

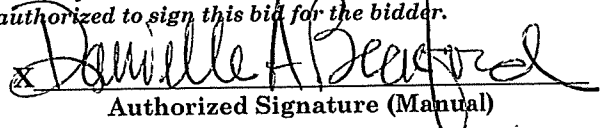
DELIVER TO: City of Fort Pierce Purchasing Division, Room 101 100 North U.S. #1 Fort Pierce, FL 34950 MAIL TO: City of Fort Pierce Purchasing Division, Room 101 P.O. Box 1480 Fort Pierce, FL 34954-1480	REQUEST FOR PROPOSAL and PROPOSAL ACKNOWLEDGMENT
Bid Writer: Latonya Hubbard , 772-467-3102	RFP NO: 2019-009
Mandatory Pre-Proposal Conference: FRIDAY, JANUARY 25, 2019	RFP TITLE: DEMOLITION & ASBESTOS/LEAD BASE PAINT ABATEMENT ANNUAL CONTRACT
Mandatory Pre-Proposal Conference Location: ENGINEERING CONFERENCE ROOM, 1 ST FLOOR CITY HALL, 100 NORTH U.S. 1, FORT PIERCE, FL	Opening Location: City of Ft. Pierce Purchasing Division Room 101 100 North U.S. #1 Ft. Pierce, Florida 34950
Proposal Due Date & Time: 3:00PM, TUESDAY, FEBRUARY 12, 2019	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: <i>L.E.B. Demolition & Consulting Contractors, Inc.</i> Mailing Address: <i>7 Harbour Isle Dr. East</i> <i>204</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.  Authorized Signature (Manual)
City, State, Zip Code: <i>Fort Pierce, FL 34949</i>	Typed or Printed Name: <i>Danielle A. Bleckford</i>
Type of Entity (Circle One): <input checked="" type="radio"/> Corporation Partnership Proprietorship	Title: <i>President</i>
Incorporated in the State of: <i>FL</i> Year: <i>1985</i>	Delivery in <i>TBD</i> days, ARO
Phone Number: <i>772-461-4545</i>	Payment Terms: Net 30 Days
Fax Number: <i>772-461-2225</i>	FEIN or SS Number: <i>65-0270905</i>
E-Mail Address: <i>iwreckn@aol.com</i>	Local Business: <i>certification</i> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N MWBE: <i>(in process)</i> <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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 PROPOSAL	

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SECTION I

GENERAL CONDITIONS, INSTRUCTIONS AND INFORMATION FOR PROPOSERS

1. GENERAL INFORMATION

These documents constitute the complete set of specification requirements and proposal forms. All proposal sheets and attachments must be executed and submitted in a sealed envelope. **DO NOT INCLUDE MORE THAN ONE PROPOSAL PER ENVELOPE (CLEARLY MARK PROPOSAL AS "ORIGINAL" AND REQUESTED NUMBER OF COPIES AS "COPY" ON EACH SET ENCLOSED).** The face to the envelope shall contain Proposer's name, return address, the date and time of proposal opening, the proposal number and title. Proposals not submitted on the enclosed Proposal Form shall be rejected. By submitting a proposal, the Proposer agrees to be subject to all terms and conditions specified herein. No exceptions to the terms and conditions shall be allowed. Proposers shall submit **four (4) complete sets (one [1] original and three [3] copies) and one (1) digital copy of their proposal complete with all supporting documentation.** SUBMITTAL OF A PROPOSAL IN RESPONSE TO REQUEST FOR PROPOSAL CONSTITUTES AN OFFER BY THE PROPOSER. Proposals which do not comply with the requirements may be rejected at the option of the City.

2. DELAYS

The City, at its sole discretion, may delay the scheduled due dates indicated above if it is to the advantage of the City to do so. The City will notify proposers of all changes in scheduled due dates by written addendum.

3. EXECUTION OF PROPOSAL

Proposal must contain a manual signature, in ink, of an authorized representative who has the legal ability to bind the Proposer in contractual obligations in the space provided on Page 1 of Proposer/Proposal Acknowledgment and on the Proposal Response Form. **FAILURE TO PROPERLY SIGN THE PROPOSAL SHALL INVALIDATE SAME, AND IT SHALL NOT BE CONSIDERED FOR AN AWARD.** Proposals must be typed or legibly printed in ink. All corrections made by Proposer to any part of the proposal document must be initialed in ink. The original proposal conditions and specifications cannot be changed or altered in any way. Altered proposals will not be considered. Clarification of proposals submitted shall be in letterform, signed by proposers and attached to the proposal.

4. NO BID

If not submitting a proposal, respond by returning only the Proposer acknowledgment form, marking it "No Bid," and give the reason in the space provided.

5. PROPOSAL OPENING

Shall be public, at the address, date, and time specified on the proposer Acknowledgment form. The proposal time must be and shall be scrupulously observed. Under no circumstances shall proposals delivered after the time specified be considered; such proposals will be returned unopened. The City will not be responsible for late deliveries or delayed mail. The time/date stamp clock located in the Purchasing Division shall serve as the official authority to determine lateness of any proposal. It is the Proposers sole responsibility to assure that his/her proposal is complete and delivered at the proper time and place of the proposal opening. Proposals which for any reason are not so delivered will not be considered. Offers by facsimile, telegram, or telephone is not acceptable. A proposal may NOT be altered by the Proposer after opening of the proposals. Proposal tabulations will be furnished on the web site: <https://www.demandstar.com>.

6. TAXES

The City is exempt from Federal Excise and State Sales Taxes on direct purchases of tangible personal property. The City exemption number is on the face of the Purchase Order. If requested, the Purchasing

Director will provide an exemption certificate to the awarded Proposer. Vendors or contractors doing business with the City shall not be exempt from paying sales tax to their suppliers for materials to fulfill contractual obligations with the City Tax Exemption Number in securing such materials. This exemption does not apply to purchases of tangible personal property in the performance of contracts for the City.

7. **DISCOUNTS**

Cash discounts for prompt payment shall not be considered in determining the lowest net cost for proposal evaluation purposes.

8. **MISTAKES**

- a. Proposers are expected to examine the specifications, delivery schedule, proposal prices, extensions and all instructions pertaining to supplies and services. **FAILURE TO DO SO WILL BE AT PROPOSER'S RISK.** In the event of extension error(s), the unit price will prevail and the Proposer's total offer will be corrected accordingly.
- b. Written amounts shall take precedence over numerical amounts. In the event of addition error(s), the unit price and extension thereof will prevail and the Proposer's total offer will be corrected accordingly. Proposals having erasures or corrections must be initialed in ink by the Proposer.

9. **INVOICING AND PAYMENT**

Payment for any and all invoice(s) that may arise as a result of a contract or purchase order issued pursuant to this proposal specification shall minimally meet the following conditions to be considered as a valid payment request:

- a. A timely submission of a properly certified invoice(s), in strict accordance with the price(s) and delivery elements as stipulated in the contract or purchase order document, and to be submitted to the Finance Department at the address as stipulated on the Purchase Order.
- b. All invoices submitted shall consist of an original and one (1) copy; clearly reference the subject contract or purchase order number; provide a sufficient salient description to identify goods or service for which payment is requested; contain date of delivery; proposal number, original or legible copy of signed delivery receipt including both a manual signature and printed name of a designated City employee or authorized agent; be clearly marked as "partial", "complete", or "final" invoice. The City will accept partial deliveries unless otherwise specified into contract or purchase order document.
- c. The invoice shall contain the Proposer's Federal Employer Identification Number (F.E.I.N.).

10. **DELIVERY**

Unless actual date is specified (or if specified delivery cannot be met), show number of days required to make delivery after receipt of purchase order or contract in space provided. Delivery time may be a basis for making of award. Delivery shall be during the normal working hours of the user department, Monday through Friday, unless otherwise specified and incorporated into contract or purchase order document. Delivery shall be to the location specified in the proposal specifications.

11. **ADDITIONAL TERMS AND CONDITIONS**

No additional terms and conditions included with the proposal response shall be evaluated or considered. Any and all such additional terms and conditions shall have no force and effect, and are inapplicable to this proposal if submitted either purposely through intent or design, or inadvertently appearing separately in transmittal letters, specifications, literature, price lists or warranties. It is understood and agreed that the general and/or any special conditions in these Proposal Documents are the only conditions applicable to this proposal and the Proposer's authorized signature on the Proposal Form attests to this.

12. **INTERPRETATION**

All Proposers shall carefully examine the Proposal Documents. Any ambiguities or inconsistencies shall be brought to the attention of the City in writing prior to the opening of Proposals; failure to do so, on the part of the proposer, will constitute an acceptance by the Proposer of any subsequent decision. Any questions concerning the intent, meaning, and interpretation of the Proposal Documents shall be requested in writing, and received by the City at least seven (7) days prior to the Proposal Opening. Inquiries shall be addressed to the attention of the Contact person as indicated on Page 1. No person is authorized to give oral interpretations of, or make oral changes to, the proposal. Therefore, oral statements given before the proposal opening will not be binding. Any interpretation of or changes to the proposal will be made in the form of a written Addendum to the proposal and will be furnished to all Proposers. Receipt of all addenda shall be acknowledged by the Proposers by signing and enclosing said addenda with their proposal.

The City will record its responses to inquiries and any supplemental instructions in the form of a written addendum. The City will send a written addendum to all Proposers who requested a proposal directly from the City Purchasing Division. All proposers should contact the City at least seven (7) calendar days before the proposal opening date to ascertain whether any addendums have been issued. Failure to do so could result in rejection of the proposal as unresponsive. The City shall not be responsible for providing said addendum to proposers who receive proposal packages from other sources.

13. **ADDENDUM**

Should revisions to the Proposal Documents become necessary, the City will provide a written addendum to all proposers who received a proposal package from the City's Purchasing Division. Proposers who obtain Proposal Documents from other sources must officially register with the City's Purchasing Division in order to be placed on the mailing list for any forthcoming addendum or their official communications. Failure to register as a prospective Proposer may cause your proposal to be rejected as non-responsive if you have failed to submit a proposal without an addendum acknowledgment for the most current addendum.

Previous addenda are deemed received when a subsequent addendum is acknowledged. It is the Proposer's responsibility to contact the City in the event that a previous addendum is not received. Latest addendum shall be signed and returned with the proposal as acknowledgment of addendum.

14. **DISPUTES**

Any Proposer who disputes the proposal selection or contract award recommendation shall file such dispute according to the proposal protest procedures. These procedures are available upon request from the City.

15. **CONFLICT OF INTEREST**

All proposers must disclose with their proposal the name of any officer, director, or agent who is also an employee of the City. All Proposers must disclose the name of any City employee who owns, directly or indirectly, an interest of five percent (5%) or more in the Proposer's firm or any of its branches.

16. **LEGAL REQUIREMENTS**

Proposers are required to comply with all provisions of Federal, State, County and local laws and ordinances, rules and regulations, that are applicable to the items being proposal. Lack of knowledge by the proposer shall in no way be a cause for relief from responsibility, or constitute a cognizable defense against the legal effect thereof.

17. **DRUG-FREE WORK PLACE (DFW)**

Preference shall be given to business with Drug-Free Work Place (DFW) Programs. Whenever two or more proposals which are equal with respect to price, quality, and service are received by the City for the procurement of commodities or contractual services, a proposal received from a business that completes the attached DFW form certifying that it is a DFW shall be given preference in the award process.

25. **ADVERTISING**

In submitting a proposal, Proposer agrees not to use the results therefrom as a part of any commercial advertising, without the express written approval, by the appropriate level of authority within the City.

26. **ASSIGNMENT**

Any purchase order or contract issued pursuant to this Invitation to Proposal and the monies which may become due hereunder are not assignable except with the prior written approval of the City, through the Purchasing Division.

27. **COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH**

Proposer certifies that all material, equipment, etc., contained in his/her proposal meets all applicable O.S.H.A. requirements. Proposer further certifies that, if he/she is the successful Proposer, and the material, equipment, etc., delivered is subsequently found to be defective in applicable O.S.H.A. requirement in effect on the date of delivery, all costs necessary to comply with the requirements shall be born by the Proposer.

28. **FACILITIES**

The City reserves the right to inspect the Proposer's facilities at any reasonable time, during normal working hours, with prior notice to determine that Proposer has a bona fide place of business, and is a responsible Proposer.

29. **REPRESENTATION**

A Proposer must have at the time of proposal opening, a manufacturing plant in operation, or be a fully authorized agent or representative of the product proposal, and capable of producing or providing the items proposal, and so certify upon request.

30. **DISQUALIFICATION OF PROPOSER**

More than one proposal from an individual, firm, partnership, corporation, or association under the same or different names will not be considered. Reasonable grounds for believing that a Proposer is involved in more than one proposal submittal will be cause for rejection of all proposals in which such Proposers are believed to be involved. Any or all proposals will be rejected if there is reason to believe that collusion exists between Proposers Proposals in which the prices obviously are unbalanced will be subject to rejection.

31. **ADJUSTMENTS/CHANGES/DEVIATIONS**

No adjustments, changes or deviations shall be accepted on any item unless conditions or specifications of a proposal expressly so provide. Any other adjustments, changes or deviations shall require prior written approval, and shall be binding ONLY if issued by the City's/FPUA's Purchasing Division. The Proposer shall bear sole responsibility for any and all costs of claims arising from any adjustments, changes or deviations not properly executed as required herein.

32. **INSURANCE**

The awarded Proposer(s) shall maintain insurance coverage reflecting the minimum amounts and conditions specified in the attached specifications or the Special Terms and Conditions. In the event the proposer is a governmental entity or a self-insured organization, different requirements may apply. Misrepresentation of any material fact, whether intentional or not, regarding the Proposer's insurance coverage, policies or capabilities may be grounds for rejection of the proposal and rescission of any ensuing contract.

33. **PUBLIC RECORDS**

Upon award recommendation or ten days after opening, proposals become "public records" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes. Proposers must invoke the exemptions to disclosure provided by law in the response to the Proposal, and must identify the data or other materials to be protected, and must state the reasons why such exclusion from public disclosure is necessary.

34. PROPOSAL PREPARATION COSTS

Neither the City nor its representatives shall be liable for any expenses incurred in connection with preparation of a response to this Request for Proposal. Proposer's should prepare their proposals simply and economically, providing all information and prices as required.

35. COOPERATIVE PURCHASING

Any governmental purchasing authority may participate in this purchase for services and commodities from this successful award.

ANY AND ALL SPECIAL TERMS AND CONDITIONS, TECHNICAL REQUIREMENTS, SCOPE OF WORK OR SPECIFICATIONS ATTACHED HERETO WHICH VARY FROM THESE GENERAL CONDITIONS SHALL HAVE PRECEDENCE.

SECTION II

REQUIRED LIMITS OF INSURANCE

Contractor shall, at its own expense, procure and maintain throughout the term of this Agreement, with insurers acceptable to the City of Fort Pierce, the types and amounts of insurance conforming to the minimum requirements set forth herein. Contractor shall not commence work until the required insurance is in force and evidence of insurance acceptable to the City of Fort Pierce has been provided to, and approved by, the City of Fort Pierce. An appropriate Certificate of Insurance shall be satisfactory evidence of insurance. Until such insurance is no longer required by this Contract, Contractor shall provide the City of Fort Pierce with renewal or replacement evidence of insurance at least thirty (30) days prior to the expiration or termination of such insurance. To the extent Contractor is permitted to and elects to sub-contract any of the work performed under this Agreement, Contractor will require all subcontractors to provide insurance coverage complying with the requirements set forth herein, and will provide the City of Fort Pierce with evidence of such coverage prior to the commencement of the subcontractor's work.

Workers' Compensation/Employers' Liability - Such insurance shall be no more restrictive than that provided by the Standard Workers' Compensation Policy, as filed for use in Florida by the National Council on Compensation Insurance, without restrictive endorsements. In addition to coverage for the Florida Workers' Compensation Act, where appropriate, coverage is to be included for the Federal Employer's Liability Act and any other applicable Federal or State law. The minimum amount of coverage (inclusive of any amount provided by an umbrella or excess policy) shall be:

Part One:	"Statutory"
Part Two:	\$500,000 (Each Accident)
	\$500,000 (Disease-Policy Limit)
	\$500,000 (Disease-Each Employee)

Commercial General Liability - Such insurance shall be no more restrictive than that provided by the most recent version of standard Commercial General Liability Form (ISO Form CG 00 01) as filed for use in the State of Florida without any restrictive endorsements. The City of Fort Pierce shall be included as an "Additional Insured" on a form no more restrictive than ISO Form CG 20 10 (Additional Insured - Owners, Lessees, or Contractors). The minimum limits (inclusive of amounts provided by an umbrella or excess policy) shall be:

General Aggregate	\$1,000,000
Products/Completed Operations Aggregate	\$500,000
Personal and Advertising Injury	\$500,000
Each Occurrence	\$500,000
Fire Damage (any one fire)	\$Nil
Medical Expense (any one person)	\$Nil

Fort Pierce FL 34954-1480

**Additional Insured on the Commercial General Liability
City of Fort Pierce and its members, officials, officers and employees**

SECTION III

INSTRUCTIONS TO PROPOSERS

1. PROPOSAL OPENING

- 1.1 Proposals are due on or before **3:00 PM, Tuesday, February 12, 2019**. One (1) original, three (3) copies and one (1) digital copy of sealed proposals shall be mailed or delivered to:

Delivery Address:
City of Fort Pierce
Purchasing Division, Room 101
100 North U.S. Hwy. 1
Fort Pierce, FL 34950

Mailing Address:
City of Fort Pierce
Purchasing Division, Room 101
100 North U.S. Hwy. 1
Fort Pierce, FL 34950

Any proposals received after the designated time and date listed above will be returned unopened.

- 1.2 All proposals and qualifications will be publicly opened at the time and place specified. In accordance with Section 2-63(2)d of the City of Fort Pierce Code, No proposals shall be handled so as to permit disclosure of the identity of any offeror or the contents of any proposal to competing offerors during the process of negotiation. A register of proposals shall be prepared containing the name of each offeror, the number of modifications received, if any, and a description sufficient to identify the item offered. **The register of proposals shall be open for public [viewing] only after contract award."**
- 1.3 As provided in the request for proposals, discussions may be conducted with responsible offerors who submit proposals determined to be reasonably susceptible of being selected for award for the purpose of clarification to assure full understanding of, and conformance to, the solicitation requirements. Offerors shall be accorded fair and equal treatment with respect to any opportunity for discussion and revision of proposals and such revisions may be permitted after submissions and prior to award for the purpose of obtaining best and final offers. In conducting discussions, there shall be no disclosure of the identity of competing offerors or of any information derived from proposals submitted by competing offerors.

2. **MANDATORY PRE-BID MEETING**

A Mandatory Pre-Bid Meeting will be held at 10:00 A.M., Friday, January 25, 2019, in the Engineering First Floor Conference Room, City Hall , 100 North U.S. #1, Fort Pierce, FL. All interested bidders **MUST** attend this meeting in order for their bids to be considered. Anyone arriving after 10:15 A.M. will not be allowed to participate in the bid process.

3. **RECEIPT OF PROPOSALS**

Unless otherwise stated in the technical specifications of the RFP, the City will accept one, and only one, proposal per Offeror. In the event a team of firms is entering into a joint venture to respond to the RFP, one firm shall be named the prime contractor and the proposal shall be submitted in the name of the prime contractor. All correspondence concerning the RFP will be between the City and prime contractor.

4. **INQUIRIES/QUESTIONS**

3.1 All inquiries shall be in a written format and addressed to the Code Compliance Manager with a copy to the Purchasing Division:

TO

Margaret Arriaz
Code Compliance Manager
100 North U.S. Hwy. 1
Fort Pierce, FL 34954-1480
Fax: 772-466-5808
Email: parriaz@city-ftpierce.com

COPY

Gelencia Carter, MPA
Purchasing Manager
100 North U.S. Hwy. 1
Fort Pierce, FL 34950
Fax: 772-467-3848
Email: biddesk@city-ftpierec.com

3.2 Questions and requests for clarification will be received seven (7) days prior to the proposal due date.

5. **MINORITY PARTICIPATION AND OUTREACH PROGRAM**

Describe your firm's program and/or policies in regard to minority and non-discrimination, including the firm's history of Minority and Women Owned Business Enterprise (M/WBE) participation. Include a strategy for promoting minority participation in this project and a realistic goal for participation. List references of Owners, M/WBE firms or Vendors who can speak to your firm's utilization of M/WBE on previous projects.

6. **CERTIFICATE OF INSURANCE**

In order to do business with the City of Fort Pierce, you must provide proof of insurance to include general liability, workers compensation, and automobile insurance with proposal submittal. If awarded, insurance must comply with the Required Limits of Insurance as indicated in Section III of the specifications.

7. **BUSINESS TAX RECEIPT (OCCUPATIONAL LICENSE)**

Provide a valid Business Tax Receipt (Occupational License) from your jurisdiction with your proposal submittal.

8. **W-9 TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION FORM**

The Proposer will be required to return a completed W-9 Taxpayer Identification Form with their proposal submittal.

9. **PURCHASING CARD PROGRAM**

9.1 The City has implemented a **Purchasing Card Program**. The selected Proposers(s) can take advantage of this program and in consideration receive payment within several days, instead of the City's policy of Net 30 Days After Receipt of Invoice (ARI). **Any percentage off the Proposal**

9.2 **Price for the acceptance of Visa will be considered in the Proposal award**. If no such percentage is given, the City shall assume 0% discount applies.

9.3 Proposers are requested to state on the Proposal Response Form if they will honor the VISA Purchasing Card. In the event of failure on the part of the Proposer to make this statement, the City shall assume the Net 30 ARI (after receipt of invoice) shall govern the purchase or Contract price.

SECTION IV


STATEMENT OF WORK

1. PURPOSE

The successful Proposer shall assist the City in the demolition of public and condemned private buildings. Each job will be treated separately. The contractor will obtain all permits, licenses, and any other necessary approvals prior to any work. A scope of services and price will be submitted to the City for each job.

In addition, the successful Proposer will be required to:

- Perform asbestos/lead base paint abatement, if required, on structure to be demolished in accordance with an Asbestos Survey that will be provided by the Contractor and in accordance with NESHAP (National Emissions Standards for Hazardous Air Pollutants), State, and Federal Regulations.
- Remove all debris, slabs, and driveway
- Fill and grade lot as needed
- Bahia sod/grass shall be installed on any exposed soil



This agreement will include projects primarily from the Code Division, Building Division and Public Works Department. Other projects approved by the City may be covered under this agreement. However, the City reserves the right to bid projects separately if deemed to be in the City's best interest.

2. CONTRACT TERMS

The term of this agreement shall for a period of two years with three one-year renewal options which may be renewed on an annual basis if mutually agreed to in writing by City and the Vendor, subject to the same terms and conditions set forth in this Contract with open negotiations at the end of each year. The City does not guarantee any quantity of work under this contract.

Notice of intent to renew will be given to the contractor in writing by the City Purchasing Manager, normally sixty days before the expiration date of the current contract period.

Per the City's Purchasing Ordinances, multi-year contracts may be continued each fiscal year only after funding appropriations and program approvals have been granted by the City Commission. In the event that the necessary funding is not approved, then the affected multi-year contract becomes null and void, effective October 1st of the fiscal year for which such approval has been denied

The City of Fort Pierce shall have the right to terminate said agreement by giving the Contractor thirty (30) days written notice if the service that is being provided is

not maintained at levels necessary to provide the required service. The City of Fort Pierce will determine in its sole judgment what constitutes a satisfactory level of service.

3. **PRICE ADJUSTMENT CLAUSE**

Contract pricing shall remain fixed for the initial two (2) year term of the contract. After the initial term, Contractor may request a price escalation by submitting a fully documented request for a review of the pricing. Such escalation shall not exceed a 5% increase. Price escalation requests must be submitted by March 30th so as to allow Departments to factor the increases into their budgets for the next fiscal year, which will begin October 1.

The using agencies and Purchasing Manager will review the request and shall approve or disapprove the increases based on budget constraints and other price comparisons. **If approved, the price increase shall not commence until the next fiscal year, which will begin October 1.**

If for any reason the contractor has a price increase that exceeds five percent (5%), the price increase will be evaluated on a case-by-case basis. The City and the Contractor will have the option to discuss and make adjustments to the requested increase. If either party declines approval of the adjustments, the contract will be considered cancelled on the scheduled expiration date of the contract.

4. **HOLD HARMLESS AGREEMENT:**

The successful respondent hereby agrees to indemnify, hold free and harmless The City, its agents, servants, employees, officers, directors and elected officials or any other person(s) against any loss or expense including attorney fees, by reason of any liability imposed by law upon the City, except in cases of the City's sole negligence, sustained by any person(s) on account of bodily injury or property damage arising out of or in the consequence of this agreement.

5. **CONTRACTOR'S PERFORMANCE**

Contractor shall furnish all necessary labor, tools, equipment, and supplies to perform the required services. The City's authorized representative will decide all questions that may arise as to the quality and acceptability of any work performed under the contract. If, in the opinion of the City's authorized representative, performance becomes unsatisfactory, the city shall notify the Contractor.

6. **ASBESTOS MATERIALS**

Perform asbestos/lead base paint abatement, if required, on structure to be demolished in accordance with an Asbestos Survey that will be provided by the Contractor and in accordance with NESHAP (National Emissions Standards for Hazardous Air Pollutants), State, and Federal Regulations. **The City shall receive a copy of the asbestos survey on the locations the City has demolished to be assured the new EPA requirements are met.**

7. **SUSPENSIONS OF WORK**

The City and the project manager reserve the right to suspend the work wholly or in part if deemed necessary for the best interest of the City. This suspension will be without compensation to the Contractor, other than to adjust the contract completion/delivery requirements.

8. **CLEANING**

The Contractor shall keep the premises clean of rubbish and debris generated by the work involved, shall leave the premises clean of all rubbish and debris generated by the work involved, and shall leave the premises neat and clean. The contractor, at the contractor's expense, shall dispose of all surplus material, rubbish, and debris.

9. **HOURS OF WORK**

All work under this contract shall be coordinated with the project manager. Any changes to the established schedule must have prior approval of the project manager.

SECTION V

INSTRUCTIONS FOR PREPARING PROPOSALS

1. PROPOSAL FORMAT AND SUBMISSION

The complete proposal shall contain the following information and shall be submitted in the order shown below. Please address each section in your proposal submission and divide each section, of your proposal, with identifying tabs.

A. RULES FOR PROPOSALS: The proposal must name all persons or entities interested in the proposal as principles. The proposal must declare that it is made without collusion with any other person or entity submitting a proposal pursuant to this RFP.

The City does not guarantee a minimal amount of work or compensation for any of the Respondents selected for contract negotiations, and the City reserves the right to seek additional assistance from other firms if the City finds this to be in the City's best interest.

B. PROPOSAL FORMAT

Proposer shall prepare their proposals using the following format:

Section 1: Transmittal Letter

This letter will summarize in a brief and concise manner the Proposer's understanding of the Scope of Work and make a positive commitment. The letter must name all persons authorized to make representations for the Proposer, including the titles, addresses, and telephone numbers of such persons. An official authorized to negotiate for the Proposer must sign the Letter of Transmittal. **An authorized agent of the firm shall sign the transmittal letter.**

Section 2: Addenda Acknowledgement

Acknowledge receipt for all addenda (if any). Addenda will be posted at: City of Fort Pierce website, <http://www.cityoffortpierce.com/187/Purchasing> and Demandstar by Onvia website, <https://www.demandstar.com>. It is the vendors' responsibility to periodically visit the web page for addenda, before the due date and before submitting a proposal.

Section 3: Business Requirements

A. W-9 Form (see Section VI~Forms)

B. Provide copy of a current valid business license.

Vendors shall submit, with their bid or proposal, a copy of the Business License (Occupation License) that is required to conduct business at your location.

2. EVALUATION METHODOLOGY

A. General

The City shall be the sole judge of its own best interests, the proposal, and the resulting negotiated agreement. The City reserves the right to investigate the financial capability, reputation, integrity, skill, business experience, and quality of performance under similar operations of each Proposer, including stockholders and principals before making an award. Awards, if any, will be based on both an objective and subjective comparison of Proposals and Proposers. The City's Decisions will be final.

B. Selection

A Selection/Negotiation Committee (SNC) shall be responsible for short-listing the most qualified firm. The Selection Committee may also, at its sole discretion, request additional or clarifying information from any responder. The Selection Committee may expressly request such information to remedy any incomplete response, but will not be obligated to do so. Failure to provide the information could result in the rejection of the responder's proposal. The occurrence or absence of such a request shall not be cause for objection by any responder. Proprietary information from competing responders shall be subject to public disclosure consistent with Chapter 119, Florida Statutes. Proposers must invoke the exemptions to disclosure provided by law in the response to the Proposal, and must identify the data or other materials to be protected, and must state the reasons why such exclusion from public disclosure is necessary.

The City of Fort Pierce staff will evaluate the proposals, rank each of the respondents and recommend a preferred firm. The City of Fort Pierce will then enter into negotiations with the highest ranked respondent for a period of ninety (90) days. If an agreement in principle cannot be reached with the highest ranked responded within ninety (90) days, the City of Fort Pierce will commence negotiations with the next highest ranked respondent, and so on until an acceptable agreement has been reached with a qualified respondent.

The City of Fort Pierce reserve the right to accept any submittal and/or proposals deemed to be in the best interest of the City of Fort Pierce, to waive any irregularities in any proposals, or to reject any and/or all submitted in response to this RFP is at the sole risk and responsibility of the party submitting such proposal.

All contracts negotiated by the Committee shall be subject to final approval by the Commission unless such approval is waived by the Commission.

3. EVALUATION CRITERIA

The following weighted criteria will be used to evaluate proposals:

CRITERIA	WEIGHT
Qualifications/Experience	35
Service Plan	30
Verification of availability of equipment	15
Past contracts with the City and other governmental jurisdictions	15
Cost Proposal	5

January 23, 2019



CITY OF FORT PIERCE

DEMOLITION & ASBESTOS LEAD/ PAINT ABATEMENT

RFP NO. 2019-009

ADDENDUM NO. 1

The purpose of this addendum is to change the Pre-bid Conference date **from 10:00 AM, Friday, January 25, 2019 to:**

10:00 AM, THURSDAY, JANUARY 31, 2019

All other conditions of this bid remain the same.

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

Signature: *Danielle A. Beckford*
Manual

Signature: Danielle A. Beckford
Typed or Printed

Company Name: L.E.B. Demolition & Consulting Contractors, Inc.

Address: 7 Harbour Isle Drive East 204
Fort Pierce, Florida 34949

Date: February 18, 2019

/lh

February 6, 2019



CITY OF FORT PIERCE

DEMOLITION & ASBESTOS LEAD/ PAINT ABATEMENT

RFP NO. 2019-009

ADDENDUM NO. 2

The purpose of this addendum is to provide a Revised Proposal Price Form and to extend the due date.

The proposal due has been change from 3:00 PM, Tuesday, February 12, 2019 to:

3:00 PM, WEDNESDAY, FEBRUARY 20, 2019

All other conditions of this bid remain the same.

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

Signature: *Danielle A Beckford*
Manual

Signature: Danielle A. Beckford
Typed or Printed

Company Name: L.E.B. Demolition & Consulting Contractors, Inc.

Address: 7 Harbour Isle Drive East 204
Fort Pierce, Florida 34949

Date: February 18, 2019

/gc

ADDENDUM NO. 2
PROPOSAL PRICING FORM - REVISED
DEMOLITION & ASBESTOS/LEAD BASE PAINT ABATEMENT
RFP No. 2019-009

The following proposal(s) is submitted on behalf of: L.E.B. Demolition & Consulting Contractors, Inc. for the requested services, in accordance with the agreements and specifications contained in RFP No. 2019-009.

We have carefully examined that this proposal package and understand the provisions, terms, and conditions concerning the equipment, materials, supplies or services as called for. With full knowledge and understanding of the requirements in the Proposal Package, We hereby agree to furnish and deliver services as indicated at the prices quoted herein as follows:

NOTE: All price columns must be completed. Where indicated, provide pricing for demolition including the removal of slabs (including slabs) and pricing in instances where slabs remain and are not removed (excluding slabs).

RESIDENTIAL STRUCTURES			
Item	Structure Type/Size Range	Price Per Square Foot To Demolish	
1.1	WOOD FRAME	INCLUDING SLABS	Credit per sq. ft. for not removing Slabs
1.1.1	0 - 500 Sq. Ft.	\$5.00	\$ 1.00
1.1.2	501 - 1,000 Sq. Ft.	\$5.00	\$ 1.00
1.1.3	1,001 - 2,000 Sq. Ft.	\$5.00	\$ 1.00
1.2	CONCRETE BLOCK	INCLUDING SLABS	Credit per sq. ft. for not removing Slabs
1.2.1	0 - 500 Sq. Ft.	\$5.00	\$ 1.00
1.2.2	501 - 1,500 Sq. Ft.	\$ 5.00	\$ 1.00
1.2.3	1,501 - 3,000 Sq. Ft.	\$5.00	\$ 1.00
1.2.4	3,001 - 5,000 Sq. Ft.	\$5.00	\$ 1.00
1.3	MOBILE HOME		
1.3.1	0 - 500 Sq. Ft. without tongue & axle	\$5.25	
1.3.2	0 - 500 Esq. with tongue & axle	\$5.25	
1.3.3	501 - 1,000 Sq. Ft. without tongue & axle	\$5.25	
1.3.4	501 - 1,000 Esq. with tongue & axle	\$5.25	
1.4	MULTI-STORY MASONRY	INCLUDING SLABS	Credit per sq. ft. for not removing Slabs
1.4.1	0 - 5,000 Sq. Ft.	\$5.50	\$.00
1.5	MULTI-STORY WOOD	INCLUDING SLABS	Credit per sq. ft. for not removing Slabs
1.5.1	0 - 5,000 Sq. Ft.	\$5.50	\$.00
1.6	BURNT BUILDINGS		
1.6.1	0 - 5,000 Sq. Ft.	\$7.50	\$.00

L.E.B. Demolition & Consulting Contractors, Inc.  February 18, 2019
 COMPANY NAME AUTHORIZED SIGNATURE DATE

ADDENDUM NO. 2

COMMERCIAL/INDUSTRIAL

Item	Structure Type/Size Range	Price Per Square Foot To Demolish	
2.1	METAL	INCLUDING SLABS	Credit per sq. ft. for not removing Slabs
2.1.1	0 - 1000 Sq. Ft.	\$4.25	\$0.75
2.1.2	1,001 - 1,500 Sq. Ft.	\$4.25	\$0.75
2.1.2	1,501 - 2,500 Sq. Ft.	\$4.25	\$0.75
2.1.2	2,501 - 5,000 Sq. Ft.	\$4.25	\$0.75
2.1.2	5,001 - 10,000 Sq. Ft.	\$4.25	\$0.75
2.2	WOOD FRAME	INCLUDING SLABS	Credit per sq. ft. for not removing Slabs
2.2.1	0 - 1000 Sq. Ft.	\$5.25	\$0.75
2.2.2	1,001 - 1,500 Sq. Ft.	\$5.25	\$0.75
2.2.3	1,501 - 2,000 Sq. Ft.	\$5.25	\$0.75
2.3	CONCRETE BLOCK	INCLUDING SLABS	Credit per sq. ft. for not removing Slabs
2.3.1	0 - 1000 Sq. Ft.	\$5.25	\$0.75
2.3.2	1,001 - 1,500 Sq. Ft.	\$5.25	\$0.75
2.3.3	1,501 - 2,000 Sq. Ft.	\$5.25	\$0.75
2.4	MULTI-STORY MASONRY	INCLUDING SLABS	Credit per sq. ft. for not removing Slabs
2.4.1	0 - 5,000 Sq. Ft.	\$6.00	\$0.00
2.5	MULTI-STORY WOOD	INCLUDING SLABS	Credit per sq. ft. for not removing Slabs
2.5.1	0 - 5,000 Sq. Ft.	\$ 6.00	\$0.00
2.6	BURNT BUILDINGS		
2.6.1	0 - 5,000 Sq. Ft.	\$7.75	\$0.00

ASBESTOS SURVEYS FOR RESIDENTIAL STRUCTURES

Item	House Size Range	Survey Price
3.1.1	0 - 1000 Sq. Ft.	\$ 800.00
3.1.2	501 - 1,000 Sq. Ft.	\$ 800.00
3.1.3	1,001 - 2,000 Sq. Ft.	\$ 900.00
3.1.4	2,001 - 3,000 Sq. Ft.	\$ 975.00
3.1.5	3,001 - 5,000 Sq. Ft.	\$ 1,175.00
3.1.6	5,001 - 10,000 Sq. Ft.	\$ 2,075.00

L.E.B. Demolition & Consulting Contractors, Inc.

Danielle A. Beauford

February 18, 2019

COMPANY NAME

AUTHORIZED SIGNATURE

DATE

ADDENDUM NO. 2

Item	Turn-around Time	Lab Fee
3.2.1	3 Hours	\$ 50.00
3.2.2	6 Hours	\$ 46.00
3.2.3	24 Hours	\$ 42.00
3.2.4	48 Hours	\$ 38.00
3.2.5	72 Hours	\$ 34.00
3.2.6	96 Hours	\$ 30.00
3.2.7	1 Week	\$ 26.00
3.2.8	2 Weeks	\$ 22.00

L.E.B. Demolition & Consulting Contractors, Inc.

Danielle A. Bradford

February 18, 2019

COMPANY NAME

AUTHORIZED SIGNATURE

DATE

ADDENDUM NO. 2

4.0 ASBESTOS ABATEMENT: Vendors shall provide unit prices per square footage for the following non-conclusive listing of asbestos containing materials:

Transite/asbestos shingles (asbestos siding)	\$ <u>3.50</u>	Sq. Ft.
Asbestos roofing/flashing	\$ <u>3.50</u>	Sq. Ft.
Floor tile (including mastic)	\$ <u>3.50</u>	Sq. Ft.
Additional layer(s) floor tile (including mastic)	\$ <u>.30</u>	Sq. Ft.
Vinyl sheet flooring (including mastic)	\$ <u>4.60</u>	Sq. Ft.
Insulation	\$ <u>5.50</u>	Sq. Ft.
Ceiling tile	\$ <u>1.40</u>	Sq. Ft.
Caulking	\$ <u>1.55</u>	Ln.Ft./Sq. Ft.
Ceiling plaster	\$ <u>5.25</u>	Sq. Ft.
Wall plaster	\$ <u>4.75</u>	Sq. Ft.
Window glazing	\$ <u>4.00</u>	Sq. Ft.
Pipe insulation (up to 2")	\$ <u>5.25</u>	Ln. Ft.
Pipe insulation (over 2" up to 4")	\$ <u>6.50</u>	Ln. Ft.
Foam insulations	\$ <u>2.75</u>	Ln. Ft.
Mud on joints	\$ <u>11.50</u>	Per joint
Sprayed on sink coating	\$ <u>13.00</u>	Ln. Ft.

5.0 NON-ORGANIC FILL MATERIAL AND CONCRETE PADS: Occasionally, the City encounters basement or cellar openings that may need to be filled. Provide a unit price per cubic yard of non-organic fill material, to be placed in the basement opening. Should it be determined that mobile home (concrete) pads require removal, provide a unit price per square yard for removal and disposal of same:

Non-organic fill material: \$ 345.00 Cu. Yd. Removal of concrete pads: \$ 300.00 Cu. Yd.

6.0 SECTION DELETED

7.0 ADDITIONAL ITEMS:

Install silt fencing \$ 2.75 Ln. Ft. Cork insulation with mastic \$ 15.00 Cu. Ft.
 Install sod \$.45 Sq. Ft. Hydro Seeding permanent mix \$.55 Sq. Ft.

8.0 LEAD ABATEMENT: Abate and dispose of lead based paint as identified in housing being rehabilitated. Contractor shall be properly licensed, trained and protected workers. Abatement shall be performed in accordance with applicable EPA, OSHA and HUD regulations. Due to the uniqueness of each property, Contractor will be required to provide cost at the time services are needed.

L.E.B. Demolition & Consulting Contractors, Inc. Danielle A. Bradford February 18, 2019
 COMPANY NAME AUTHORIZED SIGNATURE DATE

February 15, 2019



CITY OF FORT PIERCE

DEMOLITION & ABESTOS LEAD/PAINT ABATEMENT

RFP NO. 2019-009

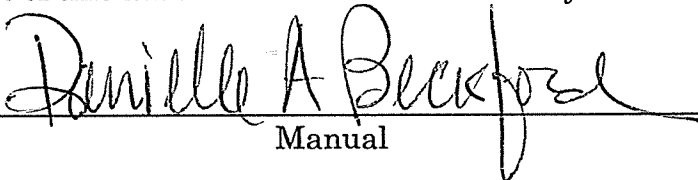
ADDENDUM NO. 3

The purpose of this addendum is to extend the proposal due date from 3:00PM, Wednesday, February 20, 2019 to:

3:00PM, WEDNESDAY, MARCH 6, 2019

All other conditions of this bid remain the same.

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

Signature: 
Manual

Signature: Danielle A. Beckford
Typed or Printed

Company Name: L.E.B. Demolition & Consulting Contractors, Inc.

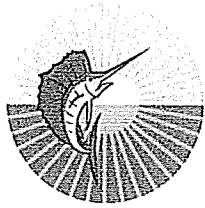
Address: 7 Harbour Isle Drive East 204
Fort Pierce, Florida 34949

Date: February 18, 2019

/lh

SECTION VI FORMS

Please complete the following forms and include in Section 8 of your submittal.



DRUG~FREE WORKPLACE FORM

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

L.E.B. Demolition & Consulting Contractors, Inc. does:
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for 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.

Danielle A Beckford
Proposer's Signature

March 5, 2019
Date

Date



Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion

Contractor Covered Transactions

- (1) The prospective contractor of the Recipient, L.E.B. Demolition + Consulting Contractors, Inc.
(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.

L.E.B. Demolition + Consulting Contractors, Inc.
(Contractor's Name)

City of Fort Pierce
(Recipient's Name)

Danielle A. Beckford
(Authorized Signature)

Date: March 5, 2019

Danielle A. Beckford
(Print Name)

President
(Title)

RFP-2019-009
Division Contract Number

7 Harbour Isle Dr. East 204
(Street and Address)

Fort Pierce, FL 34949
(City, State, Zip)

L.E.B. DEMOLITION & CONSULTING CONTRACTORS, INC.

7 Harbour Isle Drive East 204

Fort Pierce, Florida 34949

Telephone (772) 461-4545 Facsimile (772) 461-2225

Transmittal Letter

March 5, 2019

City of Fort Pierce Purchasing Division

Room 101

100 North US Highway 1

Fort Pierce, Florida 34950

RE: RFP #2019-009 Demolition & Asbestos/Lead Base Paint Abatement Annual Contract

LEB Demolition and Consulting Contractors, Inc., herewith submits its proposal pursuant to the RFP 2009-009.

Proposer understands the Scope of Work as set forth in the Request for Proposals. The Proposer has extensive experience in demolition and the company has operated in Fort Pierce, Florida since 1985 and has performed numerous demolition services for local, state, municipal and governmental bodies throughout the Treasure Coast region including the City of Fort Pierce. The persons who are authorized to make representations for the proposer are:

Danielle Beckford, President

7 Harbour Isle Drive East #204, Fort Pierce, FL 34949

(772) 461-4545; cell (772) 215-0481

Dustin Beckford, Secretary/Treasurer

7 Harbour Isle Drive East #204, Fort Pierce, FL 34949

(772) 461-4545; cell (772) 216-1286

Sincerely,

Danielle A. Beckford,
President

L.E.B. DEMOLITION & CONSULTING CONTRACTORS, INC.
7 HARBOUR ISLE DRIVE EAST 204
FORT PIERCE, FLORIDA 34949
Telephone (772) 461-4545 Facsimile (772) 461-2225

February 18, 2019

City of Fort Pierce Purchasing Division
Room 101
100 North U.S. #1
Fort Pierce, Florida 34950

L.E.B. Demolition & Consulting Contractors, Inc. thanks you for the opportunity to bid Project RFP# 2019-009 for Demolition & Asbestos/Lead Base Paint Abatement Annual Contract.

Our main office is located at 7 Harbour Isle Drive East 204, Fort Pierce, Florida 34949.

We organized in May 1985. Incorporated on May 14, 1985 in the State of Florida and have been engaged in business for 34 years

L.E.B. Demolition & Consulting Contractors, Inc. is a State Certified General Contractor specializing in all phases of Demolition, Asbestos / Lead Base Paint Abatement, Emergency Debris, and Removal and Disposal Services

Our equipment is listed as follows

Komatsu PC360 Excavator with specialty Demolition Package

Kubota SVL95S-2 Skid-Steer with Demolition Grapple, Hydraulic Jack-Hammer,
Grapple Root-Rake, Heavy Duty Brush Cutter, Pallet Fork Attachments

John Deere Series II S280 Skid-Steer with Demolition Attachment

John Deere 644E Loader with Specialty Demolition Grapple,
Land Clearing Rake, General Purpose Bucket

Globe 50 Ton Low Boy Equipment Transport Trailer

Two Mack Tractors

Three Demolition Grade Dump Trailers

I, Danielle A. Beckford, Current President and an Officer for 3 years .

Dustin Lee Beckford is an Officer for 25 years and President for 7 years.

Chad G. Taylor Qualified Certified General Contractor for 11 years. CG Taylor Contracting.

Dustin Lee Beckford is directly responsible for this Contract RFP No. 2019-009.

His direct contact number is Mobile 772-216-1286 and our number is Office 772-461-4545.

L.E.B. Demolition & Consulting Contractors, Inc. has never failed and/or defaulted on a Contract.

Sincerely,


By: Danielle A. Beckford, President
L.E.B. Demolition & Consulting Contractors, Inc.

CLIENT WORK HISTORY DEMOLITION SERVICES (ANNUAL CONTRACT)

Provide details of at least (3) clients for whom your company has performed demolition services within the last (5) years.

Name of Client: Barclay Beach Club Condominium Association Phase I, Inc. Contract Amount: \$43,180.00	Contact Person: Penelope Stetz
Address: 2800 North A1A Fort Pierce, Florida 34949	Telephone Number: 772-218-0899 Fax Number: 772-466-6373 E-Mail Address: info@barclaybeach.club
Description of Contract: Complete demoliton of parking garage. Approximately 8,000 square feet steel of reinforced poured concrete, including existing beams and columns located in heavy traffic area. Scope of work completed ahead of schedule with no damage to adjacent property, vehicles and/or pedestrian walkways. Completed on September 21, 2018.	
Name of Client: Martin County School District Contract Amount: \$146,341.00	Contact Person: Mark Sechrist
Address: 2845 S.E. Dixie Highway Stuart, Florida 34997	Telephone Number: 772-223-3105 x 133 Fax Number: 772-221-6649 E-Mail Address: sechrim@martin.k.12.fl.us
Description of Contract: Asbestos Abatement / Complete demolition and removal of two administrative buildings 19 and 20. Excavation and final grade (to engineering specs provided by MCSD) of approximately 1,500. cubic yards of over burden fill material. Replace void from existing demolished structures with DOT road base and finished asphalt parking area (to engineering specs provided by MCSD) All items in scope of work on time and under budget. Work completed under critical time restraints during Winter Break December 2018 thru January 2019	
Name of Client: City of Fort Pierce Purchasing Division Contract Amount: \$26,765.00	Contact Person: Margaret M. (Peggy) Arraiz
Address: Room 101 100 North U.S. #1 Fort Pierce, Florida 34950	Telephone Number: 772-467-3148 Fax Number: 772-468-0457 E-Mail Address: PArraiz@city-ftpierce.com
Description of Contract: All code compliance projects as contracted and ordered by City of Fort Pierce Board of Commissioners. Complete demolition of 323 North 14th Street / 426 North 10th front and rear units / 513 North 13th Street including Emergency Sod application authorized by Peggy Arraiz. All work completed with time constraints.	

L.E.B. Demolition & Consulting Contractors, Inc.
 COMPANY NAME


 AUTHORIZED SIGNATURE

March 5, 2019
 DATE

**Request for Taxpayer
Identification Number and Certification**

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

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
L.E.B. Demolition & Consulting Contractors, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code(s) (if any) _____
 Exemption from FATCA reporting code (if any) _____
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) (See instructions).
7 Harbour Isle Drive East 204

6 City, state, and ZIP code
Fort Pierce FL 34949

7 List account number(s) here (optional)

Requestor's name and address (optional)
*City of Fort Pierce
100 North US 1
Fort Pierce, FL 34950*

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

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

 OR
 Employer identification number

65	-	0270905
----	---	---------

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 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 for Part II, later.

Sign Here: *Danielle A. Stegford* Date: *March 5, 2019*

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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), 1099-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*, later.

L.E.B. DEMOLITION & CONSULTING CONTRACTORS, INC.

7 Harbour Isle Drive East 204

Fort Pierce, Florida 34949

Telephone (772) 461-4545 Facsimile (772) 461-2225

Statement of Minority and Non-Discrimination

March 5, 2019

City of Fort Pierce Purchasing Division

Room 101

100 North US Highway 1

Fort Pierce, Florida 34950

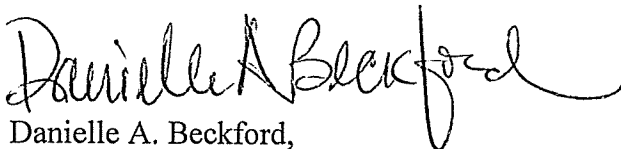
RE: **RFP #2019-009 Demolition & Asbestos/Lead Base Paint Abatement Annual Contract**

To Whom It May Concern:

LEB Demolition & Consulting Contractors, Inc. is a Minority Business Enterprise as defined by state and federal law being significantly owned (60%) by a minority female. The Company is currently in the process of obtaining certification from the Department of Management Services, State of Florida under its program of certification for Minority Business Enterprises.

LEB Demolition & Construction Contractors, Inc., has been in business locally for more than 3 decades, and has always operated on the basis of no discrimination as to employees, job applicants, customers, or others on the basis of race, creed, religion, ethnicity, sex or similar basis. Employees of the Company, past and present have been of different ethnicities and the only requirements for employees are the individuals be willing and able to work and perform the tasks of the position they fill. As necessary, LEB Demolition & Consulting Contractors, Inc., seeks suitable employees from local labor pools and agencies as well as having had many full time employees at various times depending upon its work schedules and demands.

Sincerely,



Danielle A. Beckford,

President

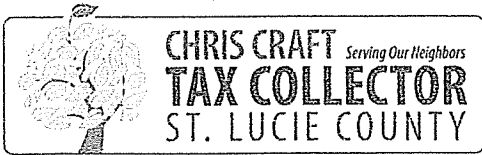
CITY OF FORT PIERCE CHECKLIST

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 Request for Proposals cover page (page 1) completed signed and Attached?	<u>X</u>	_____
Is W-9 Form completed, signed and attached?	<u>X</u>	_____
Include proof of proper licensing as stated in Proposal documents.	<u>X</u>	_____
Include proof of proper insurance as stated in Proposal documents.	<u>X</u>	_____
Qualification envelope is marked accordingly.	<u>X</u>	_____
Is Drug-Free Work Place form signed and enclosed?	<u>X</u>	_____
Is Debarment form signed and enclosed?	<u>X</u>	_____
Are the correct number of Proposal packages included? (One original, three copies, one digital copy)?	<u>X</u>	_____
Is each Addendum (when issued) signed and included?	<u>X</u>	_____

PLEASE SIGN AND RETURN WITH BID Danielle A Beerford



2018 - 2019

St. Lucie County Local Business Tax Receipt

Facilities or machines # Rooms # Seats # Employees #5 Receipt #1024685
Type of business 1795 DEMOLITION/WRECKING CONTRACTOR Expires SEPTEMBER 30, 2019
(L.E.B. Demolition & Consulting
Contractors, Inc.
DBA name Business Chad Gerome Taylor
Mailing address: L.E.B. Demolition & Consulting Business location: 7 Harbour Isle Drive East 204
Contractors, Inc. Fort Pierce, FL 34949
7 Harbour Isle Drive East 204
Fort Pierce, FL 34949
RENEWAL City of Fort Pierce CGC1519945
Original tax: \$12.35 2402-502-0154-000/5
Penalty: \$3.09
Collection cost: \$3.00 Paid 03/05/2019 18.44 0025-20190305-021377
Total: \$18.44

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the local business taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession or occupation.

Pursuant to Florida law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1 of each year and shall expire on September 30 of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1 shall be delinquent and subject to a delinquency penalty of 10 percent for the month of October. An additional 5 percent penalty for each month of delinquency is added until paid, provided that the total delinquency penalty shall not exceed 25 percent of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector is entitled to a collection fee of \$1 to \$5. This fee is based on the amount of Local Business Tax, which will be collected from delinquent taxpayers after September 30 of the business year.

This receipt is a Local Business Tax only. It does not permit the local business taxpayer to violate any existing regulatory or zoning laws of the state, county or city. It also does not exempt the local business taxpayer from any other taxes, licenses or permits that may be required by law.

Pursuant to Florida law, Local Business Taxes are subject to change.

L.E.B. Demolition & Consulting
Contractors, Inc.
7 Harbour Isle Drive East 204
Fort Pierce, FL 34949

CITY OF FORT PIERCE
*** CUSTOMER RECEIPT ***

Batch ID: NRIOS 1/25/19 01 Receipt no: 8417

Customer	Location	Type	SvcCd	Description	Amount
2018	29465	CT		CONTRACTOR-RENEWALS	\$25.00

L.E.B. DEMOLITION & CONSULTING
LICENSE ADDRESS
FT PIERCE, FL 34950

Tender detail
CH Ref#: 22492 \$25.00
Total tendered: \$25.00
Total payment: \$25.00

Trans date: 1/25/19 Time: 15:51:37

THANK YOU!

193464

City of Fort Pierce, Florida
100 N. US Highway 1
Fort Pierce, FL 34950
(772) 467-3065

Amount Paid: \$0.00 Issued: January 25, 2019

Comp Card Expires: September 30, 2019
State License Expires: CGC1519945 08/31/20
Worker's Comp Expires: 083045435 07/01/19
Liability Ins. Expires: IPZCL00207531 07/30/19

City of Fort Pierce, Florida
Certificate of Competency

GENERAL CONTRACTOR (CERTIFIED)
Control #0046811 License # 19-00029465

L.E.B. DEMOLITION & CONSULTING
TAYLOR, CHAD GEROME
7 HARBOUR ISLE DR. EAST #204
FT PIERCE FL 34949



2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H56970

Entity Name: L.E.B. DEMOLITION & CONSULTING CONTRACTORS, INC.

Current Principal Place of Business:

7 HARBOUR ISLE DRIVE EAST 204
FORT PIERCE, FL 34949

Current Mailing Address:

7 HARBOUR ISLE DRIVE EAST 204
FORT PIERCE, FL 34949 US

FEI Number: 65-0270905

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BECKFORD, DUSTIN LEE
7 HARBOUR ISLE DRIVE EAST 204
FORT PIERCE, FL 34949 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name BECKFORD, DANIELLE A
Address 7 HARBOUR ISLE DR. EAST 204
City-State-Zip: FORT PIERCE FL 34949

Title SECRETARY, DIRECTOR,
 TREASURER
Name BECKFORD, DUSTIN L
Address 7 HARBOR ISLE E UNIT #204
City-State-Zip: FORT PIERCE FL 34949

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIELLE A. BECKFORD

PRESIDENT

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date

Licensee Details

Licensee Information

Name: **TAYLOR, CHAD GEROME (Primary Name)**
L.E.B. DEMOLITION & CONSULTING
CONTRACTORS, INC. (DBA Name)

Main Address: **4179-B GATOR TRACE VILLAS**
FORT PIERCE Florida 34982

County: **ST. LUCIE**

License Mailing:

License Location: **7 HARBOUR ISLE DRIVE EAST #204**
FORT PIERCE FL 34949

County: **ST. LUCIE**

License Information

License Type: **Certified General Contractor**

Rank: **Cert General**

License Number: **CGC1519945**

Status: **Current,Active**

Licensure Date: **08/23/2011**

Expires: **08/31/2020**

Special Qualifications **Qualification Effective**

Construction Business **08/23/2011**

Alternate Names

[View Related License Information](#)

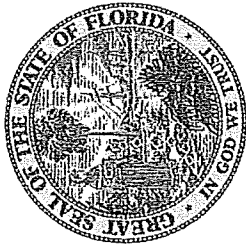
[View License Complaint](#)

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: **Customer Contact Center** :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee.

However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



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

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

TAYLOR, CHAD GEROME

L.E.B. DEMOLITION & CONSULTING CONTRACTORS, INC.
7 HARBOUR ISLE DRIVE EAST #204
FORT PIERCE FL 34949

LICENSE NUMBER: CGC1519945

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

Licensee Details

Licensee Information

Name: **BECKFORD, DUSTIN LEE (Primary Name)**
L.E.B. DEMOLITION & CONSULTING
CONTRACTORS, INC. (DBA Name)

Main Address: **7 HARBOUR ISLE DRIVE EAST #204**
FORT PIERCE Florida 34949

County: **ST. LUCIE**

License Mailing:

License Location:

License Information

License Type: **Construction Financial Officer**

Rank: **Fin Officer**

License Number: **FRO8400**

Status: **Current**

Licensure Date: **11/14/2017**

Expires:

Special Qualifications **Qualification Effective**

Alternate Names

[View Related License Information](#)

[View License Complaint](#)

Center: 850.487.1395

The State of Florida is an AA/EEO employer. **Copyright 2007-2010 State of Florida. Privacy Statement**

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

02/18/19

PRODUCER

KRETSCHMER INS AGENCY INC
 2401 W Midway Rd
 Fort Pierce, FL 34981
 (772) 467-6656

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

L.E.B. DEMOLITION & CONSULTING
 CONTRACTOR, INC.
 7 Harbour Isle Dr East 204
 Fort Pierce, FL 34949
 772-461-4545

INSURERS AFFORDING COVERAGE

NAIC#

INSURER A: **AXIS**
 INSURER B: **PROGRESSIVE INSURANCE**
 INSURER C: **BRIDGEFIELD EMPLOYERS**
 INSURER D: **ALTERRA AMERICA**
 INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS	
A	Y	GENERAL LIABILITY	IPZCL00207532	07/30/18	07/30/19	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 1,000,000
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
B		AUTOMOBILE LIABILITY	03602617-8	06/30/18	06/30/19	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input type="checkbox"/> ANYAUTO				BODILY INJURY (Per person)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANYAUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	0830-45435	07/01/18	07/01/19	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
D		EQUIPMENT	MKLM6IM0051765	5/20/18	5/20/19	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
						MAX LIMIT	\$472,913

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

THE CITY OF FORT PIERCE AND IT'S OFFICIALS, OFFICERS AND EMPLOYEES ARE COVERED AS ADDITIONAL INSURED PER FORM CG 20 37 07 04, WAIVER OF SUBROGATION IS INCLUDED

CERTIFICATE HOLDER

CITY OF FORT PIERCE, ITS OFFICIALS,
 OFFICERS, AND EMPLOYEES
 P O BOX 1480
 FORT PIERCE FL 34954
 467-3841

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
ALL WRITTEN CONTRACTS	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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

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

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

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

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

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

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS
PRIMARY INSURANCE**

This endorsement modifies insurance provided under the following:

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION – CG 20 10

Coverage provided by this policy to the Additional Insured(s) shown in the Schedule shall be primary insurance and any other insurance maintained by the Additional Insured(s) shall be excess and non-contributory, but only if required of the Named Insured by an "insured contract".

All other terms and conditions under the policy remain unchanged.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

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

SCHEDULE

Name Of Person Or Organization: ALL WRITTEN CONTRACTS
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
PER ALL WRITTEN CONTRACTS	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**DESIGNATED CONSTRUCTION PROJECT(S) AGGREGATE
LIMIT AND TOTAL AGGREGATE LIMIT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

The following is added to the Limits of Insurance shown in the Declarations:

Designated Construction Project Aggregate Limit (Other Than Products-Completed Operations)	\$2,000,000
Total Aggregate Limit (Other Than Products-Completed Operations)	\$5,000,000
Designated Construction Project(s):	

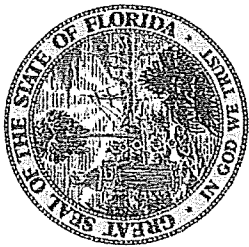
(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under **SECTION I – COVERAGE A**, and for all medical expenses caused by accidents under **SECTION I – COVERAGE C**, which can be solely attributed to operations at a single designated construction project shown in the Schedule above:
1. The Designated Construction Project Aggregate Limit as shown in the above Schedule is the most we will pay for each construction project designated in the Schedule above.
 2. The Designated Construction Project Aggregate Limit is the most we will pay for the sum of all damages under **COVERAGE A**, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard", and for medical expenses under **COVERAGE C** regardless of the number of:
 - a. Insureds;
 - b. Claims made or "suits" brought;
 - c. Persons or organizations making claims or bringing "suits"; or
 - d. Designated construction projects shown in the Schedule above.
 3. Any payments made under **COVERAGE A** for damages or under **COVERAGE C** for medical expenses shall reduce the Designated Construction Project Aggregate Limit for that designated construction project. The Designated Construction Project Aggregate is subject to the Total Aggregate. However, such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce the Designated Construction Project Aggregate Limit for any other designated construction project shown in the Schedule above.
 4. The limits shown in the Declarations for Each Occurrence, Damage To Premises Rented To You and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Designated Construction Project Aggregate Limit.
- B. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under **SECTION I – COVERAGE A**, and for all medical expenses caused by accidents under **SECTION I – COVERAGE C**, which cannot be solely attributed to operations at a single designated construction project shown in the Schedule above:

COMMERCIAL GENERAL LIABILITY

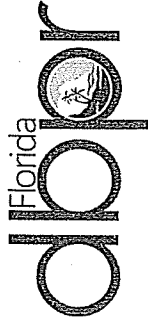
1. Any payments made under **COVERAGE A** for damages or under **COVERAGE C** for medical expenses shall reduce the amount available under the General Aggregate Limit or the Products-Completed Operations Aggregate Limit, whichever is applicable; and
 2. Such payments shall not reduce any Designated Construction Project Aggregate Limit.
- C. The Total Aggregate Limit shown in the Schedule above is the most we will pay for all payments made under the Designated Project Aggregate Limit for all designated projects and all payments made under the General Aggregate. This includes:
1. Damages under **COVERAGE A** except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard";
 2. Damages under **COVERAGE B**; and
 3. Medical Expenses under **COVERAGE C**.
- D. When coverage for liability arising out of the "products-completed operations hazard" is provided, any payments for damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard" will reduce the Products-Completed Operations Aggregate Limit, and will not reduce the General Aggregate Limit or the Designated Construction Project Aggregate Limit.
- E. Any payments made for damages because of "personal and advertising injury" sustained by any one person or organization under **COVERAGE B**, remain subject to the Personal And Advertising Injury Limit and do not apply to the Designated Construction Project Aggregate Limit. Such payments shall reduce the General Aggregate Limit and the Total Aggregate Limit.
- F. Any payments made for damages or medical expenses to which the Designated Construction Project Aggregate Limit applies shall reduce both the Total Aggregate Limit shown in the Schedule above and the Designated Construction Project Aggregate Limit for that designated construction project. Such payments shall not reduce the General Aggregate Limit nor shall they reduce the Designated Construction Project Aggregate Limit for any other designated construction project shown in the Schedule above, subject to the Total Aggregate.
- G. Any payments made for damages or medical expenses to which the General Aggregate Limit applies shall reduce both the Total Aggregate Limit shown in the Schedule above and the General Aggregate Limit shown in the Declarations. Such payments shall not reduce the Designated Construction Project Aggregate Limit for any designated construction project shown in the Schedule above.
- H. If the applicable designated construction project has been abandoned, delayed, or abandoned and then restarted, or if the authorized contracting parties deviate from plans, blueprints, designs, specifications or timetables, the project will still be deemed to be the same construction project.
- I. The provisions of **SECTION III – LIMITS OF INSURANCE** not otherwise modified by this endorsement shall continue to apply as stipulated.

All other terms and conditions of the policy remain unchanged.



Ron DeSantis, Governor

Halsey Beshears, Secretary



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

ASBESTOS LICENSING UNIT

THE ASBESTOS CONTRACTOR HEREIN IS LICENSED UNDER THE
PROVISIONS OF CHAPTER 469, FLORIDA STATUTES

KLEIN, KEVIN JOHN

CLEANBUILDING INC

PO BOX 2211

WINTER PARK FL 32790

LICENSE NUMBER: CJC1154180

EXPIRATION DATE: NOVEMBER 30, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/05/19

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 UNITED NATIONS INSURANCE, LLC 21218 St. Andrews Blvd, Ste #400 Boca Raton, FL 33433	CONTACT NAME: Rick Diaz PHONE (A/C, No, Ext): (561)988-2542 E-MAIL ADDRESS: karen@uniagency.com	FAX (A/C, No): (561)988-2543
	INSURER(S) AFFORDING COVERAGE	
INSURED CleanBuilding, Inc. PO Box 2211 Winter Park, FL 32790	INSURER A : UNITED SPECIALTY INSURANCE CO NAIC # 12537	
	INSURER B : STATE NATIONAL INSURANCE CO 12831	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BLANKET A/I & WOS <input checked="" type="checkbox"/> Primary noncontributory GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		USA4223165	07/30/18	07/30/19	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	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 <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 0			USA4223166	07/30/18	07/30/19	EACH OCCURRENCE \$ 4,000,000
							AGGREGATE \$ 4,000,000
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NFA0922972 03	07/30/18	07/30/19	<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
	Contractors Pollution			Occurrence			EA. POLL. COND. \$1,000,000
							AGGREGATE \$2,000,000
							EA. Wrongful Act \$1,000,000

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

L.E.B. Demolition & Consulting Contractors, Inc. is an additional insured on the General Liability Policy as required by written contract.

CERTIFICATE HOLDER **CANCELLATION**

L.E.B. Demolition & Consulting Contractors, Inc. 7 Harbour Isle Drive East 204 Fort Pierce, Florida 34949	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 
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3/5/2019

To whom it may concern:

CleanBuilding, Inc. has agreed to work with L.E.B. Demolition & Consulting, Inc. to do any asbestos removal that is required under the term contract. CleanBuilding, Inc. will adhere to the Level 1A Certification requirements.

Thank you,

A handwritten signature in black ink, appearing to read "Kevin J. Kleir". The signature is fluid and cursive, written over the printed name below.

Kevin J. Kleir, Owner
CleanBuilding, Inc.

CleanBuilding, Inc.

P.O. Box 2211 Winter Park, FL 32790
407.478.0627 www.CleanBuilding.com
FL Lic. # CGC1517907, CMC1249946,
CJC1154180, MRSA185 & MRSR229

STATEMENT OF BIDDER QUALIFICATIONS

The following information shall be provided with proposal submittal to allow the City to determine if the offeror is qualified to perform the work specified:

- 1) Name of Vendor/Company
- 2) Permanent main office address
- 3) When organized
- 4) If a corporation, when/where incorporated
- 5) How many years have you been engaged in business under your present company/trade name?
- 6) General character of work performed by your company.
- 7) List your equipment available for this project.
- 8) Provide resumes of key personnel who will be assigned to the contract, including photocopies of all licenses and/or certifications.
- 9) Provide contact person who will be directly responsible for this contract and direct telephone number.
- 10) Have you ever failed to complete a project and/or defaulted on a contract? If so, specify when, where and with whom.