



**VERDEX**  
CONSTRUCTION



## VERDEX CONSTRUCTION

SUBMITTAL FOR:

**CITY OF FORT PIERCE INTERIOR BUILD-OUT  
OF OFFICE SPACE - SUNRISE CENTER  
BID No. 2019-019**

**DUE DATE: AUGUST 15, 2019**







# BID RESPONSE FORM



Bid Item	INTERIOR BUILD-OUT OF OFFICE SPACE – SUNRISE CENTER		
Bid Number	2019-019	Due Date & Time	3:00PM, TUESDAY, AUGUST 6, 2019

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

Description	Lump Sum Total
INTERIOR BUILD-OUT OF OFFICE SPACE – SUNRISE CENTER	\$ 897,953 <sup>00</sup>

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE
Addendum No. 1	July 29, 2019
Addendum No. 2	August 6, 2019
Addendum No. 3	August 14, 2019

Vendor: Verdex Construction LLC

Address: 1545 Centrepark Drive N

City, State, Zip Code: West Palm Beach, FL 33401

Email Address: rex.kirby@verdex.com

Typed Name & Title: Rex B. Kirby, Jr., President

Signature:  Date: August 15, 2019

Telephone No.: 561-440-1600 Fax No.: 561-440-1700

(Please include remit to address if different than address stated above)

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

Check block below for applicable minority indicator:

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

**Request for Taxpayer  
 Identification Number and Certification**

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

**Name (as shown on your income tax return)**  
 Verdex Construction LLC

**Business name, if different from above**

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  Exempt payee  
 Other (see instructions) ▶

**Address (number, street, and apt. or suite no.)**  
 1545 Centrepark Drive N

**City, state, and ZIP code**  
 West Palm Beach, FL 33401

**Requester's name and address (optional)**

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

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

**Social security number**

OR

**Employer identification number**  
 47:1601184

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

**Part II Certification**

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here** Signature of U.S. person ▶  Date ▶ August 15, 2019

**General Instructions**

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

**Purpose of Form**

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

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

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

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

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

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

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

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



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

**KIRBY, REX BROUGHTON JR**

VERDEX CONSTRUCTION LLC  
1545 CENTREPARK DRIVE NORTH  
WEST PALM BEACH FL 33401

**LICENSE NUMBER: CGC1519424**

**EXPIRATION DATE: AUGUST 31, 2020**

Always verify licenses online at [MyFloridaLicense.com](http://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.



**ANNE M. GANNON**  
**CONSTITUTIONAL TAX COLLECTOR**  
*Serving Palm Beach County*

P.O. Box 3353, West Palm Beach, FL 33402-3353  
 www.pbctax.com Tel: (561) 355-2264

**\*\*LOCATED AT\*\***  
 1545 CENTREPARK DR N  
 WEST PALM BEACH, FL 33401

*Serving you.*

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
23-0051 GENERAL CONTRACTOR	KIRBY REX	CGC1519424	B18.503237 - 08/03/18	\$27.50	B40163152

This document is valid only when receipted by the Tax Collector's Office.

**STATE OF FLORIDA  
 PALM BEACH COUNTY  
 2018/2019 LOCAL BUSINESS TAX RECEIPT**

B1 - 2274

VERDEX CONSTRUCTION LLC  
 VERDEX CONSTRUCTION LLC  
 1545 CENTREPARK DR N  
 WEST PALM BEACH, FL 33401

**LBTR Number: 201579094**  
**EXPIRES: SEPTEMBER 30, 2019**

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.



**CITY OF WEST PALM BEACH**

**NOT TRANSFERABLE**

2018 to 2019 BUSINESS RECEIPT

CITY OF WEST PALM BEACH  
 P.O. BOX 3 WEST PALM BEACH, FL 33402

0000035065  
 VERDEX CONSTRUCTION  
 1545 CENTREPARK DR N

**AUG 20 2018**

CONSTRUCTION

BUS. TAX ID.	CATEGORY	DESCRIPTION	FEES
67781	238220	GENERAL CONTRACTOR	86.81

**EXPIRES  
 SEPTEMBER 30,  
 2019**

TOTAL ⇒ 86.81  
**\*\* PAID 86.81 \*\* BAL \*\* 0.00**

**THIS DOCUMENT NOT VALID  
 UNTIL FUNDS ARE COLLECTED**



VERDCON-02

KDACRES

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/30/2019

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

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

<b>PRODUCER</b> Collinsworth, Alter, Fowler & French, LLC 8000 Governors Square Blvd Suite 301 Miami Lakes, FL 33016	<b>CONTACT NAME:</b> Susan Niedermeyer <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> Sniedermeyer@caffllc.com														
<b>INSURED</b> Verdex Construction, LLC 1545 Centrepark Drive West Palm Beach, FL 33401	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Hartford Fire Ins Co</td> <td style="text-align: center;">19682</td> </tr> <tr> <td>INSURER B : Trumbull Insurance Company</td> <td style="text-align: center;">27120</td> </tr> <tr> <td>INSURER C : North River Insurance Company</td> <td style="text-align: center;">21105</td> </tr> <tr> <td>INSURER D : Hartford Ins Co of the SE</td> <td style="text-align: center;">38261</td> </tr> <tr> <td>INSURER E : Pacific Insurance LTD</td> <td style="text-align: center;">10046</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Hartford Fire Ins Co	19682	INSURER B : Trumbull Insurance Company	27120	INSURER C : North River Insurance Company	21105	INSURER D : Hartford Ins Co of the SE	38261	INSURER E : Pacific Insurance LTD	10046	INSURER F :	
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**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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21UEAHZ6811	10/31/2018	10/31/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> XCU INCLUDED						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> CONTRACTUAL LIAB.						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21UEAHZ6812	10/31/2018	10/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			5811110055	10/31/2018	10/31/2019	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input checked="" type="checkbox"/>	21WBAAR6222	10/31/2018	10/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Equipment Floater			21UUMHZ9512	10/31/2018	10/31/2019	Leased/Rented 250,000
E	Pollution Liability			13CPIBK3914	10/31/2018	10/31/2019	Each occu/aggre 1,000,000

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

City and the City's board members, officials, officers, agents and employees; City of Fort Pierce are included as certificate holder with respects to general liability when required by written contract. Waiver of Subrogation applies in favor of the Additional Insureds with respect to General Liability, Auto Liability, and Workers Compensation as required by written contract. Excess/Umbrella policy follows form.

30 day notice of cancellation, subject to policy terms and conditions.

**CERTIFICATE HOLDER****CANCELLATION**

City of Fort Pierce  
 Attn: Purchasing Department  
 P.O. Box 1480  
 Fort Pierce, FL 34954

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



THE SUNRISE CITY  
**FORT PIERCE**  
PURCHASING  
DEPARTMENT

*Florida*

## DRUG~FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that  
Verdex Construction LLC 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.

\_\_\_\_\_

**Proposer's Signature**

August 15, 2019  
\_\_\_\_\_

**Date**



**August 6, 2019**



**CITY FORT PIERCE**

**INTERIOR BUILD-OUT OF OFFICE SPACE- SUNRISE CENTER**

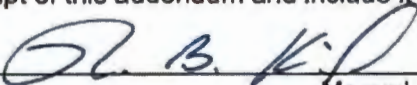
**BID NO. 2019-019**

**ADDENDUM NO. 2**

The purpose of this addendum is to include drawing sheets that were omitted and to respond to questions submitted by potential bidders for clarification of the proposal specifications:

1. **QUESTIONS:** What is the amount for the required bid bond?  
**ANSWERS:** The bid bond shall be 10% of the amount of the Bidder's bid price (see Bid Bond Form attached).
2. **QUESTIONS:** Who is the City of Fort Pierce contractor for Fire Alarms and Sprinkler Systems?  
**ANSWERS:** Fire Equipment Services
3. **QUESTIONS:** Is there any flexibility within the 90-day substantial completion of this project?
4. **ANSWERS:** Structure, Mechanical and Plumbing systems should be completed within the 90-days excluding the folding partition in the training room and the bullet resistant transaction windows.

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

Signature:   
Manual

Signature: Rex B. Kirby, Jr.  
Typed or Printed

Company Name: Verdex Construction LLC

Address: 1545 Centrepark Drive N, West Palm Beach, FL 33401

Date: August 15, 2019

/lh

Attachments: Bid Bond Form  
Revised Drawings (E-2.0 & E-6.0) & (P-0.1, P-1.0, P-2.0)

# BID BOND

## PROPOSAL TO

### THE CITY OF FORT PIERCE

#### FOR THE INTERIOR BUILD-OUT OF OFFICE SPACE- SUNRISE CENTER

NAME OF BIDDER: Verdex Construction LLC

MAILING ADDRESS: 1545 Centrepark Drive N, West Palm Beach, FL 33401

STREET ADDRESS: 1545 Centrepark Drive N, West Palm Beach, FL 33401 (Zip Code)

PHONE NUMBER: 561-440-1600

To the: City of Fort Pierce

Pursuant to and in compliance with your notice inviting sealed proposals (Call for Bids), Instructions to Bidders, and the other documents relating thereto, the undersigned bidder, having familiarized himself with the terms of the Contract Documents, local conditions affecting the performance of the contract, and the cost of the Work at the place where the Work is to be done, hereby proposes and agrees to perform within the time stipulated in the Contract, including all of its component parts and everything required to be performed, and to provide and furnish any and all utility and transportation services necessary to perform the contract and complete in a workmanlike manner, all of the Work required in connection with the construction of said Work, all in strict conformity with the plans and/or details, specifications and other related Contract Documents included herein.

The undersigned Bidder acknowledges receipt of the following Addenda, which have been considered in preparation of this Bid:

No. <u>1</u>	Dated <u>July 29, 2019</u>	No. _____	Dated _____
No. <u>2</u>	Dated <u>August 6, 2019</u>	No. _____	Dated _____
No. <u>3</u>	Dated <u>August 14, 2019</u>	No. _____	Dated _____

The undersigned Bidder agrees that the Work shall be completed within 180 calendar days according to the schedule and the Notice to Proceed set forth in these Documents.

The undersigned Bidder further agrees to pay liquidated damages as described herein and engineering and field inspection expenses, due to overtime work and avoidable delays, which shall be in addition to such other amounts for actual delay damages.

Bidder has stated all prices in numerals in accordance with Section 11.2 of the Instruction to Bidders in the blank space(s) provided for that purpose. Bidder has completed all portions of the Bid to avoid disqualification.

The undersigned, as Bidder, declares that the Bid is made in good faith; that this proposal is made without collusion with any person, firm, or corporation; and he proposes and agrees, if the proposal is accepted, that he will execute a contract with the City in the form set forth in the Contract Documents; that he will furnish the Contract Security Insurance Certificates; that he is aware that failure to properly comply with the requirements set out in the INSTRUCTIONS TO BIDDERS and elsewhere in the Contract Documents may result in a finding that the Bidder is non-responsive and a forfeiture of the Bid Security.

The undersigned Bidder agrees to furnish the required bonds and insurance and to enter into a contract within 10 days after receipt of Notice of Award and further agrees to complete the Work within the time period specified in the Notices to Proceed for each individual project.

The undersigned declares that he has had prior experiences in the type of Work required and has the



## BID BOND

In addition to these amounts, there may be additional other amounts for delay damages incurred by City as a result of delays by Contractor. These actual delay damages will include, but not be limited to, delay damage settlements or awards, penalties, and professional fees incurred in connection with such settlements, awards, or penalties and fines imposed by regulatory agencies, contract damages, and loss of use.

ACCOMPANYING THIS PROPOSAL IS Bid Bond

(Insert the word(s) "cashier's check," "bidder's bond," "certified check," or other security as provided by law, as the case may be), in an amount equal to at least 10% of the total amount of the bid, payable to the CITY OF FORT PIERCE the undersigned deposits above-named security as a proposal guarantee and agrees that it shall be forfeited to the City as liquidated damages in case this proposal is accepted by the City and the undersigned fails to execute a contract with the City as specified in the Contract Documents, accompanied by the required payment and faithful performance bonds, with sureties satisfactory to the City, and accompanied by the required certificates of insurance coverage and endorsements. Should the City be required to engage the services of an attorney in connection with the enforcement of this bid, bidder promises to pay City reasonable attorneys' fees and costs (including attorneys' fees and costs on appeals), incurred with or without suit.

The Work shall be performed under a State of Florida Contractor's License. Contract shall not be awarded unless proof of valid license(s) is provided, and license shall be appropriate for the nature of the Work.

The Bidder certifies that the following documents are included in the Bid and are complete:

1. Bid form, list of Addenda received, and authorized signatures.
2. Bid Bond with Power of Attorney attached.
3. Affidavit of Non-Collusion.
4. Trench Safety Act Form.

The Bidder further certifies that he will submit within ten (10) days of notification of the Apparent Successful Bidder:

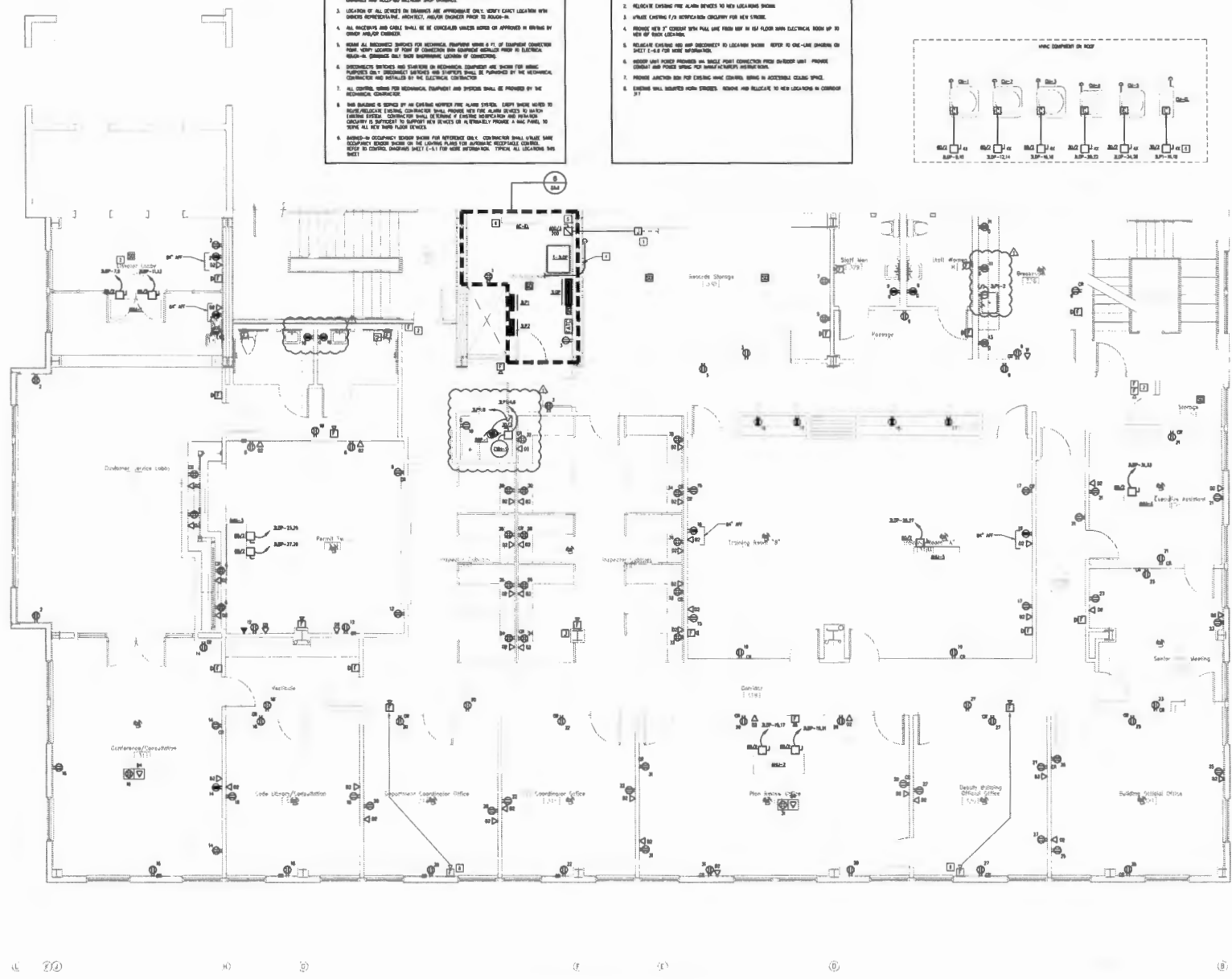
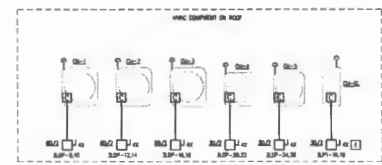
1. List of Major Subcontractors
2. Payment Bond
3. Performance Bond
4. Agreement
5. Certificates of Insurance

**GENERAL POWER NOTES:**

1. ALL CIRCUITS ON THIS SHEET ARE SUPPLIED BY PANEL 307A, UNLESS OTHERWISE NOTED.
2. CONTRACTOR SHALL VERIFY ALL REQUIREMENTS OF CLIENTS A BUILDING INFORMATION MODEL (BIM) AND ALL OTHER REQUIREMENTS OF CLIENTS A BUILDING INFORMATION MODEL (BIM).
3. LOCATION OF ALL DEVICES ON DRAWINGS IS APPROXIMATE ONLY. VERIFY EXACT LOCATION WITH UNDERLAPPING CONTRACTOR. VERIFY EXACT LOCATION PRIOR TO INSTALLATION.
4. ALL DEVICES AND CABLE SHALL BE BE CHECKED UNDER NOTES OF APPROVAL IN REVIEW BY OWNER AND/OR CONTRACTOR.
5. REMOVE ALL EXISTING DEVICES FOR REMOVAL. REMOVE OVER 3 FT. OF EXISTING CONDUIT FROM EXISTING LOCATION OF POINT OF CONNECTION AND RECONNECT DEVICES FROM EXISTING MAIN-TO-DEVICES. REMOVE ALL EXISTING DEVICES AND CABLE SHALL BE PROVIDED BY THE ELECTRICAL CONTRACTOR AND INSTALLED BY THE ELECTRICAL CONTRACTOR.
6. ALL EXISTING DEVICES FOR REMOVAL. REMOVE OVER 3 FT. OF EXISTING CONDUIT FROM EXISTING LOCATION OF POINT OF CONNECTION AND RECONNECT DEVICES FROM EXISTING MAIN-TO-DEVICES. REMOVE ALL EXISTING DEVICES AND CABLE SHALL BE PROVIDED BY THE ELECTRICAL CONTRACTOR AND INSTALLED BY THE ELECTRICAL CONTRACTOR.
7. NEW BUILDING IS SUPPLIED BY AN EXISTING SERVICE FROM ALUMINUM SERVICE. LIGHT SHALL BE PROVIDED BY THE ELECTRICAL CONTRACTOR. CONTRACTOR SHALL PROVIDE NEW FOR ALUMINUM SERVICE. CONTRACTOR SHALL VERIFY EXACT LOCATION WITH UNDERLAPPING CONTRACTOR. VERIFY EXACT LOCATION PRIOR TO INSTALLATION. CONTRACTOR SHALL VERIFY EXACT LOCATION WITH UNDERLAPPING CONTRACTOR. VERIFY EXACT LOCATION PRIOR TO INSTALLATION. CONTRACTOR SHALL VERIFY EXACT LOCATION WITH UNDERLAPPING CONTRACTOR. VERIFY EXACT LOCATION PRIOR TO INSTALLATION.
8. REMOVE-TO OCCUPANCY DEVICES FOR REFERENCE ONLY. CONTRACTOR SHALL VERIFY SAME OCCUPANCY DEVICES SHOWN ON THE EXISTING PLANS FOR APPROXIMATE RECEPTACLE COORDINATION. REFER TO GENERAL CONTRACT SHEET (E-1.0) FOR MORE INFORMATION. TYPICAL ALL LOCATIONS THIS SHEET.

**POWER KEYNOTES:**

1. EXISTING NEW WIP POWER AND FROM NEW WIP TO 1ST FLOOR MAIN ELECTRICAL ROOM. PROVIDE NEW JUNCTION BOX, NEW WIP AND NEW EXISTING POWER TO NEW EXISTING LOCATION. REFER TO THE LINE DRAWING OF SHEET (E-1.0) FOR MORE INFORMATION.
2. REMOVE EXISTING FIRE ALARM DEVICES TO NEW LOCATIONS SHOWN.
3. REMOVE EXISTING F/A RECEPTACLE CIRCUITRY FOR NEW STRIKE.
4. PROVIDE NEW 2" CONDUIT WITH PULL LINE FROM NEW WIP IN 1ST FLOOR MAIN ELECTRICAL ROOM UP TO NEW OF NEW LOCATIONS.
5. REMOVE EXISTING NEW WIP CONNECTION TO LOCATIONS SHOWN. REFER TO ONE-LINE DRAWING ON SHEET (E-1.0) FOR MORE INFORMATION.
6. REMOVE AND POWER PROVIDED BY SINGLE POINT CONNECTION FROM EXISTING WIP. PROVIDE EXISTING AND POWER FROM NEW WIP CONNECTION FROM EXISTING WIP.
7. PROVIDE JUNCTION BOX FOR EXISTING WIP CONTROL WIP IN ACCESSIBLE CEILING SPACE.
8. EXISTING WIP LOCATED WITH EXISTING. REMOVE AND RELOCATE TO NEW LOCATIONS IN CONFORM WITH.



**3RD FLOOR PLAN - POWER**  
SCALE: 1/4" = 1'-0"

The City of Fort Pierce

Building Department  
The Sunrise Center  
Third Floor

100 North US 1  
Fort Pierce, FL

Sheet

Consultant

Key Plan

Sheet Title  
THIRD FLOOR PLAN  
- POWER SYSTEM

1/8" = 1'-0"

Revisions

NO.	DATE	BY	CHKD.	DESC.

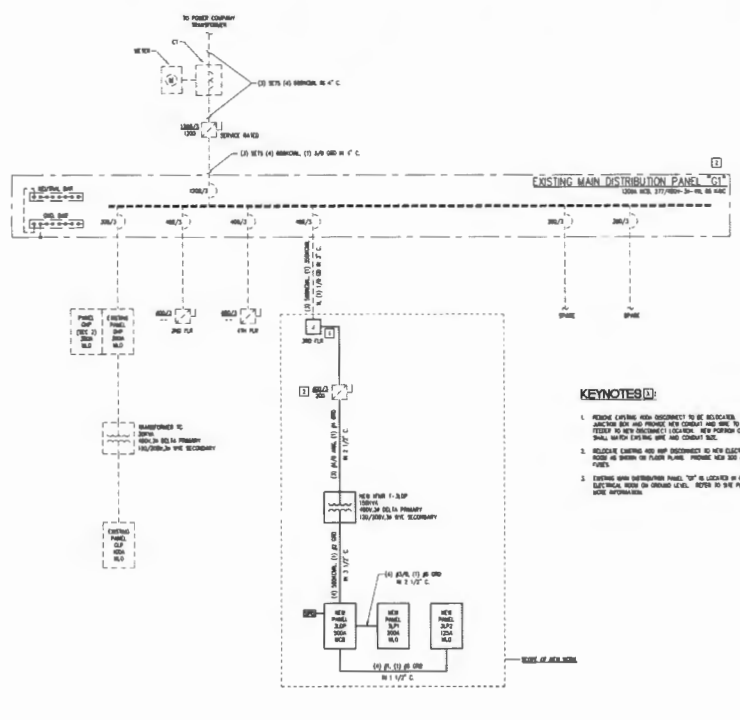
Sheet No.  
**E-2.C**

2024 08 14 10:00 AM 100 North US 1, Fort Pierce, FL 34937, 100 North US 1, Fort Pierce, FL 34937, 100 North US 1, Fort Pierce, FL 34937

PANEL	3LDP	BATTERY A				BATTERY B				BATTERY C				BATTERY D			
		Ch	No.	Eqpt	Watt	Ch	No.	Eqpt	Watt	Ch	No.	Eqpt	Watt	Ch	No.	Eqpt	Watt
P	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
CONNECTED LOAD SUMMARY																	
PHASE A		40.4 KW															
PHASE B		40.4 KW															
PHASE C		40.4 KW															
TOTAL LOAD		121.2 KW															

PANEL	3LP1	BATTERY A				BATTERY B				BATTERY C				BATTERY D			
		Ch	No.	Eqpt	Watt	Ch	No.	Eqpt	Watt	Ch	No.	Eqpt	Watt	Ch	No.	Eqpt	Watt
L	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
CONNECTED LOAD SUMMARY																	
PHASE A		1.6 KW															
PHASE B		1.6 KW															
PHASE C		1.6 KW															
TOTAL LOAD		4.8 KW															

PANEL	3LP2	BATTERY A				BATTERY B				BATTERY C				BATTERY D			
		Ch	No.	Eqpt	Watt	Ch	No.	Eqpt	Watt	Ch	No.	Eqpt	Watt	Ch	No.	Eqpt	Watt
R	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
CONNECTED LOAD SUMMARY																	
PHASE A		8.8 KW															
PHASE B		8.8 KW															
PHASE C		8.8 KW															
TOTAL LOAD		26.4 KW															



ELECTRICAL ONE-LINE DIAGRAM

PANEL FEEDERS	LIGHTING	RECEPT.	APPLIANCES	ELECTRICAL	EQUIPMENT	OTHER	HEATING	COOLING	TOTAL
3LDP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3LP1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3LP2	0.00	24.73	0.00	0.00	0.00	0.00	0.00	0.00	24.73
<b>TOTALS</b>	<b>0.00</b>	<b>24.73</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>24.73</b>
<b>DEMAND FACTORS</b>	<b>1.25</b>	<b>NEC 220.44</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>110.16</b>
<b>DEMAND</b>	<b>0.21</b>	<b>51.93</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>163.88</b>

DEMAND = 110.88 KVA @ 200V/100V SPAN = 215.5 AMPS  
 SERVICE = 80 AMPS

Seal:  
 Created:  
 CSI ARCHITECTURE, INC.

Rev. Plan

Sheet Title:  
 ELECTRICAL ONE LINE DIAGRAM

NO SCALE  
 Revision:

Checked:  
 Date:

Sheet No.  
 E-6.0

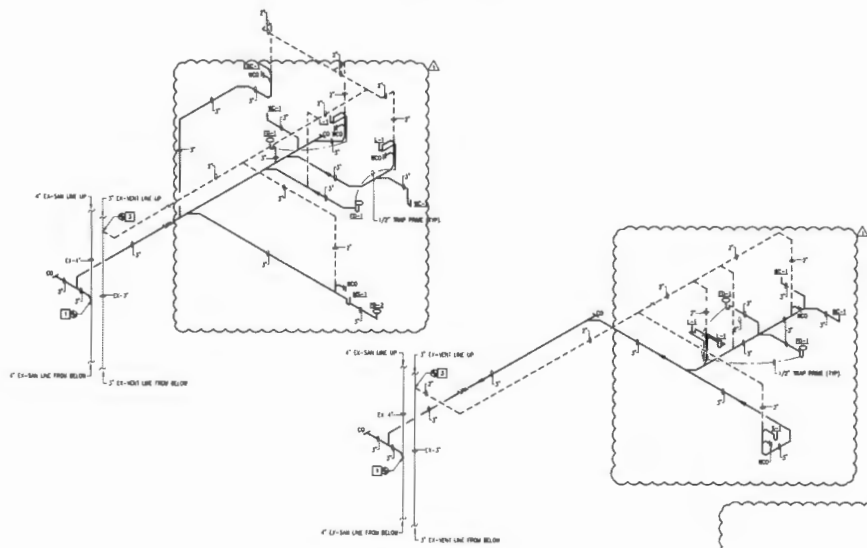




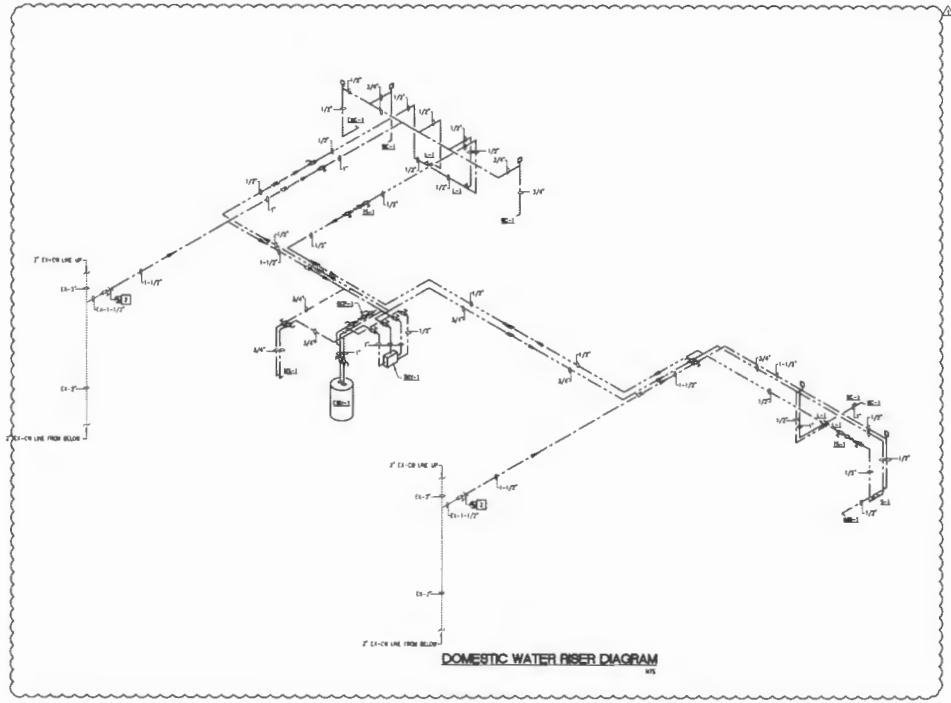
**PLUMBING KEYNOTES:**

1. NEW P. SANITARY LINE, RISER AND W. TO EXISTING SANITARY TRUNK. CONTRACTOR SHALL FIELD VERIFY EXISTING SANITARY LINE.
2. NEW 1-1/2" COLD WATER LINE, RISER AND W. TO EXISTING COLD WATER LINE. CONTRACTOR SHALL FIELD VERIFY EXISTING COLD WATER LINE.
3. NEW P. HOT WATER RISER AND W. TO EXISTING HOT WATER RISER. CONTRACTOR SHALL FIELD VERIFY EXISTING HOT WATER LINE.

LOCATION OF EXISTING SANITARY PIPING, HOT WATER AND COLD WATER COLD AND HOT WATER PIPING SHALL BE SHOWN ON THE WORK HOT WATER SYSTEM DRAWING. INFORMATION IS THE RESPONSIBILITY OF THE PLUMBING CONTRACTOR TO FIELD VERIFY ALL EXISTING SANITARY PIPING, HOT WATER AND COLD WATER COLD AND HOT WATER PIPING. PRIOR TO INSTALLATION/REVISIONS.



**SANITARY RISER DIAGRAM**  
WTS



**DOMESTIC WATER RISER DIAGRAM**  
WTS

The City of  
Fort Pierce

Building  
Department  
The Sunrise Center  
Third Floor

100 North US 1  
Fort Pierce, FL

Scale:	
Consultant:	
Key Plan:	
Sheet Title:	<b>RISER DIAGRAM - PLUMBING</b>
WTS	
Revision:	
Checked:	
Drawn:	
Sheet No.:	<b>P-2.0</b>

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**August 14, 2019**



**CITY OF FORT PIERCE**

**INTERIOR BUILD-OUT OF OFFICE SPACE- SUNRISE CENTER**

**BID NO. 2019-019**

**ADDENDUM NO. 3**

The purpose of this addendum is to include the **Non- Collusion Affidavit for Prime Bidder and Trench Safety Act Compliance Statement** forms which were inadvertently omitted in the original bid document.

All other conditions of this bid remain the same.

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

Signature:   
Manual

Signature: Rex B Kirby, Jr.  
Typed or Printed

Company Name: Verdex Construction LLC

Address: 1545 Centrepark Drive N, West Palm Beach, FL 33401

Date: August 30, 2019

/gm

Attachments:        Non-Collusion Affidavit for Prime Bidder  
                             Trench Safety Act Compliance Statement

**NON-COLLUSION AFFIDAVIT  
FOR PRIME BIDDER**

STATE OF Florida

COUNTY OF Palm Beach

Rex B Kirby, Jr., being first duly sworn, deposes  
and says:

That he/she is President  
(a partner or officer of the firm of, etc.)

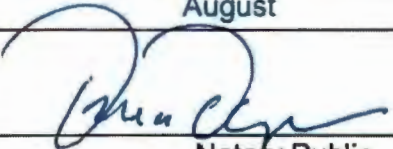
the party making the foregoing proposal or bid, that such proposal or bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived or agreed directly or indirectly with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any person, to fix the bid price of affiant or of any other bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other bidder, or to secure any advantage against the City of Fort Pierce, of the County of St. Lucie, or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

Verdex Construction LLC  
(Firm Name)

By: 

Title: Rex B. Kirby, Jr.

Subscribed and sworn to before me this 15th  
day of August, 2019

  
Notary Public

My Commission expires: \_\_\_\_\_ (Seal)



**END OF SECTION**



# Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

## Bid Bond

### CONTRACTOR:

(Name, legal status and address)

Verdex Construction, LLC  
1545 Centerpark Drive N.  
West Palm Beach, FL 33401

### SURETY:

(Name, legal status and principal place of business)

Berkshire Hathaway Specialty Insurance Company  
1314 Douglas Street, Suite 1400  
Omaha, NE 68102-1944

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

### OWNER:

(Name, legal status and address)

City of Fort Pierce  
100 North US 1  
Fort Pierce, FL 34950

BOND AMOUNT: \$ 10%

Ten Percent of Amount Bid

### PROJECT:

(Name, location or address, and Project number, if any)

Bid #2019-019 Sunrise Center Third Floor Build-Out

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 15th day of August, 2019

  
(Witness)

Verdex Construction, LLC

(Principal)

(Seal)

By

(Title)

Berkshire Hathaway Specialty Insurance Company

(Surety)

(Seal)

By

(Title)

Kevin Wojtowicz Attorney-in-Fact

  
(Witness) Jennifer Stephens



Power Of Attorney

BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY / NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Know all men by these presents, that BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY, a corporation existing under and by virtue of the laws of the State of Nebraska and having an office at One Lincoln Street, 23rd Floor, Boston, Massachusetts 02111, NATIONAL INDEMNITY COMPANY, a corporation existing under and by virtue of the laws of the State of Nebraska and having an office at 3024 Harney Street, Omaha, Nebraska 68131 and NATIONAL LIABILITY & FIRE INSURANCE COMPANY, a corporation existing under and by virtue of the laws of the State of Connecticut and having an office at 100 First Stamford Place, Stamford, Connecticut 06902 (hereinafter collectively the "Companies"), pursuant to and by the authority granted as set forth herein, do hereby name, constitute and appoint: Kevin Wojtowicz, 1000 Central Avenue, Suite 200 of the city of St. Petersburg State of Florida, their true and lawful attorney(s)-in-fact to make, execute, seal, acknowledge, and deliver, for and on their behalf as surety and as their act and deed, any and all undertakings, bonds, or other such writings obligatory in the nature thereof, in pursuance of these presents, the execution of which shall be as binding upon the Companies as if it has been duly signed and executed by their regularly elected officers in their own proper persons. This authority for the Attorney-in-Fact shall be limited to the execution of the attached bond(s) or other such writings obligatory in the nature thereof.

In witness whereof, this Power of Attorney has been subscribed by an authorized officer of the Companies, and the corporate seals of the Companies have been affixed hereto this date of December 20, 2018. This Power of Attorney is made and executed pursuant to and by authority of the Bylaws, Resolutions of the Board of Directors, and other Authorizations of BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY, NATIONAL INDEMNITY COMPANY and NATIONAL LIABILITY & FIRE INSURANCE COMPANY, which are in full force and effect, each reading as appears on the back page of this Power of Attorney, respectively. The following signature by an authorized officer of the Company may be a facsimile, which shall be deemed the equivalent of and constitute the written signature of such officer of the Company for all purposes regarding this Power of Attorney, including satisfaction of any signature requirements on any and all undertakings, bonds, or other such writings obligatory in the nature thereof, to which this Power of Attorney applies.

BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY,

[Signature of David Fields]

By: David Fields, Executive Vice President



NATIONAL INDEMNITY COMPANY, NATIONAL LIABILITY & FIRE INSURANCE COMPANY,

[Signature of David Fields]

By: David Fields, Vice President

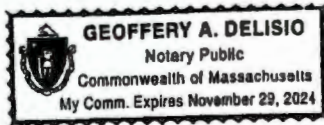


NOTARY

State of Massachusetts, County of Suffolk, ss:

On this 20th day of December, 2018, before me appeared David Fields, Executive Vice President of BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY and Vice President of NATIONAL INDEMNITY COMPANY and NATIONAL LIABILITY & FIRE INSURANCE COMPANY, who being duly sworn, says that his capacity is as designated above for such Companies; that he knows the corporate seals of the Companies; that the seals affixed to the foregoing instrument are such corporate seals; that they were affixed by order of the board of directors or other governing body of said Companies pursuant to its Bylaws, Resolutions and other Authorizations, and that he signed said instrument in that capacity of said Companies.

[Notary Seal]



[Signature of Geoffrey A. Delisio]

Notary Public

I, Ralph Tortorella, the undersigned, Officer of BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY, NATIONAL INDEMNITY COMPANY and NATIONAL LIABILITY & FIRE INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies which is in full force and effect and has not been revoked. IN TESTIMONY WHEREOF, see hereunto affixed the seals of said Companies this August 15, 2019.



[Signature of Ralph Tortorella]

Officer

To verify the authenticity of this Power of Attorney please contact us at: BHSI Surety Department, Berkshire Hathaway Specialty Insurance Company, One Lincoln Street, 23rd Floor Boston, MA 02111 | (770) 625-2516 or by email at Jennifer.Porter@bhspecialty.com THIS POWER OF ATTORNEY IS VOID IF ALTERED To notify us of a claim please contact us on our 24-hour toll free number at (855) 453-9675, via email at claims@bhspecialty.com, via fax to (617) 507-8259, or via mail.