280-00    | -  | 102,200.00                            |
|    |             | Total for General Items   | ••         |       |      |           | S  | 263,210.00                            |
|    | 100         | FENCING (   | With the   |       |      |           |    |                                       |
| 34 | 550-10-220  | FENCE (TYPE 'B',6' HEIGHT, STANDARD)                                      | LF         | 30    | . \$ | 200.00    | S  | 6,000.00                              |
| 35 | 550-60-211  | FENCE GATE (TYPE 'B', SINGLE, 4' OPENING)                                 | EA         | 1     | \$   | 1,500.00  | S  | 1,500.00                              |
|    |             | Total for Fencing   |            |       |      | **        | S  | 7,500.00                              |
|    | 3 4 1 5 5   | PLANTING & GRASSING   |            |       |      |           |    | V                                     |
| 36 | 570-1-2     | PERFORMANCE TURF (SOD) (BAHIA)  | SY         | 500   | S    | 7.00      | S  | 3,500.00                              |
|    |             | Total for Planting and Grassing   |            |       |      | ••        | S  | 3,500.00                              |
|    |             | UTILITIES   | No Fig. 1  |       |      |           |    | V Company                             |
| 37 | 999-6       | CCTV SYSTEM / CONC POLE / WIRING  | LS         | 1     | S    | 15.000.00 | S  | 15.000.00                             |
| 20 | 999-7       | MODIFY EXISTING SHEET PILE WEIR   |            |       | 1.   |           | -  | · · · · · · · · · · · · · · · · · · · |
| 38 | 999-7       | (TO ACCEPT OPERABLE GATES & PROPOSED HANDRAIL)                            | LS         | !     | \$   | 24,000.00 | 13 | 24,000.00                             |
| 20 | 39 999-8    | REFURBISH SHEET PILE WEIR   | O.F.       | 2 100 |      | 74.00     | _  | 70.010.00                             |
| 39 |             | (SANDBLAST & PROTECTIVE COATING)  | SF         | 2,190 | \$   | 36.00     | 3  | 78.840.00                             |
| 40 | 999-9       | HANDRAIL  | LF         | 90    | \$   | 96.00     | \$ | 8,640.00                              |
| 41 | 999-10      | S.S. SLIDE GATE (2'x3')   | EA         | 3     | \$   | 18,300.00 | \$ | 54,900.00                             |
| 42 | 999-11      | ELECTRIC MOTOR ACTUATOR/ ELECTRICAL                                       | EA         | 3     | S    | 2,500.00  | \$ | 7,500.00                              |
| 43 | 999-12      | CONTROL PANEL WIRING / ELECTRICAL / PROGRAMMING                           | LS         | l     | \$   | 30,000.00 | S  | 30,000.00                             |
|    |             | Total for Utilitites  |            | _     |      |           | \$ | 218,880.00                            |
|    |             |   |            | SUB   | TOT  | AL COST   | \$ | 493,090.00                            |
|    |             |   |            |       |      |           |    |                                       |
|    |             | TWIN CULVERT REPLACEME  | NT         |       |      |           |    |                                       |
| 44 | 999-13      | REMOVE/DISPOSE OF EXISTING 72" CMP CULVERTS                               | LS         | . 1   | \$   | 15,000.00 | \$ | 15,000.00                             |
| 45 | 430-175-172 | 72" CAP CULVERTS  | LF         | 96    | \$   | 455.00    | \$ | 43,680.00                             |
| 46 | 999-14      | REPLACE EXISTING GOLF CART PATH   | 01/        | 1.7   |      | 276.00    | •  | 1605600                               |
| 40 | 999-14      | (8" COQUINA BASE ROCK 100-LBR)  | SY         | 45    | S    | 375.00    | 7  | 16,875.00                             |
| 47 | 530-3-3     | RUBBLE RIPRAP BANK & SHORE  | NJ         | 215   | s    | 145.00    | s  | 21 175 00                             |
| 47 | 330-3-3     | (INCLUDES FILTER FABRIC / BEDDING STONE)                                  | IN         | 213   | 1,   | 145.00    | P  | 31,175.00                             |
|    |             | Total for Alternate   | *-         |       |      | ••        | \$ | 106,730.00                            |
|    |             |   |            | SUBT  | TOT  | AL COST   | 'S | 106,730.00                            |
|    | Note: Dev   | watering Cost / Erosion Control Cost / Coffer Dam Cost for Twin Culvert I | Renlacemen |       |      |           |    |                                       |

|        |             | BLS-1 & BSL-2 CONTROL STRUCTURE IM                                  | PROVE | MENTS    |          | processed and the                            |             | Taxo, terro |
|--------|-------------|---|-------|----------|----------|--|-------------|-------------|
| 48     | 999-1       | MOBILIZATION DEVERAL TIEMS  | LS    | 1        | <b>S</b> | 15,000.00                                    | I s         | 15,000.00   |
| 49     | 999-2       | PRE-CONSTRUCTION VIDEO  | LS    | 1        | S        | 2,000.00                                     |             | 2,000.00    |
| 50     | 102-1       | MAINTENANCE OF TRAFFIC  | LS    | 1        | \$       | 10,000.00                                    | \$          | 10,000.00   |
| 51     | 999-3       | CONSTRUCTION LAYOUT / RECORD DRAWINGS                               | LS    | ı        | \$       | 10,000.00                                    | _           | 10,000.00   |
| 52     | 101-1-3     | SELECTIVE CLEARING & GRUBBING - EXOTIC REMOVAL                      | AC    | 0.5      | S        | 17,120.00                                    |             | 8,560.00    |
| 53     | 530-3-3     | RUBBLE RIPRAP BANK & SHORE (INCLUDES FILTER FABRIC / BEDDING STONE) | TN    | 600      | s        | 145.00                                       | \$          | 87.000.00   |
| 54     | 999-4       | REMOVE/DISPOSE OF EXISTING MITERED END SECTIONS / WAFFLE MAT        | LS    | 1        | s        | 15.500.00                                    | s           | 15,500.00   |
| 55     | 999-5       | EROSION CONTROL (INCLUDES SILT FENCE / FLOATING TURBIDITY BARRIER)  | LS    | 1        | \$       | 10,000.00                                    | \$          | 10,000.00   |
| 56     | 999-6       | DEWATERING  | LS    | 1        | \$       | 50,000.00                                    | S           | 50,000.00   |
| 57     | 999-7       | COFFER DAM  | LF    | 750      | S        | 280.00                                       | <del></del> | 210,000.00  |
|        |             | Total for General Items   |       | U.       |          | -  | S           | 418,060.00  |
| Line o |             | PLANTING & GRASSING   |       | dara are | AUS S    | V. 14 10 10 10 10 10 10 10 10 10 10 10 10 10 |             |             |
| 58     | 570-1-2     | PERFORMANCE TURF (SOD) (BAHIA)                                      | SY    | 500      | S        | 7.00   | \$          | 3,500.00    |
|        |             | Total for Planting and Grassing                                     |       |          | 1        |  | S           | 3,500.00    |
| film.  |             | UTILITIES   |       |          |          |  |             | A LANDE     |
| 59     | 430-982-145 | TRIPLE PIPE MITERED END SECTION 66" (FDOT INDEX 430-021)            | EΛ    | 2        | s        | 7,500.00                                     | \$          | 15,000.00   |
| 60     | 999-8       | REFURBISH SHEET PILE WEIR (SANDBLAST & PROTECTIVE COATING)          | SF    | 1,400    | s        | 36.00  | s           | 50,400.00   |
|        |             | Total for Utilitites  |       |          |          |  | S           | 65,400.00   |
|        |             |   |       | SUB      | TOT      | AL COST                                      | S           | 486,960.00  |

| Can't |         | ALTERNATE   |     | CHI LONG |       | 75.      |       | CATTER ST |
|-------|---------|---|-----|----------|-------|----------|-------|-----------|
| 61    | 999-9   | REMOVE/DISPOSE OF EXISTING WAFFLE MAT UPSTREAM OF BSL-I             | LS  | 1        | s     | 8.000.00 | \$    | 8.000.0   |
| 62    | 530-3-3 | RUBBLE RIPRAP BANK & SHORE (INCLUDES FILTER FABRIC / BEDDING STONE) | TN  | 300      | s     | 145.00   | \$    | 43,500.0  |
|       |         | Total for Alternate   |     |          |       |          | \$    | 51,500.0  |
|       |         |   |     | SUB      | TOTAL | COST     | \$    | 51,500.0  |
|       |         |   |     |          |       |          |       |           |
|       |         |   |     | GRAND    | TOTAL | COST     | \$1,8 | 855,285.0 |
|       |         | Contractor Signature: Dherry  |     |          |       |          |       |           |
|       |         | Contractor's Name:CUSTOM BUILT MARINE CONSTRUCTION, IN              | ۱C. |          |       |          |       |           |
|       |         | Contractor's Phone Number:772-333-2383                              |     | _        |       |          |       |           |
|       |         | Contractor's Email AddressROBBIE@CUSTOMBUILTMARINE.C                |     |          |       |          |       |           |

## Document A310<sup>TM</sup> – 2010

Conforms with The American Institute of Architects AIA Document 310

### **Bid Bond**

**CONTRACTOR:** 

(Name, legal status and address)

SURETY:

(Name, legal status and principal place of husiness)

Custom Built Marine Construction Inc.

3119 Hammond Road

Fort Pierce, FL 34946

**NGM Insurance Company** 

55 West Street Keene, NH 03431 This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

OWNER:

(Name, legal status and address)

City of Port St. Lucie

121 SW Port St. Lucie Blvd.

Port St. Lucie, FL 34984

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

BOND AMOUNT: \$ 5%

Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

RFP/Contract No: 20210053R - Rehabilitation / Rehabilitation Repair of Water Control Structures-REBID - 4
Separate Locations in the City of Port. St Lucie, Florida

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of habor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construct as a statutory bond and not as a common law bond.

Signed and scaled this

8th

day of September, 2021

Custom Built Marine Construction Inc.

(Principal)

(Seal)

.....

Williams Tracey C. Brown-Boone

NGM Insurance Company

(Surety)

(Seul)

By:

(Title) Kevin Wojtowicz

Attorney-in-Fact

OW ALL MEN BY THESE PRESENTS: That NGM Insurance Company, a Florida corporation having its principal rfice in the City of Jacksonville, State of Florida, pursuant to Article IV, Section 2 of the By-Laws of said Company, to wit:

"Article IV, Section 2. The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them. "

does hereby make, constitute and appoint Stephanie McCarthy, Jessica Reno, Daniel Oaks, Laura D. Mosholder, Kevin Woitowicz----

its true and lawful Attorneys-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed, bonds, undertakings, recognizances, contracts of indemnity, or other writings obligatory in nature of a bond subject to the following limitation:

1. No one bond to exceed Ten Million Dollars (\$10,000,000.00)

and to bind NGM Insurance Company thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of NGM Insurance Company; the acts of said Attorney are hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Directors of NGM Insurance Company at a meeting duly called and held on the 2nd day of December 1977.

Voted: That the signature of any officer authorized by the By-Laws and the company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the company as the original signature of such office and the original seal of the company, to be valid and binding upon the company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, NGM Insurance Company has caused these presents to be signed by its Vice President, General Counsel and Secretary and its corporate seal to be hereto affixed this 7th day of January, 2020.

NGM INSURANCE COMPANY By:

Kimbuly K. Law

Kimberly K. Law Senior Vice President,

General Counsel and Secretary

State of Florida, County of Duval.

On this 7th day of January, 2020, before the subscriber a Notary Public of State of Florida in and for the County of Duval duly commissioned and qualified, came Kimberly K. Law of NGM Insurance Company, to me personally known to be the officer described herein, and who executed the preceding instrument, and she acknowledged the execution of same, and being by me fully sworn, deposed and said that she is an officer of said Company, aforesaid: that the seal affixed to the preceding instrument is the corporate seal of said Company, and the said corporate seal and her signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Company; that Article IV, Section 2 of the By-Laws of said Company is now in force. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Jacksonville, Florida this 7th day of January,

2020.

Lock Pente

I, Nancy Giordano-Ramos, Vice President of NGM Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by said Company which is still in full force and effect. IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company at Jacksonville, Florida this

day of September 2021

WARNING: Any unauthorized reproduction or alteration of this document is prohibited. TO CONFIRM VALIDITY of the attached bond please call 1-800-225-5646.

TO SUBMIT A CLAIM: Send all correspondence to 55 West Street, Keene, NH 03431 Attn: Bond Claims.

## CONTRACTOR'S GENERAL INFORMATION WORK SHEET / QUESTIONNAIRE eBID #20210053R – ATTACHMENT J

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

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

| Dated at 3119 Hammond Road, Fort Pierce, FL 34946 , this 3rd day of September 2021            |
|---|
| (Location)  |
| Name of Organization/Contractor: Custom Built Marine Construction, Inc                        |
| By: Robert Belasic - Vice President   |
| Name and Title  |
| 1. Corporation, Partnership, Joint Venture, Individual or other? Corporation                  |
| 2. Firm's name and main office address, telephone and fax numbers                             |
| Name: Custom Built Marine Construction, Inc   |
| Address: 3119 Hammond Road  |
| Fort Pierce, FL. 34946  |
|   |
| Telephone Number: 772-333-2383  |
| Fax Number: 772-333-2390  |
| 3. Contact person: Robert Belasic Email: Robbie@custombuiltmarine.com                         |
| 4. Firm's previous names (if any).  |
| 5. How many years has your organization been in business? 30                                  |
| 6. Total number of staff at this location: 25 Total number of staff on the Treasure Coast: 25 |
| 7. Is the Firm a minority business: YES (NO)  |
| If no, is your company planning to implement such a program? No.                              |
| 8. Is the firm claiming Local Preference under City Ordinance 35.12? YES /NO                  |

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|---|--|---|--|--|--|--|--|
|   | -5112  |   |  |  |  |  |  |
|   |  |   | - XII - XII - XII  |  |  |  |  |
|   |  |   | idder acknowledges that the  | following addenda have   |  |  |  |
| Addendum N  |  | d in its proposal/bid:  Date Issued   | Addendum Number  | Date Issued  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
| BID RESPO   | NSE:   |   |  |  |  |  |  |
| 5.1   | Bidder w   | ill / will not accept the   | e Purchasing Card (Visa).  |  |  |  |  |
| 5.2 Percentage of discount when payment is made with Visa: 0 %  Please Note: The City has implemented a Purchasing Card Program. The Bidder can to advantage of this project and in consideration receive payment within several days instemed of the City's payment policy. Any percentage off the bid price for the acceptance of will be consideration in the bid award. If no such percentage is given, the City shall assuzero (0) percent discount applies. |  |   |  |  |  |  |  |
|   | will be co   | nsideration in the bid  | 'award. If no such percentage  | is given, the City shall   |  |  |  |
| 5.3   | will be co<br>zero (0) p<br>Bid Reply<br>(This figi<br>Demands<br>on Dema<br>Cost Wor              | nsideration in the bid<br>ercent discount appli<br>Total from Cost Wo<br>ure must match the<br>star web page. Discre<br>ndStar, the dollar am<br>k Sheet #20210053 up   | 'award. If no such percentage  | ne #62: \$ 46,500.00<br>ure that is to be used<br>orksheet spreadsheet up<br>at the time of submittal<br>the resolved in favor of t          |  |  |  |
|   | will be co<br>zero (0) p<br>Bid Reply<br>(This figi<br>DemandS<br>on Deman<br>Cost Wor<br>Workshee | nsideration in the bid<br>vercent discount appli<br>vercent discount appli<br>vercent from Cost Wo<br>vercent must match the<br>vercent must make the discount<br>vercent must make the discount of the<br>vercent must make the discount of the di | award. If no such percentage<br>ies.<br>rksheet – Schedule "A" on Li<br>Cost Worksheet and the figu<br>epancies between the Cost Wo<br>ount listed on the web page a<br>ploaded on DemandStar will l | ne #62: \$ 46,500.00<br>ure that is to be used<br>orksheet spreadsheet u<br>at the time of submittal<br>be resolved in favor of t<br>ittal.) |  |  |  |

Interpretation of the Approximate Quantities - The Bidder's attention is called to the fact that any estimate of quantities of work to be done and materials to be furnished under the specifications as shown on the proposed form (or elsewhere) is approximate only and not guaranteed by the City. The City does not assume any responsibility that the final quantities shall remain in strict accordance with the estimated

otherwise specified. A total shall be entered in the "Total" column for each separate item. In case of discrepancy between the unit price and the extended price, the unit price will supersede. The total amount shall be entered on line 5.3 above and entered on the DemandStar web page. The City reserves the right

quantities, nor shall the Bidder plead misunderstanding or deception because of such estimate of quantities or of the character, location of the work, or other condition pertaining thereto.

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

| Project Number 1   |
|--|
| Project Name: Cordova Seawall Replacement  |
| Description: Installation of steel sheet piles with underground stormwater rehabilitation                              |
| concrete cap, asphalt, sodding   |
| Location: Cordova Road, Fort Lauderdale, Florida   |
| Client Name, Phone Number & Email: City of Fort Lauderdale - Juan Carlos Samuel - 954-828-6323 Jsamuel@fortlauderdale. |
| Value of Total Contract: \$6,074,000   |
| Date of Completion: 08/21  |
| Firm's Percentage of Total Contract: 80%   |
| Number of Change Orders: 9   |
| Value of Change Orders: total \$361,000.00   |
| Was Project Completed on Schedule: Yes   |
| Was Project Completed within Budget? No  |
| Project Number 2   |
| Project Name: Fisherman's Wharf Boat Ramp Replacement  |
| Description: Boat ramp removal and replace, excavation, concrete placement, steel sheet pile,                          |
| floating dock, fixed timber dock, cofferdam, dewatering  |
| Location: Fort Pierce, FL.   |
| Client Name, Phone Number & Email: DMC - Shailesh Patel - 386-304-6505 - Spatel@DMCES.com                              |
| Value of Total Contract: \$654,000   |
| Date of Completion: 07/21  |
| Firm's Percentage of Total Contract: 100%  |
| Number of Change Orders: 2   |
| Value of Change Orders: \$26,000.00  |
| Was Project Completed on Schedule: Yes   |
| Was Project Completed within Budget? Yes   |
| Project Number 3   |
| Project Name: Water Way Park   |

| Description: Sheet Pile installation, concrete placement, Boat Ramp replacement, timber structure,         |
|--|
| cofferdam, dewatering, excavation  |
| Location: Jupiter, FL.   |
| Client Name, Phone Number & Email: West Construction - Matt West - 561-588-2027 - mwest@westconstruction.n |
| Value of Total Contract: \$2,283,000.00  |
| Date of Completion: 01/17  |
| 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   |
| was ribject completed within budget: 193   |
| Project Number 4   |
| Project Name: C-51 Canal Bank Stabilization  |
| Description: Steel Sheet Pile installation, Rip Rap, concrete placement.                                   |
|  |
|  |
| Location: West Palm Beach, FL  |
| Client Name, Phone Number & Email: Octavio Castillo - 561-682-6920 - Ocastillo@sfwmd.gov                   |
| Value of Total Contract: \$485,000.00  |
| Date of Completion: 6/17/21  |
| 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 5   |
| Project Name: Bert Winters Boat Ramp   |
| Description: Boat ramp replacement, cofferdam, dewatering, steel sheet pile, concrete placement,           |
| floating docks, pile installation  |
|  |
| Location: Juno Beach, FL.  |
| Client Name, Phone Number & Email: Collage - David Trindade - 561-262-2773 - Dmichaeltrindade@gmail.com    |
| Value of Total Contract: \$360,000.00  |
| Date of Completion: 03/2018  |
| Firm's Percentage of Total Contract: 100%  |
| Page 4 of 6  |

| Number of Change Orders:   | 0  |
|--|--|
| Value of Change Orders:  | 0  |
| Was Project Completed on   | Schedule: Yes  |
| Was Project Completed with   | hin Budget? Yes  |
| dditional sheets if necessary  | or material suppliers for the project. Include telephone number. All subcontractors listed must complete a "Certification included in the bid package. Attach all licenses and certification work.   |
| Undetermined   |  |
|  |  |
|  |  |
|  |  |
| ist of the projects currently ur   | ease provide the name & number of current contracts as well as iderway.  le to meet the project timeline and budget given the current wo   |
| ist of the projects currently ur<br>How will the Contractor be ab<br>work force and equipment?   | nderway.   |
| ist of the projects currently ur  flow will the Contractor be ab  work force and equipment?  Contractor will be required                                       | le to meet the project timeline and budget given the current wo  |
| ist of the projects currently ur  flow will the Contractor be ab  work force and equipment?  Contractor will be required                                       | le to meet the project timeline and budget given the current wo to work multiple areas simultaneously to achieve completion.   |
| ist of the projects currently ur  flow will the Contractor be ab  work force and equipment?  Contractor will be required                                       | le to meet the project timeline and budget given the current wo to work multiple areas simultaneously to achieve completion.  Equipment required to perform scope of work.   |
| ist of the projects currently unlike the Contractor be aboverk force and equipment?  Contractor will be required  Contractor owns most of e                    | le to meet the project timeline and budget given the current wo to work multiple areas simultaneously to achieve completion.  equipment required to perform scope of work.  t Plan. Included   |
| How will the Contractor be aboverk force and equipment?  Contractor will be required  Contractor owns most of e  | le to meet the project timeline and budget given the current wo to work multiple areas simultaneously to achieve completion.  equipment required to perform scope of work.  t Plan. Included   |
| How will the Contractor be abwork force and equipment?  Contractor will be required  Contractor owns most of e   | le to meet the project timeline and budget given the current wo to work multiple areas simultaneously to achieve completion.  equipment required to perform scope of work.  Included  hat will be assigned to the project and include job titles and the |
| Provide a Project Schedule.  Provide a Project Schedule.  List the number of personnel to certifications.  David Corrigan - President Tom Watson - Superintend | le to meet the project timeline and budget given the current wo to work multiple areas simultaneously to achieve completion.  equipment required to perform scope of work.  Included  hat will be assigned to the project and include job titles and the |

| Total Number of Projects where Failure to Complete   | Work Occurred: None  |
|--|--|
| Tour Number of Frejects Where Culture to Complete  |  |
| Project Number   |  |
| Project Name:  |  |
| Project Location:  | West 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19  |
| Client Name and Phone Number:  |  |
| Engineer Name and Phone Number:  |  |
| Date:  |  |
| Reason:  |  |
| nsert additional projects if needed.   |  |
| Yes ( ) f yes, please explain:   | No (X)   |
| List any lawsuits pending or completed within the past partnership or individuals with more than ten percent (   | five (5) years involving the corporation   |
| f yes, please explain:  List any lawsuits pending or completed within the past   | five (5) years involving the corporation   |
| List any lawsuits pending or completed within the past partnership or individuals with more than ten percent (   | five (5) years involving the corporation 10 %) interest:   |
| f yes, please explain:  List any lawsuits pending or completed within the past partnership or individuals with more than ten percent (None  N/A is not an acceptable answer - insert lines if needed   | five (5) years involving the corporation (10%) interest:   |
| List any lawsuits pending or completed within the past partnership or individuals with more than ten percent (None  N/A is not an acceptable answer - insert lines if needed list any judgments from lawsuits in the last five (5) year None   | five (5) years involving the corporation 10%) interest:  d) ars:   |
| List any lawsuits pending or completed within the past partnership or individuals with more than ten percent (None  N/A is not an acceptable answer - insert lines if needed List any judgments from lawsuits in the last five (5) year None  N/A is not an acceptable answer - insert lines if needed.  | five (5) years involving the corporation (10%) interest:  d) ars:  |
| List any lawsuits pending or completed within the past partnership or individuals with more than ten percent (None  N/A is not an acceptable answer - insert lines if needed list any judgments from lawsuits in the last five (5) year None  N/A is not an acceptable answer - insert lines if needed list any criminal violations and/or convictions of the P None | five (5) years involving the corporation (10 %) interest:  d)  ars:  d)  roposer and/or any of its principals: |
| List any lawsuits pending or completed within the past partnership or individuals with more than ten percent (None  (N/A is not an acceptable answer - insert lines if needed List any judgments from lawsuits in the last five (5) yes None  (N/A is not an acceptable answer - insert lines if needed List any criminal violations and/or convictions of the P     | five (5) years involving the corporation (10 %) interest:  d)  ars:  d)  roposer and/or any of its principals: |



## Florida Department of Transportation

RON DESANTIS GOVERNOR 605 Suwannee Street Tallahassee. FL 32399-0450 KEVIN J. THIBAULT, P.E. SECRETARY

June 14, 2021

CUSTOM BUILT MARINE CONSTRUCTION, INC. 3119 HAMMOND ROAD FORT PIERCE, FLORIDA 34946

RE: CERTIFICATE OF QUALIFICATION

Dear Sir/Madam:

The Department of Transportation has qualified your company for the type of work indicated below. Unless your company is notified otherwise, this Certificate of Qualification will expire 6/30/2022. However, the new application is due 4/30/2022.

In accordance with S.337.14 (1) F.S. your next application <u>must be</u> filed within (4) months of the ending date of the applicant's audited annual financial statements.

If your company's maximum capacity has been revised, you can access it by logging into the Contractor Prequalification Application System via the following link: HTTPS://fdotwpl.dot.state.fl.us/ContractorPreQualification/

Once logged in, select "View" for the most recently approved application, and then click the "Manage" and "Application Summary" tabs.

#### FDOT APPROVED WORK CLASSES:

DRAINAGE, GRADING, GRASSING, SEEDING AND SODDING, MINOR BRIDGES, R&R MINOR BRIDGES, Bridge Fenders, Rip Rap, Mechanical Dredging, Pile Driving, Sheet Pile, Cofferdams, Pile Jackets.

You may apply for a Revised Certificate of Qualification at any time prior to the expiration date of this certificate according to Section 14-22.0041(3), Florida Administrative Code (F.A.C.), by accessing your most recently approved application as shown above and choosing "Update" instead of "View." If certification in additional classes of work is desired, documentation is needed to show that your company has done such work with your own forces and equipment or that experience was gained with another contractor and that you have the necessary equipment for each additional class of work requested.

All prequalified contractors are required by Section 14-22.006(3), F.A.C., to certify their work underway monthly in order to adjust maximum bidding capacity to available bidding capacity. You can find the link to this report at the website shown above.

Sincerely,

Alan D. Autry

Alan Autry, Manager

Contracts Administration Office

AA:cg



## \*Over Thirty Years' Experience\*

3119 Hammond Road Fort Pierce, Fl. 34946 Phone (772)333-2383 Fax (772)333-2390

## **REFERENCES**

Project: Fisherman's Wharf Boat Ramp Project Location: Fort Pierce, FL Contract Price: \$627,905.00 Project Start: Nov. 2020 Project Completion: July 2021

Categories: Boat Ramp, Floating Dock, Fixed Dock, Embankment, Seawall

Scope of work: Installation of Boat ramp & Seawall

Prime Contractor: Custom Built Marine Construction Inc.

Contact: David Corrigan Jr.

Phone: 772-678-9419 - Email: Jr@custombuiltmarine.com

DMCE Engineer: Shailesh Patel - Spatel DMCES.com - 386-795-6721

**Project:** Fleming Island WWTF Outfall Dock

Project Location: Fleming Island, FL Contract Price: \$1,043,969.00 Project Start: May 2020

Project Completion: November 2020

Categories: Dock, Ductile Iron Pipe, Clearing Grubbing, Pile Installation

Scope of work: Remove and replace outfall pipe and dock **Prime Contractor**: Custom Built Marine Construction Inc.

Contact: David Corrigan Jr.

Phone: 772-678-9419 - Email: Jr@custombuiltmarine.com

Clay County Representative: Chris Nazworth - Cnazworth@clayutility.org

Project: Jupiter Reef Club Project Location: Jupiter, FL Contract Price: \$570,000.00

Sub-Contractor Project Start: Jan. 2019

Project Completion: Aug. 10, 2020

Categories: Wave Wall

Scope of work: Installation of concrete sheet panel **Prime Contractor**: Walker Contracting Group

Contact: Jason Swanson

Phone: 439-263-7500 - Email: jswanson@walkercontractinggroup.com

Project: Sanford Wave Wall Project Location: Sanford, FL Contract Price: \$585,212.00

Sub-Contractor

Project Start: May 11, 2020 Project Completion: July 10, 2020

Categories: Wave Wall

Scope of work: Installation of 300 plus linear feet of concrete sheet panel

Prime Contractor: Wharton Smith

Contact: Nelson Marty

Phone: 407-314-8999 - Email: nmarty@whartonsmith.com

Project: Cordova Seawall Replacement Project Location: Ft Lauderdale, FL Contract Price: \$5,759,237.00 Project Start: Oct 1, 2019 Project Completion: Feb 2, 2021

Categories: Steel Sheet pile & Concrete Cap

Scope of work: Installation of 2,203 linear foot of steel sheet pile & concrete cap

Prime Contractor: Custom Built Marine Construction Inc.

Contact: David Corrigan

Phone: 772-678-9419 - Email: jr@custombuiltmarine.com

City Representative: Juan Carlos Samuel - jsamuel a fortlanderdale gov

**Project:** Reiter Park

Project Location: Longwood, FL Contract Price: \$463,000.00

**Sub-Contractor** 

Project Start: Nov 1, 2017

Project Completion: March. 2018 / Currently Under Construction

Categories: Wood Boardwalk

Scope of work: Installation of 12" diam. Wood pilings, wood structure and IPE Decking

Prime Contractor: West Construction

Contact: Matt West

Phone: 561-588-2027 - Email: mwest@westconstructioninc.net

Project: Bert Winters Boat Ramp Project Location: Juno Beach, FL Contract Price: \$360,000.00

**Sub-Contractor** 

Project Start: Oct. 16,2017

Project Completion: March. 2018 / Currently Under Construction

Categories: Boat Ramp

Scope of work: Demo Existing Boat Ramp, Install Permanent & Temporary Steel Sheet Pile, Dewater, grade, Form, Reinforce & Pour New Concrete Boat Ramp. Install Concrete Piles and Floating Docks

Prime Contractor: Collage Construction

Contact: Dave Trindade

Phone: 561-262-2773 - Email: Dmichaeltrindade@gmail.com

Project: C-51 Canal Bank Stabilization Project Location: West Palm Beach, FL

Contract Price: \$485,000.00

Prime Contractor

Project Start: June 2017

Project Completion: February 13, 2018

Categories: Marine, Steel Sheet Pile, C.I.P Concrete & Rip Rap Scope of work: Install SSP, Rip Rap & Tremie Pour Concrete

Contact: Octavio Castillo

Phone: 561-682-6920 - Email: ocastil@sfwmd.gov

Project: Water Way Park
Project Location: Jupiter, FL
Contract Price: \$2,283,000.00

**Sub-Contractor** 

Project Start: January. 2016
Project Completion: January. 2017

Categories: Sheet Pile, Concrete Cap, Boat Ramp, Floating Docks, Dredging, Boardwalk, Cast in

Place Concrete Structures, Erosion Control

Scope of work: Construction of new park facilities including sheet pile, clearing, boat ramp, and float dock.

Prime Contractor: West Construction

Contact: Matt West

Phone: 561-588-2027 - Email: mwest@westconstructioninc.net

Project: Clam Pass Boardwalk Repair

Project Location: Naples, FL (Collier County)

Contract Price: \$533,892.00

**Prime Contractor** 

Project start: December. 2015
Project Completion: July. 2017
Categories: Wood Boardwalk Repair

Scope of work: Remove & Replace 12" Diam. Wood Pilings. Replace Hardware, Joists & Beams. Treat

300+ Existing Pilings with Fungicide Treatment and Wrap.

Contact: Margaret Bishop, Collier County Facilities Management/Sr. Project Manager

Phone: 1-239-252-8380 - Email: feliciakirby@colliergov.net

Project: Martin County Baffle Box Project Location: Martin County Contract Price: \$176,761.00

**Prime Contractor** 

Project Start: September 2015
Project Complete: January 2016

Categories: Stormwater

Scope of work: Install Trench Shoring, Excavate & Remove 60" RCP, Install Nutrient Separating Baffle

Box, Reinstall/Connect 60" RCP.

Contact: Greg S Nolte, E.I., Martin County Florida Phone: 772-221-2380 - Email: gnolte@martin.fl.us

Project: Canal Point Pedestrian Bridge

Project Location: Canal Point, Florida (Palm Beach County)

Contract Price: \$210,000.00

Sub-Contractor

Project Start: June 2017

Project Complete: November 2017 Categories: Concrete Pilings

Scope of work: Auger Preformed Pile Holes and Install (4) 18"x 100' & (8) 14"x 50' concrete pilings to

support Prefabricated Pedestrian Bridge.

\*Prime Contractor: West Construction\*

Contact: Matt West

Phone: 561-588-2027 - Email: mwest@westconstructioninc.net

Project: Pump Station Culvert Pipe Replacement

Project Location: Sunrise, Florida Contract Price: \$247,335.00 Project Start: October 2016 Project Completed: February 2017

Prime Contractor
Categories: Stormwater

Scope of Work: Install SSP Cofferdam/Trench Shoring, Dewater, Remove Existing 72" CMP and Replace

with 72" HDPE, Form, reinforce & Pour New Concrete Headwalls and Place Rip Rap

Contact: Mark Winslow

Phone: 954-572-2390 - Email: mwinslow@sunrisefl.gov

Project: Torry Island Marina

Project Location: Belle Glades, Florida

Contract Price: \$463.838.00

Sub-Contractor

Project Start: April 2015

Project Completed: February 2016

Categories: Concrete Piles, Wood Deck & Floating Docks

Scope of work: Install Concrete Pilings, Built Wood Structure w/Wood Decking & Install Floating Dock

Prime Contractor: Collage Construction

Contact: Dave Trindade

Phone: 561-262-2773 - Email: dmichaeltrindade@gmail.com

**Project:** Seminole County Wilderness Boardwalk

Project Location: Sanford (Black Bear Wilderness Area)

Contract Price: \$647,300.00

**Sub-Contractor** 

Project Start: April 2014

Project Completed: December 2016

Categories: Wood Boardwalk w/Trex (Composite Decking)

Scope of Work: Clear & Grub, Install Wood Pilings, Wood Substructure & Railing, Install Trex

(Composite Decking)

Prime Contractor: Shoemaker Construction

Contact: Dean Shoemaker

Phone: 407-322-3103 - Email: dean@shoemakerconstruction.net

Ron DeSantis, Governor

Halsey Beshears, 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

## CASWELL, STEVEN MARK

CUSTOM BUILT MARINE CONSTRUCTION, INC. 3119 HAMMOND RD FT PIERCE FL 34946

LICENSE NUMBER: CGC1504917

**EXPIRATION DATE: AUGUST 31, 2022** 

Always verify licenses online at MyFloridaLicense.com



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.

**CUSTBUI-04** 

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/23/2021

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

| PRODUCER License # 0E67768  |                     | CONTACT<br>NAME:   |  |  |  |  |  |
|---|---------------------|--|--|--|--|--|--|
| nsurance Office of America<br>Abacoa Town Center<br>200 University Blvd, Suite 200<br>Jupiter, FL 33458 |                     | PHONE [A/C, No, Ext): (561) 776-0660 [FAX (A/C, No): (561) |  |  |  |  |  |
|   |                     | ADORESS:   |  |  |  |  |  |
|   |                     | INSURER(S) AFFORDING COVERAGE                              |  |  |  |  |  |
|   |                     | INSURER A: Travelers Property Casualty Insurance Company   |  |  |  |  |  |
| INSURED   |                     | INSURER B : Progressive Express Insurance Company          |  |  |  |  |  |
| Custom Built Marine C   | Construction, Inc.  | INSURER C: Travelers Property Casualty Company of America  |  |  |  |  |  |
| 3119 Hammond Road   |                     | INSURER D:   |  |  |  |  |  |
| Fort Pierce, FL 34946   |                     | 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. ADDL SUBR POLICY EFF POLICY EXP LIMITS POLICY NUMBER TYPE OF INSURANCE 1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR ZOL31M93296 2/20/2021 2/20/2022 10,000 MED EXP (Any one person) 1,000,000

GENL AGGREGATE LIMIT APPLIES PER 2,000,000 X POLICY PROT PRODUCTS - COMP/OP AGG \$ 1,000,000 HNO OTHER COMBINED SINGLE LIMIT (Ea accident) 1,000,000 В **AUTOMOBILE LIABILITY** 7/19/2021 7/19/2022 ANY AUTO 03857729-5 BODILY INJURY (Per person) \$ OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) \$
PROPERTY DAMAGE
(Per accident) \$ X HIRED ONLY NON-OWNED AUTOS ONLY

1,000,000 C X OCCUR EACH OCCURRENCE UMBRELLA LIAB 2/20/2021 2/20/2022 1,000,000 ZOX31M93315 X EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION S OTH-PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E L DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below

2/20/2021 2/20/2022 P&I Liability ZOH16N1262A Liability 2/20/2022 Rented/Leased 6603H56014A 2/20/2021 C Equipment Floater

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City/Town of Lake Park is Additional Insured with respects to General Liability required by written contract.

| CERTIFICATE HOLDER    | CANCELLATION   |
|-----------------------|--|
|                       | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Bidding Purposes Only | AUTHORIZED REPRESENTATIVE  And Deligraphe  |

**ACORD** 

PERSONAL & ADV INJURY

E L DISEASE - POLICY LIMIT \$

GENERAL AGGREGATE



## 2021 - 2022

## St. Lucie County Local Business Tax Receipt

Facilities or machines #

Rooms #

Seats #

Employees #10

Receipt #1018038

Type of business 1500 BUILDING CONTRACTOR

Expires SEPTEMBER 30, 2022

DBA name Custom Built Marine Construction Inc

Mailing address: Steven Mark Caswell

3119 Hammond Road Fort Pierce, FL 34946

Business Steven Mark Caswell

Business location: 3119 Hammond Road

Fort Pierce, FL 34946

RENEWAL

City of Pt St Lucie

CGC1504917

L50394

Original tax: Penalty:

\$12.35

Paid 08/25/2021 12.35

0019-20210825-004885

Collection cost: Total:

\$12.35

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the local business taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession or occupation.

Pursuant to Florida law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1 of each year and shall expire on September 30 of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1 shall be delinquent and subject to a delinquency penalty of 10 percent for the month of October. An additional 5 percent penalty for each month of delinquency is added until paid, provided that the total delinquency penalty shall not exceed 25 percent of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector is entitled to a collection fee of \$1 to \$5. This fee is based on the amount of Local Business Tax, which will be collected from delinquent taxpayers after September 30 of the business year.

This receipt is a Local Business Tax only. It does not permit the local business taxpayer to violate any existing regulatory or zoning laws of the state, county or city. It also does not exempt the local business taxpayer from any other taxes, licenses or permits that may be required by

Pursuant to Florida law, Local Business Taxes are subject to change.

Steven Mark Caswell 3119 Hammond Road Fort Pierce, FL 34946

(Rev. October 2018) Department of the Treasury Internal Revenue Service

## 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.

|   | 1 Name (as shown on your income tax return). Name is required on this line; do  | not leave this line blank.   |          |         |           |               |           |         |                       |  |         |      |  |  |  |
|---|---|--|----------|---------|-----------|---------------|-----------|---------|-----------------------|--|---------|------|--|--|--|
|   | CUSTOM BUILT MARINE CONSTRUCTION, INC.  |  |          |         |           |               |           |         |                       |  |         |      |  |  |  |
|   | 2 Business name/disregarded entity name, if different from above  |  |          |         |           |               |           |         |                       |  |         |      |  |  |  |
|   | 2 Dusiness Hallie dislegal dea diviny hamel   |  |          |         |           |               |           |         |                       |  |         |      |  |  |  |
| က်  |   | is entered on line 1. Check or   | lv one   | of the  | 4 1       | Exer          | nptions   | (cod    | es a                  | opty   | only t  | 0    |  |  |  |
| e e   | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  |  |          |         |           |               |           |         |                       | 4 Exemptions (codes apply only to certain entities, not individuals; see |         |      |  |  |  |
| ğ   |   |  |          |         | ins       | truc          | lions o   | n pag   | e 3):                 |  |         |      |  |  |  |
| Print or type.<br>Specific Instructions on page | ☐ Individual/sole proprietor or ☐ C Corporation ☑ S Corporation   | ☐ Partnership ☐  | Trust/e  | state   |           |               |           | codo    | Gf or                 | nu)  |         |      |  |  |  |
| a 2   | single-member Lt.C  |  |          |         | Exe       | empi          | payee     | code    | (ii zi                | ·y/ —  | _       |      |  |  |  |
| Print or type.<br>c Instructions                | Limited liability company. Enter the tax classification (C=C corporation, S=  | S corporation, P=Partnership)  |          | _       |           |               |           |         |                       |  |         |      |  |  |  |
| F 5   | as a substance of the second for the tay classification   | of the single-member owner.  | Do not   | check   | Exe       | emp           | tion fro  | m FA    | TCA                   | repo   | rting   |      |  |  |  |
| T tal   | Note: Check the appropriate out in the interaction of the LLC is the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. tederal tax out another LLC that is not disregarded from the owner for U.S. tederal tax out | m me owier unless die owie:  | OI NIG C | LU G    | 1         | de (i         | fany)     |         |                       |  |         |      |  |  |  |
| E 5   | is disregarded from the owner should check the appropriate box for the tax  | classification of its owner.   |          |         |           |               |           |         |                       |  |         |      |  |  |  |
| _ <b>\</b>                                      | Other (see instructions)  |  |          |         | Mos       | iles to       | account   | meinte  | ined d                | utside   | the U.S | \$.J |  |  |  |
| ğ   | 5 Address (number, street, and apt. or suite no.) See instructions.   | Requ   | ester's  | name    | and a     | addr          | ess (op   | itional | )                     |  |         |      |  |  |  |
|   |   |  |          |         |           |               |           |         |                       |  |         |      |  |  |  |
| Se  | 3119 HAMMOND ROAD   |  |          |         |           |               |           |         |                       |  |         |      |  |  |  |
|   | 6 City, state, and ZIP code   |  |          |         |           |               |           |         |                       |  |         |      |  |  |  |
|   | FORT PIERCE, FL 34946   |  |          |         |           |               |           |         |                       | _  |         |      |  |  |  |
|   | 7 List account number(s) here (optional)  |  |          |         |           |               |           |         |                       |  |         |      |  |  |  |
|   |   |  |          |         |           |               |           |         |                       | _  |         | _    |  |  |  |
| Par   | Taxpayer Identification Number (TIN)  |  | - 1 -    | 10.10   |           | _             |           | _       |                       |  |         |      |  |  |  |
| Carlon .  | The TIN is the commerciate boy. The TIN provided must match the name  | e given on line 1 to avoid   | 50       | cial s  | ecurit    | y nu          | mber      | 7 (     |                       |  | _       | _    |  |  |  |
| b-a-less  | - withhalding For individuals, this is generally YOUR SOCIAL SECURITY DUMI  | Del (22M). However, for a  |          |         |           | _             |           | _       |                       |  |         |      |  |  |  |
| reside  | p with holding. For including, in a second of the properties of P in alien, sole proprietor, or disregarded entity, see the Instructions for P is, it is your employer identification number (EIN). If you do not have a nu                           | ant I, later, nor other  |          | Ш       |           | L             |           | ]       |                       |  |         |      |  |  |  |
|   |   | 31,1001, 000 11011 10 901 11   | or       |         |           |               |           |         |                       |  |         |      |  |  |  |
| TIN, la   | If the account is in more than one name, see the instructions for line 1.   | Also see What Name and   | En       | nploye  | r idei    | rtific        | ation     | numb    | er                    |  |         |      |  |  |  |
| Note:   | er To Give the Requester for guidelines on whose number to enter.   |  |          |         |           | T             |           |         |                       |  | _       |      |  |  |  |
| INGITIE   | 3 10 Gire alo nodosta io Salasia  |  | 6        | 5       | -         | 0             | 1 8       | 3       | 4                     | 2  | 2       |      |  |  |  |
|   | The Continue Name   |  |          |         |           |               |           |         |                       |  |         |      |  |  |  |
| Part  |   |  |          |         |           |               |           |         |                       |  |         |      |  |  |  |
| Under   | penalties of perjury, I certify that:   | er feet am waiting for a our   | nhar to  | he i    | 391122    | ot b          | mel: a    | ınd     |                       |  |         |      |  |  |  |
|   | number shown on this form is my correct taxpayer identification number not subject to backup withholding because: (a) I am exempt from backup withholding because:  |  |          |         |           |               |           |         | nal                   | Reve   | nue     | į    |  |  |  |
| 2. l arr  | not subject to backup withholding because: (a) I am exempt from back<br>vice (IRS) that I am subject to backup withholding as a result of a failure   | to report all interest or div  | idends   | , or (  | c) the    | IRS           | has I     | notifie | n be                  | ne th  | at I    | am   |  |  |  |
| no!   | onger subject to backup withholding; and  | •  |          |         |           |               |           |         |                       |  |         |      |  |  |  |
|   | a U.S. citizen or other U.S. person (defined below); and  |  |          |         |           |               |           |         |                       |  |         |      |  |  |  |
| J.   di   | FATCA code(s) entered on this form (if any) indicating that I am exemp  | t from FATCA reporting is  | correct  |         |           |               |           |         |                       |  |         |      |  |  |  |
|   | a series of the series of the series of the series began and  | tified by the IRS that you are   | curren   | ıtıv sı | biect     | to t          | ackup     | with    | hold                  | ling l   | oeca    | use  |  |  |  |
|   |   |  |          |         |           |               |           |         |                       |  |         |      |  |  |  |
|   |   |  |          |         |           |               |           |         |                       |  | ents    |      |  |  |  |
| other t   | ition or abandonment of secured property, cancellation of debt, contributed<br>han interest and dividends, you are not required to sign the certification, but  | it you must provide your cor   | rect TII | N. Se   | e the     | nsu           | uction    | IS TOF  | Pari                  | 11, 12   | iter.   |      |  |  |  |
|   |   |  |          | 0       | 2/        | _             | 1         |         |                       |  |         |      |  |  |  |
| Sign<br>Here                                    | Signature of  | Date I   | •        | 01      | 51        | 7             |           |         |                       |  |         |      |  |  |  |
| 11010   | U.S. person   |  |          | 1       | T         |               |           | ماده د  |                       |  | · ol    |      |  |  |  |
| Ger   | neral Instructions //   | • Form 1099-DIV (divider   | ids, inc | HOUR    | guno      | 5 <b>0</b> 1  | rom s     | LOCKS   | o Or                  | mu   | ıaı     |      |  |  |  |
|   |   | funds) • Form 1099-MISC (vario   | ua hua   | oc of   | incor     | ma            | nrizes    | ลามล    | ards                  | ore  | iross   | s    |  |  |  |
|   | n references are to the Internal Revenue Code unless otherwise  | proceeds)  | us typ   | 82 UI   | iiicoi    | 116,          | prizes    | , 444   |                       |  | ,,,,,,, | •    |  |  |  |
| noted.  | e developments. For the latest information about developments   | • Form 1099-B (stock or  | mutus    | fund    | sala      | e an          | d ceri    | ain o   | ther                  |  |         |      |  |  |  |
| related   | to Form W-9 and its instructions, such as legislation enacted   | transactions by brokers)   | mutoa    | 10110   |           | <b>.</b>      |           |         |                       |  |         |      |  |  |  |
| after ti  | hey were published, go to www.irs.gov/FormW9.   | • Form 1099-S (proceeds  | from     | real e  | state     | tra           | nsacti    | ons)    |                       |  |         |      |  |  |  |
|   |   | • Form 1099-K (merchan   | card     | and +   | hird •    | arh           | r netw    | ork ti  | rans                  | acti   | ons)    |      |  |  |  |
|   | pose of Form  | Form 1099-K (merchan     Form 1098 (home mort)   |          | 140-0-  |           | 100           | F (etr    | dont    | lnar                  | inte   | rest    | 3.   |  |  |  |
| An ind  | lividual or entity (Form W-9 requester) who is required to file an  | <ul> <li>Form 1098 (home more<br/>1098-T (tuition)</li> </ul>  | yaye ir  | 110192  | , IL      | ,50-          | r lora    | ACI IL  | <del>,</del> ,,,,,,,, |  |         | ••   |  |  |  |
| inform  | eation return with the IRS must obtain your correct taxpayer  | , ,  | l dobth  |         |           |               |           |         |                       |  |         |      |  |  |  |
| identif   | ication number (TIN) which may be your social security number<br>individual taxpayer identification number (ITIN), adoption   | • Form 1099-C (canceled  |          |         |           |               | f con-    | rad n   | enn-                  | artu)  |         |      |  |  |  |
| tayna   | ver identification number (ATIN), or employer identification number   | • Form 1099-A (acquisition   | m or at  | oonoo   | unne<br>S | II O          | . 8550U   | ou p    | -upi                  | or cy/   |         |      |  |  |  |
| (FIN)   | to report on an information return the amount paid to you, or other   | Use Form W-9 only if y   | ou are   | a U.    | s, pe     | rsor          | i (ii)Cl( | ruing   | a re                  | SOLUE  | H 14    |      |  |  |  |
| amoul   | nt reportable on an information return. Examples of information   | alien), to provide your correct TIN.  If you do not return Form W-9 to the requester with a TIN, you might |          |         |           |               |           |         |                       |  |         |      |  |  |  |
| return  | s include, but are not limited to, the following.   | If you do not return For<br>be subject to backup with  | nn W-S   | 10 11   | e rec     | jues<br>19t i | s baci    | CUD W   | , ,, v,<br>vitint     | تامار<br>roldi   | na.     |      |  |  |  |
| e Form  | n 1099-INT (interest earned or paid)  | he anniers to nacuah with  |          | .g. 0   |           |               |           |         |                       |  | ٠.      |      |  |  |  |

• Form 1099-INT (interest earned or paid)

|  |                                | CERTIFICAT  | E OF LIA  | BILITY IN   | ISURANCE  |  | Date<br>2/10/2021  |  |  |
|--|--------------------------------|---|---|---|---|--|--|--|--|
| Produ  | ucer:                          | Plymouth Insurance Agency<br>2739 U.S. Highway 19 N.<br>Holiday, FL 34691   |   | This Certifi<br>upon the C  | cate is issued as a matte   | r of information only and co<br>ertificate does not amend, ones below.   |  |  |  |
|  |                                | (727) 938-5562  |   |   | Insurers Affording Coverage   |  |  |  |  |
| Insur  | od:                            |   | Inc. & Subsidir   | arias Insurer A:  | Lion Insurance Company  |  | NAIC #<br>11075  |  |  |
| Insured: South East Personnel Leasing, Inc. & Subsidiaries 2739 U.S. Highway 19 N. |                                |   | Insurer B:  |   |   |  |  |  |  |
| Holiday, FL 34691  |                                |   | Insurer C   |   |   |  |  |  |  |
| •  |                                |   | Insurer D:  |   |   |  |  |  |  |
|  |                                | va sul a  |   | Insurer E:  |   |  | Way to a serious and the serio |  |  |
| ith resp   | ect to wi                      | S  surance listed below have been issued to the insure hich this certificate may be issued or may pertain, the have been reduced by paid claims                               | d named above for the p<br>e insurance afforded by  | olicy period indicated hi<br>the policies described he  | lotwithstanding any requirement, erein is subject to all the terms, er  | term or condition of any contract o<br>xclusions, and conditions of such p   | r other document<br>olicies Aggregati  |  |  |
| NSR  | ADDL<br>INSRD                  | Tune of Ingurance   | Policy Number   | Policy Effective Date   | Policy Expiration Date  | Limits   | 3  |  |  |
| +  | 75                             | GENERAL LIABILITY   |   | (MM/DD/YY)  | (MM/DD/YY)  | Each Occurrence  | k  |  |  |
|  |                                | Commercial General Liability Claims Made Occur  |   |   |   | Damage to rented premises (EA occurrence)  |  |  |  |
|  |                                | H   | - 1   |   |   | Med Exp  | •  |  |  |
| -  |                                | General aggregate limit applies per   | 1 1   |   |   | Personal Adv Injury  | s  |  |  |
| -  |                                | Policy Project LOC  |   |   |   | General Aggregate  | 5  |  |  |
| 1  |                                | Proity Project Dec  |   |   |   | Products - Comp/Op Agg   | 5  |  |  |
| T  |                                | AUTOMOBILE LIABILITY  |   |   |   | Combined Single Limit (EA Accident)  | s  |  |  |
| 1  |                                | Any Auto  | 1 1   |   |   | Bodily Injury  | 1  |  |  |
|  |                                | All Owned Autos Scheduled Autos   | 1 1   |   | 1   | (Per Person)   | 5  |  |  |
| 1  |                                | Hired Autos   | 1 1   |   |   | Bodily Injury  |  |  |  |
| 1  |                                | Non-Owned Autos   |   |   |   | (Per Accident)   | s  |  |  |
| -  |                                | H   |   |   |   | Property Damage  |  |  |  |
| -  |                                |   | 1 1   |   |   | (Per Accident)   | 5  |  |  |
| 1  |                                | EXCESS/UMBRELLA LIABILITY   | i i   |   |   | Each Occurrence  | 1  |  |  |
| -  |                                | Occur Claims Made   | 1 1   |   |   | Aggregate  | 1  |  |  |
|  |                                | Deductible  |   |   | 4   |  | -  |  |  |
|  |                                | rs Compensation and<br>yers' Liability  | WC 71949  | 01/01/2021  | 01/01/2022  | X WC Statu-<br>tory Limits ER  |  |  |  |
| A  | ny prop                        | prietor/partner/executive officer/member  |   |   |   | E.L. Each Accident   | \$1,000,000  |  |  |
|  |                                | <sup>1?</sup> NO  | i i   |   |   | E.L. Disease - Ea Employee   | \$1,000,000  |  |  |
| If   | Yes, de                        | escribe under special provisions below  |   |   |   | E.L. Disease - Policy Limits   | \$1,000,000  |  |  |
| _  | ther                           |   | Lion Incura   | nco Company is  | A M. Boet Company r   | ated A (Excellent). AMI  | # 12616  |  |  |
| verage<br>verage<br>verage   | e only a<br>e only a<br>e does | applies to active employee(s) of South East Per<br>applies to injuries incurred by South East Pers<br>not apply to statutory employee(s) or independent of the Client Company | xclusions added<br>ersonnel Leasing, Inc<br>Custom Built<br>sonnel Leasing, Inc. &<br>ndent contractor(s) o | by Endorsement/ . & Subsidiaries that a  the Marine Construction  a Subsidiaries active e  f the Client Company | Special Provisions:<br>are leased to the following "C<br>ion, Inc.<br>amployee(s), while working in<br>or any other entity. | Client ID: 91-6<br>Client Company*:  | 7-632  |  |  |
| oject  | Name                           | ive employee(s) leased to the Client Company<br>:<br>L & H. ISSUE 02-10-21 (AR)   | r can be obtained by i  | aaxing a request to (7  | 27) 337-2136 OF EMAIL CERUI   |  |  |  |  |
| CERTIF   | CATE                           | HOLDER  |   | CANCELLATION  | w min-  | Begin Da   | te: 1/15/2014  |  |  |
|  |                                | g Purposes Only   |   | Should any of the ab  | to mail 30 days written notice to   | led before the expiration date there<br>the certificate holder named to the<br>d upon the insurer, its agents or rep | left, but failure to   |  |  |
|  | •                              | •   |   |   | Done wo   | f a  | # # <b>#</b>   |  |  |

**KNIFFENJ** 

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/23/2021

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).

| tills certificate does not confer rights to the certificate holder in hear | 01 04011 0114010011140).                                      |       |  |  |
|--|---|-------|--|--|
| PRODUCER License # 0E67768   | CONTACT<br>NAME:  |       |  |  |
| Insurance Office of America  | PHONE (A/C, No, Ext): (561) 776-0660 FAX (A/C, No): (561) 776 |       |  |  |
| Abacoa Town Center<br>1200 University Blvd, Suite 200                      | E-MAIL<br>ADDRESS:  |       |  |  |
| Jupiter, FL 33458  | INSURER(S) AFFORDING COVERAGE                                 |       |  |  |
|  | INSURER A: Travelers Property Casualty Insurance Company      |       |  |  |
| INSURED  | INSURER B : Progressive Express Insurance Company             | 10193 |  |  |
| Custom Built Marine Construction, Inc.                                     | INSURER C: Travelers Property Casualty Company of America     | 25674 |  |  |
| 3119 Hammond Road  | INSURER D :   |       |  |  |
| Fort Pierce, FL 34946  | INSURER E :   |       |  |  |
|  | INSURER F:  |       |  |  |
|  | DEVICION NUMBER   |       |  |  |

COVERAGES

CERTIFICATE 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 PERIOD THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH BOLICIES, UNITS SHOWN MAY HAVE BEEN REDUICED BY PAID CLAIMS.

|             |       | ISIONS AND CONDITIONS OF SUCH                  |        |      |               |                            |            |  |    |           |
|-------------|-------|--|--------|------|---------------|----------------------------|------------|--|----|-----------|
| INSR<br>LTR |       | TYPE OF INSURANCE                              | ADDL S | SUBR | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP | LIMIT  | s  |           |
| A           | X     | COMMERCIAL GENERAL LIABILITY                   | 1100   |      |               |                            |            | EACH OCCURRENCE                              | \$ | 1,000,000 |
|             |       | CLAIMS-MADE X OCCUR                            |        |      | ZOL31M93296   | 2/20/2021                  | 2/20/2022  | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$ | 100,000   |
|             |       |  |        |      | NE .          |                            |            | MED EXP (Any one person)                     | \$ | 10,000    |
|             |       |  |        |      |               |                            |            | PERSONAL & ADV INJURY                        | \$ | 1,000,000 |
|             | GEN   | VL AGGREGATE LIMIT APPLIES PER:                |        |      |               |                            |            | GENERAL AGGREGATE                            | \$ | 2,000,000 |
|             | X     | POLICY PRO-                                    |        |      |               |                            |            | PRODUCTS - COMP/OP AGG                       | \$ | 2,000,000 |
|             |       | OTHER:   |        |      |               |                            |            | HNO  | \$ | 1,000,000 |
| В           | AU1   | OMOBILE LIABILITY                              |        |      |               |                            |            | COMBINED SINGLE LIMIT<br>(Ea accident)       | \$ | 1,000,000 |
|             |       | ANY AUTO                                       |        |      | 03857729-5    | 7/19/2021                  | 7/19/2022  | BODILY INJURY (Per person)                   | \$ |           |
|             |       | OWNED X SCHEDULED AUTOS                        |        |      |               |                            |            | BODILY INJURY (Per accident)                 | \$ |           |
|             |       | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY          |        |      |               |                            |            | PROPERTY DAMAGE<br>(Per accident)            | \$ |           |
| l           |       |  |        |      |               |                            |            |  | \$ |           |
| C           |       | UMBRELLA LIAB X OCCUR                          |        |      |               |                            |            | EACH OCCURRENCE                              | \$ | 1,000,000 |
|             | X     | EXCESS LIAB CLAIMS-MADE                        |        |      | ZOX31M93315   | 2/20/2021                  | 2/20/2022  | AGGREGATE                                    | \$ | 1,000,000 |
|             |       | DED RETENTION\$                                |        |      |               |                            |            |  | \$ |           |
|             | WOF   | RKERS COMPENSATION<br>EMPLOYERS' LIABILITY     |        |      |               |                            |            | PER OTH-<br>STATUTE ER                       |    |           |
|             | ANY   | PROPRIETOR/PARTNER/EXECUTIVE                   | N/A    |      |               |                            |            | E.L. EACH ACCIDENT                           | \$ |           |
|             | (Mai  | ICER/MEMBER EXCLUDED?                          | N/A    |      |               |                            |            | E.L. DISEASE - EA EMPLOYEE                   | \$ |           |
|             | If ye | s, describe under CRIPTION OF OPERATIONS below |        |      |               |                            |            | E.L. DISEASE - POLICY LIMIT                  | \$ |           |
| C           | Lia   | bility   |        |      | ZOH16N1262A   | 2/20/2021                  | 2/20/2022  | P&I Liability                                |    | 1,000,000 |
| C           | Equ   | ipment Floater                                 |        |      | 6603H56014A   | 2/20/2021                  | 2/20/2022  | Rented/Leased                                |    | 600,000   |
|             |       |  |        |      |               |                            |            |  |    |           |
| 1           | 1     |  | 1 1    |      |               |                            | 1          | 1  |    |           |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City/Town of Lake Park is Additional Insured with respects to General Liability required by written contract.

| CERTIFICATE HOLDER    | CANCELLATION   |
|-----------------------|--|
|                       | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Bidding Purposes Only | Authorized Representative  Cod Deligage  |



## Attachment H

#### **NOTICE TO ALL PROPOSERS:**

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

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

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

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

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

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

| <b>Typed Name:</b> | Robert Belasic  |
|--------------------|---|
| Signed:            | Turk  |
| Company and        | d Job Title: Custom Built Marine Construction, Inc - Vice President |
| Date: 9/03/21      |   |



"A City for All Ages"

## eBID #20210053R - ATTACHMENT K CONTRACTOR'S CODE OF ETHICS

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

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

localities in which they operate. This includes, but is not limited to, laws and regulations relating to environmental, occupational health and safety, and labor practices. In addition, Contractor must require their suppliers (including temporary labor agencies) to do the same. Contractor must conform their practices to any published standards for their industry. Compliance with laws, regulations and practices include, but are not limited to the following:

- Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling and substitution methods.
- o <u>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.</u>
- 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.

| Name of Organization/Proposer Custom Built Marine Construction, Inc. |  |
|--|--|
| Signature My To  |  |
| Printed Name and Title Robert Belasic - Vice President               |  |
| Date 9/03/21   |  |

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.

# CITY OF PORT ST. LUCIE, FLORIDA SEALED BID NO. <u>20210053R</u> - Attachment L TITLE: Rehabilitation / Repair of Water Control Structures #A-22, A-24 & one (1) BSL-2, Twin Culverts at the A-2 Pond

## TRENCH SAFETY ACT COMPLIANCE STATEMENT

#### **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 estimate  | ed cost imposed by cor                   | npliance   | with The Trench Safety | Act will be:           |
|-----------|---------------|--|------------|------------------------|------------------------|
|           | \$15,000.00   | Dollars (Written)                        | Fifteen '  | Thousand dollars       | (Figures)              |
| 3.        | The amount    | listed above has been                    | included   | within the Base Bid.   |                        |
|           | Certified:    | Custom Built Marine Co                   | nstruction | , Inc                  |                        |
|           | By:           | (President                               |            | David C                | Corrigan               |
|           |               |  | -          | or Printed Name)       |                        |
| Sworday o | rn to and sub | scribed before me in _31, 20 <u>2</u> 4. | StLu       | NOTARY PUBLIC          | County, Florida on the |
|           | D. A. 194     | SABRINA BUTLER                           |            | -NOTART PUBLIC         | Jalorina Dutte         |

EXPIRES: December 8, 2021 Bonded Thru Notary Public Underwrite



### E-Verify Form - Attachment M

## 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.

| duting the contract term.   |  |
|---|--|
| E-Verify Company Identification Number  | 1715718  |
| Date of Authorization   | 7/14/21  |
| Name of Contractor  | Custom Built Marine Construction, Inc  |
| Name of Project   | Rehabilitation/ Repair of water control structures A-22, A-24, BSL-1, BSL-2, Twin Culvert  |
| Solicitation Number<br>(If Applicable)  | 20210053R  |
| I hereby declare under penalty of perjury the Executed on September           | at the foregoing is true and correct.  3, 20 21 _in Fort Pierce(city), FL(state).  Robert Belasic - Vice President   |
| Signature of Authorized Officer   | Printed Name and Title of Authorized Officer or Agent  |
| SUBSCRIBED AND SWORN BEFORE ME  ON THIS THE 3 DAY OF Septemble  NOTARY PUBLIC | SeiterinaBether  |
| My Commission Expires: 12/8/202   | D COMPANY OF THE PARTY OF THE P |

Page 1 of 1

ebid #20210053R



"A City for All Ages"

## **NON-COLLUSION AFFIDAVIT**

AttachmentN
Solicitation#20210053R
Rehabilitation / Repair of Water Control
Structures #A-22, A-24 & one (1) BSL-2, Twin
Culverts at the A-2 Pond

| State | <sub>e of</sub> Florida     | }}  |
|-------|-----------------------------|---|
|       | <sub>nty of</sub> St. Lucie | }}  |
|       | obert Belasic               | , being first duly sworn, disposes and says that: |
|       | (Name/s)                    |   |
| 1,    | They are Vice President     | of 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) Robert Belasic - Vice President



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

| The foregoing instrument was acknowledged I    | pefore me this (Date) September 3 202   |
|--|---|
| by: Robert Belasic                             | who is personally known to me or who has produced   |
|  | as identification and who did (did not) take an oath.   |
| Commission No. GG 163728                       | -   |
| Notary Print: Sabrina Butler Notary Signature: | SABRINA BUTLER MY COMMISSION # GG 163728 EXPIRES: December 8, 2021 Bonded Thru Notary Public Underwriters |



#### "A City for All Ages"

## DRUG-FREE WORKPLACE FORM Attachment O e-BID #20210053R Rehabilitation / Repair of Water Control Structures #A-22, A-24 & one (1) BSL-2, Twin Culverts at the A-2 Pond

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

## Custom Built Marine Construction, Inc does:

(Name of Business)

- 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.
- 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.
- Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
- 6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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

Contractor's Signature

9/03/21

Date



Date: 9/03/21

\*Over Thirty Years' Experience\*
3119 Hammond Dr.
Ft. Pierce, Fl. 34946
Phone (772)333-2383
Fax (772)333-2390

## **Current Work Load**

Wetland Trails Boardwalk – City of Gulf Breeze, FL. – Timber Boardwalk – Pile Driving – Clearing and Grubbing \$939,435.00 – Start Date 10/01/21 – End Date 06/01/21 – Percent Completed – 0%

Conchy Joe's – AE Gen – Fort Pierce, FL. – Timber Pile Installation - \$122,698.00 – Start Date – 10/20/21 – End Date 11/20/21 – Percent Completed – 0%

Island Drive Bridge Rehab – Delray Beach, FL. – Seawall, Bridge R&R - \$1,226,577.50 – Start Date – Undetermined – End Date – 90 Day Contract – Percent Completed – 0%

USCG Sand Key – CECOS Group – Sand Key, FL. – Demo, Timber Pile Installation, Floating Dock Installation - \$172,485.00 – Start Date – Undetermined – End Date – 45 day Contract – Percent Completed – 0%

## \*Over Thirty Years' Experience\*



3119 Hammond Rd Ft. Pierce, Fl. 34946 Phone (772)333-2383 Fax (772)333-2390

Date: Friday, September 3, 2021

Project: A-22, A-24, BSL-1, BSL-2, Twin Culvert Replacement

**Description: Water Control Structures Rehabilitation** 

RE: Project Management Plan

### **EQUIPMENT**

- 2 Long reach
- Dump Trailer
- 8" and 12" dewatering pumps
- Cofferdam Rental
- Vibrating Hammer/ Side Grip Hammer
- Mini excavator
- Skid steer
- Crane
- Crane Mats Swamp Mats

### **Personnel**

- 1 Superintendent
- 1 Welder
- 2 Equipment Operators
- 2 Skilled Laborers
- 2 Unskilled Laborers

#### **Construction Efforts and Planning**

Clearing and grubbing of main area – contractor would like to eliminate a lot of refuge. Contractor plans to implement a woodchipper to maximize efficiency and production for disposal.

In effort of cost savings and best management practices, contractor would like to remove the existing structure in its entirety, in lieu of 5' removal below mudline, (water control structure A-22) and utilize those sheets as cofferdam throughout the project duration. Upon completion of project, these sheets will be discarded as required. Contractor has included additional fill material for access to work areas to be removed and placed back to original elevations upon completion.

Through the schedule BSL-1 and BSL-2 will be performed simultaneously due to location and accessibility. Twin Culverts are expected to end at the same time frame.

## Mr. Robert Belasic

## 1323 Alster Ave Spring Hill, FL, 34609

Robbie@CustomBuiltMarine.com (352) 293-1585

## Background/Experience

## P-12337/ Cordova Seawall Replacement - Custom Built Marine Construction (11/2020 - 07/2021) - Position: Project Manager

Oversee all construction aspects for controlling items of work including but not limited to steel sheet pile driving, concrete clearing and grubbing, erosion control, stormwater, paving, striping, submittals, construction scheduling, and product procurement.

## Fisherman's Wharf Boat Ramp Replacement - Custom Built Marine Construction (07/2020 - 11/2020) - Position: Senior Project Manager

Oversee all construction aspects for controlling items of work including but not limited to pile driving, clearing and grubbing, erosion control, ductile pipe, submittals, construction scheduling, and product procurement.

## Fleming Island WWTF Outfall Dock Replacement – Custom Built Marine Construction (07/2020 – 11/2020) – Position: Senior Project Manager

Oversee all construction aspects for controlling items of work including but not limited to pile driving, clearing and grubbing, erosion control, ductile pipe, submittals, construction scheduling, and product procurement.

## E6K86 - M&J Construction Contractor District 6 (07/2019 - 05/2020)

#### FIN# 436532-1-52-01 Position: Senior Project Manager

Oversee all construction aspects for controlling items of work including but not limited to MOT coatings, preventative maintenance, striping, electrical renovation, motor and drive exchange, submittals, construction schedule, product procurement.

## DG00461 North Carolina - M&J Construction (02/2019 - 07/2020) Position: Senior Project Manager

Oversee all construction aspects for controlling items of work including but not limited to concrete diaphragm repair, shotcrete, steel beam end repairs, bridge jacking, understructure platform, FRP wrap, spall repair, crack injection, submittals, construction scheduling, and product procurement.

## E3Q54 - M&J Construction Contractor District 3 Bridge Rehabilitation (07/2019 - 12/2019) Position: Senior Project Manager

Oversee all construction aspects for controlling items of work. Implementation and execution including MOT, milling, asphalt, coatings, bat exclusion, striping, rumble strips, submittals, construction scheduling, and product procurement.

## SR 93 Howard Frankland Bridge Rehab District 7 (03/2016 - 07/2017)

Fin# 430706-2-52-01 Contractor M&J Construction – Position: Senior Field Construction Engineer Inspector Oversee all construction aspects for tracking of quantities and ensuring all aspects of construction are held within the parameters of Design Standards, as well as FDOT Specifications for Roads and Bridges. Replacement of timbers both reinforced and non-reinforced plastic marine lumber, structural steel rehab, MOT, wrap pile clusters, crack injection and seal, and methacrylate monomer tracking and application.

## SR 566 Thonotosassa Road Lane Widening and Pedestrian Sidewalk District 7 (05/2017 – 08/2017) Fin# 422503-1-52-01 Contractor Tampa Paving Company – Position: Senior Field Construction Engineer Inspector

Assist Senior CEI Inspector with tracking and all aspects of project while ensuring contractor maintained within the parameters of 2016-2017 Design Standards, as well as FDOT Specifications for Roads and Bridges. Includes but not limited to asphalt paving, earthworks level 1 and 2, concrete testing, accuracy of plans and contractor construction, etc.

# SR 93 and 693/ Howard Frankland and Corey Causeway Bridge Rehab District 7 (03/2016 – 03/2017) Fin# 430706-2-52-01 Contractor M&J Construction – Position: Senior Field Construction Engineer Inspector Oversee all aspects of spall restoration, strand splice replacement, concrete placement, cathodic protection system, tracking of quantities and ensuring all aspects of construction are held within the parameters of Design Standards, as well as FDOT Specifications for Roads and Bridges.

## US 19/ SR 55 Pasco Shoulder and Median Widening SR 52 to County Line Road District 7 (01/2015 – 03/2016) FIN# 41886095201 District 7 Contractor: D.A.B. – Position: Senior Field Quality Control Technician

Senior QC Quality Control Responsibilities includes: Pipe & Embankment Compaction Testing, Roadway Stabilization Compaction Testing and Mixing Depth Checks, Base Compaction Testing, Cores, String Line and Straight Edge, Log Book Entry, QC on Concrete, Proper Identification and Storage of Cylinders, Drill Shaft Monitoring/Recording/Inspection

## I-75/ SR 52 On/ Off Ramp (10/2014-01/2015) FIN# 25873625201 District 7 Contractor: Prince – Position: Senior Field Quality Control Technician

Senior QC Roadway and Drill Shaft Technician Responsibilities include: MSE Wall Inspection for Plumpness, Straight Edge, and Compaction, Pipe & Embankment Compaction Testing, Roadway Stabilization Compaction Testing and Mixing Depth Checks, Base Compaction Testing, Cores, String Line and Straight Edge, Log Book Entry, QC on Concrete, Proper Identification and Storage of Cylinders, Drill Shaft Monitoring/ Recording/Inspection

## Moffitt Cancer Center Tampa (07/2012-10/2014) Private District 7 Contractor: Skanska – Position: Senior Field Quality Control Technician

Senior QC Concrete and Earthwork Technician Responsibilities includes Building Pad and Pile Pad Compaction Testing and proper locate for design and build, Concrete Testing, QC on Concrete, Proper Identification and Storage of Cylinders, and Fireproof Inspection.

#### Certifications

- CTQP/ Quality Control Manager Active
- Advanced MOT InActive
- C3 Lead Removal Supervisor Active
- CTOP/ Final Estimates I Expired
- CTQP/ Asphalt I & II Expired
- CTQP/ Earthwork Construction Inspection Levels I & II Expired
- CTOP/ Concrete Field Technician Level I Expired
- CTQP/ Auger Cast Pile Expired
- CTOP/ Drill Shaft Inspection Expired
- ACI/ Concrete Field Testing Technician Grade I Expired
- MSE Wall Inspector Expired

## **Education**

- Zephyrhills High School High School Diploma Zephyrhills, FL
- 2005-2008 Central Florida Community College Ocala / Lecanto, FL

## References

- Farhad Zafaranian Construction Manager FDOT District 7
   (813) 613-3200

   Farhad Zafaranian@dot.state.fl.us
- Gregory Dees Construction Engineer FDOT District 7
   (813) 323-1144
   Gregory Dees@dot.state.fl.us
- Joshua Wheatley Senior CEI Inspector ICA Engineering (352) 476-2444
   JJwheatbox@hotmail.com
- Tracy Walker Senior CEI Inspector Genesis Engineering (813) 299-1788
   Twalker@genesiscei.com
- Mike Proch Senior CEI Inspector AIM Engineering (813) 393-6984
   MProch@aimengr.com
- Jose Morales Project Administrator Bolton-Perez Associates (786) 539-9629

## Tom Watson 5080 SE Railway Ave Stuart, FL 34997 772-529-0003 Cell

**Employment History:** 

### **Custom Built Marine Construction, Inc.**

2014 - Present

Field Superintendent – Heavy Equipment Operator – Field Safety

Manage the day to day operations on various marine construction projects. Operate heavy equipment such as cranes, diesel hammers, front end loaders and dewatering pumps. Insure that operations are completed safely.

### **Murray Logan Construction**

2012 - 2014

Crane Operator – CCO licensed Crane Operator

Operated cranes on various marine construction projects within Palm Beach County. Projects completed included Seawalls, Docks, Pump Stations and Boardwalks.

#### **Custom Built Marine Construction, Inc.**

06/96 - 12/11

**Supervisor - Heavy Equipment Operator** 

Supervised projects building seawalls, boat ramps, boardwalks, bridge fenders systems, coffer damns, dredging canals and fishing piers. Operated hydraulic and friction cranes, Track-hoes, front end loaders and push boats. I worked with suppliers and equipment vendors and truckers to insure timely deliveries.

### Certifications/Licenses/Education

NCCCO Certified Operator January 2012

Lattice Boom Crawler
Telescoping Boom over 75 tons
Telescoping Boom 21-75 tons
Telescoping under 21 tons

Rigging Certification January 2012
CPR Certification January 2012
Manlift Certification December 2012

OSHA Certification IRSC 2007 High School Equivalency 1982

### Background/Experience

Fisherman's Wharf Boat Ramp Replacement – Custom Built Marine Construction (07/2020 – 11/2020) – Position: Superintendent

Supervise all construction aspects for controlling items of work including but not limited to pile driving, clearing and grubbing, erosion control, ductile pipe, submittals, construction scheduling, and product procurement

Water Way Park (West Construction) – Custom Built Marine Construction (01/2016– 01/2017) – Position: Project Superintendent

Supervise all construction aspects for controlling items of work including but not limited to pile driving, clearing, and grubbing, erosion control, ductile pipe, submittals, construction scheduling, and product procurement

Bert Winters Boat Ramp - - Custom Built Marine Construction (10/2017 - 3/2018) - Position: Superintendent

Demo Existing Boat Ramp, Install Permanent & Temporary Steel Sheet Pile, Dewater, grade, Form, Reinforce & Pour New Concrete Boat Ramp. Install Concrete Piles and Floating Docks

## David H. Corrigan Jr.

3119 Hammond Road Fort Pierce, Fl 34946 772-678-9419 ir@custombuiltmarine.com

#### **PROFESSIONAL PROFILE**

Pile Diving Specialist
Construction Estimator
Crane Operator 200 Ton +
Contract interpretation

Project Manager
Plan Interpretation
Certified welder

### **PROFESSIONAL EXPERIENCE**

Custom Built Marine Construction, Inc., Port Saint Lucie, Florida President 2012 – Present

Custom Built Marine Construction, Inc., Port Saint Lucie, Florida *Project manager/Project estimator* 1991 – 2012

### BACKGROUND/EXPERIENCE

P-12337/ Cordova Seawall Replacement – Custom Built Marine Construction (11/2020 – 07/2021) – Position: Project Manager

Oversee all construction aspects for controlling items of work including but not limited to steel sheet pile driving, concrete clearing and grubbing, erosion control, stormwater, paving, striping, submittals, construction scheduling, and product procurement.

Fleming Island WWTF Outfall Dock Replacement – Custom Built Marine Construction (07/2020 – 11/2020) – Position: Project Manager

Oversee all construction aspects for controlling items of work including but not limited to pile driving, clearing and grubbing, erosion control, ductile pipe, submittals, construction scheduling, and product procurement.

Jupiter Reef Club Wave Wall (Walker Contracting Group) – Custom Built Marine Construction (1/2019 -8/2020) – Position – Project Manager

Oversee all construction aspects for controlling items of work including but not limited to concrete sheet pile driving, concrete clearing and grubbing, erosion control, stormwater, submittals, construction scheduling, and product procurement.

Water Way Park (West Construction) - Custom Built Marine Construction (01/2016- 01/2017) - Position: Project Manager

Oversee all construction aspects for controlling items of work including but not limited to pile driving, clearing and grubbing, erosion control, ductile pipe, submittals, construction scheduling, and product procurement

#### **REFERENCES**

Contact: Matt West

Phone: 561-588-2027 - Email: mwest@westconstructioninc.net

**Contact:** Dave Trindade

Phone: 561-262-2773 - Email: dmichaeltrindade@gmail.com

Contact: Jason Swanson

Phone: 4239-263-7500 - Email: jswanson@walkercontractinggroup.com

**Contact:** Nelson Marty

Phone: 407-314-8999 - Email: nmarty@whartonsmith.com

## (Rev. October 2018)

## Request for Taxpayer Identification Number and Certification

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

|   | nent of the Treasury  <br>Revenue Service  |  |                          |   | uctions and the late  | st inforn    | nati                     | on.   |                         |   |                       |       |       |      |   |
|---|--|--|--------------------------|---|---|--------------|--------------------------|---|-------------------------|---|-----------------------|-------|-------|------|---|
|   | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  |  |                          |   |   |              |                          |   |                         |   |                       |       |       |      |   |
| Print or type.<br>See Specific Instructions on page 3.  |  | T MARINE CONS  |                          |   |   |              |                          |   |                         |   |                       |       |       |      |   |
|   | 2 Business name/o  | lisregarded entity name  | , if different from      | above   |   |              |                          |   |                         |   |                       |       |       |      |   |
|   | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate |  |                          |   |   |              |                          | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |                         |   |                       |       |       |      |   |
|   | single-membe   | proprietor or —  |                          |   |   |              |                          | Exempt payee code (if any)  |                         |   |                       |       |       |      |   |
|   | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶  |  |                          |   |   |              |                          | Exemption from FATCA reporting code (if any)  |                         |   |                       |       |       |      |   |
|   | Other (see instructions) ▶   |  |                          |   |   |              |                          |   |                         | (Applies to accounts maintained outside the U.S.) |                       |       |       |      |   |
|   | 5 Address (number, street, and apt. or suite no.) See instructions.  Requester's name a  |  |                          |   |   |              |                          |   | ind ad                  | iaress  | (opu                  | onall |       |      |   |
|   | 3119 HAMMOND ROAD  |  |                          |   |   |              |                          |   |                         |   |                       |       |       |      |   |
|   | 6 City, state, and ZIP code  |  |                          |   |   |              |                          |   |                         |   |                       |       |       |      |   |
|   | 7 List account num   |  |                          |   |   |              |                          |   |                         |   |                       |       |       |      |   |
|   | / List account num   | Series (optional)  |                          |   |   |              |                          |   |                         |   |                       |       |       |      |   |
| Par   | Taxpa  | er Identificatio   | n Number (               | TIN)  |   |              |                          |   |                         |   |                       |       |       |      |   |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid  Social s  |  |  |                          |   |   |              |                          | cial se   | urity                   | numb  | er                    |       | _     |      |   |
| backu   | p withholding. For   | individuals, this is g   | er (SSN). However, for a |   |   |              | -                        |   |                         | -   |                       |       |       |      |   |
| entitles, it is your employer identification number (EIN). If you do not have a number, see How to get a  |  |  |                          |   |   |              |                          |   | _                       |   |                       |       |       |      |   |
| Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Employe  |  |  |                          |   |   |              |                          |   | r identification number |   |                       |       |       |      |   |
| Numb  | er To Give the Red   |  |                          | 6   | 5   | - o          | 1                        | 8   | 3                       | 4 2   | 2                     |       |       |      |   |
|   |  |  |                          |   |   |              |                          |   | L                       |   |                       |       |       |      | L |
| Par   |  |  |                          |   |   |              |                          |   |                         |   |                       |       |       |      |   |
| Under   | penalties of perju   | ry, I certify that:  |                          | lantification numbe                                       | r for Lam waiting for   | a numbe      | ar to                    | he is   | ued                     | to me   | a). ar                | ıd    |       |      |   |
| 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 an   | n a U.S. citizen or  | other U.S. person (d   | efined below); a         | and   |   |              |                          |   |                         |   |                       |       |       |      |   |
| 4. The  | FATCA code(s) e  | ntered on this form (i   | f any) indicating        | g that I am exempt  | from FATCA reportir   | ng is corr   | ect.                     |   |                         |   |                       |       |       |      |   |
| 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 U.S. person   | Line   | 1                        |   |   | Date ►       |                          | 2/3   | 3/8                     | +/  |                       |       |       |      |   |
| Ge  | neral Instr  | uctions  | 1                        |   | • Form 1099-DIV (di   | ividends,    | inc                      | luding  | thos                    | e fror  | n sto                 | ocks  | or mu | tual |   |
| Section references are to the Internal Revenue Code unless otherwise  |  |  |                          |   | funds)  • Form 1099-MISC (various types of income, prizes, awards, or gross                           |              |                          |   |                         |   |                       |       |       |      |   |
| noted.  Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted  |  |  |                          | Form 1099-B (stock or mutual fund sales and certain other |   |              |                          |   |                         |   |                       |       |       |      |   |
| after t   | ney were publishe  | transactions by brokers)  • Form 1099-S (proceeds from real estate transactions)                             |                          |   |   |              |                          |   |                         |   |                       |       |       |      |   |
| Pur   | pose of For  | Form 1099-K (merchant card and third party network transactions)   |                          |   |   |              |                          |   |                         |   |                       |       |       |      |   |
| inform  | -<br>dividual or entity (F<br>nation return with t   | <ul> <li>Form 1098 (home mortgage interest), 1098-E (student loan interest),<br/>1098-T (tuition)</li> </ul> |                          |   |   |              |                          |   |                         |   |                       |       |       |      |   |
| information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), Individual taxpayer identification number (ITIN), adoption  |  |  |                          |   | • Form 1099-C (canceled debt)   |              |                          |   |                         |   |                       |       |       |      |   |
| taxpa   | ver identification n   | Form 1099-A (acquisition or abandonment of secured property)   |                          |   |   |              |                          |   |                         |   |                       |       |       |      |   |
| taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information   |  |  |                          |   | Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. |              |                          |   |                         |   |                       |       |       |      |   |
| return  | s include, but are<br>n 1099-INT (intere   | If you do not return be subject to backu   | rn Form (<br>p withho    | W-9   | to the<br>g. See  | reque<br>Wha | <i>lester</i><br>at is b | witi<br>ackı  | n a Ti<br>up wii        | N, you<br>thholo                                  | <i>ı mig</i><br>ling, | iht   |       |      |   |
|   |  | later.   |                          |   |   |              |                          |   |                         |   |                       |       |       |      |   |