



MEMORANDUM  
*from the*  
PURCHASING DEPARTMENT

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TO: Elizabeth Woodruff, Manager Urban Redevelopment

THROUGH: Tony Barnes, Director of Purchasing

FROM: Georgia Montgomery, Purchasing Specialist

SUBJECT: Bid No. 2017-018 ~ SHIP Rehabilitation Project  
1209 Raymond Ave

DATE: May 17, 2017

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Attached are the tabulation sheet and a copy of each bid submittal for the above referenced bid. The file is available for review in the Procurement Department.

**The invitation was sent to 852 vendors. Seven (7) vendors requested specifications with one (1) responding (14.29%) plus 1 "No Bid" (28.57% total response).**

Please respond to the Purchasing Department for recommendation of award. Expiration date is July 16, 2017. Commission approval must be completed by this date.

/gm

Attachment

cc: Karen Mike, Executive Assistant



## CITY OF FORT PIERCE TABULATION OF BIDS

"Offers from the vendors listed herein are the only offers received timely as of the above opening date and time. All other offers submitted in response to this solicitation, if any, are hereby rejected as late."

<b>BID ON:</b>	<b>SHIP REHABILITATION PROJECT 1209 RAYMOND AVENUE.</b>
<b>BID NUMBER:</b>	<b>2017-018</b>
<b>DATE:</b>	<b>5/11/17 @ 3:00 PM</b>
<b>RECOMMENDED AWARD:</b>	<b>Pending</b>

<b>RESPONSE</b>
1 of 7 = 14.29%
1 "No Bids"
Total = 28.57%

VENDOR	TOTAL
<b>Gentile Corp.</b> Fort Pierce, FL	<b>\$41,990.00</b>
<b>Total Roofing System Specialist</b> Stuart, FL	<b>No Bid</b>

### **PLEASE NOTE:**

- **COMMISSION MEETINGS ARE HELD THE FIRST AND THIRD MONDAY OF EVERY MONTH. CALL THE PURCHASING DEPARTMENT WEDNESDAY PRIOR TO THE MEETINGS FOR RECOMMENDATION OF AWARD.**

COPY

<p><b>DELIVER TO:</b>  City of Fort Pierce  100 North U.S. #1  Fort Pierce, FL 34950</p> <p><b>MAIL TO:</b>  City of Fort Pierce Procurement Dept.  P.O. Box 1480  Fort Pierce, FL 34954-1480</p>	<p align="center"><b>INVITATION TO BID</b></p> <p align="center">and</p> <p align="center"><b>BIDDER ACKNOWLEDGMENT</b></p>
<p>Contact: Gelencia Carter, 772-467-3748</p>	<p>Bid No: 2017-018</p>
<p>Mandatory Site Visit Date:  10:00AM, THURSDAY, APRIL 28, 2017</p>	<p>Bid Title: HOUSING REHABILITATION  PROJECT FOR 1209 RAYMOND AVENUE</p>
<p>Mandatory Site Visit Location:  1209 Raymond Avenue  Fort Pierce, FL 34950</p>	<p>Bid Opening Location:  City of Ft. Pierce Procurement Dept.  100 North U.S. #1, 1st Floor  Ft. Pierce, Florida 34950</p>
<p>Bid Due Date &amp; Time:  3:00PM, WEDNESDAY, MAY 11, 2017</p>	<p>If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this department as soon as possible.</p>
<p>Bidder Name:  <u>Gentile Corp</u></p> <p>Mailing Address:  <u>3160 Juniper Cove</u>  <u>West Palm Beach</u>  <u>FL, 33411</u></p>	<p><i>I hereby certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the bidder.</i></p> <p>x <u>Oscar Frozini</u>  Authorized Signature (Manual)</p>
<p>City, State, Zip Code:</p>	<p>Typed or Printed Name:  <u>OSCAR FROZINI</u></p>
<p>Type of Entity (Circle One):  <input checked="" type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Proprietorship</p>	<p>Title: <u>President</u></p>
<p>Incorporated in the State of: <u>FL</u> Year: <u>2003</u></p>	<p>Delivery in <u>90</u> days, ARO</p>
<p>Phone Number: <u>(772) 342-6928</u></p>	<p>Payment Terms: Net 30 Days</p>
<p>Fax Number:</p>	<p>FEIN or SS Number: <u>46-1976266</u></p>
<p>E-Mail Address: <u>Gentile llc@comcast</u></p>	<p>Local Business: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N MWBE: <input type="checkbox"/> Y <input type="checkbox"/> N</p>
<p>Bid Security is attached, when required, in the amount of \$ _____  F.O.B. DESTINATION</p>	<p>If returning as a "No Bid" state reason:</p>
<p align="center"><b>THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID</b></p>	

# SECTION VII FORM



**Certification Regarding  
Debarment, Suspension, Ineligibility,  
and Voluntary Exclusion**

**Contractor Covered Transactions**

- (1) The prospective contractor of the Recipient, Teulite Corp,  
(Contractor's Name)  
certifies by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or Agency.
- (2) Where the Recipient's contractor's is unable to certify to the above statement, the prospective contractor shall attach an explanation to this form.

Teulite Corp  
(Contractor's Name)

City of Fort Pierce  
(Recipient's Name)

Osar Frozini  
(Authorized Signature)

Date: 5/10/17

OSAR FROZINI  
(Print Name)

President  
(Title)

\_\_\_\_\_  
Division Contract Number

3160 Turtle Cove  
(Street and Address)

West Palm Beach FL 33411  
(City, State, Zip)



## DRUG~FREE WORKPLACE FORM

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

Teutile Corp 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 violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are proposed 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 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.

Anton Trozini  
 Proposer's Signature

5/10/17

Date

**Request for Taxpayer  
Identification Number and Certification**

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

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Gentile Corp**

2. Business name (disregarded entity name, if different from above)

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual sole proprietor or single member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 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.  
 Other (see instructions) ▶ \_\_\_\_\_

4. Exemption 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): \_\_\_\_\_  
 Know your account beneficiary rules (U.S.): \_\_\_\_\_

5. Address (number, street, and apt. or suite no.)  
**3160 Little Cove**

6. City, state, and ZIP code  
**West Palm Beach FL, 33411**

7. Tax account number (none optional)

8. Requester's name and address (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.

Social security number

--	--	--	--	--	--	--	--	--	--	--	--

or

Employer identification number

46	-	1976266
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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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA codes entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must check 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 this certification, but you must provide your correct TIN. See the instructions on page 3.

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

**General Instructions**

Some 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/w9](http://www.irs.gov/w9).

**Purpose of Form**

An individual or entity from which a requester is required to file information returns 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 (cancelled 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 this filled-out form, you:

- certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
- certify that you are not subject to backup withholding; or
- claim exemption from backup withholding if you are a U.S. citizen or payee, if applicable, you are also certifying that as a U.S. person, your alternate 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
- certify that FATCA codes entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 7 for further information.



THE SUNRISE CITY  
**FORT PIERCE**  
 PURCHASING  
 DEPARTMENT  
*Florida*

100 North U.S.1, P.O. Box 1480  
 Fort Pierce, Florida, 34954-1480

Phone: 772-467-3748  
 Fax: 772-467-3848

**REFERENCE CHECK FORM**  
 (Please print or type)

Bid Number: <u>2017-018</u>	Title: <u>SHIP Housing Rehabilitation Project</u>
Proposer/Respondent Name: <u>Frep Life Corp</u>	
Reference Company Name: <u>St Louis County Housing and COMMUNITY services</u>	
Telephone #: <u>(772) 462-5143</u>	Fax #: <u>(772) 462-2855</u>
Contact Name: <u>COBBIE McIVER</u>	Email: <u>mmiverc@stlucieco.org</u>

**Reference Instructions:** Submit a minimum of three (3) References – Fill out top portion only. The City will send form to the referenced company for completion after the City’s receipt of form in Bid.

The above company submitted a proposal to provide janitorial services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772)467-3848.

- When did this company work for you? From: \_\_\_\_\_ To: \_\_\_\_\_
- How would you describe the Contractor:

Quality of Work: \_\_\_\_\_

Dependability: \_\_\_\_\_

Integrity of owner and employees: \_\_\_\_\_

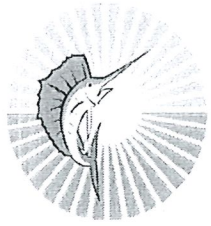
What areas could he/she improve upon? \_\_\_\_\_

Would you contract with this Contractor again?                      Yes      No      Maybe

- On a scale of 1 to 5, how would you rate his/her work in general?      1      2      3      4      5

- Add any information/comments that might help us evaluate their ability to perform for us?

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



THE SUNRISE CITY  
**FORT PIERCE**  
 PURCHASING  
 DEPARTMENT  
*Florida*

100 North U.S.1, P.O. Box 1480  
 Fort Pierce, Florida, 34954-1480

Phone: 772-467-3748  
 Fax: 772-467-3848

**REFERENCE CHECK FORM**  
 (Please print or type)

Bid Number: <u>2017-018</u>	Title: <u>SHIP Housing Rehabilitation Project</u>
Proposer/Respondent Name: <u>Gentile COOP</u>	
Reference Company Name: <u>Port of Luce Police Department</u>	
Telephone #: <u>(772) 373-2798</u>	Fax #: <u>(772) 373-6520</u>
Contact Name: <u>Mary Beth Lee</u>	Email: <u>MaryBeth.Lee@cityofpsl.com</u>

**Reference Instructions: Submit a minimum of three (3) References – Fill out top portion only. The City will send form to the referenced company for completion after the City’s receipt of form in Bid.**

The above company submitted a proposal to provide janitorial services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772)467-3848.

- When did this company work for you? From: \_\_\_\_\_ To: \_\_\_\_\_
- How would you describe the Contractor:

Quality of Work: \_\_\_\_\_

Dependability: \_\_\_\_\_

Integrity of owner and employees: \_\_\_\_\_

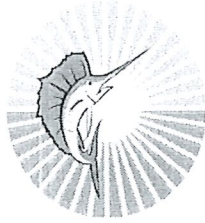
What areas could he/she improve upon? \_\_\_\_\_

Would you contract with this Contractor again?                      Yes      No      Maybe

- On a scale of 1 to 5, how would you rate his/her work in general?      1      2      3      4      5

- Add any information/comments that might help us evaluate their ability to perform for us?

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



THE SUNRISE CITY  
**FORT PIERCE**  
 PURCHASING  
 DEPARTMENT  
*Florida*

100 North U.S.1, P.O. Box 1480  
 Fort Pierce, Florida, 34954-1480

Phone: 772-467-3748  
 Fax: 772-467-3848

**REFERENCE CHECK FORM**  
 (Please print or type)

Bid Number: <u>2017-018</u>	Title: <u>SHIP Housing Rehabilitation Project</u>
Proposer/Respondent Name: <u>Jewelle COOP</u>	
Reference Company Name: <u>City of Hollywood Department of Community and Economic Development</u>	
Telephone #: <u>(954) 921-3251</u>	Fax #: <u>(954) 921-3390</u>
Contact Name: <u>Clay Milan</u>	Email: <u>cmilan@hollywoodfl.org</u>

Reference Instructions: Submit a minimum of three (3) References – Fill out top portion only. The City will send form to the referenced company for completion after the City's receipt of form in Bid.

The above company submitted a proposal to provide janitorial services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772)467-3848.

- When did this company work for you? From: \_\_\_\_\_ To: \_\_\_\_\_
- How would you describe the Contractor:

Quality of Work: \_\_\_\_\_

Dependability: \_\_\_\_\_

Integrity of owner and employees: \_\_\_\_\_

What areas could he/she improve upon? \_\_\_\_\_

Would you contract with this Contractor again?                      Yes      No      Maybe

- On a scale of 1 to 5, how would you rate his/her work in general?      1      2      3      4      5

- Add any information/comments that might help us evaluate their ability to perform for us?

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



# BID RESPONSE FORM



<b>Bid Item</b>	<b>SHIP HOUSING REHABILITATION PROJECT FOR 1209 RAYMOND AVENUE</b>		
<b>Bid Number</b>	<b>2017-018</b>	<b>Due Date &amp; Time</b>	<b>3:00PM, WEDNESDAY, MAY 11, 2017</b>

The offeror agrees to furnish the following items or services to the City of Fort Pierce at the place specified, in accordance with specifications herein at the prices quoted below:

ITEM DESCRIPTION	TOTAL
Roof	\$ 20,900 <sup>00</sup>
Plumbing	\$ 10,900 <sup>00</sup>
Ceiling Repair	\$ 6,990 <sup>00</sup>
Paint Exterior of Home	\$ 3,200 <sup>00</sup>
<i>Total</i>	\$ 41,990 <sup>00</sup>

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE

Vendor: Gentile Corp  
 Address: 3160 Turtle Cove  
 City, State, Zip Code: West Palm Beach FL, 33411  
 Email Address: Gentile11@comcast.net  
 Typed Name, Title: OSCAR FROZINI  
 Signature: [Signature] Date: 5/10/17  
 Telephone # (772) 342-6928 Fax # (772) 448-8967

(\*Please include Remit to address if different than address stated above)

Remit To: \_\_\_\_\_

Check block below for applicable minority indicator:

- Asian Indian  
  Black  
  Asian Pacific  
  Hispanic  
  Native American  
   
 Small Business  
  Women Owned  
  Small Disadvantage Business

## CITY OF FORT PIERCE BIDDER'S CHECKLIST

This checklist is provided to assist each Bidder in the preparation of their bid response. Included in this checklist are important requirements, which is the responsibility of each Bidder to submit with their response in order to make their response fully compliant. This checklist is only a guideline, it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

**Check "Yes" or "No" to each of the following:**

	YES	NO
Is Invitation to Bid cover page (page 1) completed, signed and attached?	✓	_____
Is Bid Response Form completed, signed and attached?	✓	_____
Is W-9 Form completed, signed and attached?	✓	_____
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	✓	_____
Include proof of proper licensing as stated in bid documents.	✓	_____
Include proof of proper insurance as stated in bid documents.	✓	_____
Bid envelope is marked accordingly.	✓	_____
Is Drug-Free Work Place form signed and enclosed?	✓	_____
Is Debarment form signed and enclosed?	✓	_____
Are three (3) complete bid packages included (one original and two copies)?	✓	_____
Is each Bid Addendum (when issued) signed and included?	✓	_____

**PLEASE SIGN AND RETURN WITH BID**

*Dwan Truzzi*



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

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

(850) 487-1395

FROZINI, OSCAR P  
GENTILE CORP  
3160 TURTLE COVE  
WEST PALM BEACH FL 33411

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](http://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**

CGC1521508 ISSUED: 07/24/2016

**CERTIFIED GENERAL CONTRACTOR  
FROZINI, OSCAR P  
GENTILE CORP**

IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date AUG 31, 2018 L1607240001976

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

<b>LICENSE NUMBER</b>	
CGC1521508	



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

FROZINI, OSCAR P  
GENTILE CORP  
3160 TURTLE COVE  
WEST PALM BEACH FL 33411





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/25/2017

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> G. S. Insurance Services, LLC 1056 Hypoluxo Rd Lantana, FL 33462 INSURED Gentile 3160 Turtle Cove West Palm Beach, FL 33411		<b>CONTACT NAME:</b> Melanie Shepherd <b>PHONE (A/C, No., Ext):</b> 561-296-1771 <b>E-MAIL ADDRESS:</b> gsinservice@aol.com <b>FAX (A/C, No.):</b> 561-296-1772	
		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: United Specialty INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR					
A			DCG00337	09/24/2016	09/24/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/PROP AGG \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER POLICY					
	OTHER					
	AUTOMOBILE LIABILITY					
	ANY AUTO					COMBINED SINGLE LIMIT (Per accident) \$
	ALL OWNED AUTOS	SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	HIRED AUTOS	NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	OCCUR				\$
	EXCESS LIAB	CLAIMS MADE				EACH OCCURRENCE \$
						AGGREGATE \$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH)	Y/N				PER STATUTE \$
	If yes, describe in letter	N/A				OTH. \$
	DESCRIPTION OF OPERATIONS below					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)

<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>	
City of Fort Pierce 100 N US Hwy 1 Fort Pierce, FL 34950		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 	

From: Fernando [gentilellc@comcast.net](mailto:gentilellc@comcast.net)  
 Date: May 10, 2017, 11:00:18 PM  
 To: Gentile Corp [gentilellc@comcast.net](mailto:gentilellc@comcast.net)



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
 04/25/2017

**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  FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue Clearwater, FL 33756	CONTACT NAME:	
	PHONE (A/C, No, Ext): (800) 277-1520 X4800	FAX (A/C, No): (727) 797-9704
INSURED  FrankCrum LLC/ Gentile Corp. 100 South Missouri Avenue Clearwater, FL 33756	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC#
	INSURER B:	
	INSURER C:	
	INSURER F:	

COVERAGES      CERTIFICATE NUMBER: 374126      REVISION NUMBER: 1

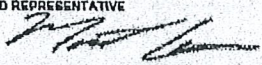
**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOT <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Per one person) \$ PERSONAL & ADW. INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <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 (Per occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe below: DESCRIPTION OF OPERATIONS below	N/A		WC20170000	01/01/2017	01/01/2018	X PER STATUTE    OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Effective 04/27/2015, coverage is for 100% of the employees of FrankCrum leased to Gentile Corp. (Client) for whom the client is reporting hours to FrankCrum. Coverage is not extended to statutory employees.

CANCELLATION

CERTIFICATE HOLDER

<p>City of Fort Pierce Building Department 100 N. US Highway 1 Fort Pierce, FL 34950-4205</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> 

ACORD 25 (2016/03)

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