

COPY

DELIVER TO:

City of Fort Pierce
100 North U.S. #1
Fort Pierce, FL 34950

INVITATION TO BID

and

BIDDER ACKNOWLEDGMENT

MAIL TO:

City of Fort Pierce Procurement Department
P.O. Box 1480
Fort Pierce, FL 34954-1480

Contact: Georgia Montgomery, 772-467-3748

Bid No: 2017-029

Mandatory Site Visit Date:

10:00AM, THURSDAY, OCTOBER 19, 2017

Bid Title: HOUSING REHABILITATION
PROJECT FOR 517 NORTH 16TH STREET

Mandatory Site Visit Location:

517 North 16th Street
Fort Pierce, FL 34950

Bid Opening Location:

City of Ft. Pierce Purchasing Dept.
100 North U.S. #1, 1st Floor
Ft. Pierce, Florida 34950

Bid Due Date & Time:

3:00PM, WEDNESDAY, OCTOBER 25, 2017

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.

Bidder Name:

Female Corp

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.

Mailing Address:

3160 Turtle Cove
West Palm Beach
FL 33411

X

Authorized Signature (Manual)

City, State, Zip Code:

Typed or Printed Name:

Oscar Frozini

Type of Entity (Circle One):

Corporation Partnership Proprietorship

Title:

President

Incorporated in the State of: FL Year: 2008

Delivery in _____ days, ARO

Phone Number: (772) 342-6978

Payment Terms: Net 30 Days

Fax Number: (772) 448-8967

FEIN or SS Number: 216-197 6266

E-Mail Address:

Local Business: Y N MWBE: Y N

Bid Security is attached, when required, in the amount of \$ _____

F.O.B. DESTINATION

If returning as a "No Bid" state reason:

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID

SECTION V

STATEMENT OF WORK

1. **SCOPE OF WORK**

This project should be bid according to the housing rehabilitation specifications set forth below. Project bid must be all inclusive.

- Re-Glaze all windows and patch around all windows
- Add accordion hurricane shutters to all windows (6 windows)
- Add new HVAC
- Pressure wash and paint exterior of home
- Replace disconnect box at exterior A/C unit
- Make exterior electrical safe; evaluate/replace existing panel

PLEASE NOTE:

- **Any roof work will require separate permit.**
- **The homeowner is responsible for boxing up and protecting any breakables. Owner is to supply and is also responsible for needed utilities to complete rehab.**

SECTION VI

FORMS



Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion

Contractor Covered Transactions

- (1) The prospective contractor of the Recipient, OSCAR FROZINI,
(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.

OSCAR FROZINI
(Contractor's Name)

City of Fort Pierce
(Recipient's Name)

Oscar Frozini
(Authorized Signature)

Date: _____

Oscar Frozini
(Print Name)

President
(Title)

Division Contract Number

3160 Turtle Cove
(Street and Address)

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

**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)
Hentile Corp

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) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
3160 Turtle Cove

City, state, and ZIP code
West Palm Beach FL 33411

List account number(s) here (optional)

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 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
46: 197 6266

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).

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 Here

Signature of U.S. person ▶

Date ▶

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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. 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

October 20, 2017



CITY OF FORT PIERCE

HOUSING REHABILITATION PROJECT ~ 517 NORTH 16th STREET

BID NO. 2017-029

ADDENDUM NO. 1

The purpose of this addendum is to modify the specifications to include:

- Add gutters around entire roof
and
- To provide a Revised Bid Form (see attached)

All other conditions of this bid remain the same.

Please acknowledge receipt of this addendum and include it with your submittal.

Signature: Osvaldo Frozini
Manual

Signature: OSVALDO FROZINI
Typed or Printed

Company Name: Trentile Corp

Address: 3160 Turtle Cove

Date: 10/20/17

/gc



Revised BID RESPONSE FORM



Bid Item	SHIP HOUSING REHABILITATION PROJECT FOR 517 NORTH 16TH STREET		
Bid Number	2017-029	Due Date & Time	3:00PM, WEDNESDAY, OCTOBER 25, 2017

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
Re-Glaze all windows and patch around all windows	\$ _____
Add accordion hurricane shutters to all windows (6 windows)	\$ 3280
Add new HVAC	\$ 5990
Pressure wash and paint exterior of home	\$ 2890
Replace disconnect box at exterior A/C Unit	\$ 250
Make exterior electrical safe; evaluate/replace existing panel	\$ 1500
Re-Glaze all windows and patch around all windows	\$ 1390
Add accordion hurricane shutters to all windows (6 windows)	\$ _____
Add new HVAC	\$ _____
Pressure wash and paint exterior of home	\$ _____
Add gutters around entire roof	\$ 1690
Total	\$ 16,990 ⁰⁰

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE
①	10/20/17

Vendor: Gentile Corp

Address: 3160 Turtle Cove

City, State, Zip Code: West Palm Beach, FL 33411

Email Address: Gentilellc@comcast.net

Typed Name, Title: Oscar Frozini, President

Signature Oscar Frozini Date 10/20/17

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



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>2017-029</u>	Title: <u>SHIP Housing Rehabilitation Project - 517 North 16th Street</u>
Proposer/Respondent Name: <u>HENTILE CORP</u>	
Reference Company Name: <u>St Lucie County Housing</u>	
Telephone #: <u>(772) 467-5143</u>	Fax #: <u>(772) 467-7855</u>
Contact Name: <u>CONNIE MCIVER</u>	Email: <u>mciver@stlucie.co.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>2017-029</u>	Title: <u>SHIP Housing Rehabilitation Project - 517 North 16th Street</u>
Proposer/Respondent Name: <u>Kenzie Corp</u>	
Reference Company Name: <u>Port St Lucie Police Department</u>	
Telephone #: <u>(772) 871-5183</u>	Fax #: <u>(772) 873-6520</u>
Contact Name: <u>JISA SMITH</u>	Email: <u>2WSmith@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>2017-029</u>	Title: <u>SHIP Housing Rehabilitation Project -517 North 16th Street</u>
Proposer/Respondent Name: <u>Genile Corp</u>	
Reference Company Name: <u>City of Hollywood Dpt of Community and Economic Development</u>	
Telephone #: <u>(954) 921-3271</u>	Fax #: <u>(954) 921-3390</u>
Contact Name: <u>CITY 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?

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Bid Response Form completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is W-9 Form completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Include proof of proper licensing as stated in bid documents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Include proof of proper insurance as stated in bid documents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bid envelope is marked accordingly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Drug-Free Work Place form signed and enclosed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Debarment form signed and enclosed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are three (3) complete bid packages included (one original and two copies)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is each Bid Addendum (when issued) signed and included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PLEASE SIGN AND RETURN WITH BID

Oliver Trozini



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

(850) 487-1391

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. 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, SECRETAR

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

LICENSE NUMBER	
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



ISSUED 07/24/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607240001976



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/20/2017

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) 277-1620 X4800	FAX (A/C, No): (727) 797-0704
INSURED FrankCrum L/C/F Gentile Corp. 100 South Missouri Avenue Clearwater, FL 33756	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC#
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 440834 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 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"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC201700000	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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.

CERTIFICATE HOLDER City of Fort Pierce 100 North US Highway 1 Fort Pierce, FL 34950	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 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/20/2017

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).

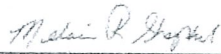
PRODUCER G.S. Insurance Services, LLC 1056 Hypoluxo Rd Lantana FL 33462		CONTACT NAME: Melanie Shepherd PHONE (A/C, No, Ext): 561-296-1771 FAX (A/C, No): 561-296-1772 E-MAIL ADDRESS: gsinservice@aol.com	
INSURED Gentile Corp. 3160 Turtle Cove West Palm Beach FL 33411		INSURER(S) AFFORDING COVERAGE INSURER A: United Specialty INSURER B: Progressive 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 Y/N	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					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000
A	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER <input type="checkbox"/>	Y	DCG00337	12/31/2016	12/31/2017	PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
<input type="checkbox"/>	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	019188555	10/20/2017	10/20/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER 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)
City Of Fort Pierce/Grant Administrative Division and their members, officials, officers and employees.

CERTIFICATE HOLDER City of Fort Pierce/Grant Administrative Division Attn: Purchasing Department P.O. Box 1480 Ft. Pierce FL 34954-1490	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 
--	--