

**City Council Special Meeting  
Tuesday, December 6, 2016 6:00 p.m.  
Civic Center 105 N. 31<sup>st</sup> Street**

**Mayor Tom Bailey**

**Councilman Bill McGlothlin  
Councilwoman Linda Albrecht**

**Councilman Rex Putnal  
Councilman Jerry Wallace**

- 
1. Award City Hall Contract- City Administrator
  2. Approve City Hall Development Order- City Administrator
  3. Sewer Rehab Bid- Public Works Director
  4. Adjournment

\*You are hereby notified that in accordance with Florida Statutes, you have a right to appeal any decision made by the Council with respect to any matter considered. You may need to insure that a verbatim record of the proceedings is made which may need to include evidence and testimony upon which the appeal is based. Any person requiring a special accommodation at this meeting because of a disability or physical impairment should contact Adrian Welle, City Clerk, at 114 North 22<sup>nd</sup> Street, Mexico Beach, Florida 32456; or by phone at (850) 648-5700 at least five calendar days prior to the meeting. If you are hearing or speech impaired, and you possess TDD equipment, you may contact the City Clerk using the Florida Dual Party Relay System, which can be reached at 1-800-955-8770 (TDD).

CITY OF MEXICO BEACH  
CITY HALL

SECTION 5 - AGREEMENT

This AGREEMENT is by and between the City of Mexico Beach (hereinafter called City) and, F & B Builders, Inc. (hereinafter called Design-Builder).

The City and the Design-Builder, in consideration of the mutual covenants hereinafter set forth, agree as follows:

1. The Design-Builder shall complete all work as specified or indicated in the Contract Documents. The work is generally described as

**CITY HALL - DESIGN BUILD**

2. The Design-Build Technical Criteria package for this project has been prepared by:

PREBLE-RISH, Inc.  
203 Aberdeen Parkway  
Panama City, FL 32405  
Attn: B. Dina Bautista, P.E.

who is hereinafter called Engineer and who is to act as the City's representative, assume all duties and responsibilities and authority assigned to the Engineer in the Contract Documents in connection with the completion of the work in accordance with the Contract Documents.

3. Contract times for completion and readiness, as stated in the Contract Documents, are of the essence of the contract. The project shall be completed within **180** calendar days after the date when the contract time begins. The date of completion of all work is June 5, 2017.
4. The Design-Builder and the City recognize that time is of the essence of this Agreement and the City may suffer financial loss if the work is not completed within the times set forth above. The parties also recognize the delays, expenses and difficulties involved in proving the actual loss suffered by the City if the project is not completed on time. Accordingly, instead of requiring such proof, The City and the Contractor agree that as liquidated damages for delay (but not as a penalty) the City may deduct from the amounts of this Agreement a sum of **\$500.00** per day for each calendar day that expires after the time specified above for completion until the project is complete.
5. The City shall pay the Design-Builder the following sum for completion of the work in accordance with the Contract Documents: **\$462,350.00**
6. The Design-Builder shall submit and the City will process Applications for Payment on a monthly basis. Prior to the submittal of the first progress payment, the Design-Builder shall

submit a schedule of values for the approval of the City. All Applications for Payment shall be submitted as a percentage of completion of the line items on the approved schedule of values. The City will receive and approve or modify and approve Applications for Payment and shall make payment within thirty (30) calendar days from receipt.

7. The Design-Builder makes the following representations:
  - a. The Design-Builder has examined and carefully studied the Contract Documents.
  - b. The Design-Builder has visited the site and become familiar with and is satisfied as to the general, local and site conditions that may affect cost, progress, performance or furnishing of the work.
  - c. The Design-Builder is familiar with and is satisfied as to all Federal, State and local laws and regulations that may affect cost, progress, performance or furnishing of the work.
8. The Contract Documents that comprise the entire agreement between the City and the Design-Builder concerning the project consist of the following:
  - 1) INTRODUCTION/INSTRUCTIONS TO PROPOSERS
  - 2) GENERAL CONDITIONS
  - 3) DESIGN BUILD TECHNICAL CRITERIA
  - 4) BID FORM
  - 5) AGREEMENT
  - 6) NOTICE OF AWARD
  - 7) NOTICE TO PROCEED
  - 8) PERFORMANCE BOND
  - 9) PAYMENT BOND
  - 10) SUPPLEMENTAL CONDITIONS
  - 11) PAYMENT APPLICATION
  - 12) CERTIFICATE OF TAX EXEMPTION
  - 13) TAX AGREEMENT
  - 14) DRUG-FREE WORKPLACE
  - 15) PUBLIC ENTITY CRIMES
  - 16) DRUG-FREE WORKPLACE

There are no other Contract Documents. The Contract Documents may only be amended, modified or supplemented by mutual agreement, in writing, or as otherwise described in the General Conditions.

9. The standard General Conditions of the contract between Owner and Design-Builder, prepared by the Engineers' Joint Contracts Documents Committee (EJCDC), 2002 edition are referred herein as the General Conditions.
10. The terms used in the Agreement that are defined in the General Conditions will have the meanings indicated therein.

11. No assignment by a party hereto of any rights under or interests in the Contract Documents will be binding on another party hereto without the written consent of the party sought to be bound; and, specifically but without limitation, monies that may become due and monies that are due may not be assigned without such consent (except to the extent that the effect of this restriction may be limited by law), and unless specifically stated to the contrary in any written consent to an assignment no assignment will release or discharge the assignor from any duty or responsibility under the Contract Documents.
12. The City and the Design-Builder each binds itself, its partners, successors, assigns and legal representatives to the other party hereto, its partners, assigns and legal representatives in respect to all covenants, agreements and obligations contained in the Contract Documents.
13. Any provision or part of the Contract Documents held to be void or unenforceable under law or regulation shall be deemed stricken, and all remaining provisions shall continue to be valid and binding upon the City and the Design-Builder, who agree that the Contract Documents shall be reformed to replace such stricken provision or part thereof with a valid and enforceable provision that comes as close as possible to expressing the intention of the stricken provision.

In Witness whereof, the City and the Design-Builder have signed this Agreement in duplicate. One counterpoint each has been delivered to the City and the Design-Builder.

This Agreement will be effective on December 6, 2016.

**CITY OF MEXICO BEACH**

By: \_\_\_\_\_  
 Mr. Mell Smigielski, City Administrator

Attest: \_\_\_\_\_

Address for giving notices:  
 City of Mexico Beach,  
 P.O. Box 13425,  
 Mexico Beach, FL 32456

By: \_\_\_\_\_  
 F & B Builders, Inc.

Attest: \_\_\_\_\_

Address for giving notices:  
 107 Second Street  
 PO Box 1201  
 Port St. Joe, FL 32457



3158 Old Shell Road  
 Mobile, AL 36607  
 Ph: 251.472.6684  
 Fx: 866.720.9834

[stuell@gulfcoastunderground.com](mailto:stuell@gulfcoastunderground.com)

Bid Date: July 26, 2016  
 Re: Mexico Beach, FL  
 2016 Manhole Rehabilitation

We propose to furnish the **SpectraShield Liner System** at a 500 mil thickness to rehabilitate the following structures:

Item#	Description	Dimensions or Diameter	Quantity	Units	Unit Price	Total
1	Mobilization		1	EA	3,500.00	3,500.00
2	Clean and Prepare	4'ID x 13.5' Deep	1	EA	3,000.00	3,000.00
3	Install 500 mil polymer liner	4'ID x 13.5' Deep	1	EA	5,000.00	5,000.00
4	Clean and Prepare	6'ID x ~ 13' Deep	2	EA	3,800.00	7,600.00
5	Install 500 mil polymer liner	6'ID x ~ 13' Deep	2	EA	6,700.00	13,400.00
6	Clean and Prepare	4'ID Manholes	10	EA	500.00	5,000.00
7	Adder for Remove/Abrade Existing Liner	4'ID Manholes	10	EA	300.00	3,000.00
8	Install 500 mil polymer liner	4'ID Manholes	10	EA	1,700.00	17,000.00
9	Set Plug in 12" - 24" Line	As needed	3	EA	200.00	600.00
10	Replace MH ring and cover	Pamtight Locking Covers	10	EA	2,000.00	20,000.00
					TOTAL	\$78,100.00

BOND IS EXCLUDED (ADD 2% IF BOND IS REQUIRED). QUANTITIES ARE ESTIMATES ONLY. PAYMENT SHALL BE MADE FOR THE ACTUAL WORK PERFORMED AT THE SPECIFIED UNIT PRICES.

**Proposal inclusions:**

1. All labor, equipment, and materials required to install Spectra-Shield Liner to the interior walls and tops of the structures.
2. Normal cleaning and surface preparation, including prepping of manholes containing existing liner.
3. Setting of plugs in up to four 12-24" lines.
4. Non DOT Traffic control (limited to cones and signs).
5. Certificate of insurance within normal limits.
6. Worker's compensation insurance and employer's liability insurance.
7. Ten-year limited warranty.

**This proposal is based on the following being provided to GCU at no charge:**

1. Supply water, free of charge, for cleaning of structures.
2. Owner shall provide ALL bypassing of the structures, if necessary.
3. Access for all equipment, under its own power, to structures.
4. Owner shall provide Vac truck for cleaning of debris from structures.
5. Dewatering by means of well-pointing or grout injection, if required.

**Other terms:**

1. Payment due within **sixty** days of our invoice (less retainage, if applicable).
2. Stated prices are in effect for thirty days from the date of this proposal.
3. A service charge of 1-1/2% per month, which is an annual rate of 18%, will be added for all past due accounts.
4. As the prevailing party in any dispute between the parties arising out of or related to this contract or the breach thereof, GCU shall be entitled to recover its reasonable attorney's fees and expenses incurred in pursuing or defending the claim.

Submitted By: Chris Gomel, President

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CUC1225011	

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

GOMEL, CHRISTOPHER J  
GCU, LLC  
3158 OLD SHELL ROAD  
MOBILE AL 36607



ISSUED: 08/02/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608020001723



# Professional Services Group, LLC

468 S. Spring Garden Ave  
Suite B  
Deland, FL 32720  
[Kwood@psgpiperehab.com](mailto:Kwood@psgpiperehab.com)  
(386) 804-4678

### Proposal

Date: August 25, 2016

**Submitted To: City of Mexico Beach**  
114 N. 22<sup>nd</sup> Street  
Mexico Beach, FL 32410  
CO: Public Works Director

### **Job Location: 2016 Manhole Rehabilitation**

Professional Services Group, LLC proposes to furnish materials and labor in accordance with the specifications below, for the Lump Sum of

**Fifty one thousand five hundred thirty dollars and no cents (\$51,530.00)**

Payment Terms- 100% within (30) days of completion.  
Professional Services Group, will guarantee all materials to be as specified. All work will be completed in a workmanlike manner according to industry standards.

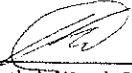
Professional Services Group, LLC hereby submits specification and estimates as follows: PSG shall supply all equipment, labor, & Materials for the installation of Manhole Rehabilitation liner as follows:

Notes:

Description	QTY	UNIT	PRICE	TOTAL
Mobilization	1	LS	\$ 4,500.00	\$4,500.00
Installation 500 mil Polymer Liner 6' ID x 12' Deep	289	SQFT	\$ 17.50	\$5,057.50
Installation 500 mil Polymer Liner 6' ID x 13' Deep	301	SQFT	\$ 17.50	\$5,267.50
Installation 500 mil Polymer Liner 4' ID x 13.5' Deep	195	SQFT	\$ 17.50	\$3,412.50
Clean and Prep Manholes for Liner installation	377	SQFT	\$ 9.00	\$ 3,393.00
Additional Prep To remove Existing Liner	377	SQFT	\$7.00	\$2,639.00
Install 500 Mills of Polymer liner to (4) Manholes	377	SQFT	\$17.50	\$6,597.50
Set Plug in 12" & 24" Line Section	6	EA	\$40.00	\$240.00
Replace Manhole covers with Pamtight Covers	10	EA	\$1,240.00	\$12,400.00
Clean & Prep (3) Manholes for Liner install	226	SQFT	\$9.00	\$2,034.00
Additional Prep to remove existing liner	226	SQFT	\$7.00	\$1,582.00
Install 500 Mil Polymer liner in (3) MH's	226	SQFT	19.50	\$4,407.00

Alternate for Unknown Quantities will remain the same for the City of Mexico Beach, FL. On page 2 of Specifications.

1. All PSG estimates are subject to video inspection by Professional Services Group to ensure that line conditions are acceptable.
2. Client will be responsible to ensure access to all Manholes
3. The Client will provide water for the cleaning of the line at no additional cost to PSG.
4. Liner will be installed to ASTM & Manufacturers' specification. Any deviations will result in loss of warranty.
6. The Proposal does not include MOT, Permits, Bond Fees, or dewatering.
7. Payments will be based off actual field measurements of Manholes.
8. Professional Services Group, LLC will supply the client with a final inspection DVD for their records.
9. Any and All payments over NET 30 will be subject to a 2% per day charge.

  
\_\_\_\_\_  
Kenneth A. Wood, Owner

Authorization and acceptance of proposal - The Above Prices, specifications, and conditions are satisfactory and are hereby accepted. Professional Services Group, LLC is hereby authorized to perform work as specified above. I the client agree that payment will be made in accordance with terms of this contract.

Date: \_\_\_\_\_ Authorized Signature \_\_\_\_\_  
Printed Name & Title \_\_\_\_\_



2016/2017

# Volusia County Business Tax Receipt

Issued pursuant to F.S. 205 and Volusia County Code of Ordinances Chapter 114-1 by:  
Volusia County Revenue Division - 123 W Indiana Ave, Room 103, DeLand, FL 32720 -- (386) 736-5938



Account # 201510190015 Expires: September 30, 2017  
Business Location: 101 S SHERIDAN AV

Business Name: PROFESSIONAL SERVICES GROUP,LLC  
Owner Name: KENNETH A WOOD  
Mailing Address: 101 S SHERIDAN AV  
DELAND, FL 32720

BUSINESS TYPE	CODE	COUNT	TAX
Business Service	471	1	\$22.00

- This receipt indicates payment of a tax, which is levied for the privilege of doing the type(s) of business listed above within Volusia County. This receipt is non-regulatory in nature and is not meant to be a certification of the holder's ability to perform the service for which he is registered. This receipt also does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.
- The business must meet all County and/or Municipality planning and zoning requirements or this Business Tax Receipt may be revoked and all taxes paid would be forfeited.
- The information contained on this Business Tax Receipt must be kept up to date. Contact the Volusia County Revenue Division for instructions on making changes to your account.

**THIS PORTION OF THE BUSINESS TAX RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

# Volusia County Business Tax Receipt

Revenue Division - 123 W Indiana Ave, Room 103, DeLand, FL 32720 -- (386) 736-5938

DATE PAID: 07/10/2016  
 RECEIPT #: WWW-15-0001713  
 TOTAL TAX: 22.00  
 PENALTY: 0.00  
 TOTAL PAID: 22.00



Business Name: PROFESSIONAL SERVICES GROUP,LLC  
Owner Name: KENNETH A WOOD  
Mailing Address: 101 S SHERIDAN AV  
DELAND, FL 32720

Account # 201510190015 Expires: September 30, 2017  
Business Location: 101 S SHERIDAN AV



PLEASE DETACH THIS PORTION OF THE BUSINESS TAX RECEIPT FOR YOUR RECORDS

## 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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>PROFESSIONAL SERVICES GROUP, LLC</b>		
2 Business name/disregarded entity name, if different from above		
3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
5 Address (number, street, and apt. or suite no.) <b>468 S. SPRING GARDEN AVENUE SUITE B</b>		Requester's name and address (optional)
6 City, state, and ZIP code <b>DELAND, FLORIDA 32720</b>		
7 List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the 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.

<b>Social security number</b>																					
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**or**

<b>Employer identification number</b>											
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4	6	-	5	6	0	5	3	7	5		

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**      Signature of U.S. person ▶

Date ▶ 01/10/2016

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/2/2016

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

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

<b>PRODUCER</b> The Page Agency PO Box 1209 500 E New York Ave Deland FL 32721-1209		<b>CONTACT NAME:</b> Diane Lauck <b>PHONE (A/C No. Ext):</b> (386)734-9642 <b>FAX (A/C No):</b> (386)734-6701 <b>E-MAIL ADDRESS:</b> dlauck@pageinsuranceagency.com															
<b>INSURED</b> Professional Services Group, LLC 101 S. Sheridan Ave Deland FL 32720		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A Southern Owners Insurance Company</td> <td>10190</td> </tr> <tr> <td>INSURER B Auto Owners Insurance Company AO</td> <td>18988</td> </tr> <tr> <td>INSURER C:</td> <td></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 Southern Owners Insurance Company	10190	INSURER B Auto Owners Insurance Company AO	18988	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:																	

**COVERAGES** **CERTIFICATE NUMBER:** City of Lakewood **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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	72465995	8/28/2015	8/28/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 INADJ \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		5046599500	8/28/2015	8/28/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$					<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
**Class Description:** Lawn Care Services; Grading or Excavation of land.  
 Certificate holder is named as additional insured with respect to General Liability for our insured work.  
 Coverage is primary and non-contributory and includes products and completed operations. Florida Liability Policy

### CERTIFICATE HOLDER

City of Lakewood  
480 S. Allison Parkway  
Lakewood, CA 80226

### 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  
Marjanna Vogel/MKIRK *Marjanna Vogel*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/5/2016

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).

<b>PRODUCER</b> SUNZ Insurance Solutions, LLC. ID: (TLR) c/o TLR of Bonita, Inc 700 Central Ave, Suite 500 St. Petersburg, FL 33701	<b>CONTACT NAME:</b> Workers' Comp Department <b>PHONE (A/C, No, Ext):</b> 727-520-7676 x 3 <b>FAX (A/C, No):</b> 727-525-3862 <b>E-MAIL ADDRESS:</b> certs@encorehr.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> TLR of Bonita, Inc EnterpriseHR 700 Central Avenue Suite 500 St. Petersburg FL 33701	<b>INSURER A:</b> SUNZ Insurance Company <b>NAIC #</b> 34762	
	<b>INSURER B:</b> Aspen Re - London - Best Rating "A+"	
	<b>INSURER C:</b> Chaucer Syndicate - Lloyds - Best Rating "A+"	
	<b>INSURER D:</b> Faraday Syndicate - Lloyds - Best Rating "A+"	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 30761261

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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Es. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCPEO0000001 12 WCPEO0000001 11	6/1/2016 6/1/2015	6/1/2017 6/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00
B	Workers Compensation						This is for informational purposes and nothing shall create any right under such reinsurance.
C	Excess Coverage						
D							

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

Coverage Provided for all leased employees but not subcontractors of: Professional Services Group, LLC  
 Client Effective: 6/27/2016

**CERTIFICATE HOLDER****CANCELLATION**

1497

Professional Services Group, LLC  
 468 S Spring Garden Avenue, Ste. B  
 Deland FL 32720

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

Glen J Distefano

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ACORD 25 (2016/03)

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**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L14000075067  
FILED 8:00 AM  
May 08, 2014  
Sec. Of State  
tbrown

**Article I**

The name of the Limited Liability Company is:  
PROFESSIONAL SERVICES GROUP, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
101 S. SHERIDAN AVE  
DELAND, FL. 32720

The mailing address of the Limited Liability Company is:  
101 S. SHERIDAN AVE  
DELAND, FL. 32720

**Article III**

Other provisions, if any:  
ANY AND ALL LEGAL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
KENNETH A WOOD  
101 S. SHERIDAN AVE  
DELAND, FL. 32720

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: KENNETH A WOOD

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
KENNETH A WOOD  
101 S. SHERIDAN AVE  
DELAND, FL. 32720

**L14000075067**  
**FILED 8:00 AM**  
**May 08, 2014**  
**Sec. Of State**  
**tbrown**

## **Article VI**

The effective date for this Limited Liability Company shall be:

05/08/2014

Signature of member or an authorized representative

Electronic Signature: KENNETH A. WOOD

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



## Detail by Entity Name

### Florida Limited Liability Company

PROFESSIONAL SERVICES GROUP, LLC

### Filing Information

Document Number	L14000075067
FEI/EIN Number	46-5605375
Date Filed	05/08/2014
Effective Date	05/08/2014
State	FL
Status	ACTIVE

### Principal Address

468 S. Spring Garden Ave  
Suite B  
DELAND, FL 32720

Changed: 02/12/2016

### Mailing Address

468 S. Spring Garden Ave  
Suite B  
DELAND, FL 32720

Changed: 02/12/2016

### Registered Agent Name & Address

WOOD, KENNETH A  
101 S. SHERIDAN AVE  
DELAND, FL 32720

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

WOOD, KENNETH A  
101 S. SHERIDAN AVE  
DELAND, FL 32720

### Annual Reports

Report Year	Filed Date
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**APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

REGISTRATION# G14000045866

Fictitious Name to be Registered: PROFESSIONAL SERVICES GROUP, LLC

Mailing Address of Business: 101 S. SHERIDAN AVE  
DELAND, FL 32720

Florida County of Principal Place of Business: MULTIPLE

FEI Number:

Owner(s) of Fictitious Name:

WOOD, KENNETH A  
101 S. SHERIDAN AVE  
DELAND, FL 32720 US

**FILED**  
**May 08, 2014**  
**Secretary of State**

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

KENNETH A. WOOD

05/08/2014

Electronic Signature(s)

Date

Certificate of Status Requested (X)

Certified Copy Requested ( )



**AFFIDAVIT FOR PROFESSIONAL SERVICES GROUP  
FOR THE 2016-2017 SEWER REHABILITATION PROJECT  
FOR THE CITY OF MEXICO BEACH, BAY COUNTY FLORIDA**


Name: Professional Services Group  
Occupation: Sewer and Pipeline Rehabilitation

I, Kenneth A. Wood, swear or affirm:

1. That I am the Representative of Professional Services Group, located in Volusia County, Florida.
2. That Professional Services Group will guarantee a 10 year warranty for parts and labor.
3. That Professional Services Group will guarantee the use of 500 mil polymer liners in each manhole rehabbed.

Further affiant saith not.

I SWEAR OR AFFIRM THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

<u>9/29/2016</u>	
Date	Kenneth Wood

STATE OF FLORIDA

COUNTY OF Volusia

I, the undersigned Notary Public, do hereby affirm that Kenneth Wood personally appeared before me on the 21 day of Sept 2016, and signed the above Affidavit as his free and voluntary act and deed.

