



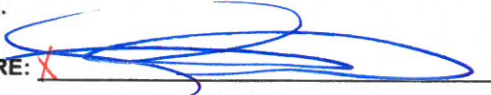
| | | |
|--|---|---|
| SUBMIT TO: PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS 400 S. FT. HARRISON AVENUE ANNEX BUILDING – 6 TH FLOOR CLEARWATER, FL 33756 |  <h2 style="text-align: center;">INVITATION TO BID</h2> | BID NUMBER: 178-0360-CP (JJ) |
| ISSUE DATE: May 4, 2018 | TITLE: Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY2018-FY2021 PID No. 000964A | |
| SUBMITTAL DUE: June 5, 2018 @ 3:00 P.M. | | |
| <small>AND MAY NOT BE WITHDRAWN FOR 120 DAYS FROM DATE LISTED ABOVE. BID SUBMITTALS RECEIVED AFTER SUBMITTAL DATE & TIME WILL NOT BE ACCEPTED AND WILL BE RETURNED</small> | | PRE-BID DATE & LOCATION: NOT APPLICABLE |
| DEADLINE FOR WRITTEN QUESTIONS: May 23, 2018 BY 3:00 P.M. | SUBMIT QUESTIONS TO: Jim Just AT jjjust@pinellascounty.org Phone: 727-464-3205 Fax: 727-464-3925 | |
| Engineering Estimate \$6,000,000.00 Plans Prepared by: Pinellas County Utilities Engineering Engineer/Project Manager is: John Spickler | <p style="text-align: center;">THE MISSION OF PINELLAS COUNTY Pinellas County Government is committed to progressive public policy, superior public service, courteous public contact, judicious exercise of authority and sound management of public resources to meet the needs and concerns of our citizens today and tomorrow.</p> <div style="text-align: right;">  JOSEPH LAURO, CPPO/CPPB Director of Purchasing </div> | |

BIDDER MUST COMPLETE THE FOLLOWING

NO CHANGES REQUESTED BY A BIDDER WILL BE CONSIDERED AFTER THE BID OPENING DATE AS ADVERTISED. BY SIGNING THIS BID FORM YOU ARE ATTESTING TO YOUR AWARENESS OF THIS POLICY AND ARE AGREEING TO ALL OTHER BID TERMS AND CONDITIONS, INCLUDING ALL INSURANCE REQUIREMENTS.

BIDDER (COMPANY NAME): TLC Diversified, Inc. **D/B/A** N/A
MAILING ADDRESS: 2719 17th Street East **CITY / STATE / ZIP** Palmetto, FL 34221
COMPANY EMAIL ADDRESS: tlamberson@tlcdiv.com
***REMIT TO NAME:** TLC Diversified, Inc. **PHN:** (941) 722-0621 **FAX:** (941) 722-1382
(As Shown On Company Invoice) **FEIN#** 59-2513308 **CONTACT NAME:** Thurston Lamberson
 Proper Corporate Identity is needed when you submit your bid, specifically how your firm is registered with the Florida Division of Corporations. Please visit www.sunbiz.org for this information. **PRINT NAME:** Dalas Lamberson/Vice President
EMAIL ADDRESS: tlamberson@tlcdiv.com

I HEREBY AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS INVITATION TO BID, INCLUDING ALL INSURANCE REQUIREMENTS & CERTIFY I AM AUTHORIZED TO SIGN THIS BID FOR THE SUBMITTER.

AUTHORIZED SIGNATURE: 
PRINT NAME/TITLE: Dalas Lamberson/Vice President

RETURN THIS FORM WITH YOUR RESPONSE

THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310
BID BOND

KNOW ALL MEN BY THESE PRESENTS, that we

TLC Diversified, Inc.

as Principal, hereinafter called the Principal, and
Westfield Insurance Company
a corporation duly organized under the laws of the State of ***Ohio***

as Surety, hereinafter called the Surety, are held and firmly bound unto

Pinellas County, FL

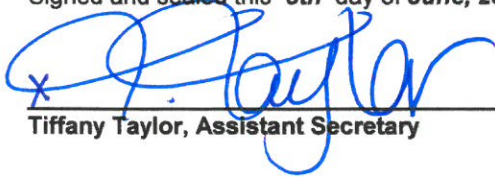
as Oblige, hereinafter called the Oblige, in the sum of ***FIVE PERCENT (5%) OF PROPOSED BID-Dollars (\$ ---5%--)***, for the payment of which sum well and truly to be made, the said Principal and the Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for

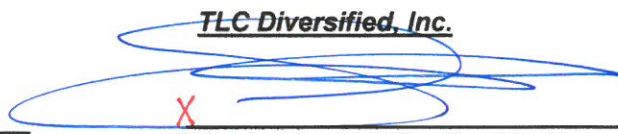
***Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY2018-FY2021;
Bid No. 178-0360-CP(JJ)***

NOW, THEREFORE, if the Oblige shall accept the bid of the Principal and the Principal shall enter into a Contract with the Oblige in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Oblige the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Oblige 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.

Signed and sealed this ***5th*** day of ***June, 2018***.


Tiffany Taylor, Assistant Secretary

(Witness)


X

TLC Diversified, Inc.

Dalas Lamberson, Vice President

(Seal)

(Title)



Kelly Phelan

(Witness)

Westfield Insurance Company


Don Bramlage, Attorney-In-Fact &
Florida Resident Agent
Inquiries: 407 330 3990

CERTIFIED COPY

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having their principal offices in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint **DON BRAMLAGE, LAURA D. MOSHOLDER, EDWARD M. CLARK, JOINTLY OR SEVERALLY**, of SANFORD and State of FL their true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in their names, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings, or other instruments or contracts of suretyship - - -

LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY:

"**BE IT RESOLVED**, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents cancelling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon The Company as if signed by the President and sealed and attested by the Corporate Secretary."


"**BE IT FURTHER RESOLVED**, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000.)

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their **National Surety Leader and Senior Executive** and their corporate seals to be hereto affixed this **16th** day of **October**, A.D., 2017.

Corporate
Seals
Affixed



WESTFIELD INSURANCE COMPANY
WESTFIELD NATIONAL INSURANCE COMPANY
OHIO FARMERS INSURANCE COMPANY


By: 
Dennis P. Baus,
National Surety Leader and Senior Executive

State of Ohio
County of Medina ss.:

On this **16th** day of **October**, A.D., 2017, before me personally came **Dennis P. Baus**, to me known, who, being by me duly sworn, did depose and say, that he resides in **Wooster, Ohio**; that he is **National Surety Leader and Senior Executive** of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Board of Directors of said Companies; and that he signed his name thereto by like order.

Notarial
Seal
Affixed



By: 
David A. Kotnik, Attorney at Law, Notary Public
My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

State of Ohio
County of Medina ss.:

CERTIFICATE

I, **Frank Carrino**, Secretary of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Company at Westfield Center, Ohio, this **5th** day of **June**, A.D., 2018

BPOAC (0



By: 
Frank Carrino, Secretary

SECTION E – BID SUBMITTAL FORM**SECTION E -BID SUBMITTAL FORM:**

Bid Title: Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY2018-FY2021 (PID No. 000964A)

Bid Number: 178-0360-CP (JJ)

(Schedule of Values)

REFER TO THE ATTACHMENT TITLED SECTION E – BID SUBMITTAL SHEETS (MICROSOFT EXCEL)

**NO CHANGES SHALL BE MADE TO THE PAY ITEM QUANTITIES CONTAINED HEREIN.
ANY CORRECTIONS TO BIDDER ENTRIES SHALL BE MADE IN INK AND SHALL BE INITIALED BY BIDDER.**

Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY 2018 - FY 2021 PID NO. 000964A
 BID NO. 178-0360-CP (JJ)
 BID SUBMITTAL SHEETS (MICROSOFT EXCEL)

| Pay Item No. | Description | Quantity | Unit | Unit Price | Amount |
|---|--|----------|------|------------|---------------------|
| PS-1 Mobilization / Demobilization | | | | | |
| PS-1A | Mobilization/ Demobilization \$2,500 or less | 4.00 | EA | 325.00 | \$ 1,300.00 |
| PS-1B | Mobilization/ Demobilization \$5,000 or less | 4.00 | EA | 375.00 | \$ 1,500.00 |
| PS-1C | Mobilization/ Demobilization \$7,500 or less | 4.00 | EA | 600.00 | \$ 2,400.00 |
| PS-1D | Mobilization/ Demobilization \$7,501 or greater | 10.00 | EA | 8,200.00 | \$ 82,000.00 |
| PS-1 Subtotal | | | | | \$ 87,200.00 |
| PS-2 Execution of General Requirements | | | | | |
| PS-2A | Execution of General Requirements \$2,500 or less | 4.00 | EA | 300.00 | \$ 1,200.00 |
| PS-2B | Execution of General Requirements \$5,000 or less | 4.00 | EA | 450.00 | \$ 1,800.00 |
| PS-2C | Execution of General Requirements \$7,500 or less | 4.00 | EA | 650.00 | \$ 2,600.00 |
| PS-2D | Execution of General Requirements \$7,501 or greater | 10.00 | EA | 3,200.00 | \$ 32,000.00 |
| PS-2 Subtotal | | | | | \$ 37,600.00 |
| PS-3 Initial Excavation Per Dig - 20 LF | | | | | |
| PS-3A | Initial Excavation Per Dig - 20 LF 0'-6' depth | 4.00 | EA | 2,200.00 | \$ 8,800.00 |
| PS-3B | Initial Excavation Per Dig - 20 LF 6'-8' depth | 4.00 | EA | 400.00 | \$ 1,600.00 |
| PS-3C | Initial Excavation Per Dig - 20 LF 8'-10' depth | 4.00 | EA | 400.00 | \$ 1,600.00 |
| PS-3D | Initial Excavation Per Dig - 20 LF 10'-12' depth | 2.00 | EA | 405.00 | \$ 810.00 |
| PS-3E | Initial Excavation Per Dig - 20 LF 12'-14' depth | 2.00 | EA | 410.00 | \$ 820.00 |
| PS-3F | Initial Excavation Per Dig - 20 LF 14'-16' depth | 2.00 | EA | 420.00 | \$ 840.00 |
| PS-3G | Initial Excavation Per Dig - 20 LF 16'-18' depth | 2.00 | EA | 500.00 | \$ 1,000.00 |
| PS-3H | Initial Excavation Per Dig - 20 LF 18' or higher depth | 2.00 | EA | 525.00 | \$ 1,050.00 |
| PS-3 Subtotal | | | | | \$ 16,520.00 |
| PS-4 Additional Excavation Per Dig - 10 LF | | | | | |

Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY 2018 - FY 2021 PID NO. 000964A
 BID NO. 178-0360-CP (JJ)
 BID SUBMITTAL SHEETS (MICROSOFT EXCEL)

| Pay Item No. | Description | Quantity | Unit | UnitPrice | Amount |
|--|---|----------|------|-------------|------------------|
| PS-4A | Additional Excavation Per Dig - 10 LF 0'-6' depth | 2.00 | EA | 1,300.00 \$ | 2,600.00 |
| PS-4B | Additional Excavation Per Dig - 10 LF 6'-8' depth | 2.00 | EA | 350.00 \$ | 700.00 |
| PS-4C | Additional Excavation Per Dig - 10 LF 8'-10' depth | 2.00 | EA | 350.00 \$ | 700.00 |
| PS-4D | Additional Excavation Per Dig - 10 LF 10'-12' depth | 2.00 | EA | 350.00 \$ | 700.00 |
| PS-4E | Additional Excavation Per Dig - 10 LF 12'-14' depth | 2.00 | EA | 350.00 \$ | 700.00 |
| PS-4F | Additional Excavation Per Dig - 10 LF 14'-16' depth | 2.00 | EA | 360.00 \$ | 720.00 |
| PS-4G | Additional Excavation Per Dig - 10 LF 16'-18' depth | 2.00 | EA | 360.00 \$ | 720.00 |
| PS-4H | Additional Excavation Per Dig - 10 LF 18' or higher depth | 2.00 | EA | 360.00 \$ | 720.00 |
| PS-4 Subtotal | | | | \$ | 7,560.00 |
| PS-5 By-Pass Pumping Set Up w / 2 pumps | | | | | |
| PS-5A | By-Pass Pumping Set Up w / 2 pumps 0 HP to 3HP | 2.00 | EA | 900.00 \$ | 1,800.00 |
| PS-5B | By-Pass Pumping Set Up w / 2 pumps 3.1 HP to 5HP | 2.00 | EA | 1,400.00 \$ | 2,800.00 |
| PS-5C | By-Pass Pumping Set Up w / 2 pumps 5.1 HP to 7.5HP | 2.00 | EA | 1,400.00 \$ | 2,800.00 |
| PS-5D | By-Pass Pumping Set Up w / 2 pumps 7.6 HP to 10HP | 2.00 | EA | 1,500.00 \$ | 3,000.00 |
| PS-5E | By-Pass Pumping Set Up w / 2 pumps 10.1 HP to 15HP | 2.00 | EA | 1,500.00 \$ | 3,000.00 |
| PS-5F | By-Pass Pumping Set Up w / 2 pumps 15.1 HP to 20HP | 2.00 | EA | 1,800.00 \$ | 3,600.00 |
| PS-5G | By-Pass Pumping Set Up w / 2 pumps 20.1 HP to 47HP | 2.00 | EA | 2,000.00 \$ | 4,000.00 |
| PS-5H | By-Pass Pumping Set Up w / 2 pumps 47.1 HP to 88 HP | 2.00 | EA | 3,000.00 \$ | 6,000.00 |
| PS-5I | By-Pass Pumping Set Up w / 2 pumps 88.1 HP and greater | 2.00 | EA | 4,000.00 \$ | 8,000.00 |
| PS-5 Subtotal | | | | \$ | 35,000.00 |
| PS-6 By-Pass Pumping Operation with 2 Pumps | | | | | |
| PS-6A | By-Pass Pumping Operation with 2 pumps 0 HP to 3HP | 2.00 | DAYS | 500.00 \$ | 1,000.00 |
| PS-6B | By-Pass Pumping Operation with 2 pumps 3.1 HP to 5HP | 2.00 | DAYS | 850.00 \$ | 1,700.00 |

Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY 2018 - FY 2021 PID NO. 000964A
 BID NO. 178-0360-CP (JJ)
 BID SUBMITTAL SHEETS (MICROSOFT EXCEL)

| Pay Item No. | Description | Quantity | Unit | UnitPrice | Amount |
|---|---|----------|------|-------------|------------------|
| PS-6C | By-Pass Pumping Operation with 2 pumps 5.1 HP to 7.5HP | 2.00 | DAYS | 875.00 \$ | 1,750.00 |
| PS-6D | By-Pass Pumping Operation with 2 pumps 7.6 HP to 10HP | 2.00 | DAYS | 900.00 \$ | 1,800.00 |
| PS-6E | By-Pass Pumping Operation with 2 pumps 10.1 HP to 15HP | 4.00 | DAYS | 900.00 \$ | 3,600.00 |
| PS-6F | By-Pass Pumping Operation with 2 pumps 15.1 HP to 20HP | 4.00 | DAYS | 1,000.00 \$ | 4,000.00 |
| PS-6G | By-Pass Pumping Operation with 2 pumps 20.1 HP to 47HP | 2.00 | DAYS | 1,050.00 \$ | 2,100.00 |
| PS-6H | By-Pass Pumping Operation with 2 pumps 47.1 HP to 88 HP | 2.00 | DAYS | 1,100.00 \$ | 2,200.00 |
| PS-6I | By-Pass Pumping Operation with 2 pumps 88.1 HP and greater | 2.00 | DAYS | 1,100.00 \$ | 2,200.00 |
| PS-6 Subtotal | | | | \$ | 20,350.00 |
| PS-7 Well Point Dewatering - Initial 12 Points | | | | | |
| PS-7A | Well Point Dewatering-Initial 12 Points 0'-6' depth | 1.00 | EA | 1,450.00 \$ | 1,450.00 |
| PS-7B | Well Point Dewatering-Initial 12 Points 6'-8' depth | 1.00 | EA | 900.00 \$ | 900.00 |
| PS-7C | Well Point Dewatering-Initial 12 Points 8'-10' depth | 1.00 | EA | 900.00 \$ | 900.00 |
| PS-7D | Well Point Dewatering-Initial 12 Points 10'-12' depth | 1.00 | EA | 900.00 \$ | 900.00 |
| PS-7E | Well Point Dewatering-Initial 12 Points 12'-14' depth | 1.00 | EA | 900.00 \$ | 900.00 |
| PS-7F | Well Point Dewatering-Initial 12 Points 14'-16' depth | 1.00 | EA | 900.00 \$ | 900.00 |
| PS-7G | Well Point Dewatering-Initial 12 Points 16'-18' depth | 1.00 | EA | 900.00 \$ | 900.00 |
| PS-7H | Well Point Dewatering-Initial 12 Points 18' or higher depth | 1.00 | EA | 900.00 \$ | 900.00 |
| PS-7 Subtotal | | | | \$ | 7,750.00 |
| PS-8 Well Point Dewatering-Additional per Well Point | | | | | |
| PS-8A | Well Point Dewatering-Additional per Well Point 0'-6' depth | 1.00 | EA | 35.00 \$ | 35.00 |
| PS-8B | Well Point Dewatering-Additional per Well Point 6'-8' depth | 1.00 | EA | 35.00 \$ | 35.00 |
| PS-8C | Well Point Dewatering-Additional per Well Point 8'-10' depth | 1.00 | EA | 35.00 \$ | 35.00 |
| PS-8D | Well Point Dewatering-Additional per Well Point 10'-12' depth | 1.00 | EA | 35.00 \$ | 35.00 |

Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY 2018 - FY 2021 PID NO. 000964A
 BID NO. 178-0360-CP (JJ)
 BID SUBMITTAL SHEETS (MICROSOFT EXCEL)

| Pay Item No. | Description | Quantity | Unit | UnitPrice | Amount |
|---|---|----------|------|-------------|------------------|
| PS-8E | Well Point Dewatering-Additional per Well Point 12'-14' depth | 1.00 | EA | 35.00 \$ | 35.00 |
| PS-8F | Well Point Dewatering-Additional per Well Point 14'-16' depth | 1.00 | EA | 35.00 \$ | 35.00 |
| PS-8G | Well Point Dewatering-Additional per Well Point 16'-18' depth | 1.00 | EA | 35.00 \$ | 35.00 |
| PS-8H | Well Point Dewatering-Additional per Well Point 18' or higher depth | 1.00 | EA | 35.00 \$ | 35.00 |
| PS-8 Subtotal | | | | \$ | 280.00 |
| PS-9 Furnish and Install Gate Valve / Resilient Wedge | | | | | |
| PS-9A | Resilient Wedge Gate Valve (4" diameter) | 3.00 | EA | 800.00 \$ | 2,400.00 |
| PS-9B | Resilient Wedge Gate Valve (6" diameter) | 3.00 | EA | 1,020.00 \$ | 3,060.00 |
| PS-9C | Resilient Wedge Gate Valve (8" diameter) | 1.00 | EA | 1,420.00 \$ | 1,420.00 |
| PS-9D | Resilient Wedge Gate Valve (10" diameter) | 1.00 | EA | 2,035.00 \$ | 2,035.00 |
| PS-9E | Resilient Wedge Gate Valve (12" diameter) | 1.00 | EA | 2,345.00 \$ | 2,345.00 |
| PS-9 Subtotal | | | | \$ | 11,260.00 |
| PS-10 Furnish and Install Check Valve / Swing Type Lever Weight | | | | | |
| PS-10A | Check Valve (4" diameter) | 2.00 | EA | 1,400.00 \$ | 2,800.00 |
| PS-10B | Check Valve (6" diameter) | 2.00 | EA | 1,600.00 \$ | 3,200.00 |
| PS-10C | Check Valve (8" diameter) | 1.00 | EA | 2,300.00 \$ | 2,300.00 |
| PS-10D | Check Valve 10" diameter | 1.00 | EA | 3,200.00 \$ | 3,200.00 |
| PS-10E | Check Valve 12" diameter | 1.00 | EA | 4,400.00 \$ | 4,400.00 |
| PS-10 Subtotal | | | | \$ | 15,900.00 |
| PS-11 Furnish and Install C-900 DR-18 PVC Pipe Replacement (Force or Gravity Main) | | | | | |
| PS-11A | C-900 DR-18 PVC Pipe (4" diameter) | 40.00 | LF | 25.00 \$ | 1,000.00 |
| PS-11B | C-900 DR-18 PVC Pipe (6" diameter) | 40.00 | LF | 35.00 \$ | 1,400.00 |
| PS-11C | C-900 DR-18 PVC Pipe (8" diameter) | 40.00 | LF | 40.00 \$ | 1,600.00 |

Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY 2018 - FY 2021 PID NO. 000964A
 BID NO. 178-0360-CP (JJ)
 BID SUBMITTAL SHEETS (MICROSOFT EXCEL)

| Pay Item No. | Description | Quantity | Unit | UnitPrice | Amount |
|--|---|----------|------|-----------|------------------|
| PS-11D | C-900 DR-18 PVC Pipe (10" diameter) | 20.00 | LF | 45.00 \$ | 900.00 |
| PS-11E | C-900 DR-18 PVC Pipe (12" diameter) | 20.00 | LF | 48.00 \$ | 960.00 |
| PS-11 Subtotal | | | | \$ | 5,860.00 |
| PS-12 Furnish and Install Ductile Iron Pipe Replacement (Flange and Coated) | | | | | |
| PS-12A | Ductile Iron Pipe Replacement (Flanged and Coated) (4" dia.) | 100.00 | LF | 195.00 \$ | 19,500.00 |
| PS-12B | Ductile Iron Pipe Replacement (Flanged and Coated) (6" dia.) | 100.00 | LF | 212.00 \$ | 21,200.00 |
| PS-12C | Ductile Iron Pipe Replacement (Flanged and Coated) (8" dia.) | 30.00 | LF | 295.00 \$ | 8,850.00 |
| PS-12D | Ductile Iron Pipe Replacement (Flanged and Coated) (10" dia.) | 20.00 | LF | 340.00 \$ | 6,800.00 |
| PS-12E | Ductile Iron Pipe Replacement (Flanged and Coated) (12" dia.) | 20.00 | LF | 375.00 \$ | 7,500.00 |
| PS-12 Subtotal | | | | \$ | 63,850.00 |
| PS-13 Furnish and Install Stainless Steel (316-Sch. 40) Pipe | | | | | |
| PS-13A | Stainless Steel (316-Sch. 40) Pipe (4" dia.) | 200.00 | LF | 125.00 \$ | 25,000.00 |
| PS-13B | Stainless Steel (316-Sch. 40) Pipe (6" dia.) | 200.00 | LF | 145.00 \$ | 29,000.00 |
| PS-13C | Stainless Steel (316-Sch. 40) Pipe (8" dia.) | 30.00 | LF | 200.00 \$ | 6,000.00 |
| PS-13D | Stainless Steel (316-Sch. 40) (Pipe 10" dia.) | 20.00 | LF | 210.00 \$ | 4,200.00 |
| PS-13E | Stainless Steel (316-Sch. 40) Pipe (12" dia.) | 20.00 | LF | 230.00 \$ | 4,600.00 |
| PS-13 Subtotal | | | | \$ | 68,800.00 |
| PS-14 Furnish and Install Stainless Steel (316) Pipe Flanges | | | | | |
| PS-14A | Stainless Steel (316) Pipe Flanges (4" pipe flange) | 60.00 | EA | 200.00 \$ | 12,000.00 |
| PS-14B | Stainless Steel (316) Pipe Flanges (6" pipe flange) | 40.00 | EA | 240.00 \$ | 9,600.00 |
| PS-14C | Stainless Steel (316) Pipe Flanges (8" pipe flange) | 30.00 | EA | 350.00 \$ | 10,500.00 |
| PS-14D | Stainless Steel (316) Pipe Flanges (10" pipe flange) | 20.00 | EA | 400.00 \$ | 8,000.00 |
| PS-14E | Stainless Steel (316) Pipe Flanges (12" pipe flange) | 20.00 | EA | 475.00 \$ | 9,500.00 |

Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY 2018 - FY 2021 PID NO. 000964A
 BID NO. 178-0360-CP (JJ)
 BID SUBMITTAL SHEETS (MICROSOFT EXCEL)

| Pay Item No. | Description | Quantity | Unit | Unit Price | Amount |
|---|---|----------|------|-------------|------------------|
| PS-14 Subtotal | | | | | |
| PS-15 | Furnish and Install Ductile Iron Fittings and Restraints | 5,000.00 | LBS | 10.00 \$ | 49,600.00 |
| PS-16 | Furnish and Install Stainless Steel Fittings and Restraints | 2,000.00 | LBS | 16.00 \$ | 50,000.00 |
| PS-17 | Furnish and Install Stainless Steel Pressure Gauge Connections | 10.00 | EA | 675.00 \$ | 32,000.00 |
| PS-15 THROUGH PS-17 Subtotal | | | | | 6,750.00 |
| PS-18 Furnish and Install Stainless Steel (304) Pipe Saddle Supports | | | | | 88,750.00 |
| PS-18A | Stainless Steel (304) Pipe Saddle Supports (4" diameter) | 2.00 | EA | 300.00 \$ | |
| PS-18B | Stainless Steel (304) Pipe Saddle Supports (6" diameter) | 2.00 | EA | 300.00 \$ | 600.00 |
| PS-18C | Stainless Steel (304) Pipe Saddle Supports (8" diameter) | 2.00 | EA | 310.00 \$ | 600.00 |
| PS-18D | Stainless Steel (304) Pipe Saddle Supports (10" diameter) | 2.00 | EA | 315.00 \$ | 620.00 |
| PS-18E | Stainless Steel (304) Pipe Saddle Supports (12" diameter) | 2.00 | EA | 315.00 \$ | 630.00 |
| PS-18 Subtotal | | | | | 630.00 |
| PS-19 Furnish and Install Bollards (per Detail) | | | | | 3,080.00 |
| PS-20 | Furnish and Install Wet Well - Concrete | 4.00 | EA | 325.00 \$ | 1,300.00 |
| PS-21 | Furnish and Install Wet Well - Fiberglass | 50.00 | CY | 500.00 \$ | 25,000.00 |
| PS-22 | Furnish and Install Manhole with Frame and Cover less than 12 Feet deep | 300.00 | SF | 65.00 \$ | 19,500.00 |
| PS-23 | Furnish and Install Manhole with Frame and Cover greater than 12 Feet deep | 24.00 | VF | 425.00 \$ | 10,200.00 |
| PS-24 | Furnish and Install Wet Well Top Slab, Access Frame and Door (HS-20 Rated) | 24.00 | VF | 440.00 \$ | 10,560.00 |
| PS-25 | Furnish and Install Wet Well Top Slab Access Frame and Door (300 PSF Rated) | 100.00 | SF | 138.00 \$ | 13,800.00 |
| PS-19 THROUGH PS-25 Subtotal | | | | | 18,500.00 |
| PS-26 Furnish and Install Valve Vault - Duplex | | | | | 98,860.00 |
| PS-26A | Valve Vault (Duplex) (6' x 6') | | | | |
| PS-26B | Valve Vault (Duplex) (7' x 7') | 2.00 | EA | 3,800.00 \$ | 7,600.00 |
| | | 2.00 | EA | 5,500.00 \$ | 11,000.00 |

Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY 2018 - FY 2021 PID NO. 000964A
 BID NO. 178-0360-CP (JJ)
 BID SUBMITTAL SHEETS (MICROSOFT EXCEL)

| Pay Item No. | Description | Quantity | Unit | UnitPrice | Amount |
|---|---|----------|------|-----------|------------------|
| PS-26C | Valve Vault (Duplex) (7'-6" x 8') | 2.00 | EA | 5,700.00 | \$ 11,400.00 |
| PS-26D | Valve Vault (Duplex) (8'-6" x 9') | 2.00 | EA | 6,200.00 | \$ 12,400.00 |
| PS-26E | Valve Vault (Duplex) (9' x 10') | 2.00 | EA | 7,500.00 | \$ 15,000.00 |
| PS-26 Subtotal | | | | \$ | 57,400.00 |
| PS-27 Furnish and Install Valve Vault - Triplex | | | | | |
| PS-27A | Valve Vault (Triplex) (6' x 7') | 2.00 | EA | 4,000.00 | \$ 8,000.00 |
| PS-27B | Valve Vault (Triplex) (7' x 8') | 2.00 | EA | 5,300.00 | \$ 10,600.00 |
| PS-27C | Valve Vault (Triplex) (7'-6" x 10') | 2.00 | EA | 6,000.00 | \$ 12,000.00 |
| PS-27D | Valve Vault (Triplex) (8'-6" x 11') | 2.00 | EA | 7,500.00 | \$ 15,000.00 |
| PS-27E | Valve Vault (Triplex) (9' x 12') | 2.00 | EA | 13,000.00 | \$ 26,000.00 |
| PS-27 Subtotal | | | | \$ | 71,600.00 |
| PS-28 Furnish and Install Valve Vault Top Slab, Access Frame and Door (HS-20 Rated) (Duplex) | | | | | |
| PS-29 Furnish and Install Valve Vault Top Slab, Access Frame and Door (HS-20 Rated) (Triplex) | | 50.00 | SF | 190.00 | \$ 9,500.00 |
| PS-30 Furnish and Install Valve Vault Top Slab and Access Frame and Door (300 PSF Rated) (Duplex) | | 50.00 | SF | 195.00 | \$ 9,750.00 |
| PS-31 Furnish and Install Valve Vault Top Slab and Access Frame and Door (300 PSF Rated) (Triplex) | | 50.00 | SF | 182.00 | \$ 9,100.00 |
| PS-28 THROUGH PS-31 Subtotal | | | | \$ | 37,600.00 |
| PS-32 Furnish and Install Inside PVC Drop Connection to Wet Well | | | | | |
| PS-32A | Inside PVC Drop Connection to Wet Well (4") | 6.00 | VF | 180.00 | \$ 1,080.00 |
| PS-32B | Inside PVC Drop Connection to Wet Well (6") | 10.00 | VF | 200.00 | \$ 2,000.00 |
| PS-32C | Inside PVC Drop Connection to Wet Well (8") | 6.00 | VF | 225.00 | \$ 1,350.00 |
| PS-32D | Inside PVC Drop Connection to Wet Well (10") | 6.00 | VF | 250.00 | \$ 1,500.00 |
| PS-32E | Inside PVC Drop Connection to Wet Well (12") | 6.00 | VF | 260.00 | \$ 1,560.00 |
| PS-32F | Inside PVC Drop Connection to Wet Well (Over 12") | 6.00 | VF | 275.00 | \$ 1,650.00 |

Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY 2018 - FY 2021 PID NO. 000964A
 BID NO. 178-0360-CP (JJ)
 BID SUBMITTAL SHEETS (MICROSOFT EXCEL)

| Pay Item No. | Description | Quantity | Unit | UnitPrice | Amount |
|--------------|--|----------|------|-----------|--------------|
| | PS-32 Subtotal | | | | |
| PS-33 | Furnish and Install Fiberglass Liner with Top and Grout | 500.00 | SF | 69.00 | \$ 9,140.00 |
| PS-34 | Install Polymorphic Resin (I.E.T.) Liner System | 500.00 | SF | 26.00 | \$ 13,000.00 |
| PS-35 | Install 100% Calcium Aluminate (Sewer Coat™) Lining System | 500.00 | SF | 23.00 | \$ 11,500.00 |
| PS-36 | Install SpectraShield™ Lining System | 500.00 | SF | 23.00 | \$ 11,500.00 |
| PS-37 | Install Urethane/Epoxy, Polyurea (Green Monster™) Lining System | 500.00 | SF | 31.00 | \$ 15,500.00 |
| PS-38 | Furnish and Install Wet Well Draw Tube | 100.00 | VF | 75.00 | \$ 7,500.00 |
| PS-39 | Furnish, Install and Remove Temporary Sheet piling | 500.00 | SF | 20.00 | \$ 10,000.00 |
| PS-40 | Furnish and Install Permanent Sheet piling | 200.00 | SF | 35.00 | \$ 7,000.00 |
| PS-41 | Pavement Base & Base Restoration (6" Crushed Concrete) | 100.00 | SY | 15.00 | \$ 1,500.00 |
| PS-42 | Asphalt Pavement Base & Base Restoration (4" Asphalt Base) | 100.00 | SY | 38.00 | \$ 3,800.00 |
| PS-43 | Asphalt Surface Pavement 1" PC-3 ACSC | 100.00 | SY | 17.00 | \$ 1,700.00 |
| PS-44 | Flowable Fill | 6.00 | CY | 125.00 | \$ 750.00 |
| PS-45 | Shell Driveway Base, 6" Thick | 20.00 | SY | 45.00 | \$ 900.00 |
| PS-46 | Furnish and Install Structural Concrete (4000 psi) | 20.00 | CY | 900.00 | \$ 18,000.00 |
| PS-47 | Remove/Reconstruct Concrete Driveways/Control Panel Slabs: All 6 inches thick around wet wells | 150.00 | SY | 285.00 | \$ 42,750.00 |
| PS-48 | Pea Gravel Driveway | 4.00 | CY | 300.00 | \$ 1,200.00 |
| PS-49 | Remove/Reconstruct Concrete Sidewalks | 10.00 | CY | 450.00 | \$ 4,500.00 |
| PS-50 | Remove/Reconstruct Concrete Curb and Gutters | 150.00 | LF | 26.00 | \$ 3,900.00 |
| PS-51 | Grass Restoration by Seeding | 4.00 | SY | 3.00 | \$ 12.00 |
| PS-52 | Grass Restoration by Sodding | 250.00 | SY | 7.00 | \$ 1,750.00 |
| PS-53 | Special Refill Materials - Crushed Stone | 50.00 | CY | 38.00 | \$ 1,900.00 |

Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY 2018 - FY 2021 PID NO. 000964A
 BID NO. 178-0360-CP (JJ)
 BID SUBMITTAL SHEETS (MICROSOFT EXCEL)

| Pay Item No. | Description | Quantity | Unit | UnitPrice | Amount |
|--|--|----------|------|--------------|-------------------|
| PS-54 Special Backfill Materials - Sand | | 20.00 | CY | 30.00 \$ | 600.00 |
| | PS-33 THROUGH PS-54 Subtotal | | | \$ | 193,762.00 |
| PS-55 Remove and Replace Concrete for Wall Penetrations | | | | | |
| PS-55A | Remove and Replace Concrete for Wall Penetrations 2" Diameter or less Hole | 40.00 | EA | 315.00 \$ | 12,600.00 |
| PS-55B | Remove and Replace Concrete for Wall Penetrations 4" Diameter Hole | 20.00 | EA | 375.00 \$ | 7,500.00 |
| PS-55C | Remove and Replace Concrete for Wall Penetrations 6" Diameter Hole | 20.00 | EA | 525.00 \$ | 10,500.00 |
| PS-55D | Remove and Replace Concrete for Wall Penetrations 8" Diameter Hole | 20.00 | EA | 650.00 \$ | 13,000.00 |
| PS-55E | Remove and Replace Concrete for Wall Penetrations 10" Diameter Hole | 20.00 | EA | 670.00 \$ | 13,400.00 |
| PS-55F | Remove and Replace Concrete for Wall Penetrations Greater than 10" Hole | 20.00 | EA | 680.00 \$ | 13,600.00 |
| | PS-55 Subtotal | | | \$ | 70,600.00 |
| PS-56 Furnish and Install Control Panel 230 Volts/3 Phase | | | | | |
| PS-56AA | Furnish and Install Control Panel 230 Volts/3 Phase 1.0 - 3 HP Contact Motor Starter | 1.00 | EA | 28,000.00 \$ | 28,000.00 |
| PS-56AB | Furnish and Install Control Panel 230 Volts/3 Phase 1.0 - 3 HP VFD Option for 1 Phase to 3 Phase Conversion/cross line bypass option | 1.00 | EA | 42,000.00 \$ | 42,000.00 |
| PS-56BA | Furnish and Install Control Panel 230 Volts/3 Phase 3.5 - 5 HP Contact Motor Starter | 1.00 | EA | 36,000.00 \$ | 36,000.00 |
| PS-56BB | Furnish and Install Control Panel 230 Volts/3 Phase 3.5 - 5 HP VFD Option for 1 Phase to 3 Phase Conversion/cross line bypass option | 1.00 | EA | 42,000.00 \$ | 42,000.00 |
| PS-56C | Furnish and Install Control Panel 230 Volts/3 Phase 5.5 - 7.5 HP | 1.00 | EA | 34,000.00 \$ | 34,000.00 |
| PS-56D | Furnish and Install Control Panel 230 Volts/3 Phase 8.0 - 10 HP | 1.00 | EA | 35,500.00 \$ | 35,500.00 |
| PS-56E | Furnish and Install Control Panel 230 Volts/3 Phase 10.5 - 15.0 HP | 1.00 | EA | 38,000.00 \$ | 38,000.00 |
| PS-56FA | Furnish and Install Control Panel 230 Volts/3 Phase 15.5 -23.0 HP VFD Option/cross line bypass option | 1.00 | EA | 83,500.00 \$ | 83,500.00 |

Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY 2018 - FY 2021 PID NO. 000964A
 BID NO. 178-0360-CP (JJ)
 BID SUBMITTAL SHEETS (MICROSOFT EXCEL)

| Pay Item No. | Description | Quantity | Unit | UnitPrice | Amount |
|--------------|---|----------|------|--------------|------------|
| PS-56FB | Furnish and Install Control Panel 230 Volts/3 Phase 15.5 - 23.0 HP Soft Start Option/cross line bypass option | 2.00 | EA | 62,000.00 \$ | 124,000.00 |
| PS-56GA | Furnish and Install Control Panel 230 Volts/3 Phase 23.5 - 25.0 HP VFD Option/cross line bypass option | 2.00 | EA | 70,000.00 \$ | 140,000.00 |
| PS-56GB | Furnish and Install Control Panel 230 Volts/3 Phase 23.5 - 25.0 HP Soft Start Option/cross line bypass option | 2.00 | EA | 51,000.00 \$ | 102,000.00 |
| PS-56HA | Furnish and Install Control Panel 230 Volts/3 Phase 25.5 - 30.0 HP VFD Option/cross line bypass option | 2.00 | EA | 78,500.00 \$ | 157,000.00 |
| PS-56HB | Furnish and Install Control Panel 230 Volts/3 Phase 25.5 - 30.0 HP Soft Start Option/cross line bypass option | 2.00 | EA | 57,500.00 \$ | 115,000.00 |
| PS-56IA | Furnish and Install Control Panel 230 Volts/3 Phase 30.5 - 40.0 HP VFD Option/cross line bypass option | 2.00 | EA | 92,000.00 \$ | 184,000.00 |
| PS-56IB | Furnish and Install Control Panel 230 Volts/3 Phase 30.5 - 40.0 HP Soft Start Option/cross line bypass option | 2.00 | EA | 67,500.00 \$ | 135,000.00 |
| PS-56JA | Furnish and Install Control Panel 230 Volts/3 Phase 40.5 - 50.0 HP VFD Option/cross line bypass option | 2.00 | EA | 97,000.00 \$ | 194,000.00 |
| PS-56JB | Furnish and Install Control Panel 230 Volts/3 Phase 40.5 - 50.0 HP Soft Start Option/cross line bypass option | 2.00 | EA | 68,000.00 \$ | 136,000.00 |
| PS-56K | Furnish and Install Control Panel 460 Volts/3 Phase 1.0 - 3 HP | 1.00 | EA | 35,000.00 \$ | 35,000.00 |
| PS-56L | Furnish and Install Control Panel 460 Volts/3 Phase 3.5 - 5 HP | 1.00 | EA | 35,000.00 \$ | 35,000.00 |
| PS-56M | Furnish and Install Control Panel 460 Volts/3 Phase 5.5 - 7.5 HP | 1.00 | EA | 36,000.00 \$ | 36,000.00 |
| PS-56N | Furnish and Install Control Panel 460 Volts/3 Phase 8.0 - 10 HP | 1.00 | EA | 36,000.00 \$ | 36,000.00 |
| PS-56O | Furnish and Install Control Panel 460 Volts/3 Phase 10.5 - 15.0 HP | 1.00 | EA | 36,000.00 \$ | 36,000.00 |
| PS-56PA | Furnish and Install Control Panel 460 Volts/3 Phase 15.5 - 20.0 HP VFD Option/cross line bypass option | 1.00 | EA | 81,000.00 \$ | 81,000.00 |

Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY 2018 - FY 2021 PID NO. 000964A
 BID NO. 178-0360-CP (JJ)
 BID SUBMITTAL SHEETS (MICROSOFT EXCEL)

| Pay Item No. | Description | Quantity | Unit | UnitPrice | Amount |
|---|--|----------|------|---------------|---------------------|
| PS-56PB | Furnish and Install Control Panel 460 Volts/3 Phase 15.5 -20.0 HP Soft Start Option/cross line bypass option | 1.00 | EA | 53,000.00 \$ | 53,000.00 |
| PS-56QA | Furnish and Install Control Panel 460 Volts/3 Phase 20.5 -25.0 HP VFD Option/cross line bypass option | 1.00 | EA | 80,000.00 \$ | 80,000.00 |
| PS-56QB | Furnish and Install Control Panel 460 Volts/3 Phase 20.5 -25.0 HP Soft Start Option/cross line bypass option | 1.00 | EA | 53,000.00 \$ | 53,000.00 |
| PS-56RA | Furnish and Install Control Panel 460 Volts/3 Phase 25.5 -30.0 HP Panel VFD Option/cross line bypass option | 1.00 | EA | 82,000.00 \$ | 82,000.00 |
| PS-56RB | Furnish and Install Control Panel 460 Volts/3 Phase 25.5 -30.0 HP Panel Soft Start Option/cross line bypass option | 1.00 | EA | 55,000.00 \$ | 55,000.00 |
| PS-56S | Furnish and Install Control Panel 460 Volts/3 Phase 30.5 -40.0 HP Panel - VFD/cross line bypass option | 1.00 | EA | 90,000.00 \$ | 90,000.00 |
| PS-56T | Furnish and Install Control Panel 460 Volts/3 Phase 50.0 HP Panel - VFD/cross line bypass option | 1.00 | EA | 93,000.00 \$ | 93,000.00 |
| PS-56U | Furnish and Install Control Panel 460 Volts/3 Phase 60.0 HP Panel - VFD/cross line bypass option | 1.00 | EA | 103,000.00 \$ | 103,000.00 |
| PS-56V | Furnish and Install Control Panel 460 Volts/3 Phase 75.0 HP Panel - VFD/cross line bypass option | 1.00 | EA | 120,000.00 \$ | 120,000.00 |
| PS-56W | Furnish and Install Control Panel 460 Volts/3 Phase 90.0 HP Panel - VFD/cross line bypass option | 1.00 | EA | 130,000.00 \$ | 130,000.00 |
| PS-56X | Furnish and Install Control Panel 460 Volts/3 Phase 51.0 - 60.0 HP Panel - VFD - Triplex /cross line bypass option | 1.00 | EA | 135,000.00 \$ | 135,000.00 |
| PS-56 Subtotal | | | | \$ | 2,879,000.00 |
| PS-57 Furnish and Install Wet Well Mixer | | | | | |
| PS-57A | Furnish and Install Wet Well Mixer ITT Flygt 2.3HP mixer model #SR4620 | 1.00 | EA | 17,000.00 \$ | 17,000.00 |
| PS-57B | Furnish and Install Wet Well Mixer ABS 2 HP mixer model #RW2022 | 1.00 | EA | 13,000.00 \$ | 13,000.00 |
| PS-57 Subtotal | | | | \$ | 30,000.00 |
| PS-58 Furnish and Install Level Sensors | | | | | |

Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY 2018 - FY 2021 PID NO. 000964A
 BID NO. 178-0360-CP (JJ)
 BID SUBMITTAL SHEETS (MICROSOFT EXCEL)

| Pay Item No. | Description | Quantity | Unit | UnitPrice | Amount |
|-------------------------------------|---|----------|------|-----------|-------------------|
| PS-58A | Furnish and Install Level Sensors Greyline | 5.00 | EA | 5,800.00 | \$ 29,000.00 |
| PS-58B | Furnish and Install Level Sensors Bubbler | 5.00 | EA | 10,000.00 | \$ 50,000.00 |
| PS-58C | Furnish and Install Level Sensors HydroRanger/XPS-15 | 5.00 | EA | 6,400.00 | \$ 32,000.00 |
| PS-58 Subtotal | | | | \$ | 111,000.00 |
| PS-59 | Furnish and Install Floats | 10.00 | SET | 1,660.00 | \$ 16,600.00 |
| PS-60 | SCADA/RTU Panel Relocation | 4.00 | EA | 6,000.00 | \$ 24,000.00 |
| PS-61 | Furnish and Install New Motorola ACE with Cellular SCADA/RTU Panel | 2.00 | EA | 14,000.00 | \$ 28,000.00 |
| PS-59 THROUGH PS-61 Subtotal | | | | \$ | 68,600.00 |
| PS-62 | Furnish and Install New Submersible Pumps 3 HP Pump or less CP or N series/HC Impeller Option | | | | |
| PS-62A | New Submersible Pumps 3 HP Pump or less CP or N series/HC impeller option | 2.00 | EA | 5,800.00 | \$ 11,600.00 |
| PS-62B | New Submersible Pumps 3.5 - 5 HP Pump CP or N series/HC impeller option | 2.00 | EA | 8,400.00 | \$ 16,800.00 |
| PS-62C | New Submersible Pumps 5.5 - 7.5 HP Pump CP or N series/HC impeller option | 2.00 | EA | 10,000.00 | \$ 20,000.00 |
| PS-62D | New Submersible Pumps 7.5 - 10 HP Pump CP or N series/HC impeller option | 2.00 | EA | 11,700.00 | \$ 23,400.00 |
| PS-62E | New Submersible Pumps 10.5 - 12 HP Pump CP or N series/HC impeller option | 2.00 | EA | 15,000.00 | \$ 30,000.00 |
| PS-62F | New Submersible Pumps 12.5 - 15 HP Pump CP or N series/HC impeller option | 3.00 | EA | 17,500.00 | \$ 52,500.00 |
| PS-62G | New Submersible Pumps 15.5 - 23 HP Pump CP or N series/HC impeller option | 3.00 | EA | 21,000.00 | \$ 63,000.00 |
| PS-62H | New Submersible Pumps 23.5 - 25 HP Pump CP or N series/HC impeller option | 2.00 | EA | 22,000.00 | \$ 44,000.00 |
| PS-62I | New Submersible Pumps 25.5 - 30 HP Pump CP or N series/HC impeller option | 2.00 | EA | 26,000.00 | \$ 52,000.00 |
| PS-62J | New Submersible Pumps 30.5 - 35 HP Pump CP or N series/HC impeller option | 2.00 | EA | 27,000.00 | \$ 54,000.00 |
| PS-62K | New Submersible Pumps 35.5 - 40 HP Pump CP or N series/HC impeller option | 2.00 | EA | 34,500.00 | \$ 69,000.00 |
| PS-62L | New Submersible Pumps 40.5 - 47 HP Pump CP or N series/HC impeller option | 2.00 | EA | 36,500.00 | \$ 73,000.00 |
| PS-62M | New Submersible Pumps 47.5 - 50 HP Pump CP or N series/HC impeller option | 2.00 | EA | 37,000.00 | \$ 74,000.00 |
| PS-62N | New Submersible Pumps 50.5 - 60 HP Pump CP or N series/HC impeller option | 2.00 | EA | 40,000.00 | \$ 80,000.00 |

Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY 2018 - FY 2021 PID NO. 000964A
 BID NO. 178-0360-CP (JJ)
 BID SUBMITTAL SHEETS (MICROSOFT EXCEL)

| Pay Item No. | Description | Quantity | Unit | UnitPrice | Amount |
|-------------------------------------|---|----------|------|-----------|----------------------|
| PS-62O | New Submersible Pumps 60.5 - 75 HP Pump CP or N series/HC impeller option | 2.00 | EA | 44,000.00 | \$ 88,000.00 |
| PS-62P | New Submersible Pumps 75.5 - 90 HP Pump CP or N series/HC impeller option | 2.00 | EA | 63,000.00 | \$ 126,000.00 |
| PS-62 Subtotal | | | | | \$ 877,300.00 |
| PS-63 | Furnish and Install Mix Flush Valve 3 - 23 HP | 1.00 | EA | 3,700.00 | \$ 3,700.00 |
| PS-64 | Pump Preventive Maintenance Testing | 2.00 | EA | 750.00 | \$ 1,500.00 |
| PS-65 | Furnish and Install Area Lighting on 10 Foot Pole | 10.00 | EA | 3,400.00 | \$ 34,000.00 |
| PS-66 | Furnish and Install Area Lighting on Gooseneck | 4.00 | EA | 350.00 | \$ 1,400.00 |
| PS-67 | Furnish and Install Short Pole Area Lighting | 5.00 | EA | 2,000.00 | \$ 10,000.00 |
| PS-68 | Generator Electrical Work & Start-up | 1.00 | EA | 13,150.00 | \$ 13,150.00 |
| PS-63 THROUGH PS-68 Subtotal | | | | | \$ 63,750.00 |
| PS-69 | Furnish and Install Pump Discharge Connection | | | | |
| PS-69A | Pump Discharge Connection (4") | 1.00 | EA | 1,725.00 | \$ 1,725.00 |
| PS-69B | Pump Discharge Connection (6") | 1.00 | EA | 2,720.00 | \$ 2,720.00 |
| PS-69C | Pump Discharge Connection (8") | 1.00 | EA | 4,900.00 | \$ 4,900.00 |
| PS-69D | Pump Discharge Connection (10") | 1.00 | EA | 5,000.00 | \$ 5,000.00 |
| PS-69E | Pump Discharge Connection (12") | 1.00 | EA | 8,000.00 | \$ 8,000.00 |
| PS-69 Subtotal | | | | | \$ 22,345.00 |
| PS-70 | New Replacement S.S Pump Guide Rails - 2 inch | 100.00 | LF | 37.00 | \$ 3,700.00 |
| PS-71 | New Replacement S.S Pump Guide Rails - 3 Inch | 25.00 | LF | 45.00 | \$ 1,125.00 |
| PS-70 THROUGH PS-71 Subtotal | | | | | \$ 4,825.00 |
| PS-72 | New Replacement S.S Guide Rail Brackets | | | | |
| PS-72A | New Replacement S.S Guide Rail Brackets (2 In. Upper Guide Rail Bracket) | 5.00 | EA | 270.00 | \$ 1,350.00 |
| PS-72B | New Replacement S.S Guide Rail Brackets (2 In. Intermediate Bracket) | 4.00 | EA | 350.00 | \$ 1,400.00 |

Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY 2018 - FY 2021 PID NO. 000964A
 BID NO. 178-0360-CP (JJ)
 BID SUBMITTAL SHEETS (MICROSOFT EXCEL)

| Pay Item No. | Description | Quantity | Unit | UnitPrice | Amount |
|-------------------------------------|---|-----------|------|-------------|-------------------|
| PS-72C | New Replacement S.S Guide Rail Brackets (3 In. Upper Guide Rail Bracket) | 4.00 | EA | 250.00 \$ | 1,000.00 |
| PS-72D | New Replacement S.S Guide Rail Brackets (3 In. Intermediate Bracket) | 2.00 | EA | 375.00 \$ | 750.00 |
| PS-72 Subtotal | | | | \$ | 4,500.00 |
| PS-73 | Furnish and Install PVC "P" Trap in Wet Well - 4 inch | 5.00 | EA | 300.00 \$ | 1,500.00 |
| PS-74 | Furnish and Install PVC Vent in Wet Well | 4.00 | EA | 800.00 \$ | 3,200.00 |
| PS-75 | Remove PVC "P" Traps in Wet Well and Replace with Flanged All-Rubber Duck Bill Type Check Valve | 4.00 | EA | 500.00 \$ | 2,000.00 |
| PS-73 THROUGH PS-75 | | | | \$ | 6,700.00 |
| PS-76 | Furnish and Install Cam-Lok Coupling Adapter & Dust Cap | | | | |
| PS-76A | Cam-Lok Coupling Adapter & Dust Cap (4" S.S. male IPS X male Cam-Lok & Female Dust Cap) | 8.00 | EA | 600.00 \$ | 4,800.00 |
| PS-76B | Cam-Lok Coupling Adapter & Dust Cap (6" S.S. male IPS X male Cam-Lok & Female Dust Cap) | 4.00 | EA | 950.00 \$ | 3,800.00 |
| PS-76C | Cam-Lok Coupling Adapter & Dust Cap (8" S.S. male IPS X male Cam-Lok & Female Dust Cap) | 2.00 | EA | 1,300.00 \$ | 2,600.00 |
| PS-76 Subtotal | | | | \$ | 11,200.00 |
| PS-77 | Furnish and Install Exterior Pump Out Connection Enclosure | 5.00 | EA | 3,700.00 \$ | 18,500.00 |
| PS-78 | Relocate Existing Potable Water Service | 4.00 | EA | 900.00 \$ | 3,600.00 |
| PS-79 | Clean and Paint Valve Vault Concrete and Piping | 1.00 | EA | 2,000.00 \$ | 2,000.00 |
| PS-80 | Clean and Paint Valve Vault Concrete | 2.00 | EA | 1,000.00 \$ | 2,000.00 |
| PS-81 | Clean Existing Wet Well and Dispose of Waste | 19.00 | EA | 2,800.00 \$ | 53,200.00 |
| PS-82 | Wet Wall Fillet Concrete | 50.00 | CF | 30.00 \$ | 1,500.00 |
| PS-83 | Ballast Concrete | 24.00 | CY | 120.00 \$ | 2,880.00 |
| PS-85 | Maintenance of Traffic | 25,000.00 | UNIT | 1.00 \$ | 25,000.00 |
| PS-77 THROUGH PS-85 Subtotal | | | | \$ | 108,680.00 |

Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY 2018 - FY 2021 PID NO. 000964A
 BID NO. 178-0360-CP (JJ)
 BID SUBMITTAL SHEETS (MICROSOFT EXCEL)

| Pay Item No. | Description | Quantity | Unit | Unit Price | Amount |
|-------------------------------------|---|----------|------|-------------|------------------|
| PS-86-94 Labor Rates | | | | | |
| PS-86 | Labor Rates Foreman | 99.00 | HR | 85.00 \$ | 8,415.00 |
| PS-87 | Labor Rates Skilled | 100.00 | HR | 65.00 \$ | 6,500.00 |
| PS-88 | Labor Rates Welder with Equipment & Materials | 6.00 | DAY | 1,200.00 \$ | 7,200.00 |
| PS-89 | Labor Rates Un-Skilled | 100.00 | HR | 45.00 \$ | 4,500.00 |
| PS-90 | Labor Rates Electrician | 100.00 | HR | 72.00 \$ | 7,200.00 |
| PS-91 | Labor Rates Electrician Helper | 100.00 | HR | 55.00 \$ | 5,500.00 |
| PS-92 | Labor Rates Backhoe Operator | 50.00 | HR | 51.00 \$ | 2,550.00 |
| PS-93 | Labor Rates Crane Truck Operator | 50.00 | HR | 51.00 \$ | 2,550.00 |
| PS-94 | Labor Rates Dump Truck Driver | 50.00 | HR | 51.00 \$ | 2,550.00 |
| PS-86 THROUGH PS-94 Subtotal | | | | \$ | 46,965.00 |
| PS-95-107 Equipment Rental | | | | | |
| PS-95 | Equipment Rental Backhoe (1.0 Cubic Yard Bucket) | 20.00 | DAY | 400.00 \$ | 8,000.00 |
| PS-96 | Equipment Rental Dump Truck (5 Cubic Yards) | 20.00 | DAY | 350.00 \$ | 7,000.00 |
| PS-97 | Equipment Rental Trencher (40 HP) | 8.00 | DAY | 300.00 \$ | 2,400.00 |
| PS-98 | Equipment Rental Generator (10 KW) | 6.00 | DAY | 200.00 \$ | 1,200.00 |
| PS-99 | Equipment Rental Equipment Truck (1 Ton FB) | 6.00 | DAY | 125.00 \$ | 750.00 |
| PS-100 | Equipment Rental Trash Pump - 3" | 6.00 | DAY | 45.00 \$ | 270.00 |
| PS-101 | Equipment Rental Diesel Pump - 6" | 10.00 | DAY | 125.00 \$ | 1,250.00 |
| PS-102 | Equipment Rental Vacuum Truck - 3000 gallon (Standby) | 8.00 | HR | 90.00 \$ | 720.00 |
| PS-103 | Equipment Rental Vacuum Truck - 3000 gallon (In Use) | 8.00 | HR | 110.00 \$ | 880.00 |
| PS-104 | Equipment Rental Vacuum Truck - 5000 gallon (Standby) | 8.00 | HR | 200.00 \$ | 1,600.00 |
| PS-105 | Equipment Rental Vacuum Truck - 5000 gallon (In Use) | 8.00 | HR | 215.00 \$ | 1,720.00 |

Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY 2018 - FY 2021 PID NO. 000964A
 BID NO. 178-0360-CP (JJ)
 BID SUBMITTAL SHEETS (MICROSOFT EXCEL)

| Pay Item No. | Description | Quantity | Unit | Unit Price | Amount |
|--|---|------------------|------|------------|---------------------|
| PS-106 | Equipment Rental Light Tower with Generator | 8.00 | DAY | 100.00 \$ | 800.00 |
| PS-107 | Equipment Rental Crane Truck (25 Ton or less) | 6.00 | DAY | 500.00 \$ | 3,000.00 |
| PS-95 THROUGH PS-107 Subtotal | | | | \$ | 29,590.00 |
| | | Base Bid | | \$ | 5,322,777.00 |
| 999-0000 | Unspecified Work (Allowance) | 400,000.00 | EA | 1.00 \$ | 400,000.00 |
| *Add Base Bid + Unspecified Work for Total Bid* | | Total Bid | | \$ | 5,722,777.00 |

SECTION E – BID SUBMITTAL FORM

W9

Substitute
Form**W-9****Request for Taxpayer
Identification Number and Certification**Give form to the
requester. Do not
send to the IRS.Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

TLC Diversified, Inc.

Business name, if different from above

Check appropriate box: ☐ Individual/sole proprietor ☒ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

2719 17th Street East

Requester's name and address (optional)

City, state, and ZIP code

Palmetto, FL 34221

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

59 : 2513308

Part II Certification

Under penalties of perjury, I certify that:

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

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 on page 4.

Sign
HereSignature of
U.S. person ▶

Dalas Lamberson/Vice President

Date ▶ June 01, 2018

*Instructions to Form W-9 available upon request.

Detach on the perforation

Section 119.071(5), Florida Statutes Notice:

Your Tax Identification Number (which for individuals is your social security number) is collected on Form W9 for use in filing information returns with the IRS as described more fully below. Collection of the tax identification number (or social security number as applicable) is mandatory pursuant to Section 6109 of the Internal Revenue Code (26 U.S.C. § 6109).

Privacy Act Notice:

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

SECTION E – BID SUBMITTAL FORM

ELECTRONIC PAYMENT (EPAYABLES):

The Board of County Commissioners (County) is offering faster payments. The County would prefer to make payment using credit card.

Would your company accept to participate in the ePayables credit card program?

Yes ☐

No ☒

For more information about ePayables credit card program please visit Purchasing Department website www.pinellascounty.org/purchase.

Company Name TLC Diversified, inc.

Signature 

Printed Signature Dalas Lamberson/Vice President

SECTION E – BID SUBMITTAL FORM

BID SUBMITTAL OFFICERS FORM

BID TITLE: Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY2018-FY2021 (PID No. 000964A)

BID NUMBER: 178-0360-CP (JJ)

Each Bid by an individual or firm shall state the name and address of each person who owns an interest therein, and, if any corporation, the name and addresses of its officers, or if an LLC, the name and address of its members. Bids shall be signed by the person or member of the firm making the same, and if a corporation, by an authorized officer or agent, subscribing the name of the corporation, together with his own name and the corporate seal.

The Bidder further agrees to execute the Agreement within ten (10) calendar days after receipt of notice of award, and within the time frame of Section H – Agreement.

The Bidder further agrees to bear the full cost of maintaining all Work until the final acceptance.

Accompanying the Bid is a Bid Guarantee, meeting the requirements described in the Instruction to Bidders.

The Contractor's address and principal place of business is:

TLC Diversified, Inc.

2719 17th Street East

Palmetto, FL 34221

If Contractor is a Corporation, list the names, titles and business addresses of its President, Secretary and Treasurer.

PRESIDENT

Thurston Lamberson

ADDRESS:

Printed Name

2719 17th Street East

Palmetto, FL 34221

SECRETARY

Joanne Lamberson

ADDRESS:

Printed Name

2719 17th Street East

Palmetto, FL 34221

TREASURER

Joanne Lamberson

ADDRESS:

Printed Name

2719 17th Street East

Palmetto, FL 34221

SECTION E – BID SUBMITTAL FORM

Said Corporation is qualified to do business in the State of Florida.

TLC Diversified, Inc.

Corporation Name

By

 Vice President / Dalas Lamberson

CORPORATE SEAL

N/A

Qualifying Agent

CGC041816 / CUC053963 / H51364

Contractor's Registration or Certificate No.
issued by the State of Florida

If Contractor is not a corporation, list the name(s) and business address(es) of its owner(s), joint venturers or partners:

Name

Printed Name

ADDRESS:

Name

Printed Name

ADDRESS:

Name

Printed Name

ADDRESS:

The said company or business entity is a sole proprietorship, partnership, or joint venture and is trading and doing business as

Company Name

By:

Name of Firm or Qualifying Agent

Contractor's Registration or Certification No. issued by the State
of Florida

SECTION E – BID SUBMITTAL FORM
FLORIDA TRENCH SAFETY ACT

CERTIFICATION AND DISCLOSURE STATEMENT

The undersigned acknowledges the requirements of the Florida Trench Safety Act (Section 553.60 et. seq. Florida Statutes).

- A. The Bidder further acknowledges that the Florida Trench Safety Act, (the Act) establishes the Federal excavation safety standards set forth at 29 C.F.R. Section 1926.650 Subpart P, as the interim state standard until such time as the state of Florida, through its Department of Labor and Employment Security, or any successor agency, adopts, updates, or revises said interim standard. This State of Florida standard may be supplemented by special shoring requirements established by the State of Florida or any of its political subdivisions.
- B. The Bidder, as Contractor, shall comply with all applicable excavation/trench safety standards.
- C. The contractor shall consider the geotechnical data available from the County, if any, the Contractor's own sources, and all other relevant information in its design of the trench safety system to be employed on the subject Project. The Contractor acknowledges sole responsibilities for the selection of the data on which it relies in designing the safety system, as well as for the system itself.
- D. The amounts that the Bidder has set forth for pipe installation includes the following excavation/trench safety measures and the linear feet of trench excavated under each safety measure. These units, costs, and unit values shall be disclosed solely for the purpose of compliance with procedural requirements of the Act. No adjustment to the Agreement Time or price shall be made for any difference in the actual number of linear feet of trench excavation, except as may be otherwise provided in these Contract Documents.

| | Trench Safety Measure (Description) | Units of Measure (LF, SF) | Unit (Quantity) | Unit Cost | Extended Cost |
|----|--|---------------------------------|--------------------|--------------|------------------|
| 1. | Slope | LS | 1 | \$ 500 | \$ 500 |
| 2. | | | | \$ | \$ |
| 3. | | | | \$ | \$ |
| 4. | | | | \$ | \$ |
| 5. | | | | \$ | \$ |

For Information Only, Not for Payment Purposes

\$ 500.00

Bidder may use additional sheets as necessary to extend this form. Failure to complete the above may result in the bid being declared non-responsive.

- E. The amount disclosed as the cost of compliance with the applicable trench safety requirements does not constitute the extent of the Contractor's obligation to comply with said standards. The Contractor shall extend additional sums at no additional cost to the County, if necessary, to comply with the Act (except as otherwise be provided).
- F. Acceptance of the bid to which this certification and disclosure applies in no way represents that the County or its representatives has evaluated and thereby determined that the above costs are adequate to comply with the applicable trench safety requirements nor does it in any way relieve the Contractor of its sole responsibility to comply with the applicable trench safety requirements.

TLC Diversified, Inc.

Company Name

Name and Title

Dalas Lamberson/Vice President

Address:

TLC Diversified, Inc.

2719 17th Street East

Palmetto, FL 34221

(941) 722-0621 / (941) 722-1382

Telephone/Fax

59-2513308

Federal Employee ID NO. (FEIN)

tlamberson@tlcdiv.com

Email of Account Representative



SECTION F ADDENDA ACKNOWLEDGEMENT FORM

SECTION F - ADDENDA ACKNOWLEDGEMENT FORM:

Bid Title: Sanitary Sewer Pump Station Repair, Rehabilitation & Improvements FY2018-FY2021 (PID No. 000964A)

Bid No: 178-0360-CP (JJ)

PLEASE ACKNOWLEDGE RECEIPT OF ADDENDA FOR THIS ITB BY SIGNING AND DATING BELOW:

| ADDENDUM NO. | SIGNATURE/PRINTED NAME | DATE RECEIVED |
|--------------|--|---------------|
| 1 |  Dalas Lamberson/ Vice President | 05/10/2018 |
| 2 |  Dalas Lamberson/ Vice President | 05/23/2018 |
| | | |
| | | |
| | | |
| | | |
| | | |

Note: Prior to submitting the response to this solicitation, it is the responsibility of the firm submitting a response to confirm if any addenda have been issued. If such addendum(s) has been issued, acknowledge receipt by signature and date in this section. Failure to do so may result in being considered non-responsive.

Information regarding Addenda issued is available on the Purchasing Department's website at, www.pinellascounty.org/purchase/Current_Bids1.htm, listed under category 'Current Bids'.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/23/2018

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

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

| PRODUCER M. E. Wilson Company, LLC 300 W. Platt St. Ste 200 Tampa, FL 33606 | 1-813-229-8021 | CONTACT NAME: Diana Defreeuw PHONE (A/C, No, Ext): 813-984-3619 FAX (A/C, No): 813-434-2492 E-MAIL ADDRESS: ddefreeuw@mewilson.com | | | | | | | | | | | | | | | | | | | | | |
|--|------------------------------|--|-------------------------------|--|--------|------------|------------------|-------|------------|------------------------------|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| INSURED TLC Diversified, Inc. 2719 17th Street East Palmetto, FL 34221 | | <table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>WESTFIELD INS CO</td><td>24112</td></tr><tr><td>INSURER B:</td><td>BRIDGEFIELD EMPLOYERS INS CO</td><td>10701</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | WESTFIELD INS CO | 24112 | INSURER B: | BRIDGEFIELD EMPLOYERS INS CO | 10701 | INSURER C: | | | INSURER D: | | | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | |
| INSURER A: | WESTFIELD INS CO | 24112 | | | | | | | | | | | | | | | | | | | | | |
| INSURER B: | BRIDGEFIELD EMPLOYERS INS CO | 10701 | | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES**CERTIFICATE NUMBER:** 52367423**REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | | | | | | | | | | | |
|---|---|--------------------|---------------|-------------------------|-------------------------|---|---|--------------|---|--------------|------------------------------|--------------|--------------------------------|--------------|-------------------|--------------|------------------------|--------------|--|----|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> \$500 Prop Dmg Ded GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: | | TRA3972460 | 04/01/18 | 04/01/19 | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 500,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table> | EACH OCCURRENCE | \$ 1,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,000 | MED EXP (Any one person) | \$ 5,000 | PERSONAL & ADV INJURY | \$ 1,000,000 | GENERAL AGGREGATE | \$ 2,000,000 | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | | \$ |
| EACH OCCURRENCE | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | |
| DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,000 | | | | | | | | | | | | | | | | | | | |
| MED EXP (Any one person) | \$ 5,000 | | | | | | | | | | | | | | | | | | | |
| PERSONAL & ADV INJURY | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | |
| GENERAL AGGREGATE | \$ 2,000,000 | | | | | | | | | | | | | | | | | | | |
| PRODUCTS - COMP/OP AGG | \$ 2,000,000 | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | TRA3972460 | 04/01/18 | 04/01/19 | <table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table> | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | BODILY INJURY (Per person) | \$ | BODILY INJURY (Per accident) | \$ | PROPERTY DAMAGE (Per accident) | \$ | | \$ | | | | |
| COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per person) | \$ | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per accident) | \$ | | | | | | | | | | | | | | | | | | | |
| PROPERTY DAMAGE (Per accident) | \$ | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | TRA3972460 | 04/01/18 | 04/01/19 | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td></td><td>\$</td></tr></table> | EACH OCCURRENCE | \$ 5,000,000 | AGGREGATE | \$ 5,000,000 | | \$ | | | | | | | | |
| EACH OCCURRENCE | \$ 5,000,000 | | | | | | | | | | | | | | | | | | | |
| AGGREGATE | \$ 5,000,000 | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N N/A | | 83055326 | 04/01/18 | 04/01/19 | <table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table> | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | | E.L. EACH ACCIDENT | \$ 1,000,000 | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 | | | | | | |
| <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | | | | | | | | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | |
| A | Installation Floater | | TRA3972460 | 04/01/18 | 04/01/19 | <table border="1"><tr><td>\$1,000 Ded</td><td>1,000,000</td></tr><tr><td>Transit & Storage:</td><td>Included</td></tr><tr><td>Deductible:</td><td>1,000</td></tr></table> | \$1,000 Ded | 1,000,000 | Transit & Storage: | Included | Deductible: | 1,000 | | | | | | | | |
| \$1,000 Ded | 1,000,000 | | | | | | | | | | | | | | | | | | | |
| Transit & Storage: | Included | | | | | | | | | | | | | | | | | | | |
| Deductible: | 1,000 | | | | | | | | | | | | | | | | | | | |

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

CERTIFICATE HOLDER

For Informational Purposes Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

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

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

Schedule

Blanket Waiver of Subrogation Applies

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

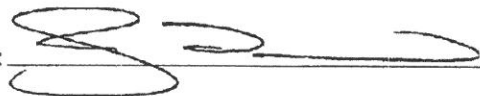
Date Prepared: February 12, 2018

Carrier: Bridgefield Employers Insurance Company

Effective Date of Endorsement: April 1, 2018

Policy Number: 830-55326

Countersigned by:

A handwritten signature in black ink, appearing to be "S. J. [unclear]", written over a horizontal line.

Insured: TLC Diversified, Inc.

WC 00 03 13 (Ed. 4-84)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) | Location(s) Of Covered Operations |
|---|-----------------------------------|
| All persons or organizations when you have agreed in writing in a contract or agreement that such persons or organizations be added as an additional insured. | All Locations |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | |

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

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

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

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

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

This insurance does not apply to "bodily injury" or "property damage" occurring after:

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

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

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

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

whichever is less.

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

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

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) | Location(s) And Description Of Covered Operations |
|---|---|
| All persons or organizations when you have agreed in writing in a contract or agreement that such persons or organizations be added as an additional insured. | All Locations |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | |

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

However:

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

contract or agreement to provide for such additional insured.

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

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

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

whichever is less.

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

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

SCHEDULE

Name Of Person Or Organization:

Any person or organization for whom you are required in a written contract or agreement to include a waiver of transfer of rights of recovery against others to us, provided the "bodily injury" or "property damage" occurs subsequent to the execution of the written agreement.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV - Conditions:

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/26/2018

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

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

| PRODUCER M. E. Wilson Company, LLC 300 W. Platt St. Ste 200 Tampa, FL 33606 | 1-813-229-8021 | CONTACT NAME: Diana Defreeuw PHONE (A/C, No, Ext): 813-984-3619 E-MAIL ADDRESS: ddefreeuw@mewilson.com FAX (A/C, No): 813-434-2492 | | | | | | | | | | | | | | |
|--|----------------|--|-------------------------------|-------|-----------------------------|-------|---|-------|----------------------------------|-------|------------|--|------------|--|------------|--|
| INSURED TLC Diversified, Inc. 2719 17th Street East Palmetto, FL 34221 | | <table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC#</th></tr></thead><tbody><tr><td>INSURER A: WESTFIELD INS CO</td><td>24112</td></tr><tr><td>INSURER B: BRIDGEFIELD EMPLOYERS INS CO</td><td>10701</td></tr><tr><td>INSURER C: HOMELAND INS CO OF NY</td><td>34452</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE | NAIC# | INSURER A: WESTFIELD INS CO | 24112 | INSURER B: BRIDGEFIELD EMPLOYERS INS CO | 10701 | INSURER C: HOMELAND INS CO OF NY | 34452 | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC# | | | | | | | | | | | | | | | |
| INSURER A: WESTFIELD INS CO | 24112 | | | | | | | | | | | | | | | |
| INSURER B: BRIDGEFIELD EMPLOYERS INS CO | 10701 | | | | | | | | | | | | | | | |
| INSURER C: HOMELAND INS CO OF NY | 34452 | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | |

COVERAGES**CERTIFICATE NUMBER:** 52378727**REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> \$500 Prop Dmg Ded GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: | | | TRA3972460 | 04/01/18 | 04/01/19 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | TRA3972460 | 04/01/18 | 04/01/19 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | TRA3972460 | 04/01/18 | 04/01/19 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| B | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A | | N/A | 83055326 | 04/01/18 | 04/01/19 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| C | <input checked="" type="checkbox"/> Pollution Liability | | | 7930043940002 | 04/01/18 | 04/01/19 | Each Incident 5,000,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

Bid Purposes

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Policy Number: 793-00-43-94-0002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION – FORM I

This endorsement only modifies coverage provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
CONTRACTORS ENVIRONMENTAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Any person or organization for which the Named Insured has agreed to provide insurance prior to loss as provided by this policy but only to the scope of insurance agreed to by the Named Insured.

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

- A. **SECTION II – WHO IS AN INSURED** is amended to include as an insured the person or organization shown in the SCHEDULE above, but only with respect to liability arising out of your ongoing operations performed for that insured.
- B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to **bodily injury, property damage or environmental damage** occurring after:

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

All other terms and conditions remain the same.



Policy Number: 793-00-43-94-0002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement only modifies coverage provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
CONTRACTORS ENVIRONMENTAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s): | Location And Description Of Completed Operations: |
|--|---|
| Any person or organization for which the Named Insured has agreed to provide insurance prior to loss as provided by this policy but only to the scope of insurance agreed to by the Named Insured. | Any location or completed operation, but only to the scope of insurance agreed to by the Named Insured. |

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

SECTION II – WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the SCHEDULE above, but only with respect to liability for **bodily injury, property damage or environmental damage** caused, in whole or in part, by **your work** at the location designated and described in the SCHEDULE above performed for that additional insured and included in the **products-completed operations hazard**.

All other terms and conditions remain the same.

DRUG FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087, as amended from time to time, hereby certifies that

TLC Diversified, Inc. does:
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violation of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities, or contractual services that are under bid, the employee will abide by the terms of the statement, and will notify the employer of any conviction of, or plea of guilty, or nolo contendere to any violation of chapter 893, Florida Statutes, as amended from time to time, or of any controlled substance law of the United States, or any State, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance, or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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

TLC Diversified, Inc.



Bidders Signature

Dalas Lamberson, Vice President

June 01, 2018

Date

PUBLIC ENTITY CRIME FORM

SWORN STATEMENT UNDER SECTION 287.133(3) (a), FLORIDA STATUTES ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to Pinellas County, FL by:

Dalas Lamberson, Vice President

(print individual's name and title)

for

TLC Diversified, Inc.

(print name of entity submitting sworn statement)

whose business address is

2719 17th St. E., Palmetto, FL 34221

and (if applicable its Federal Employer Identification Number (FEIN) is

59-2513308

2. I understand that a "public entity crime" as defined in Para. 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Para. 287.133(1)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment of information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Para. 287.133(1)(a), Florida Statutes means:

- a. A predecessor or successor of a person convicted of a public entity crime;
or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint-venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Para. 287.133(1)(e), Florida Statutes means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. Please indicate which statement applies:

 X Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

 The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

 The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place

the entity submitting this sworn statement on the convicted vendor list (attach a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH ONE ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017 FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

TLC Diversified, Inc.

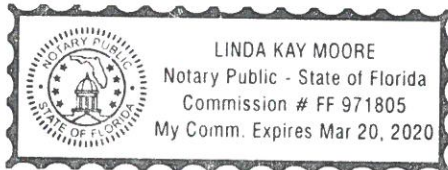
X

(Signature)

Dalas Lamberson, Vice President

Sworn to and subscribed before me this 1st day of June, 2018

Personally known to me.



Notary Public – State of Florida

Linda Kay Moore
(Signature of Notary)
Linda Kay Moore

Notary Stamp:



TLC Diversified, Inc.
Keeping Water Moving

Environmental Construction
Professionals Serving the Water
& Wastewater Industry

CG C041816
CU C053963

Corporate Resolution

March 15, 2018

RE: Authority to Sign Legal Documents

TO WHOM IT MAY CONCERN:

TLC Diversified, Inc., being a legal Corporation organized under the Laws of the State of Florida in April, 1985, Mr. Thurston Lamberson and Mrs. Joanne R. Lamberson, and having 100% of the outstanding shares of said Corporation, owned since March of 1989, declares the following as a matter of record.

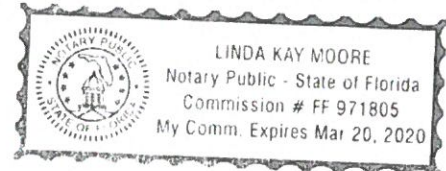
Mr. Dalas Lamberson, Vice President, and Mrs. Tiffany Taylor, Assistant Secretary, shall have full power and authority to sign any and all Legal and Binding Documents, and make all commitments of whatever nature for TLC Diversified, Inc.

Signed this 15th day of March, 2018

Thurston Lamberson/President

Joanne R. Lamberson/Sr. Vice President

Sworn to and subscribed before me, Thurston Lamberson and Joanne R. Lamberson, whom I know, this 15th day of March, 2018.

Linda Kay Moore/Notary Public

My Commission Expires: March 20, 2020



PINELLAS COUNTY CONSTRUCTION
LICENSING BOARD

THIS CERTIFIES THAT **Thurston Lamberson**
DBA **TLC Diversified Inc**

STATE CERT # **I-CGC041816**
HAS FILED HIS/HER LICENSE AND PROOF OF REQUIRED
LIABILITY AND WORKERS' COMPENSATION
INSURANCE WITH THIS BOARD.

IN GOOD STANDING UNTIL **September 30, 2018**
DATE OF ISSUANCE **10/03/2017**

I-CGC041816

*Lamberson, Thurston
2719 17th Street East
Palmetto, FL 34221*

*** Please cut out license along lines**



PINELLAS COUNTY CONSTRUCTION
LICENSING BOARD

THIS CERTIFIES THAT **Thurston Lamberson**
DBA **TLC Diversified Inc**

STATE CERT # **I-CUC053963**
HAS FILED HIS/HER LICENSE AND PROOF OF REQUIRED
LIABILITY AND WORKERS' COMPENSATION
INSURANCE WITH THIS BOARD.

IN GOOD STANDING UNTIL **September 30, 2018**
DATE OF ISSUANCE **10/03/2017**

I-CUC053963

*Lamberson, Thurston
2719 17th Street East
Palmetto, FL 34221*

*** Please cut out license along lines**



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783

(850) 487-1395

LAMBERSON, THURSTON
T L C DIVERSIFIED INC
2719 17TH STREET EAST
PALMETTO FL 34221

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CGC041816

ISSUED: 08/30/2016

CERTIFIED GENERAL CONTRACTOR
LAMBERSON, THURSTON
T L C DIVERSIFIED INC

IS CERTIFIED under the provisions of Ch 489 FS
Expiration date - AUG 31, 2018 L1608300002637

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

| LICENSE NUMBER | |
|----------------|--|
| CGC041816 | |

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018

LAMBERSON, THURSTON
T L C DIVERSIFIED INC
2719 17TH STREET EAST
PALMETTO FL 34221



ISSUED: 08/30/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608300002637



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783

(850) 487-1395

LAMBERSON, THURSTON
T L C DIVERSIFIED INC
2719 17TH STREET EAST
PALMETTO FL 34221

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CUC053963

ISSUED: 08/29/2016

CERT UNDERGROUND & EXCAV CNTR
LAMBERSON, THURSTON
T L C DIVERSIFIED INC

IS CERTIFIED under the provisions of Ch 489 FS
Expiration date AUG 31, 2018 L1608290002293

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER

CUC053963

The UNDERGROUND UTILITY & EXCAVATION CO
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018



LAMBERSON, THURSTON
T L C DIVERSIFIED INC
2719 17TH STREET EAST
PALMETTO FL 34221



ISSUED: 08/29/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608290002293

State of Florida

Department of State

I certify from the records of this office that TLC DIVERSIFIED, INC. is a corporation organized under the laws of the State of Florida, filed on April 4, 1985.

The document number of this corporation is H51364.

I further certify that said corporation has paid all fees due this office through December 31, 2018, that its most recent annual report/uniform business report was filed on February 12, 2018, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twelfth day of February, 2018*



Ken DeFuria
Secretary of State

Tracking Number: CC6681971049

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>