

**JUNE 6, 2023**

**RFP NO. 2023-039**



**City of  
Fort Pierce**

**ANNUAL CONTRACT  
FOR  
PLAN REVIEW SERVICES**

**Submitted by:**

**C.A.P. Government, Inc.  
1910 N. Florida Mango Rd.  
West Palm Beach, FL 33409**



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# Table of Contents



## City of Fort Pierce – RFP No. 2023-039

### Annual Contract for Plan Review Services

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#### Table of Contents

<b>Proposer Acknowledgment</b> .....	Page 1
<b>Section 1: Transmittal Letter</b> .....	Page 2-3
<b>Section 2: Addenda Acknowledgement</b> .....	Page 4
<b>Section 3: Business Requirements</b> .....	Page 5-9
<b>Section 4: Qualifications/Experience</b> .....	Page 10-41
▪ Organizational Chart	
▪ DBPR Licenses	
<b>Section 5: References</b> .....	Page 42
<b>Section 6: Cost Proposal</b> .....	Page 43-43a
Cost Proposal (C.A.P. Government, Inc's rates for clarification)	
<b>Section 7: Additional Data</b> .....	Page 44-47
• Drug-Free Workplace Form	
• City of Fort Pierce Proposer's Checklist	
• Certificate of Insurance	

<p><b>DELIVER TO:</b>  City of Fort Pierce, Purchasing Division  Room 101  100 North U.S. #1  Fort Pierce, FL 34950</p> <p><b>MAIL TO:</b>  City of Fort Pierce Purchasing Division,  Room 101  P.O. Box 1480  Fort Pierce, FL 34954-1480</p>	<p style="text-align: center;"><b>REVISED</b></p>  <p style="text-align: center;"><b>REQUEST FOR PROPOSALS  and  PROPOSER ACKNOWLEDGMENT</b></p>
<p><b>Bid Writer:</b> Georgia Montgomery, 772-467- 3102</p>	<p><b>RFP No:</b> 2023-039</p>
<p><b>Pre-Proposal Conference Date:</b>  11:00AM, MONDAY, MAY 22, 2023</p>	<p><b>RFP Title:</b> ANNUAL CONTRACT FOR  PLAN REVIEW SERVICES</p>
<p><b>Pre-Proposal Location:</b>  CITY HALL, ENGINEERING CONFERENCE  ROOM, 1ST FLOOR  100 N. US HIGHWAY 1,  FORT PIERCE, FL</p>	<p><b>RFP Opening Location:</b>  City of Ft. Pierce Purchasing Division  Room 101  100 North U.S. #1, 1st Floor  Ft. Pierce, Florida 34950</p>
<p><b>RFP Due Date &amp; Time:</b>  3:30 PM, TUESDAY, JUNE 6, 2023</p>	<p>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.</p>
<p><b>Proposer Name:</b>  C.A.P. Government, Inc.</p> <p>-----</p> <p><b>Mailing Address:</b>  1910 N. Florida Mango Rd.</p> <p>-----</p> <p>-----</p> <p>-----</p>	<p><i>I hereby certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the bidder.</i></p> <p style="text-align: center;">X  Authorized</p> <p style="text-align: center;">_____  Signature (Manual)</p>
<p><b>City, State, Zip Code:</b>  West Palm Beach, FL 33409</p>	<p><b>Typed or Printed Name:</b> Carlos A. Penin, PE</p>
<p><b>Type of Entity (Select one):</b></p> <p>Corporation <input checked="" type="checkbox"/> X</p> <p>Partnership _____</p> <p>Proprietorship _____</p>	<p><b>Title:</b> President</p>
<p><b>Incorporated in the State of:</b> Florida    <b>Year:</b> 1989</p>	<p><b>Delivery in</b> _____ <b>days, ARO</b></p>
<p><b>Phone Number:</b> (305) 448-1711</p>	<p><b>Payment Terms:</b> Net 30 Days</p>
<p><b>Fax Number:</b> (305) 448-1712</p>	<p><b>FEIN or SS Number:</b> 65-0121594</p>
<p><b>E-Mail Address:</b> capenin@capfla.com</p>	<p><b>Local Business:</b> ___Y___XN    <b>MWBE:</b> ___Y___XN</p>
<p><b>Bid Security is attached, when required, in the amount of \$</b> _____  N/A  F.O.B. DESTINATION</p>	<p><b>If returning as a "No Bid" state reason:</b></p>
<p><b>THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID</b></p>	



**SECTION 1**  
**TRANSMITTAL LETTER**



**cap government**  
A Bureau Veritas Company



June 6, 2023

City of Fort Pierce  
Attn: Purchasing Division, Room 101  
101 Church Street North U.S. #1  
Fort Pierce, Florida 34950

**RE: City of Fort Pierce, RFP No. 2023-039 – Annual Contract for Plan Review Services**

To Whom It May Concern:

C.A.P. Government, Inc. (CAP) hereby submits its response to the City of Fort Pierce (City) **Request for Proposals (RFP NO. 2023-039) Annual Contract for Plan Review Services**. CAP thoroughly understands the Scope of Work provided in the RFP. As required in the RFP, we have submitted an Electronic Bid (E-Bid) in pdf format.

CAP has been providing outsourced professional services to governmental clients in Florida for over thirty-four (34) years. Our corporate philosophy of delivering services is centered on creating a positive customer experience without sacrificing accuracy, efficiency and transparency. We believe that this complements the City's desire for its Building Department stakeholders. Most importantly we have been providing plans review services to the City of Fort Pierce since 2019. As you review our submittal, we call to your attention the following points:

- **Qualifications.** CAP was established in 1989 and in 1992 we pioneered the outsourcing of Building Department Services to the newly formed Village of Key Biscayne. We currently serve over seventy (70) municipalities and six (6) educational clients throughout Florida.
- **Staff Availability.** CAP has over two hundred and sixty (260+) employees who are fully qualified and licensed by the State of Florida Department of Business and Professional Regulations.
- **Services Location.** C.A.P. Government, Inc. is a State of Florida Corporation that operates out of three (3) corporate offices in Florida. Our clients stretch throughout Miami-Dade, Broward, Palm Beach, the Panhandle and Gulf Coast Counties. As we continue to expand and implement the use of the Electronic Plans Review (EPR) software, our "location" is anywhere we have access to the internet.
- **Technology.** Our commitment to providing exceptional service led us to the development and implementation of an electronic plan review software. Since 2013 CAP has been investing, developing, and implementing an EPR platform that allows our Plans Examiners to electronically access work "**real-time**", maintaining efficiency and accuracy. Our EPR services expedite the review and approval process taking full advantage of current technologies, at no cost to the City.

This software has been used successfully on plans review projects for our municipal and educational institution clients and is currently being used by CAP on projects across the state.



We commit to deliver efficient, cost-effective and quality solutions to the City of Fort Pierce by maintaining the necessary resources to provide the plan review services required in the Scope of Services. Our experience and qualifications meet or exceed the requirements and expectations listed in the RFP.

**Why us, by the numbers?**

<b>34</b>	Years in Business (Est.1989)
<b>31</b>	Years Outsourcing Building Services Exclusively to the Government
<b>11</b>	<b>Municipal Clients - Full service</b>
<b>60</b>	Municipal Clients - Supplemental Services
<b>6</b>	Educational Clients
<b>77</b>	Total Building Department Outsourcing Clients
<b>4</b>	Years with the City of Fort Pierce
<b>18</b>	Years with the City of Weston
<b>28</b>	Years with the City of Aventura
<b>10</b>	Years providing Electronic Plan Review (EPR)
<b>260 +</b>	Employees dedicated to outsourcing Building Services

In closing, our company is the leader in providing Building Plan Review Services to governmental agencies. In addition, C.A.P. Government works primarily for governmental agencies thereby avoiding potential conflicts of interest.

Finally, we thank you in advance for your consideration and respectfully request the opportunity to provide the City of Fort Pierce with the best quality services. If given the opportunity, we will continue to provide the high level of Building Department, Plan Review Services that is expected and required by the City. If you have any questions, please contact me at 305.458.6000.

Very truly yours,  
C.A.P. Government, Inc.

A handwritten signature in blue ink, appearing to read "Carlos A. Penin".

Carlos A. Penin, PE  
President



## SECTION 2

# ADDENDA ACKNOWLEDGEMENT



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**May 17, 2023**



**CITY OF FORT PIERCE**

**ANNUAL CONTRACT FOR PLAN REVIEW SERVICES**

**RFP NO. 2023-039**

**ADDENDUM NO. 1**

The purpose of this addendum is to advise vendors that minor changes were inadvertently overlooked in preparation of the proposal documents. Please disregard the original document and use the **REVISED** proposal document, attached for preparing your submission.

All other conditions of this bid remain the same.

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

Signature:  \_\_\_\_\_  
Manual

Signature: Carlos A. Penin, PE \_\_\_\_\_  
Typed or Printed

Company Name: C.A.P. Government, Inc. \_\_\_\_\_

Address: 1910 N. Florida Mango Rd. West Palm Beach , FL 33409 \_\_\_\_\_  
\_\_\_\_\_

Date: 05/17/2023 \_\_\_\_\_

/lh



# SECTION 3 BUSINESS REQUIREMENTS




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# Section 3:

## Business Requirements

### City of Fort Pierce – RFP No. 2023-039

#### Annual Contract for Plan Review Services



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

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


**\*\*LOCATED AT\*\***  
1910 North FLORIDA MANGO RD  
WEST PALM BEACH, FL 33401

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
56-0001 ADMINISTRATIVE OFFICE	C.A.P. GOVERNMENT INC		B22.594842 - 07/06/22	\$33.00	B40153763

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

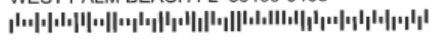
**STATE OF FLORIDA**  
**PALM BEACH COUNTY**  
**2022/2023 LOCAL BUSINESS TAX RECEIPT**  
**LBTR Number: 2016092908**  
**EXPIRES: SEPTEMBER 30, 2023**

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.



7  
6-181-2

C.A.P. GOVERNMENT  
C.A.P. GOVERNMENT INC  
1910 N FLORIDA MANGO RD  
WEST PALM BEACH FL 33409-6408



### Local Business Tax Receipt

Miami-Dade County, State of Florida  
- THIS IS NOT A BILL - DO NOT PAY

2252898

**BUSINESS NAME/LOCATION**  
CAP GOVERNMENT INC  
343 ALMERIA AVE  
CORAL GABLES, FL  
33134-5811

**OWNER**  
CAP GOVERNMENT INC

Employee(s) 55

**RECEIPT NO.**  
RENEWAL  
2369544



LBT

**EXPIRES**  
**SEPTEMBER 30, 2023**

Must be displayed at place of business  
Pursuant to County Code  
Chapter 8A - Art. 9 & 10

**SEC. TYPE OF BUSINESS**  
212 P.A./CORP/PARTNERSHI  
P/FIRM

**PAYMENT RECEIVED  
BY TAX COLLECTOR**  
247.50 07/13/2022  
INT-22-358958

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or non-governmental regulatory laws and requirements which apply to the business.  
The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.  
For more information, visit [www.miamidade.gov/taxcollector](http://www.miamidade.gov/taxcollector)



### BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000  
**VALID OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2023**

**DBA:**  
**Business Name:** C A P GOVERNMENT INC

**Owner Name:** C A P GOVERNMENT INC  
**Business Location:** 100 E DAVIE BLVD  
FT LAUDERDALE  
**Business Phone:** 305-448-1711

**Receipt #:** 329-265281  
**Business Type:** ALL OTHERS (INSPECTION SVCS)

**Business Opened:** 03/10/2014  
**State/County/Cert/Reg:**  
**Exemption Code:**

# *State of Florida*

## *Department of State*

I certify from the records of this office that C.A.P. GOVERNMENT, INC. is a corporation organized under the laws of the State of Florida, filed on April 10, 1989.


The document number of this corporation is K80212.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on March 6, 2023, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Sixth day of March, 2023*



  
Secretary of State

Tracking Number: 6052819205CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**FBPE**  
FLORIDA BOARD OF  
PROFESSIONAL ENGINEERS

## STATE OF FLORIDA

### BOARD OF PROFESSIONAL ENGINEERS

THE PROFESSIONAL ENGINEER HEREIN IS LICENSED UNDER THE  
PROVISIONS OF CHAPTER 471, FLORIDA STATUTES

**PENIN, CARLOS ANTONIO**

343 ALMERIA AVENUE  
CORAL GABLES FL 33134

**LICENSE NUMBER: PE33216**

**EXPIRATION DATE: FEBRUARY 28, 2025**

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.

THE OFFICIAL SITE OF THE FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION



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- [Verify a Licensee](#)
- [View Food & Lodging Inspections](#)
- [File a Complaint](#)
- [Continuing Education Course Search](#)
- [View Application Status](#)
- [Find Exam Information](#)
- [Unlicensed Activity Search](#)
- [AB&T Delinquent Invoice & Activity List Search](#)

**LICENSEE DETAILS**

2:03:01 PM 10/3/2022

**Licensee Information**

Name:	<b>C.A.P. GOVERNMENT, INC. (Primary Name)</b>
Main Address:	<b>343 ALMERIA AVENUE CORAL GABLES Florida 33134</b>
County:	<b>DADE</b>

**License Information**

License Type:	<b>Registry</b>
Rank:	<b>Registry</b>
License Number:	<b>5344</b>
Status:	<b>Current</b>
Licensure Date:	<b>07/06/1989</b>
Expires:	

**Special Qualifications**

**Qualification Effective**

--

**Alternate Names**

--

[View Related License Information](#)

[View License Complaint](#)

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>C.A.P. Government, Inc</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> 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) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>P. O. Box 843599</b>	<b>Requester's name and address (optional)</b>
<b>6</b> City, state, and ZIP code <b>Dallas, TX 75284-3599</b>	
<b>7</b> 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 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.

<b>Social security number</b>													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													
<b>or</b>													
<b>Employer identification number</b>													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td> </tr> </table>	6	5	-	0	1	2	1	5	9	4			
6	5	-	0	1	2	1	5	9	4				

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>5/2/2023</u>
------------------	----------------------------	------------------------

## 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](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-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.*



**SECTION 4**  
**QUALIFICATIONS/EXPERIENCE**



**cap government**  
A Bureau Veritas Company

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## Section 4:

# Qualifications/Experience

### City of Fort Pierce – RFP No. 2023-039

#### Annual Contract for Plan Review Services

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**C.A.P. Government, Inc. (CAP)** was founded on **April 10, 1989**, by Mr. Carlos A. Penin, PE. In 1992 CAP entered into an agreement with the newly incorporated Village of Key Biscayne to offer the outsourcing of Building Department professional services. We have been doing so *continuously* since then. Today CAP is recognized as the leading firm in providing Building Department services to over seventy (70+) municipalities and to six (6) educational clients across Florida.

Our customer-centered approach to these services has helped us build a team of over two hundred and sixty (260+) Professional Engineers, Architects, Building Code Administrators, Plans Examiners, Inspectors, and Permit Technicians. **Our legacy of hard work and dedication has established us as a leader in our industry.** For over **thirty-four (34) years** CAP has maintained an exemplary track record of professional management of all phases of the building and permitting process. CAP's expertise involves developing tailored solutions to plans review, inspections, and code compliance services exclusively to government entities.

C.A.P. Government, Inc. is a State of Florida Corporation that operates out of three (3) offices in Florida. Our clients stretch throughout Miami-Dade, Broward, Palm Beach, the Gulf Coast, Central Florida, and Panhandle Counties.

#### C.A.P. GOVERNMENT, INC.

**Miami-Dade** - 343 Almeria Avenue, Coral Gables, FL 33134

**Broward** - 100 SE 12 Street, Fort Lauderdale, FL 33316

**Palm Beach** - 1910 N. Florida Mango Rd., WPB, FL 33409

C.A.P. Government, Inc. has outsourced Building Department services to government agencies in Miami-Dade, Broward, Palm Beach, Sarasota, Charlotte, and Lee Counties. Our legacy of hard work and dedication has established us as an industry leader.

**Most importantly CAP has been providing Plan Review services to the City of Fort Pierce since 2019.**

The following examples are provided to highlight CAP's experience with similar contracts within the last five (5) years. They demonstrate the depth of our past performance and validate our successful history of providing professional outsourced services.

**Section 4:**  
**Qualifications/Experience**  
**City of Fort Pierce – RFP No. 2023-039**  
**Annual Contract for Plan Review Services**

<b>CITY OF AVENTURA</b>	<u>Services Provided</u> Plans Review, Inspections and Building Code Administrator <b>Dates of Services: 1995 to Present (28 Years)</b>
<b>CITY OF WESTON</b>	<u>Services Provided</u> Plans Review, Inspections and Building Code Administrator <b>Dates of Services: 2005 to Present (18 Years)</b>
<b>CITY OF SOUTH BAY</b>	<u>Services Provided</u> Plans Review, Inspections and Building Code Administrator <b>Dates of Services: 2010 to Present (13 Years)</b>
<b>TOWN OF LAUDERDALE- BY-THE-SEA</b>	<u>Services Provided</u> Plans Review, Inspections and Building Code Administrator <b>Dates of Services: 2011 to Present (12 Years)</b>
<b>CITY OF DANIA BEACH</b>	<u>Services Provided</u> Plans Review, Inspections and Building Code Administrator <b>Dates of Services: 2016 to Present (7 Years)</b>
<b>PALM BEACH COUNTY</b>	<u>Services Provided</u> Plans Review, Inspections and Building Code Administrator <b>Dates of Services: 2015 to Present (8 Years)</b>
<b>TOWN OF JUPITER</b>	<u>Services Provided</u> Plans Review and Inspections <b>Dates of Services: 2019 to Present (4 Years)</b>

On the following pages we have enclosed all the required licenses to work under this agreement.

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# Section 4:

## Qualifications/Experience

### City of Fort Pierce – RFP No. 2023-039

#### Annual Contract for Plan Review Services

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#### **SCOPE OF SERVICES:**

C.A.P. Government, Inc. (CAP) will provide the City of Fort Pierce qualified, trained, experienced employees licensed by the State of Florida Department of Business and Professional Regulation (DBPR). We are prepared to complete the work required in accordance with all applicable State of Florida Statutes and standards. Our focus is on a long-term “Commitment to Success”.

We have reviewed the “Scope of Services” in this RFP, and we are confident that we will meet or exceed the level of services required by the City of Fort Pierce’s Building Department.

Our team of certified professionals have knowledge of construction and engineering principles, techniques and all applicable building codes and regulations including City and State ordinances. We are well versed in all legal and technical requirements related to all disciplines including Public Works, Zoning and Code Compliance.

CAP has assembled a qualified team to provide residential and commercial plan review services in the following trades:

- *Structural*
- *Building*
- *Mechanical*
- *Electrical*
- *Plumbing*
- *1+2 Family (and Multi Family)*

CAP’s staff will review and process all applications and construction plans for issuance of permits under the Florida Building Code (FBC). including the requirements of other agencies that have jurisdiction.

Our employees are required to participate in an annual Ethics Training Course, adhere to the company’s code of conduct and to take continuing education credits to maintain the required certifications for their trades.

All personnel are equipped with smart phones and I-Pads and will be capable of answering all consumer inquiries in a timely manner. We take pride in customer service and believe that exceptional customer service builds trust and reduces problems for an efficient Building Department. Our Company culture is based on “customer - centered services.

#### **EQUIPMENT:**

All of CAP’s plan reviewers are provided with the necessary tools, equipment, cell phone and vehicle to perform plan review services. All company vehicles are licensed for use on public streets and licensed in the State of Florida.

# Section 4:

## Qualifications/Experience

### City of Fort Pierce – RFP No. 2023-039

#### Annual Contract for Plan Review Services

#### **OVERVIEW OF SERVICES:**

CAP's staff have extensive experience providing plans review services for municipal and educational clients. The firm's capabilities are reinforced through staff's familiarity with the Florida Building Code and all applicable building codes and regulations, including City codes and ordinances. We have a proven plan review process that helps ensure compliance with requirements.

#### **PLAN REVIEW SERVICES**

CAP will review all permit documents including building plans, specifications, and all required calculations for residential and commercial projects to ensure compliance with the Florida Building Code and any other applicable standards. The reviews will include the various disciplines: structural, building, mechanical, electrical, (HVAC), electrical and plumbing and two-family dwelling disciplines. This will result in a recommendation of approval or denial of plans with a clear observation of the findings to support such recommendations, including code sections applicable to the denials. On disapproved items, we will provide further discussions with Architects, Engineers, Contractors, and owners builders to obtain the modifications necessary for approval.

#### **Essential job functions required by the City of Fort Pierce:**

- ✓ Review plans and specifications for new and existing construction in physical printed format and/or electronic format through the City's web-based electronic plan review system
- ✓ Work performed at the City's Building Department, at CAP's Offices, or virtually
- ✓ CAP Employee, Deborah Nutter, BU, BN, PX will serve as the Project Manager and key contact for City approvals
- ✓ Electronic reviews will be assigned to the City's electronic permitting system; CAP professional staff will review and examine plans and provide all necessary comments in the electronic permitting system
- ✓ CAP professional staff will communicate in a professional, courteous, and respectful manner

# Section 4:

## Qualifications/Experience

### City of Fort Pierce – RFP No. 2023-039

#### Annual Contract for Plan Review Services

#### Electronic Plan Review (EPR)

In 2013, our Company embarked on the design, development, and implementation of Electronic Plans Review (EPR). We firmly believe that EPR has made the review process more efficient and transparent. Our program allows the project stakeholders “**real-time**” access to the status of their application and to the submittals from the design professionals across different platforms as long as internet connectivity is available. In addition, our reviewers will be able to provide the service remotely, having more access to data and being more flexible with their time. Data is exchanged electronically thus reducing or eliminating paper bulk and becoming more environmentally sensitive. Data stored this way is safer and the ease of retrieval is increased. In short, the EPR system adds efficiency and value to the entire Building Review and Permitting process.



Professionalism and maintaining an effective professional working relationship with City staff, contractors, homeowners, architects, engineers, developers and customers of the City. CAP’s staff will be available for consultation and to assist and provide information on building permitting and inspection issues to expedite the process.

#### KEY STAFF:

##### Mr. Carlos A. Penin, PE -Principal-in-Charge

Mr. Penin is the President and founder of C.A.P. Government, Inc. (CAP) and will serve as the Principal-in-Charge under this contract. Mr. Penin serves in an administrative capacity overseeing the daily operations of the firm. His responsibilities include determining the strategic direction of the company and carrying out the strategic plan through overseeing operations, marketing and business development activities, contract oversight, and staff management.

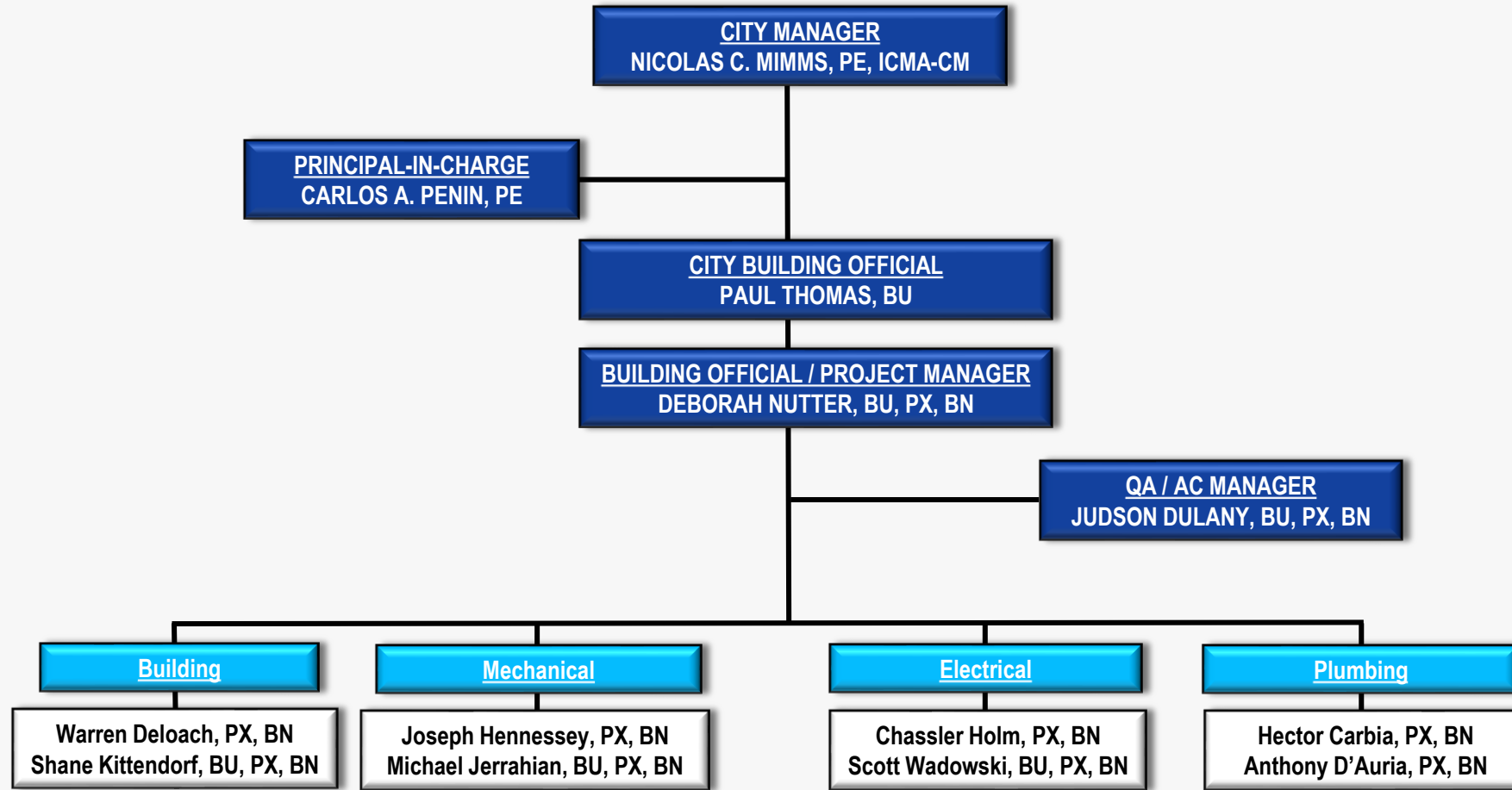
##### Ms. Deborah Nutter, BU, PX, BN - Building Official / Project Manager

Ms. Nutter has over thirty (30) years of experience in the building industry. Ms. Nutter holds various licenses as a building code administrator, electrical plans examiner and a building, electrical and mechanical inspector. She was recognized by the Building Officials Association of Florida (BOAF) and awarded “2018” Building Official of the Year.

##### Mr. Judson Dulany, Bu, PX, BN, QA/QC

Mr. Judson Dulany has over twenty (20) years of experience as a commercial residential, and industrial State of Florida Certified building, roofing contractor. Knowledgeable in all aspects of construction, estimating, contracts, underground utilities, site work, foundations, and structural walls. He is immersed in CAP’s day-to-day operations and is uniquely qualified to oversee the administration of a Building Department.

PX – Plans Examiner  
BN – Inspector  
BU – Building Code Administrator





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## LICENSEE DETAILS

11:01:10 AM 2/21/2023

### Licensee Information

Name:	<b>PENIN, CARLOS ANTONIO (Primary Name)</b>
Main Address:	<b>343 ALMERIA AVENUE CORAL GABLES Florida 33134</b>
County:	<b>DADE</b>
License Mailing:	<b>343 ALMERIA AVENUE CORAL GABLES FL 33134</b>
County:	<b>DADE</b>

### License Information

License Type:	<b>Professional Engineer</b>
Rank:	<b>Prof Engineer</b>
License Number:	<b>33216</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>03/25/1983</b>
Expires:	<b>02/28/2025</b>

### Special Qualifications

### Qualification Effective

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### Alternate Names

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## LICENSEE DETAILS

7:12:53 PM 12/29/2021

### Licensee Information

Name:	<b>DULANY, JUDSON DEWITT (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Building Code Administrator</b>
Rank:	<b>Building Code A</b>
License Number:	<b>BU1990</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>02/26/2018</b>
Expires:	<b>11/30/2023</b>

### Special Qualifications

### Qualification Effective

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### Alternate Names

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## LICENSEE DETAILS

7:13:30 PM 12/29/2021

### Licensee Information

Name:	<b>DULANY, JUDSON DEWITT (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX3626</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>07/30/2015</b>
Expires:	<b>11/30/2023</b>

### Special Qualifications

### Qualification Effective

<b>Building</b>	<b>07/30/2015</b>
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### Alternate Names

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## LICENSEE DETAILS

7:13:54 PM 12/29/2021

### Licensee Information

Name:	<b>DULANY, JUDSON DEWITT (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN6644</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>03/27/2015</b>
Expires:	<b>11/30/2023</b>

Special Qualifications	Qualification Effective
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<b>Building</b>	<b>03/27/2015</b>
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## LICENSEE DETAILS

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### Licensee Information

Name:	<b>NUTTER, DEBORAH ANN (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Location:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Building Code Administrator</b>
Rank:	<b>Building Code A</b>
License Number:	<b>BU1478</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>05/02/2006</b>
Expires:	<b>11/30/2023</b>

### Special Qualifications

### Qualification Effective

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## LICENSEE DETAILS

2:16:07 PM 12/29/2021

### Licensee Information

Name:	<b>NUTTER, DEBORAH ANN (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Location:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX2657</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>03/13/2006</b>
Expires:	<b>11/30/2023</b>

Special Qualifications	Qualification Effective
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<b>Electrical</b>	<b>03/13/2006</b>
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## LICENSEE DETAILS

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### Licensee Information

Name:	<b>NUTTER, DEBORAH ANN (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Location:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN5093</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>09/23/2005</b>
Expires:	<b>11/30/2023</b>

Special Qualifications	Qualification Effective
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<b>Building</b>	<b>08/09/2006</b>
<b>Electrical Inspector</b>	<b>09/23/2005</b>
<b>Residential</b>	<b>05/05/2006</b>
<b>Mechanical</b>	<b>08/09/2006</b>

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### Licensee Information

Name:	<b>DELOACH, WARREN WESLEY (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX690</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>06/30/1994</b>
Expires:	<b>11/30/2023</b>

### Special Qualifications

### Qualification Effective

<b>Building</b>
<b>Mechanical</b>
<b>Plumbing</b>

### Alternate Names

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## LICENSEE DETAILS

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### Licensee Information

Name:	<b>DELOACH, WARREN WESLEY (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Location:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN1571</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>06/30/1994</b>
Expires:	<b>11/30/2023</b>

### Special Qualifications

Special Qualifications	Qualification Effective
<b>Mechanical Plumbing</b>	<b>11/21/2006</b>

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## LICENSEE DETAILS

4:17:51 PM 1/6/2022

### Licensee Information

Name:	<b>KITTENDORF, SHANE VON (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Location:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Building Code Administrator</b>
Rank:	<b>Building Code A</b>
License Number:	<b>BU1737</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>05/03/2011</b>
Expires:	<b>11/30/2023</b>

### Special Qualifications

### Qualification Effective

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### Alternate Names

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## LICENSEE DETAILS

4:19:05 PM 1/6/2022

### Licensee Information

Name:	<b>KITTENDORF, SHANE VON (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Location:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX3335</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>08/03/2010</b>
Expires:	<b>11/30/2023</b>

Special Qualifications	Qualification Effective
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<b>Building</b>	<b>08/03/2010</b>
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## LICENSEE DETAILS

4:18:35 PM 1/6/2022

### Licensee Information

Name:	<b>KITTENDORF, SHANE VON (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN6273</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>07/24/2009</b>
Expires:	<b>11/30/2023</b>

Special Qualifications	Qualification Effective
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<b>Building</b>	<b>07/24/2009</b>
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### Alternate Names

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**LICENSEE DETAILS**

3:24:40 PM 4/11/2022

**Licensee Information**

Name:	<b>HENNESSEY, JOSEPH THOMAS (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX4547</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>12/14/2020</b>
Expires:	<b>11/30/2023</b>

**Special Qualifications**      **Qualification Effective**

<b>Mechanical</b>	<b>10/05/2021</b>
<b>Plumbing</b>	<b>12/14/2020</b>

**Alternate Names**

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**LICENSEE DETAILS**

3:21:55 PM 4/11/2022

**Licensee Information**

Name:	<b>HENNESSEY, JOSEPH THOMAS (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN7885</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>11/20/2019</b>
Expires:	<b>11/30/2023</b>

**Special Qualifications**      **Qualification Effective**

<b>Mechanical</b>	<b>11/20/2019</b>
<b>Plumbing</b>	<b>02/10/2020</b>

**Alternate Names**

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## LICENSEE DETAILS

6:05:39 PM 12/21/2021

### Licensee Information

Name:	<b>JERRAHIAN, MICHAEL (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Building Code Administrator</b>
Rank:	<b>Building Code A</b>
License Number:	<b>BU2163</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>10/27/2021</b>
Expires:	<b>11/30/2023</b>

### Special Qualifications

### Qualification Effective

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### Alternate Names

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**LICENSEE DETAILS**

6:00:58 PM 12/21/2021

**Licensee Information**

Name:	<b>JERRAHIAN, MICHAEL (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX4301</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>07/16/2019</b>
Expires:	<b>11/30/2023</b>

<b>Special Qualifications</b>	<b>Qualification Effective</b>
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<b>Mechanical</b>	<b>07/16/2019</b>
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## LICENSEE DETAILS

6:05:00 PM 12/21/2021

### Licensee Information

Name:	<b>JERRAHIAN, MICHAEL (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN7748</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>07/08/2019</b>
Expires:	<b>11/30/2023</b>

### Special Qualifications

### Qualification Effective

<b>Mechanical</b>	<b>07/08/2019</b>
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**LICENSEE DETAILS**

3:42:29 PM 5/31/2022

**Licensee Information**

Name:	<b>HOLM, CHASSLER (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b> <b>*Private Address*</b>

**License Information**

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX4672</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>10/11/2021</b>
Expires:	<b>11/30/2023</b>

<b>Special Qualifications</b>	<b>Qualification Effective</b>
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<b>Electrical</b>	<b>10/11/2021</b>
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## LICENSEE DETAILS

3:43:31 PM 5/31/2022

### Licensee Information

Name:	<b>HOLM, CHASSLER (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>
License Location:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN6901</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>08/01/2016</b>
Expires:	<b>11/30/2023</b>

### Special Qualifications

Special Qualifications	Qualification Effective
<b>Electrical Inspector</b>	<b>08/01/2016</b>

### Alternate Names

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## LICENSEE DETAILS

3:52:59 PM 5/31/2022

### Licensee Information

Name:	<b>WADOWSKI, SCOTT EDWARD (Primary Name)</b>
Main Address:	<b>5777 SW 60TH PL OCALA Florida 34474</b>
County:	<b>MARION</b>

### License Information

License Type:	<b>Building Code Administrator</b>
Rank:	<b>Building Code A</b>
License Number:	<b>BU2171</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>02/24/2022</b>
Expires:	<b>11/30/2023</b>

### Special Qualifications

### Qualification Effective

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### Alternate Names

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## LICENSEE DETAILS

3:56:27 PM 5/31/2022

### Licensee Information

Name:	<b>WADOWSKI, SCOTT EDWARD (Primary Name)</b>
Main Address:	<b>5777 SW 60TH PL OCALA Florida 34474</b>
County:	<b>MARION</b>

### License Information

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX4733</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>02/24/2022</b>
Expires:	<b>11/30/2023</b>

Special Qualifications	Qualification Effective
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<b>Electrical</b>	<b>02/24/2022</b>
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**LICENSEE DETAILS**

3:59:51 PM 5/31/2022

**Licensee Information**

Name:	<b>WADOWSKI, SCOTT EDWARD (Primary Name)</b>
Main Address:	<b>5777 SW 60TH PL OCALA Florida 34474</b>
County:	<b>MARION</b>

**License Information**

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN8426</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>02/24/2022</b>
Expires:	<b>11/30/2023</b>

**Special Qualifications**                      **Qualification Effective**

<b>Electrical Inspector</b>	<b>02/24/2022</b>
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**LICENSEE DETAILS**

3:10:49 PM 12/29/2021

**Licensee Information**

Name:	<b>CARBIA, HECTOR XAVIER (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

**License Information**

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX3608</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>06/12/2015</b>
Expires:	<b>11/30/2023</b>

<b>Special Qualifications</b>	<b>Qualification Effective</b>
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<b>Mechanical</b>	<b>06/12/2015</b>
<b>Plumbing</b>	<b>10/09/2018</b>

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## LICENSEE DETAILS

1:22:03 PM 12/29/2021

### Licensee Information

Name:	<b>DAURIA, ANTHONY ALBINO (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Standard Plans Examiner</b>
Rank:	<b>Plans Examiner</b>
License Number:	<b>PX4133</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>08/07/2018</b>
Expires:	<b>11/30/2023</b>

Special Qualifications	Qualification Effective
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<b>Plumbing</b>	<b>08/07/2018</b>
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### Alternate Names

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## LICENSEE DETAILS

1:23:06 PM 12/29/2021

### Licensee Information

Name:	<b>DAURIA, ANTHONY ALBINO (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN7353</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>03/05/2018</b>
Expires:	<b>11/30/2023</b>

### Special Qualifications

### Qualification Effective

<b>Plumbing</b>	<b>03/05/2018</b>
-----------------	-------------------

### Alternate Names

--

[View Related License Information](#)

[View License Complaint](#)

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2601 Blair Stone Road, Tallahassee FL 32399 :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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



Department of Business & Professional Regulation

[HOME](#) [CONTACT US](#) [MY ACCOUNT](#)

## ONLINE SERVICES

[Apply for a License](#)

[Verify a Licensee](#)

[View Food & Lodging Inspections](#)

[File a Complaint](#)

[Continuing Education Course Search](#)

[View Application Status](#)

[Find Exam Information](#)

[Unlicensed Activity Search](#)

[AB&T Delinquent Invoice & Activity List Search](#)

## LICENSEE DETAILS

3:11:26 PM 12/29/2021

### Licensee Information

Name:	<b>CARBIA, HECTOR XAVIER (Primary Name)</b>
Main Address:	<b>*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*</b>

### License Information

License Type:	<b>Standard Inspector</b>
Rank:	<b>Inspector</b>
License Number:	<b>BN6473</b>
Status:	<b>Current,Active</b>
Licensure Date:	<b>11/19/2013</b>
Expires:	<b>11/30/2023</b>

Special Qualifications	Qualification Effective
------------------------	-------------------------

<b>Mechanical</b>	<b>11/19/2013</b>
<b>Plumbing</b>	<b>05/07/2017</b>

### Alternate Names

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[View Related License Information](#)

[View License Complaint](#)

---

**2601 Blair Stone Road, Tallahassee FL 32399** :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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# SECTION 5 REFERENCES



cap government  
A Bureau Veritas Company



## REFERENCES

### RFP NO. 2023-039 ANNUAL CONTRACT FOR PLAN REVIEW SERVICES

Proposers shall submit as a part of the bid package, two (2) Customer references with name of the customer, address, contact person, and telephone number.

Name Marion County	Name
Contact: Michael Savage	Contact:
Address: 2710 E. Silver Springs Blvd.	Address:
Ocala, FL 34470	
Telephone: 352.438.2400	Telephone:
Email: michael.savage@marionfl.org	Email:
Name Village of Wellington	
Contact: Mr. Matt Mills, Chief Building Inspector	
Address: 12300 Forest Hill Blvd.	
Wellington, FL 33414	
Telephone: 561.753.2507	
Email: mmills@wellingtonfl.gov	



**SECTION 6**  
**COST PROPOSAL**



**cap government**  
A Bureau Veritas Company

**PROPOSAL PRICING FORM**  
**RFP NO. 2023-039 ~ ANNUAL CONTRACT FOR PLAN REVIEW SERVICES**

The following proposal(s) is submitted on behalf of: C.A.P. Government, Inc. for the requested services, in accordance with the agreements and specifications contained in RFP No. 2023-039.

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

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

ITEM	DESCRIPTION	HOURLY RATE
1	<ul style="list-style-type: none"> <li>• <u>Perform plan review services.</u></li> <li>• Per Inspector: Approximately 8 hours per day, 37.5- 40 hours per week.</li> </ul>	<b><u>BLDG, M,E, or P</u></b>
		<b>1 + 2 Family</b>
		<b>Multi</b>
2	<ul style="list-style-type: none"> <li>• Full-Time Plan Reviewer</li> <li>• Perform plan review services.</li> <li>• Per Plan reviewer: In excess of 40 hours per week.</li> </ul>	\$ 85.00 per hour
		\$ 90.00 per hour
		\$ 90.00 per hour
3	<ul style="list-style-type: none"> <li>• Perform plan review services.</li> <li>• Per Plan Reviewer: 4 hours per day, 18 – 22 hours per week.</li> </ul>	\$ 105.00 per hour
		<b>1 + 2 Family</b>
		\$ 110.00 per hour
4	<ul style="list-style-type: none"> <li>• Part time plan reviewer</li> <li>• <u>Perform plan review services.</u></li> <li>• <u>Pre Plan Reviewer On an needed basis</u></li> <li>• As needed Plan Review</li> </ul>	\$ 90.00 per hour
		<b>1 + 2 Family</b>
		\$ 95.00 per hour
4	<ul style="list-style-type: none"> <li>• <u>Perform plan review services.</u></li> <li>• <u>Pre Plan Reviewer On an needed basis</u></li> <li>• As needed Plan Review</li> </ul>	\$ 85.00
		\$ 95.00 per hour
		\$ 95.00 per hour

**Section 6:**  
**Cost Proposal**  
**City of Fort Pierce – RFP No. 2023-039**  
**Annual Contract for Plan Review Services**

C.A.P. Government, Inc's rates for clarification purposes.

ITEM	DESCRIPTION		HOURLY RATE
1	• Perform plan review services.	BLDG, M,E, or P	\$ 85.00 per hour
	• Per Plan Reviewer (Inspector): Approximately 8 hours per day, 37.5-40 hours per week.	1 + 2 Family	\$ 90.00 per hour
	• Full-Time Plan Reviewer	Multi	\$ 90.00 per hour
2	• Perform plan review services	BLDG, M,E, or P	\$ 105.00 per hour
	• Per plan review: In excess of 40 hours per week	1 + 2 Family	\$ 110.00 per hour
	• OVERTIME PLAN REVIEWER	Multi	\$ 110.00 per hour
3	• Perform plan review services	BLDG, M,E, or P	\$ 90.00 per hour
	• Per Plan Reviewer: 4 hours per day, 18 – 22 hours per week	1 + 2 Family	\$ 95.00 per hour
	• Part time plan reviewer.	Multi	\$ 95.00 per hour
4	• Perform plan review services	BLDG, M,E, or P	\$ 85.00 per hour
	• Pre Plan Reviewer on an as needed basis	1 + 2 Family	\$ 95.00 per hour
	• As needed Plan Review	Multi	\$ 95.00 per hour



**SECTION 7**  
**ADDITIONAL DATA**



**cap government**  
A Bureau Veritas Company



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  
C.A.P. Government, Inc. does:  
*(Name of Business)*

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business 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 employees 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*

06/01/2023

*Date*





# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
05/15/2023

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> Aon Risk Services Northeast, Inc. Aon Risk Services Northeast, Inc. NY NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	<b>CONTACT NAME:</b> _____															
	<b>PHONE (A/C. No. Ext):</b> 866-283-7122	<b>FAX (A/C. No.):</b> (800) 363-0105														
<b>E-MAIL ADDRESS:</b> _____																
<b>INSURED</b> C.A.P. Government, Inc. 343 Almeria Avenue Coral Gables FL 33134 USA		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Allianz Global Risks US Insurance Co.</td> <td>35300</td> </tr> <tr> <td>INSURER B: Hartford Fire Insurance Co.</td> <td>19682</td> </tr> <tr> <td>INSURER C: Trumbull Insurance Company</td> <td>27120</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Allianz Global Risks US Insurance Co.	35300	INSURER B: Hartford Fire Insurance Co.	19682	INSURER C: Trumbull Insurance Company	27120	INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #															
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INSURER C: Trumbull Insurance Company	27120															
INSURER D:																
INSURER E:																
INSURER F:																

**COVERAGES**      **CERTIFICATE NUMBER:** 570099410160      **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. **Limits shown are as requested**

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 checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: _____			USL00159323	01/01/2023	01/01/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			10 AB S41202 AOS	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			USL00163323	01/01/2023	01/01/2024	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	10WNS41200 See State Policy Addendum	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
A	<b>Architects &amp; Engineers Professional</b>			USF00248023 Claims Made SIR applies per policy terms & conditions	01/01/2023	01/01/2024	Each Claim \$2,000,000 Aggrgate \$4,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 The Architects & Engineers policy includes coverage for Professional Liability and Contractors Pollution Liability. City of Fort Pierce and its members, officials, officers, and employees are included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability and workers' Compensation policies.

### CERTIFICATE HOLDER

City of Fort Pierce  
 Attn: Purchasing Department  
 100 North U. S. Highway 1  
 Fort Pierce FL 34954-1480 USA

### 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

*Aon Risk Services Northeast, Inc.*

Holder Identifier :

570099410160

Certificate No :





**ADDITIONAL REMARKS SCHEDULE**

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED C.A.P. Government, Inc.	
POLICY NUMBER See Certificate Numbe 570099410160			
CARRIER See Certificate Numbe 570099410160	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Workers Compensation/Employers Liability

10WNS41200	01/01/23-01/01/24	Trumbull Insurance	AR,DC,IN,LA,NE,RI,UT
10WNS41200	01/01/23-01/01/24	Twin City Fire Insurance Company	FL,ND,OH,WA,WY
10WNS41200	01/01/23-01/01/24	Hartford Insurance Company of the Midwest	AK,ID
10WNS41200	01/01/23-01/01/24	Hartford Casualty Insurance Company	MO,WV
10WNS41200	01/01/23-01/01/24	Nutmeg Insurance Company	CT,IL
10WNS41200	01/01/23-01/01/24	Hartford Fire Insurance Company	NH,OR,PA
10WNS41200	01/01/23-01/01/24	Hartford Accident and Indemnity Company	AL,GA,KY,MI,MT,NY,TN,VT
10WNS41200	01/01/23-01/01/24	Property & Casualty Ins Co of Hartford	CA,CO,DE,ME, MN,MS,SC
10WNS41200	01/01/23-01/01/24	Hartford Insurance Company of Illinois	TX
10WNS41200	01/01/23-01/01/24	Hartford Insurance Company of the Southeast	KS,MD
10WNS41200	01/01/23-01/01/24	Hartford Underwriters Insurance Company	AZ,HI, NC,NJ,SD,VA
10WNS41200	01/01/23-01/01/24	Sentinel Insurance Company, Limited	IA,NM,NV,OK
10WBRS41201	01/01/23-01/01/24	Twin City Fire Insurance Company	WI
10WBRS41201	01/01/23-01/01/24	Hartford Underwriters Insurance Company	MA
10WBRS41201	01/01/23-01/01/24	Hartford Fire Insurance Company	PR



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