

THE SUNRISE CITY
FORT PIERCE
PURCHASING
DEPARTMENT

Florida

TO: Mike Reals, Public Works Director
THROUGH: Gelencia Carter, Purchasing Manager *GC*
FROM: Monica Gonzales, Purchasing Specialist *MG*
SUBJECT: Bid No. 2021-029 ~ Landscape Maintenance of Medians
DATE: August 19, 2021

To take precautionary measures and provide a more convenient way of responding to solicitations, the Purchasing Division has implemented an additional option for interested respondents to submit their response by email (E-Bidding). Also, the copy requirement has been modified. Interested respondents are now required to submit only one (1) original and one (1) copy.

Attached is the tabulation sheet for the above referenced bid. **One (1) of the submittals were received via E-Bid (Demandstar) and one (1) hand delivered.** A copy of each submittal receive via delivery services (hardcopies) are attached and the e-bids have been saved in the **Interdepartmental Shared (R) Drive**, Purchasing, subject bid number, saved as "Submittal and the companies name". The file is available for review in the Purchasing Division.

The invitation was sent to 444 vendors. Fourteen (14) vendors requested specifications with two (2) responding (14.28%) plus one "No Bid" (14.28% total response).

Recommendation to award memo should be forwarded to the Purchasing Division (copy to Director of Finance) prior to submitting an agenda item.

Expiration date is **October 18, 2021**. Commission approval must be completed by this date.

/mg

Attachment

cc: Johnna Morris, Director of Finance (Memo Only)
Paul Bertram, Parks Manager
File



THE SUNRISE CITY
FORT PIERCE
 PURCHASING
 DEPARTMENT

Florida

**CITY OF FORT PIERCE
 TABULATION OF BIDS**

BID ON:	LANDSCAPE MAINTENANCE OF MEDIANS
BID NUMBER:	2021-029
DATE:	8/19/2021@ 3:00 PM
RECOMMENDED AWARD:	Pending

RESPONSE
2 of 14 = 14.28 %
0 "No Bids"
Total = 14.28 %

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

VENDOR NAME	TOTAL BID PRICE
Higher Ground Land Services <i>Okeechobee, FL</i>	\$51,000.00
Terra Maintenance <i>Port St. Lucie, FL</i>	\$96,750.00

PLEASE NOTE: COMMISSION MEETINGS ARE HELD THE FIRST AND THIRD MONDAY OF EVERY MONTH. CHECK THE CITY'S WEBSITE, <https://www.cityoffortpierce.com/223/Agendas-Minutes> or CALL THE PURCHASING DIVISION, (772) 467-3102, WEDNESDAY PRIOR TO THE MEETINGS FOR RECOMMENDATION OF AWARD.

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

CITY OF FORT PIERCE



**INVITATION TO BID
and
BIDDER ACKNOWLEDGMENT**

COPY

Bid Writer: Georgia Montgomery, 772-467-3102

Bid No: 2021-029

Mandatory Pre-Bid Conference/ Site Visit:

10:00 AM, THURSDAY, AUGUST 5, 2021

Bid Title:

LANDSCAPE MAINTENANCE OF MEDIANS

Mandatory Pre-Bid Conference Location:

**CITY HALL, ENGINEERING 1ST FLOOR
CONFERENCE ROOM,
100 NORTH U.S. #1,
FORT PIERCE, FL 34950**

Bid Opening Location:

**Purchasing Division Conference Room, Room 101
100 North U.S. #1, 1st Floor
Ft. Pierce, Florida 34950**

Bid Due Date & Time:

3:00 PM, THURSDAY, AUGUST 19, 2021

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:

Higher Ground Land Services

Mailing Address:

1210 SW 2nd Ave

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.

[Signature]
Authorized Signature (Manual)

City, State, Zip Code:

Okeechobee, FL 34974

Typed or Printed Name:

Christin Felchals

Type of Entity (Select one):

Corporation _____
Partnership _____
Proprietorship

Title:

Owner

Incorporated in the State of: _____ **Year:** _____

Delivery in _____ days, After Receipt Order

Phone Number: *772-370-8413*

Payment Terms: Net 30 Days

Fax Number: _____

FEIN or SS Number: _____

E-Mail Address: *highergroundlawnservicesllc@gmail.com*

Local Business: Y N **MWBE:** Y N

Bid Security is attached, when required, in the amount of \$ NOT APPLICABLE **F.O.B. DESTINATION**

If returning as a "No Bid" state reason:

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID

CITY OF FORT PIERCE BIDDER'S CHECKLIST

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

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

	YES	NO
Is Invitation to Bid cover page (page 1) completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Include proof of proper licensing as stated in bid documents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Include proof of proper insurance as stated in bid documents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you include a list of all materials and equipment to be used in providing the service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Drug-Free Work Place form signed and enclosed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Bid Response Form completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W-9 Form completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are two (2) complete reference forms included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are two (1) complete bid packages included (one original and one two copies)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is each Bid Addendum (when issued) signed and included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bid envelope is marked accordingly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PLEASE SIGN AND RETURN WITH BID

Justin F. Colhaus



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

Higher Ground Land Services 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 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.

Walter Feltham
Proposer's Signature
8/07/2021
Date



REFERENCE CHECK FORM

Bid No: 2021-029 **Title:** Landscape Maintenance of Medians
Bidder/Respondent Name: Higher Ground Land Services, LLC
Reference Company Name: City of Fort Pierce
Telephone Number: 772-579-6750 **Fax Number:** _____
Contact Name: John Mead **Email:** Jmead@cityoffortpierce.com

Reference Instructions: Submit a minimum of two (2) References. Fill out top portion only one per Reference. The City of Fort Pierce will send forms to the referenced company after the City's receipt of form in the Bid.

The above company submitted a proposal to general contracting services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772) 467-3748.

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

Quality of Work:

Dependability:

Integrity of owner and employees:

What areas could he/she improve upon?

Would you contract with this Contractor again? Yes No Maybe

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

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



REFERENCE CHECK FORM

Bid No: 2021-029 **Title:** Landscape Maintenance of Medians
Bidder/Respondent Name: Higher Grand Land Services, LLC
Reference Company Name: Dkeeholoe Trailer and Fishing resorts / B O Flea Market
Telephone Number: 863-447-6844 **Fax Number:** _____
Contact Name: David Feitenburger **Email:** Dkeeland@comcast.net

Reference Instructions: Submit a minimum of two (2) References. Fill out top portion only one per Reference. The City of Fort Pierce will send forms to the referenced company after the City's receipt of form in the Bid.

The above company submitted a proposal to general contracting services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772) 467-3748.

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

Quality of Work:

Dependability:

Integrity of owner and employees:

What areas could he/she improve upon?

Would you contract with this Contractor again? Yes No Maybe

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

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



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**Certification Statement
 Local Vendor Preference**

I certify that my company meets all of the following qualifications to be eligible for the local vendor preference:

- 1) That my company has a fixed, staffed office or distribution point located in and having a street address within St. Lucie, Indian River, Martin or Okeechobee County for at least one year prior to the issuance of the request for competitive bids or request for proposals by St. Lucie County; and
- 2) That my company holds any business or contractor license required by St. Lucie County and/or can document payment of business license taxes in St. Lucie County;
- 3) That my company is principal offeror who is single offeror; a business which is the prime contractor and not a subcontractor; or a partner or joint venturer submitting an offer in conjunction with other businesses.
- 4) Attached is a copy of a business or contractor license and/or business tax receipt for St. Lucie County, Indian River, Martin or Okeechobee Counties to verify that I have been in business at least one year prior to the issuance of the Request for Bid or Proposal.

Company Name: Higher Ground Land Services LLC

Address: 501 SW 14th CRT Okeechobee, FL 34974

Business or Contractor License Number: _____

Phone Number: 772-370-9413 Fax Number: _____

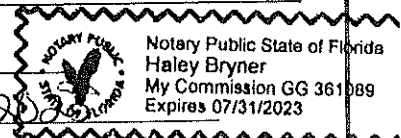
Owner's Name: Kristin Feldhaus

Signature: *Kristin Feldhaus*

Sworn to before me this 15th day of August, 2021

Notary Public for the State of Florida

My Commission Expires 7/31/2023



Notary Public Signature *Haley Bryner*

Printed Name Haley Bryner

FOR PROCUREMENT OFFICE ONLY ~ DO NOT COMPLETE BELOW

To be verified and completed by an authorized representative from the City of Fort Pierce Purchasing Department:

Vendor Certified by: _____ Date: _____
 (Authorized Signature)

To be approved as a local bidder and receive bid preference on an eligible local project, this certification and a copy of your local business or contractor license must be submitted with your bonafide Bid/RFP package.

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.

Print or type. See Specific Instructions on page 3.

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

2 Business name/disregarded entity name, if different from above
Higher Ground Land Services LLC

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

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Other (see instructions) ▶ _____

C Corporation

S Corporation

Partnership

Trust/estate

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

5 Address (number, street, and apt. or suite no.) See instructions.
1210 SW 2nd Ave

6 City, state, and ZIP code
Orlando, FL 32804

7 List account number(s) here (optional)

Requestor's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the 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

8	3	-	2	5	7	1	0	4	7
---	---	---	---	---	---	---	---	---	---

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

Signature of U.S. person ▶ *Minister Feldhaus*

Date ▶ *8/07/2021*

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 1099-B (home mortgage interest), 1099-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.

BIDDER'S ACKNOWLEDGEMENT

WE HEREBY AGREE TO FURNISH THE ITEMS ON WHICH PRICES ARE LISTED ABOVE AND IN ACCORDANCE WITH THE TERMS AND CONDITIONS LISTED.

OFFICIAL SIGNATURE: Kusti Fealnas

TITLE: Owner

DATE: 8-15-2021



BID RESPONSES FORM

Bid Item	LANDSCAPE MAINTENANCE OF MEDIANS		
Bid Number	2021-029	Due Date & Time	3:00 PM, Thursday, August 19, 2021

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:

LOCATION	TOTAL ANNUAL PRICE
Virginia Avenue Center Medians	\$ 12,500
Okeechobee Road Center Medians	\$ 5,000
Delaware Avenue Center Medians	\$ 7,000
North 25 th Street Medians	\$ 7,000
South A1A Rights-of-Way	\$ 12,000
State Road, U.S. #1 Center Medians	\$ 5,000
Riverwalk Community Center (600 North Indian River Drive)	\$ 2,500
TOTAL	\$ 51,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/06/2021

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 Millon Carpenter Insurance, Inc. 135 S. E. Avenue C P.O. Box 1270 Belle Glade FL 33430	CONTACT NAME: Mary Burris PHONE (A/C, No, Ext): (561) 996-7211 E-MAIL ADDRESS: mary@miltoncarpenterins.com	FAX (A/C, No): (561) 996-2601
	INSURER(S) AFFORDING COVERAGE	
INSURED Higher Ground Land Services Llc 1210 Sw 2Nd Ave Okeechobee FL 34974-5222	INSURER A: Southern-Owners Insurance Company	NAIC # 10190
	INSURER B: Auto-Owners Insurance Co	18988
	INSURER C: Market Ins	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** CL2112502435 **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		72111154	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Premises/Operations \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			5211115400	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Non-owned \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	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	MWC0172059-01	07/28/2020	07/28/2021	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Bid Title: City of Ft Pierce Mowing and trash removal services

City of Fort Pierce and it's officials, officers and employees are additional insured as regards to General Liability. 30-day written notice of cancellation will be provided to the Certificate holder at the listed address as regard to Commerical Auto and General Liability.

CERTIFICATE HOLDER

CANCELLATION

City of Fort Pierce, Attn: Purchasing Dept
 PO Box 1480
 Fort Pierce FL 34954-1480

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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HIGHER GROUND LAND SERVI
(772)370-9413

CITY OF OKEECHOBEE
BUSINESS TAX RECEIPT

55 SE 3rd Avenue, Okeechobee, FL 34974

OCTOBER 1, 2020 - SEPTEMBER 30, 2021

No: 2751

Date: 10/05/20

Address: KRISTIN FELDHAUS
501 SW 14TH COURT
OKEECHOBEE, FL 34974
Activity: 101 LAWN/YARD/LANDSCAPE SERVICES

RECEIPT	31.50
PENALTY	
APP/TRAN	3.00
BLDG INSP	
FIRE INSP	
Total Paid	34.50

Issued to: HIGHER GROUND LAND SERVICES LLC
HIGHER GROUND LAND SERVICES LLC
1210 SW 2ND AVENUE
OKEECHOBEE, FL 34974



Kim Barnes
BUSINESS TAX RECEIPT OFFICIAL

A

Higher Ground Land Services, LLC

1210 SW 2nd Ave

Okeechobee, FL 34974

772-370-9413

Equipment List

Trucks

- 2016 F150 4 door
- 2019 3500 F350 4 door
- 2004 2500 Dodge 5 door
- 1992 4x4 Chevy Single Cab

Trailers

- (2) 10x16 Utility Trailer
- (2) 6x16 Utility Trailer
- (1) Dump Trailer
- (1) Flat Bed Gooseneck

Mowers

- (5) 72" JD Mower
- (3) 60" JD Mower
- (2) 52' JD Mower
- (1) 48" JD Mower

Other Equipment

- (18) FS131 Weed Eater
- (10) Blowers
- (6) Edgers
- (6) 4 Gallon Sprayers
- (5) Stihl Trimmers
- (1) 1000 Gallon Sprayer
- (1) 2018 Honda four wheeler for spraying
- (1) Case W5
- (1) Bobcat T700

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

CITY OF FORT PIERCE



INVITATION TO BID and BIDDER ACKNOWLEDGMENT

Bid Writer: Georgia Montgomery, 772-467-3102	Bid No: 2021-029
Mandatory Pre-Bid Conference/ Site Visit: 10:00 AM, THURSDAY, AUGUST 5, 2021	Bid Title: LANDSCAPE MAINTENANCE OF MEDIANS
Mandatory Pre-Bid Conference Location: CITY HALL, ENGINEERING 1 ST FLOOR CONFERENCE ROOM, 100 NORTH U.S. #1, FORT PIERCE, FL 34950	Bid Opening Location: Purchasing Division Conference Room, Room 101 100 North U.S. #1, 1st Floor Ft. Pierce, Florida 34950
Bid Due Date & Time: 3:00 PM, THURSDAY, AUGUST 19, 2021	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: Terra Maintenance Co.	I hereby certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the bidder.
Mailing Address: 2290 SW Almiral St	
	X _____ Authorized Signature (Manual)
City, State, Zip Code: Fort St Lucie FL 34953	Typed or Printed Name: Felix Rivera
Type of Entity (Select one): Corporation <input checked="" type="checkbox"/> Partnership _____ Proprietorship _____	Title: President
Incorporated in the State of: FL Year: 2011	Delivery in 10 days, After Receipt Order
Phone Number: 786-444-7686 / 786 445 6125	Payment Terms: Net 30 Days
Fax Number: _____	FEIN or SS Number: 27-458 9448
E-Mail Address: frivera.terra@gmail.com	Local Business: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N MWBE: <input type="checkbox"/> Y <input type="checkbox"/> N
Bid Security is attached, when required, in the amount of \$ NOT APPLICABLE F.O.B. DESTINATION	If returning as a "No Bid" state reason:

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID



BID RESPONSES FORM



Bid Item	LANDSCAPE MAINTENANCE OF MEDIANS		
Bid Number	2021-029	Due Date & Time	3:00 PM, Thursday, August 19, 2021

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:

LOCATION	TOTAL ANNUAL PRICE
Virginia Avenue Center Medians	\$ 14,750. ⁰⁰
Okeechobee Road Center Medians	\$ 8,300. ⁰⁰
Delaware Avenue Center Medians	\$ 12,800. ⁰⁰
North 25 th Street Medians	\$ 12,400. ⁰⁰
South A1A Rights-of-Way	\$ 18,200. ⁰⁰
State Road, U.S. #1 Center Medians	\$ 14,200. ⁰⁰
Riverwalk Community Center (600 North Indian River Drive)	\$ 16,100. ⁰⁰
TOTAL	\$ 96,750. ⁰⁰



BID RESPONSE FORM



Bid Item	LANDSCAPE MAINTENANCE OF MEDIANS		
Bid Number	2018-009	Due Date & Time	3:00 PM, Thursday, January 11, 2018

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

LOCATION	TOTAL ANNUAL PRICE
Virginia Avenue Center Medians	\$ 7,500
Okeechobee Road Center Medians	\$ 4,000
Delaware Avenue Center Medians	\$ 7,475
North 25 th Street Medians	\$ 7,475
South A1A Rights-of-Way	\$ 11,000
State Road, U.S. #1 Center Medians	\$ 3,000
Riverwalk Community Center (600 North Indian River Drive)	\$ 4,500
TOTAL	\$ 41,950⁰⁰

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE
1	12/20/17
2	12/27/17

BIDDER'S ACKNOWLEDGEMENT

WE HEREBY AGREE TO FURNISH THE ITEMS ON WHICH PRICES ARE LISTED ABOVE AND IN ACCORDANCE WITH THE TERMS AND CONDITIONS LISTED.

OFFICIAL SIGNATURE: _____

TITLE: _____ *President*

DATE: _____ *8/16/2021*

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.

Terra Maintenance Co

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] ▶ _____
- Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 2):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts established outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

2290 SW Admiral St

6 City, state, and ZIP code

Port St Lucie FL 34953

Requester's name and address (optional)

7 List account number(s) here (optional)

Print or type. See specific instructions on page 2.

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

27	-	458	9448
----	---	-----	------

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 Signature of U.S. person ▶

Date ▶ 8-16-2021

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 1099 (home mortgage interest), 1099-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.



REFERENCE CHECK FORM

Bid No: 2021-029 **Title:** Landscape Maintenance of Medians
Bidder/Respondent Name: Terra Maintenance CO
Reference Company Name: Florida Department of Transportation - District 4
Telephone Number: 954 - 892 - 2331 **Fax Number:** _____
Contact Name: Christopher Chanel **Email:** christopher.chanel@dot.state.fl.us

Reference Instructions: Submit a minimum of two (2) References. Fill out top portion only one per Reference. The City of Fort Pierce will send forms to the referenced company after the City's receipt of form in the Bid.

The above company submitted a proposal to general contracting services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772) 467-3748.

- When did this company work for you? From: June 2020 To: Actual
- How would you describe the Contractor:

Quality of Work:
Performs all work in an effective and expedient manner. Follows all of the requirements and conditions in accordance to FDOT standards and Specs.

Dependability:
Outstanding interaction with the Department. No complaints from the traveling public or adjacent property owners.

Integrity of owner and employees:
Reliable, Responsible, Good Communication, Team work.

What areas could he/she improve upon?
No complaints so far.

Would you contract with this Contractor again? Yes No Maybe
 On a scale of 1 to 5, how would you rate his/her work in general? 1 2 3 4 5 Very Good

Add any information/comments that might help us evaluate their ability to perform for us?
This company is good working as a team with the Department



REFERENCE CHECK FORM

Bid No: 2021-029 **Title:** Landscape Maintenance of Medians
Bidder/Respondent Name: Terla Maintenance
Reference Company Name: TAM Lawn-Fence Service Inc.
Telephone Number: 305-216-7464 **Fax Number:** ---
Contact Name: Antonio Carreño **Email:** tmlawnfence@gmail.com

Reference Instructions: Submit a minimum of two (2) References. Fill out top portion only one per Reference. The City of Fort Pierce will send forms to the referenced company after the City's receipt of form in the Bid.

The above company submitted a proposal to general contracting services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772) 467-3748.

- When did this company work for you? From: 2011 To: Actual
- How would you describe the Contractor:

Quality of Work:
Excellent quality of work.

Dependability:
Reliable. Have not had any complaints in all of the years we have worked together.

Integrity of owner and employees:
Very reliable, responsible. Good persons.

What areas could he/she improve upon?
None at the moment.

Would you contract with this Contractor again? Yes No Maybe

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

Add any information/comments that might help us evaluate their ability to perform for us?
Flexible company. Will go above and beyond to meet expectations.



THE SUNRISE CITY
FORT PIERCE
 PURCHASING DEPARTMENT
Florida

**Certification Statement
 Local Vendor Preference**

I certify that my company meets all of the following qualifications to be eligible for the local vendor preference:

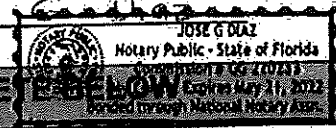
- 1) That my company has a fixed, staffed office or distribution point located in and having a street address within St. Lucie, Indian River, Martin or Okeechobee County for at least one year prior to the issuance of the request for competitive bids or request for proposals by St. Lucie County; and
- 2) That my company holds any business or contractor license required by St. Lucie County and/or can document payment of business license taxes in St. Lucie County;
- 3) That my company is principal offeror who is single offeror; a business which is the prime contractor and not a subcontractor; or a partner or joint venturer submitting an offer in conjunction with other businesses.
- 4) Attached is a copy of a business or contractor license and/or business tax receipt for St. Lucie County, Indian River, Martin or Okeechobee Counties to verify that I have been in business at least one year prior to the issuance of the Request for Bid or Proposal.

Company Name: Terra Maintenance Co.
 Address: 2290 SW Almiral St Port St Lucie FL 34953
 Business or Contractor License Number: 148723
 Phone Number: 786 444 7686 Fax Number: _____
 Owner's Name: Felix Rivera
 Signature: _____

Sworn to before me this 16 day of August, 2021

Notary Public for the State of FL My Commission Expires 05-21-2022

Notary Public Signature [Signature] Printed Name Jose



FOR PROCUREMENT OFFICE ONLY - DO NOT COMPLETE BELOW

To be verified and completed by an authorized representative from the City of Fort Pierce Purchasing Department:

Vendor Certified by: _____ Date: _____
 (Authorized Signature)

To be approved as a local bidder and receive bid preference on an eligible local project, this certification and a copy of your local business or contractor license must be submitted with your bonafide Bid/RFP package.



**PRE-BID MEETING
SIGN-IN LOG**



BID NO 2021-029
 LANDSCAPE MAINTENANCE OF MEDIANS
 100 N US HWY 1, Fort Pierce, FL, 34950
 CITY HALL (Engineering Conference Room), 1st Floor.

Page 1 of 2

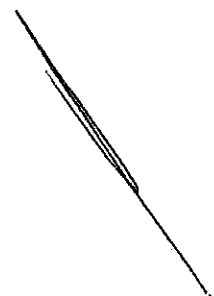
NAME	COMPANY NAME & ADDRESS	EMAIL ADDRESS	TELEPHONE #	FAX #
Andrew Godwin	Godwin's Lawn & Landscape Svc Inc	Godwin4040@gmail.com	772-260-4040	
Edra J. Tullis	Time To Mow + Go LLC	Edra49@gmail.com	(772)370-9217	
Felix RIVERA	Terra Maintenance Co.	Frivera.terra@gmail.com	786 444 7686	
Scornegges LATHIE	Terra Maintenance Co.	frivera.terra@gmail.com	786 444 7686	
Andrew Podoloff	Down to Earth Landscape	andrew.podoloff@down2earthinc.com	949 241 2202	
Billy Hatfield	Brightview	William.hatfield@brightview.com	772-340-8173	

Approved by the Department Representative

Paul A. Brennan
Signature

10:05 AM
Time

ATTEST
8.5.2021
Date





PRE-BID MEETING SIGN-IN LOG



BID NO 2021-029
 LANDSCAPE MAINTENANCE OF MEDIANS
 100 N US HWY 1, Fort Pierce, FL, 34950
 CITY HALL (Engineering Conference Room), 1st Floor.

NAME	COMPANY NAME & ADDRESS	EMAIL ADDRESS	TELEPHONE #	FAX #
JOSE SANCHEZ	C. O. F.P.	J.SANCHEZ@CITYOFFORTPIERCE.COM	772.859.1675	
Kristin Feldhaus	Higher Ground Land Services LLC	Highergroundlandservicesllc@gmail.com	863-467-5903 772-320-9443	863-467-5903
Paul Battram	City of Fort Pierce	pbattram@cityoffortpierce.com	772.467.3181	467.3821
Georgia Montgomery	City of Fort Pierce	gmontgomery@cityoffortpierce.com	772-467-3181	

Approved by the Department Representative:

Paul A. Battram

Signature

ATTEST

8-05-2021

Date

10:15 AM

Time

CITY OF FORT PIERCE BIDDER'S CHECKLIST

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

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

	YES	NO
Is Invitation to Bid cover page (page 1) completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Include proof of proper licensing as stated in bid documents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Include proof of proper insurance as stated in bid documents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you include a list of all materials and equipment to be used in providing the service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Drug-Free Work Place form signed and enclosed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Bid Response Form completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W-9 Form completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are two (2) complete reference forms included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are two (1) complete bid packages included (one original and one two copies)?	<input type="checkbox"/>	<input type="checkbox"/>
Is each Bid Addendum (when issued) signed and included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bid envelope is marked accordingly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PLEASE SIGN AND RETURN WITH BID _____



CITY OF PORT SAINT LUCIE BUSINESS TAX RECEIPT

PLEASE POST IN CONSPICUOUS PLACE OR KEEP ON PERSON

Term: 10/1/2021 - 9/30/2022

2021 - 2022

Business Address: 2290 SW ALMINAR ST

BTR #: 148723

Date Made: 7/19/2021

Business Name: TERRA MAINTENANCE CO

Mailing Address: 2290 SW ALMINAR ST

PORT ST LUCIE, FL 34953

A handwritten signature in black ink that reads "James Grayson".

Business Tax Authority

Category: Category 2	LAWN SERVICE / LANDSCAPING	\$66.25
-----------------------------	----------------------------	---------

Additional Data:

Total Tax Paid: \$66.25

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

This receipt does not warrant that the receipt holder is competent to perform in the business, but that the holder has paid the required tax and provided the necessary documentation (if required) for this business. Valid only when all state and local regulated trade licenses/completeness cards are valid for the current fiscal year as required by law.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/22/2021

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

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

PRODUCER Martinez and Alvarez Inc. 16635 South Dixie Highway Miami, FL 33157	CONTACT NAME: Niurka Martinez PHONE (A/C, No, Ext): (305)256-3436 E-MAIL ADDRESS: Agency121@estrellainsurance.com	FAX (A/C, No): (305)254-6214
	INSURER(S) AFFORDING COVERAGE	
INSURED TERRA MAINTENANCE CO 10052 Sw Captiva D Port Saint Lucie, FL 34987	INSURER A: Granada Insurance Comp	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

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

NSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR LWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	y		0185FL00150888 - 0	01/27/20/21	01/27/2022	EACH OCCURRENCE \$ 1,000,000.00
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00						
							MED EXP (Any one person) \$ 5,000.00
							PERSONAL & ADV INJURY \$ 1,000,000.00
							GENERAL AGGREGATE \$ 2,000,000.00
							PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
	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			WC STATUTORY LIMITS OTHER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER 2766 SW Edgarc Street LLC 2766 SW Edgarc Street PORT ST LUCIE FL 34953	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE NIURKA MARTINEZ
---	---



CERTIFICATE OF LIABILITY INSURANCE

Date
07/22/2021

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).

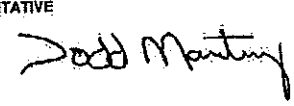
PRODUCER Martinez & Alvarez Inc. Oba Estrella Insurance #121 16635 S Dixie Hwy Miami, FL 33157-8442	CONTACT NAME: <u>Niurke Martinez</u>	FAX (A/C. No):
	PHONE (A/C. No. Ext): <u>3052552436</u>	
	E-MAIL ADDRESS: <u>manager121@estrellainsurance.com</u>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: <u>Infinity Assurance Insurance Company</u>	<u>39497</u>
INSURED Terra Maintenance 2290 Sw Almiral St Port St Lucie, FL 34953	INSURED B:	
	INSURED C:	
	INSURED D:	
	INSURED E:	
	INSURED 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	POLICY EXP	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPPOP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	509800014861001	02/14/2021	02/14/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER 2766 SW Edgarc Street LLC. 2766 SW Edgarc Street. Port Saint Lucie, FL 34953	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 1/13/2021

EXPIRATION DATE: 1/13/2023

PERSON: FELIX A RIVERA

EMAIL: FRIVERA.TERRA@GMAIL.COM

FEIN: 274589448

BUSINESS NAME AND ADDRESS:

TERRA MAINTENANCE CO.

2290 SW ALMINAR ST

PORT SAINT LUCIE, FL 34953

SCOPE OF BUSINESS OR TRADE:

Landscape Gardening &
Drivers

Farm Machinery Operation By
Contractor and Drivers

Street or Road Maintenance
or Beautification & Drivers

Cleaner-Debris Removal -
Construction

IMPORTANT: Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to subsection 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

Terra Maintenance Co.
2290 SW Alminar St.
Port St. Lucie, FL 34953
PH: 786 444 76 86
Email: frivera.terra@gmail.com



REF: 2021-029

LIST OF EQUIPMENT

- 4 Stihl Powerhead KM130R weed eaters
- 2 Echo 215 MPH 510 CFM 58.2cc Gas Backpack Leaf Blower
- 2 STIHL MS 211 C chainsaw 35cc 16"
- 2 Stihl hedge trimmer hs80
- 2 STIHL FC 75 EDGER PRO SERIES 25.4cc
- 2 Torino Trailer
- 2 JOHN DEERE ZERO TURN
- 1 Herbicide equipment
- 1 2020 CHEVROLET SILVERADO 3500 Pick-up Truck
- 1 2016 CHEVROLET SILVERADO 2500 Pick-up Truck
- 1 ISUZU 2020 NPR Dump Truck

A handwritten signature or scribble consisting of several overlapping, diagonal lines, likely representing the name of the person who prepared the list.

