

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: Sheldon Lawrence, 772-467-3747

Bid No: 2018-006

Mandatory Site Visit Date:

10:00AM, THURSDAY, DECEMBER 28, 2018

Bid Title: HOUSING REHABILITATION
PROJECT FOR 206 NORTH 18TH COURT

Mandatory Site Visit Location:

206 N. 18TH COURT
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, THURSDAY, JANUARY 18, 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:

Gentile 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
Florida 33411

X Juan Trozini
Authorized Signature (Manual)

City, State, Zip Code:

Typed or Printed Name: OSW TROZINI

Type of Entity (Circle One):

Corporation Partnership Proprietorship

Title: President

Incorporated in the State of: FL Year:

Delivery in 60 days, ARO

Phone Number: (991) 520-0518 (772) 342-6928

Payment Terms: Net 30 Days

Fax Number: (772) 448-8967

FEIN or SS Number: 461976266

E-Mail Address: gentilellc@comcast.net

Local Business: Y N MWBE: Y N

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

If returning as a "No Bid" state reason:

F.O.B. DESTINATION

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID



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: 1/16/18

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: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D--disregarded entity, C--corporation, P--partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) 3160 Turtle Cove	
City, state, and ZIP code West Palm Bch, FL 33411		Requester's name and address (optional)
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

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

Social security number
or
Employer identification number 26-197 6266

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).

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:

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.

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,



REVISED BID RESPONSE FORM

Bid Item	HOUSING REHABILITATION PROJECT FOR 206 NORTH 18TH COURT		
Bid Number	2018-006	Due Date & Time	3:00PM, THURSDAY, JANUARY 22, 2018

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
Replace roof; strip rotted decking and framing, as necessary	\$ <u>9700</u>
Add gutters	\$ <u>1200</u>
Repair interior ceilings damaged from leaking roof	\$ <u>1190</u>
Replace HVAC	\$ <u>5750</u>
Add accordion hurricane shutters – 17 windows	\$ <u>4890</u>
Re-glaze windows, replace broken/missing panes, window cranks, handles, screens, as needed; replace putty around window framing as needed;	\$ <u>990</u>
Pressure wash and paint home exterior	\$ <u>1990</u>
Total	\$ <u>25,710</u>

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE
1	1/18/2018

Vendor Gentile Corp
 Address 3160 W 21st Ave
 City, State, Zip Code West Palm Beach FL, 33411
 Email Address gentilellc@comcast.net
 Typed Name, Title, Osair Frosini President
 Signature Osair Frosini Date 1/21/18
 Telephone # (954) 520-0548 Fax # _____

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

Remit To: _____

Check blocks below for applicable minority indicators:

- Asian Indian Black Asian Pacific Hispanic
- Native American Small Business Women Owned Small Disadvantaged B...



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>2018-006</u>	Title: <u>Housing Rehabilitation Project - 206 North 18th Court</u>
Proposer/Respondent Name: <u>Dentite 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>Connie Mciver</u>	Email: <u>mciverc@stlouisco.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: _____

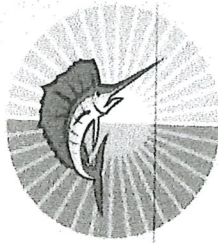
Integrity of owner and employees: _____

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: 2018-006	Title: Housing Rehabilitation Project - 206 North 18 th Court
Proposer/Respondent Name: Kenite Corp	
Reference Company Name: Fort St Louis Police Department	
Telephone #: (772) 701-3064	Fax #: (772) 873-6520
Contact Name: Lisa Smith	Email: lsmith@cityofpsl.com

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>2018-006</u>	Title: <u>Housing Rehabilitation Project -206 North 18th Court</u>
Proposer/Respondent Name: <u>Frontier Corp</u>	
Reference Company Name: <u>City of Hollywood Dept. of Community and Economic Development</u>	
Telephone #: <u>(954) 921-3291</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?	<u>✓</u>	_____
Is Bid Response Form completed, signed and attached?	_____	_____
Is W-9 Form completed, signed and attached?	<u>✓</u>	_____
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	<u>✓</u>	_____
Include proof of proper licensing as stated in bid documents.	<u>✓</u>	_____
Include proof of proper insurance as stated in bid documents.	<u>✓</u>	_____
Bid envelope is marked accordingly.	<u>✓</u>	_____
Is Drug-Free Work Place form signed and enclosed?	<u>✓</u>	_____
Is Debarment form signed and enclosed?	<u>✓</u>	_____
Are three (3) complete reference forms included?	<u>✓</u>	_____
Are three (3) complete bid packages included (one original and two copies)?	<u>✓</u>	_____
Is each Bid Addendum (when issued) signed and included?	<u>✓</u>	_____

PLEASE SIGN AND RETURN WITH BID

Quon Trozini



CITY OF FORT PIERCE

HOUSING REHABILITATION PROJECT ~ 206 NORTH 18TH COURT

BID NO. 2018-006

ADDENDUM NO. 1

The purpose of this addendum is to include a REVISED Bid Response Form and extend the opening date.

- The bid items on the original form are incorrect; please use the attached form for submitting your bid.
- The opening date has been extended to **3:00PM, Monday, January 22, 2018.**

All other conditions of this bid remain the same.

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

Signature: Osun Frozini Manual

Signature: Osun Frozini Typed or Printed

Company Name: Turtle Corp

Address: 3160 Turtle Cove
West Palm Beach FL 33411

Date: 1/21/18

/gc

Attachment: Revised Bid Form



2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783

(850) 487-1332

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, SECRETARY

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



DISPLAY AS REQUIRED BY LAW

SEQ # L1607240001976

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

INSURED
FrankCrum L/C/F Gentile Corp.
100 South Missouri Avenue
Clearwater, FL 33756


CONTACT NAME:	
PHONE (A/C, No. Ext): (800) 277-1620 X 4800	FAX (A/C, No.): (727) 767-0704
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A: Frank Winston Crum Insurance Company	NAIC# 11680
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

CERTIFICATE NUMBER: 418897 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.

NBR LTR	TYPE OF INSURANCE	ADDL RFRD	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 <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/DP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> Hired AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						SCHEDULED AUTOS NON-OWNED AUTOS ONLY OCCUR CLAIMS-MADE	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In N/A) If yes, describe under DESCRIPTION OF OPERATIONS below			WC201800000	01/01/2018	01/01/2019	<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)
Active 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 Ft. Pierce
Department of Urban Redevelopment
PO Box 1435
Fort Pierce
FL 349541440

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)
01/04/2018

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

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

PRODUCER G S Insurance Services LLC 1056 Hypoluxo Rd Lantana FL 33462 INSURED Gentle Corp 9180 Turtle Cove West Palm Beach FL 33411	CONTACT NAME Melaine Shepherd PHONE (A/C, No, Ext) 561-296-1771 E-MAIL ADDRESS: gsinsservice@aol.com FAX (A/C, No) 561-296-1772 INSURER(S) AFFORDING COVERAGE INSURER A: United Specialty NAIC # 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN. AGGREGATE LIMIT APPROX \$500,000 AUTOMOBILE LIABILITY UMBRELLA LIAB EXCESS LIAB WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (Mandatory to NH)		DCG00337	12/31/2017	12/31/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (per occurrence) \$ 100,000 VEH. BODILY INJURY/PERSONAL & ADV. INJURY \$ 5,000 PERSONAL & ADV. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS, COMMOD. \$ 1,000,000 COMBINED SINGLE LIMIT (Aggregate) \$ 1,000,000 BODILY INJURY - PERSONAL & ADV. INJURY - Per Accident \$ PROPERTY DAMAGE - Per Accident \$ BODILY INJURY - PERSONAL & ADV. INJURY - Per Occurrence \$ EXCESS OCCURRENCE \$ AGGREGATE \$ BODILY INJURY - PERSONAL & ADV. INJURY - Per Accident \$ BODILY INJURY - PERSONAL & ADV. INJURY - Per Occurrence \$ BODILY INJURY - PERSONAL & ADV. INJURY - Per Occurrence \$
B	AUTOMOBILE LIABILITY UMBRELLA LIAB EXCESS LIAB WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (Mandatory to NH)		19198855-5	10/26/2017	10/26/2018	COMBINED SINGLE LIMIT (Aggregate) \$ 1,000,000 BODILY INJURY - PERSONAL & ADV. INJURY - Per Accident \$ PROPERTY DAMAGE - Per Accident \$ BODILY INJURY - PERSONAL & ADV. INJURY - Per Occurrence \$ EXCESS OCCURRENCE \$ AGGREGATE \$ BODILY INJURY - PERSONAL & ADV. INJURY - Per Accident \$ BODILY INJURY - PERSONAL & ADV. INJURY - Per Occurrence \$ BODILY INJURY - PERSONAL & ADV. INJURY - Per Occurrence \$

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

CERTIFICATE HOLDER City of Ft. Pierce Department of Urban Redevelopment Att. Purchasing Department PO Box 1490 Fort Pierce FL 349541480	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
---	--