
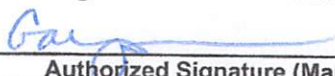


<p>DELIVER TO: City of Fort Pierce, Purchasing Division Room 101 100 North U.S. #1 Fort Pierce, FL 34950</p> <p>MAIL TO: City of Fort Pierce Purchasing Division, Room 101 P.O. Box 1480 Fort Pierce, FL 34954-1480</p>	<p style="text-align: center;">CITY OF FORT PIERCE</p>  <p style="text-align: center;">INVITATION TO BID and BIDDER ACKNOWLEDGMENT</p>
<p>Bid Writer: Gelencia Carter, (772) 467-3102</p>	<p>Bid No: 2024-018</p>
<p>Pre-Bid Conference: 10:00AM, FRIDAY, FEBRUARY 9, 2024</p>	<p>Bid Title: INDIAN HILLS GOLF COURSE EXPANSION</p>
<p>Mandatory Site-Visit Location: CITY HALL, 1ST FLOOR ENGINEERING CONFERENCE ROOM 100 NORTH U.S. #1, FT. PIERCE, FL</p>	<p>Bid Opening Location: Purchasing Division Conference Room, Room 101 100 North U.S. #1, 1st Floor Ft. Pierce, Florida 34950</p>
<p>Bid Due Date & Time: 3:00 PM, MONDAY, MARCH 4, 2024</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>Bidder Name: <u>GRSC, Inc.</u></p> <hr/> <p>Mailing Address: <u>1643 NW Dove Ct.</u></p> <hr/>	<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>X <u></u> Authorized Signature (Manual)</p>
<p>City, State, Zip Code: <u>Stuart, FL 34994</u></p>	<p>Typed or Printed Name: <u>Gaynam Rackstraw</u></p>
<p>Type of Entity (Select one): Corporation <u> X </u> Partnership _____ Proprietorship _____</p>	<p>Title: <u>President</u></p>
<p>Incorporated in the State of: <u>FL</u> Year: <u>2012</u></p>	<p>Delivery in <u>150</u> days, After Receipt Order</p>
<p>Phone Number: <u>(772) 888-6818</u></p>	<p>Payment Terms: <u>Net 30 Days</u></p>
<p>Fax Number:</p>	<p>FEIN or SS Number: <u>45-5344665</u></p>
<p>E-Mail Address: <u>gaynam@grscinc.net</u></p>	<p>Local Business: <u>X</u>Y <u> </u>N MWBE: <u> </u>Y <u>X</u>N</p>
<p>Bid Security is attached, when required, in the amount of \$ <u>94,855.79</u> <u>F.O.B. DESTINATION</u></p>	<p>If returning as a "No Bid" state reason:</p>
<p>THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID</p>	

Request for Taxpayer Identification Number and Certification

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

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. GRSC, Inc	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" 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) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 1643 NW Dove Ct	Requester's name and address (optional)
6 City, state, and ZIP code Staurt, FL 34994	
7 List account number(s) here (optional)	

Print or type. See Specific Instructions on page 3.

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												
<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> </tr> </table>												
OR												
Employer identification number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</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;">5</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td> <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;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>	4	5	-	5	3	4	4	6	6	5		
4	5	-	5	3	4	4	6	6	5			

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 ▶ 12/15/2023
------------------	----------------------------	--------------------------

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

PROPOSAL TO
THE CITY OF FORT PIERCE

FOR

INDIAN HILLS GOLF COURSE IMPROVEMENTS

NAME OF BIDDER: GRSC, Inc.

MAILING ADDRESS: 1643 NW Dove Ct. Stuart, FL 34994

STREET ADDRESS: 1643 NW Dove Ct. Stuart, FL 34994 (Zip Code)

PHONE NUMBER: (772) 888-6818

To the: City of Fort Pierce

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

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

No. <u>1</u>	Dated <u>1/29/2024</u>	No. <u>4</u>	Dated <u>2/13/2024</u>
No. <u>2</u>	Dated <u>1/31/2024</u>	No. _____	Dated _____
No. <u>3</u>	Dated <u>2/7/2024</u>	No. _____	Dated _____

The undersigned Bidder agrees that the Work shall be achieved final construction within 150 calendar days according to the schedule and the Notice to Proceed set forth in these Documents.

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

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

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

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

The undersigned declares that he has had prior experiences in the type of Work required and has the necessary finances, personnel, working organization, and equipment available to execute the proposed Work.

Bids shall only be considered from those Bidders who have obtained these Contract Documents directly from the City either electronically or from Demand Star.

LIST OF MAJOR SUBCONTRACTORS

1. If awarded a contract as a result of this Bid, the major subcontractors used in the prosecution of the Work will be those listed below, and
2. The following list includes all subcontractors who will perform Work, and
3. The Bidder represents that the subcontractors listed below are financially responsible and are qualified to do the Work required, and
4. 40% of Work must be done by the General Contractor's entity.

If no major subcontractors are to be used, so state on this form

EXHIBIT "E"
SECTION 001

<u>Work to be Done</u>	<u>Name of Subcontractor</u>	<u>Address</u>
Pickleball Court	Merrick Industrial Management Corp.	1951 NW 7th Ave Ste 600, Miami, FL 33136
Pickleball Court	Mor Sports Group	9401 Corkscrew Palms Circle Estero, FL 33928
Striping	Steffen & Sons Striping Inc.	13421 75th Ln N West Palm Beach, FL 33412
Landscaping	Impact Landscaping	1562 Park Ln S Ste 700, Jupiter, FL 33458

Notice of Proceed shall be issued by the City with the specified Work to be completed as described in Section 8 of the General Conditions, within the number of days stated when each Project Contract Time begins to run as specified in the Notice to Proceed.

Work shall be completed, ready for final payment in accordance with Section 8 and 9 of the General Conditions.

Time is of the essence of this Contract and Contractor recognizes that the City will suffer financial loss if the Work, or portions authorized, is not completed within the number of days stated above. Accordingly, Contractor agrees to pay City the liquidated damages stated in the Agreement for each day after the time specified above that the Work is not complete in accordance with Sections 8 and 9 of the General Conditions and with the Agreement.

These liquidated damages are cumulative and additive and represent a reasonable estimate of City's expenses for extended delays. Furthermore, Contractor agrees to pay City expenses for inspection, engineering services, and administrative costs associated with such delay.

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

ACCOMPANYING THIS PROPOSAL IS

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

EXHIBIT "E"
SECTION 001

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

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

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

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

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

NOTE: If bidder is a corporation, the legal name of the corporation shall be set forth below, together with signature(s) of the officer or officers authorized to sign contracts on behalf of the corporation and corporate seal; if bidder is a partnership, the true name of the firm shall be set forth below with the signature(s) of the partner or partners authorized to sign contracts in behalf of the partnership; and if the bidder is an individual, his signature shall be placed below.

Bidder: GRSC, Inc.
(Type or Print)

By: 

Name: Gaynam Rackstraw

Title: President

Dated: February 17, 2024

(Corporate Seal)

Attest
If Corporation

By: Alexis Reckstraw
(Signature)

Name: Alexis Reckstraw

Title: Secretary

Witnesses: Murphy Bailey
(Signature)

(If partnership
Or individual) _____
(Signature)

Contractor's License (State, Number, Expiration Date, Type of License)

Florida General Contractor License Number: CGC1521089 Expiration Date August 31, 2024

END OF SECTION

BID FORMS

BID BOND

KNOW ALL MEN BY THESE PRESENTS, that we, _____
GRSC, Inc. _____, as Principal, and _____
U.S. Specialty Insurance Company _____, as Surety,
are held and firmly bound unto the City of Fort Pierce, hereinafter called the City, in the penal
sum of 10% of the amount bid _____
_____ Dollars (\$ ten percent _____), lawful money of the United States,
for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors,
administrators, and successors, jointly and severally, firmly by these presents. The Bid Bond
amount shall be ten (10) percent of the Base Bid amount as entered on the Bid Form.

The condition of this obligation is such that whereas the principal has submitted the accompanying
bid dated February 21st _____ 2024, for the INDIAN HILLS GOLF COURSE EXPANSION _____
Bid No: 2024-018 _____

NOW, THEREFORE, if the Principal shall not withdraw said bid within the period of time set forth
in the Contract Documents, and shall within ten (10) calendar days after receipt of the Notice of
Award enter into a written contract with the City in accordance with the bid as accepted, and if
the Principal shall give the required bonds with good and sufficient sureties for the faithful
performance and proper fulfillment of such contract and for the protection of subcontractors,
laborers and material men, and if the Principal has provided the required evidence of insurance
as set forth in the Contract Documents and complied with the Florida Department of
Environmental Protection certifications and requirements, and all other contract provisions, or in
the event of withdrawal of said bid within the periods specified, or the failure to enter into said
contract, or failure to comply with FDEP requirements, or otherwise, if the Principal shall within
sixty (60) days after request by the City to pay to the City the difference between the amount
specified in said bid and the amount for which the City may procure the required work, if the latter
amount be in excess of the former, then the above obligation shall be void and of no effect,
otherwise to remain in full force and effect.

It is further agreed that if the City is required to utilize legal counsel to recover on this bond, it
may also recover its costs relating thereto, including a reasonable amount for attorneys' fees and
costs, including attorneys' fees and costs in appellate proceedings.

BID FORMS

IN WITNESS WHEREOF, the above parties have executed this instrument under their several seals this 21st day of February, 2024, the name and corporate seal of each corporate party being hereto affixed, and these presents duly signed by its undersigned representative pursuant to authority of its governing body.

WITNESSES
(if individual
or partnership)

PRINCIPAL

GRSC, Inc.

By: Gay
(Signature)

Name: Gaynam Rackstraw

Title: President

ATTEST (if corporation)

By: Alexis Rackstraw
(Signature)

Name: ALEXIS RACKSTRAW

Title: SECRETARY
(Corporate Seal)

SURETY

U.S. Specialty Insurance Company

By: [Signature]
(Signature)

Name: Robert L. Ashton

Title: Attorney in Fact

(Surety Seal)

BID FORMS
BID FORMS

Attach a certified copy of Power of Attorney appointing individual Attorney-in-Fact for execution of Bid Bond on behalf of Surety.

Any Claims under this bond may be addressed to:

Name of Surety U.S. Specialty Insurance Company
Mailing Address 4350 W. Cypress St, Suite 630, Tampa, FL 3360
Street Address 13403 Northwest Freeway Houston, TX 77044
Name and Mailing and Street All American Bonds and Insurance, LLC
Address of Agent or P.O. Box 4955 Winter Park, FL 32973
Representative in Florida 7224 Sandscove Ct #7, Winter Park, FL 32792
(if different than above) _____

Telephone Number of Surety (877) 567-7486, Surety
and Agent or Representative (844) 321-2663, Agent
in Florida _____

END OF SECTION



TOKIOMARINE
HCC

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That, U.S. SPECIALTY INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint,

ROBERT L. ASHTON

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver bond number BB2022745 issued in the course of its business and to bind the Company thereby, in an amount not to exceed ***** UNLIMITED ***** (***UNLIMITED***). Said appointment is made under and by authority of the following resolutions of the Board of Directors of U. S. Specialty Insurance Company:

"Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." Adopted by unanimous written consent in lieu of meeting on September 1st, 2011.

The Attorney-in-Fact named above may be an agent or a broker of the Company. The granting of this Power of Attorney is specific to this bond and does not indicate whether the Attorney-in-Fact is or is not an appointed agent of the Company.

IN WITNESS WHEREOF, U.S. Specialty Insurance Company has caused its seal to be affixed hereto and executed by its Senior Vice President on this 18th day of April, 2022.



U.S. SPECIALTY INSURANCE COMPANY

By:

Adam S. Pessin, Senior Vice President

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

On this 18th day of April, 2022, before me, Sonia O. Carrejo, a notary public, personally appeared Adam S. Pessin, Senior Vice President of U.S. Specialty Insurance Company, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of CALIFORNIA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

(seal)



I, Kio Lo, Assistant Secretary of U.S. Specialty Insurance Company, do hereby certify that the Power of Attorney and the resolution adopted by the Board of Directors of said Company as set forth above, are true and correct transcripts thereof and that neither the said Power of Attorney nor the resolution have been revoked and they are now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seals of said Companies at Los Angeles, California this 21st day of February, 2024.

Bond No.

BB2022745

Agency No.

700536



Kio Lo, Assistant Secretary



TOKIOMARINE
HCC

Surety Group
801 S. Figueroa Street, Suite 700
Los Angeles, CA 90017 USA
Tel: 310-649-0990

SURETY BOND SEAL ADDENDUM

**AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY
UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY**

Due to logistical issues associated with the use of traditional seals during this COVID-19 pandemic, American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company, (individually, the "Company" and collectively, the "Companies") have authorized its Attorneys-in-Fact to affix the Companies' corporate seal to any bond executed on behalf of the Companies by any such Attorney-in-Fact by attaching this Addendum to said bond.

In addition, the Companies accept digital or digitized signatures as original wet signatures for bond execution. All bonds that are properly executed via digital or digitized signature are valid as if they were executed via physical signature.

To the extent this Addendum is attached to a bond that is executed on behalf of any of the Companies by its Attorney-in-Fact, each Company hereby agrees that the seal below shall be deemed affixed to said bond to the same extent as if its raised corporate seal was physically affixed to the face of the bond. Additionally, each Company hereby agrees that electronic signatures are accepted and given the same validity as physically wet signatures.

Dated this 1st day of April 2020.

**American Contractors Indemnity Company, Texas Bonding Company,
United States Surety Company and U.S. Specialty Insurance Company**



By: Frank Mester
Frank Mester, Vice President

Reference Information

Principal Name: GRSC, INC.
Bond/Bid Number: BB2022745
Agency Name: ALL AMERICAN BONDS AND INSURANCE, LLC
Attorney-in-Fact: ROBERT L. ASHTON
Date: February 21, 2024

BIDDER'S QUALIFICATIONS QUESTIONNAIRE

All questions must be answered, and the data given must be clear and comprehensive. This statement must be notarized. If necessary, questions may be answered on separate attached sheets. The Bidder may submit any additional information he desires. Qualifications Questionnaire must be submitted with the Proposal.

1. Name of Bidder.
GRSC, Inc.
2. Permanent Main Office address.
1643 NW Dove Ct. Stuart, FL 34994
3. When organized?
2012
4. If a corporation, where incorporated?
State of Florida
5. How many years have you been engaged in construction under this present firm or trade name?
11 years
6. Contracts on hand: (Schedule of these, showing gross amount of each contract and the appropriate anticipated dates of completion.)
7. General character of work performed by you.
Site development, paving, concrete, grading, underground utilities
8. Have you ever failed to complete any work awarded to you? If so, where and why?
No
9. Have you ever defaulted on a contract? If so, where and why?
No
10. List the more important contracts recently completed by you, stating approximate gross costs of each and the month and year completed. Include the name and telephone number of contact in company for which you provided work. None
11. List your major equipment available for this contract. All machines for earth work, paving machine
12. Experience in general construction work similar in scope to this project. (If additional space is needed or required, it may be attached to this sheet.)
Complete site development work for major homebuilders throughout Florida
13. Background and experience of the principal members of your company, including the officers. Gaynam Rackstraw, President - GC License since 2012
Tony Vinson - Underground utilities, paving, flatwork for 28 years
14. Give bank reference.
First Citizens Bank Sarah Baker (772)221-7050
15. You will furnish a detailed financial statement and, upon request, any other information that may be required by the City of Fort Pierce.
16. The Undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the City of Fort Pierce in the County of St. Lucie in verification of the recitals comprising this Bidder's Qualifications Questionnaire.

Dated at 3:17 this 17th day of February, 2024.

Contractor:

GRSC, Inc.

By

Gaynam Rackstraw, President

(Name & Title)

County of St. Lucie
State of Florida

Gaynam Rackstraw, being duly sworn, deposes and says that he is President of GRSC, Inc., and that the answers to the foregoing questions and all statements contained therein are true and correct.

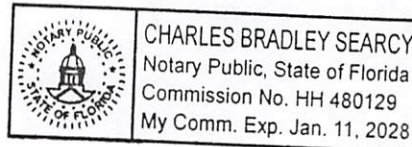
Subscribed and sworn to before me this 17 day of February, 2024.

[Signature]
Notary Public

My Commission Expires:

Jan 11, 2028

(Seal)



END OF SECTION

NON-COLLUSION AFFIDAVIT

STATE OF Florida

COUNTY OF St. Lucie

Gaynam Rackstraw, being first duly sworn, deposes and says:

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

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

GRSC, Inc.
(Firm Name)

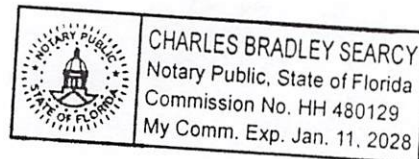
By: [Signature]

Title: President

Subscribed and sworn to before me this 17
day of February, 2024

[Signature]
Notary Public

My Commission expires: (Seal)
Jan. 11, 2028



END OF SECTION

PUBLIC ENTITY CRIMES AFFIDAVIT

SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with Bid No. 2024-018 for Indian Hills Golf Course Expansion Phase I Improvements

2. This sworn statement is submitted by GRSC, Inc.

(name of entity submitting sworn statement)
whose business address is 1643 NW Dove Ct Stuart, FL 34994

and (if applicable) its Federal Employer Identification Number (FEIN) is _____
45-5344665 (If the entity has no FEIN, include the Social Security Number
of the individual signing this sworn statement: _____.)

3. My name is Gaynam Rackstraw my relationship to the entity
(please print name of individual signing)
named above is President.

4. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

5. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

6. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of a public entity crime: or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The

term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

7. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
8. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement.
(Please indicate which statement applies.)

Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND **(Please indicate which additional statement applies.)**

There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list.
(Please attach a copy of the final order.)

The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. **(Please attach a copy of the final order.)**

The person or affiliate has not been placed on the convicted vendor list.
(Please describe any action taken by or pending with the Department of General Services.)

Signature: Gay

Date: 02/17/2024

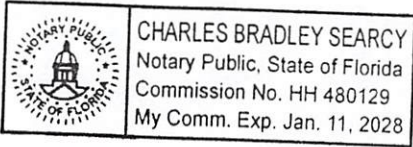
STATE OF Florida

COUNTY OF St. Lucie

PERSONALLY APPEARED BEFORE ME, the undersigned authority,

Gaynam Rackstraw who, after first being sworn by me, affixed his/her signature in (name of individual signing) the space provided above on this 17 day of February, 2024.

NOTARY PUBLIC SEAL:



CS

My commission expires: Jan 11, 2028

END OF SECTION

CERTIFICATION OF NON-SEGREGATED FACILITIES

The Bidder certifies that he does not maintain or provide for his employees any segregated facilities at any of his establishments, and that he does not permit his employees to perform their services at any location, under his control where segregated facilities are maintained. The Bidder certifies further that he will not maintain or provide for his employees any segregated facilities at any of his establishments, and that he will not permit his employees to perform their services at any location under his control where segregated facilities are maintained. The Bidder agrees that a breach of this certification will be a violation of the Equal Opportunity clause in any contract resulting from acceptance of this Bid. As used in this certification, the term "segregated facilities" means any waiting rooms, work areas, restrooms and washrooms, restaurants, and other eating areas, time clocks, locker rooms, and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees which are segregated on the basis of race, color, religion, or national origin, because of habit, local custom, or otherwise. The Bidder agrees that (except where he has obtained identical certification from proposed subcontractors for specific time periods) he will obtain identical certifications from proposed subcontractors, exempt from the provisions of the Equal Opportunity clause, and that he will retain such certification in his files.

NOTE: The penalty for making false statements in offers is prescribed in 18 U.S.C. 1001.

DATE: February 17, 2024

Official Address
(Including Zip Code):

1643 NW Dove Ct.

Stuart, FL 34994

By: 

President

(Title)

END OF SECTION

TRENCH SAFETY ACT COMPLIANCE STATEMENT
BID NO. 2024-018

Instructions:

Chapter 90-96 of the Laws of Florida requires all contractors engaged by the City of Fort Pierce to comply with Occupational Safety and Health Administration Standard 29 C.F.R. s. 1926.650 Subpart P. All prospective contractors are required to sign the compliance statement and provide compliance cost information where indicated below. The costs for complying with the Trench Safety Act must be incorporated into this project's base bid.

Certify this form in the presence of a notary public or other officer authorized to administer oaths. Certification:

1. I understand that Chapter 90-96 of the Laws of Florida (The Trench Safety Act) requires me to comply with OSHA Standard 29 C.F.R. s. 1926.650 Subpart P. I will comply with The Trench Safety Act and I will design and provide trench safety systems at all trench excavations in excess of five feet in depth for this project.

2. The estimated cost imposed by compliance with The Trench Safety Act will be:

Twenty five Thousand _____ Dollars
(Written)
\$25,000.00 _____
(Figures)

3. The amount listed above has been included within the Base Bid.

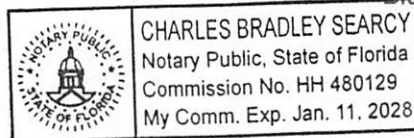
Certified: GRSC, Inc.
(Company-Contractor)
By: _____
(President's Signature)
Gaynam Rackstraw
(President's Typed or Printed Name)

Notarization

Sworn to and subscribed before me in St. Lucie County, Florida on the 17 day of February, 2024.

Notary Public: _____ (affix seal) My Commission Expires: Jan. 11, 2028

END OF SECTION



DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that
GRSC, Inc. does:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are proposed a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



Proposer's Signature

02/17/2024

Date

END OF SECTION

BID RESPONSE FORM
INDIAN HILLS GOLF COURSE EXPANSION PHASE I IMPROVEMENTS

Item No.	Description	Units	Quantity	Unit Price	Amount
1	MOBILIZATION/BOND	LS	1	94,800.00	94,800.00
2	MATERIAL TESTING	LS	1	5,000.00	5,000.00
3	PREVENTION, CONTROL & ABATEMENT OF EROSION AND WATER POLLUTION	LS	1	20,000.00	20,000.00
4	CONSTRUCTION LAYOUT/RECORD DRAWINGS	LS	1	15,000.00	15,000.00
5	CLEARING & GRUBBING	LS	1	74,260.00	74,260.00
6	STABILIZATION, TYPE "B" (12")	SY	1,746	14.00	24,444.00
7	CEMENTED COQUINA LBR 100 (6")	SY	1,548	15.90	24,613.20
8	SUPERPAVE ASPHALTIC CONCRETE (SP 9.5) (TRAFFIC C) (1-1/2")	TN	118	190.00	22,420.00
9	INLETS (TYPE C) (<10')	EA	3	14,750.00	44,250.00
10	MODIFICATION TO EXISTING INLET	EA	2	9,750.00	19,500.00
11	CONCRETE HEADWALL	EA	1	12,750.00	12,750.00
12	CONCRETE PIPE CULVERT (18" RCP)	LF	239	225.00	53,775.00
13	CONCRETE PIPE CULVERT (24" RCP)	LF	103	250.00	25,750.00
14	CONCRETE CURB (TYPE D)	LF	382	20.00	7,640.00
15	CONCRETE SIDEWALK, 4" THICK	SY	315	58.50	18,427.50
16	CONCRETE DRIVEWAY, 6" THICK	SY	99	102.500	10,147.50
17	PERFORMANCE TURF (SOD) (BAHIA)	SY	2,680	3.75	10,050.00
18	SIGNING & STRIPING	LS	1	5,965.00	5,965.00
19	PICKLEBALL COURTS (COMPLETE) CONSTRUCTION COMPLETED BY A SPORTS COURT CONTRACTOR)	LS	1	249,500.00	249,500.00
20	ADA DETECTABLE WARNINGS	EA	2	600.00	1,200.00
21	LANDSCAPING (COMPLETE)	LS	1	28,190.00	28,190.00
21		LS	1		
22	LIGHTING (CONDUIT, HANDHOLES, ETC.) LIGHTS TO BE PROVIDED BY THE CITY	LS	1	7,500.00	7,500.00
22		LS	1		

EXHIBIT "E"
SECTION 016

Item No.	Description	Units	Quantity	Unit Price	Amount
23	IRRIGATION (COMPLETE)	LS	1	0.00	0.00
24	TURF BLOCK W/ STONE	SY	292	198.35	57,918.20
25	2" WATER SERVICE (DOUBLE)	EA	1	18,250.00	18,250.00
26	6" PVC SEWER SERVICE (SINGLE) INCLUDES PAVEMENT RESTORATION	EA	1	10,975.00	10,975.00
Total Site Improvement Bid:					\$ <u>862,325.40</u>
Add 10% Construction Contingency for potential field change orders:					\$ <u>86,232.54</u>
TOTAL FINAL BID:					\$ <u>948,557.94</u>

CONTRACTOR VERIFICATION FORM
FORT PIERCE, FLORIDA SEALED BID NO. 2024-018

**PROJECT TITLE: INDIAN HILLS GOLF COURSE EXPANSION PHASE I
IMPROVEMENTS**

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of firm: GRSC, Inc.

Corporate Title: Florida General Contractor

Address: 1643 NW Dove Ct.

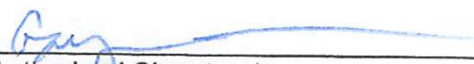
Stuart, FL 34994

(Zip Code)

By: Gaynam Rackstraw President

(Print name)

(Print title)


(Authorized Signature)

Telephone: (772) 888-6818

Fax: () _____

State License # CGC1521089 (ATTACH COPY)

County License # 20122751102 (ATTACH COPY)

City License: (ATTACH PROOF OF REGISTRATION WITH THE CITY)

Type of License: General Contractor

Unlimited Yes (yes/no)

If "NO", Limited to what trade? _____


END OF SECTION

E-VERIFY
FORT PIERCE, FLORIDA

PROJECT: INDIAN HILLS GOLF COURSE PHASE I IMPROVEMENTS
Bid No.: 2024-018
Project Description: Construction of a parking lot, golf cart staging area, pickleball courts, complete with drainage, site lighting, landscaping, irrigation, and utility hook-ups

Vendor/Consultant acknowledges and agrees to the following:

1. Vendor/Consultant shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Vendor/Consultant during the term of the contract; and
2. shall expressly require any subcontractors performing work or providing services pursuant to this contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.

Company/Firm: GRSC, Inc.
Authorized Signature: 
Title: President
Date: 02/17/2024

END OF SECTION

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?	x	
Did you include proof of proper insurance as stated in the bid documents?	x	
Is Bid Response Form completed, signed and attached?	x	
Did you completed, signed and attached the W-9 Form?	x	
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	x	
Include proof of proper licensing as stated in bid documents.	x	
Hard Copy Submissions Only: Are the correct copies included? One (1) original and One (1) USB Drive?	x	
Is each Bid Addendum (when issued) signed and included?	x	

PLEASE SIGN AND RETURN WITH BID 

January 29, 2024



CITY OF FORT PIERCE

INDIAN HILLS GOLF COURSE EXPANSION

ADDENDUM NO. 1

The purpose of this addendum is to modify bid due date, which was inadvertently stated in the bid document and advertisements, from 3:00 P.M., March 4, 2024:

3:00 P.M., WEDNESDAY, FEBRUARY 21, 2024

All other conditions of this bid remain the same.

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

Signature: Gay Manual

Signature: Gaynam Rackstraw
Typed or Printed

Company Name: GRSC, Inc.

Address: 1643 NW Dove Ct.
Stuart, FL 34994

Date: 2/17/2024

/gc

January 31, 2024



CITY FORT PIERCE

INDIAN HILLS GOLF COURSE EXPANSION

BID NO. 2024-018

ADDENDUM NO. 2

The purpose of this addendum is to respond to questions submitted by potential bidders for clarification of the bid specifications:

1. **QUESTION:** Request the utilization of Plexipave as an alternative to the specified Plexiflor for the acrylic coating of the Pickleball Courts.
- ANSWER:** Plexipave is an approved alternate.

All other conditions of this bid remain the same.

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

Signature: Gaynam Rackstraw Manual

Signature: Gaynam Rackstraw Typed or Printed

Company Name: GRSC, Inc.

Address: 1643 NW Dove Ct.
Stuart, FL 34994

Date: 2/17/2024

/lh

February 7, 2024



CITY FORT PIERCE

INDIAN HILLS GOLF COURSE EXPANSION

BID NO. 2024-018

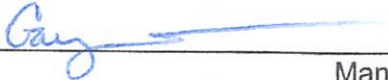
ADDENDUM NO. 3

The purpose of this addendum is to provide clarifications for a few items that were incorrectly stated in the original solicitation document.

- **Inquiries/Questions**, page numbered 10, Tracy Telle, Assistant City Engineer, email address is incorrect. The email should read: ttelle@cityoffortpierce.com.
- The **Pre-Bid Conference**, is non-mandatory, attendance is not required in order to participate in the bid process, and there is no site visit, as stated on the Invitation to Bid page.

All other conditions of this bid remain the same.

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

Signature:  Manual

Signature: Gaynam Rackstraw Typed or Printed

Company Name: GRSC, Inc.

Address: 1643 NW Dove Ct.
Stuart, FL 34994

Date: 2/17/2024

/gc

February 13, 2024



CITY FORT PIERCE
INDIAN HILLS GOLF COURSE EXPANSION

BID NO. 2024-018

ADDENDUM NO. 4

The purpose of this addendum is to respond to questions provided by potential bidders during the February 9, 2024 Pre-bid Meeting:

- 1. QUESTION:** May asphalt be utilized for the construction of the Pickleball Courts as opposed to the specified concrete?

ANSWER: For bidding purposes please bid the court as being constructed of concrete and we will revisit the request prior to construction commencement.
- 2. QUESTION:** Where is the connection point to the existing irrigation system?

ANSWER: The City has opted to eliminate the automatic irrigation system and request that the contractor include the manual watering via a water truck or tree bags until the newly planted trees are established. The contractor shall include all costs associated with the irrigation and 1-year warranty of the trees in the overall landscaping bid item price.
- 3. QUESTION:** Will the contractor be responsible for pulling the wire through the lighting conduit?

ANSWER: No, FPUA will pull the wire and set the light poles/luminaires.

All other conditions of this bid remain the same.

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

Signature: Gaynam Rackstraw Manual

Signature: Gaynam Rackstraw Typed or Printed

Company Name: GRSC, Inc.

Address: 1643 NW Dove Ct.
Stuart, FL 34994

Date: 2/17/2024

/lh



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

RACKSTRAW, GAYNAM B

GRSC, INC.
1643 NW DOVE CT
STUART FL 34994

LICENSE NUMBER: CGC1521089

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

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

MARTIN COUNTY BUSINESS TAX RECEIPT

2023 / 2024



EXPIRES: September 30, 2024

Account #: 20122751102

Honorable Ruth Pietruszewski
Martin County Tax Collector

Location: 1643 NW DOVE CT
Business Phone: 772-888-6818
NAICS Code: 236115
State License: CGC1521089
Business Description:

GENERAL CONTR (General Contractor)

Business Name GRSC, INC
Business DBA
Owner Name RACKSTRAW, GAYNAM
GRSC, INC
1643 NW DOVE CT
STUART, FL 34997

This receipt is a local business tax only. This receipt is in addition to and not in lieu of any other license required by law or local ordinance and is subject to regulations of zoning, health, contractor licensing, and other lawful authority.

Paid Date 07/02/2023
Receipt Number
INT-22-00222318

Tax Amount	Transfer Fee	Penalty	Late Penalty	Collection Cost	Total Paid
26.25	0.00	0.00	0.00	0.00	26.25

Ruth Pietruszewski · Martin County Tax Collector

Website:
MartinTaxCollector.com

3485 SE Willoughby
Blvd. Stuart, FL 34994

Phone:
(772)288-5600

**To renew your Business Tax Receipt, visit our payment menu
at martintaxcollector.com.**

Contact our office by email at btdept@martintax.us if any of the following changes occur with your business:

- Business Name
- Mailing Address
- Ownership
- Closing your Business
- Physical Location

Dear Business Owner:

The law requires this business tax receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County.

Pursuant to Florida law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1 of each year and shall expire on September 30 of each succeeding year. Those Local Business Tax Receipts renewed beginning October 1 shall be delinquent and subject to a delinquency penalty of 10 percent in the month of October. An additional 5 percent penalty for each month of delinquency is added until paid, provided that the total delinquency penalty shall not exceed 25 percent of the Local Business Tax for the delinquent establishment. A \$250 penalty will be applied 150 days from the initial notice, plus collection costs.

Annual account notices are mailed on July 1.

Regardless of amount due all receipts must be renewed or delinquent fees will apply.

Do you qualify for an exemption? Visit our website <https://martintaxcollector.com/local-business-tax/> for details on Business Tax Receipt Exemptions. An application is required.

If you have any questions please contact our office at btdept@martintax.us or (772)288-5600.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

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

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
<p>As required by written contract.</p> <p>If anyone, other than the Additional Insured, provides similar insurance for the Additional Insured, then this insurance will apply as outlined in SECTION IV – COMMERCIAL LIABILITY CONDITIONS, paragraph 4. Other Insurance, subparagraph c. Method of Sharing.</p> <p>The inclusion of one or more Insured(s) under the terms of this endorsement does not increase our limits of liability.</p> <p>All other terms and conditions remain unchanged.</p>	<p>All locations.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

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

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
<p>As required by written contract.</p> <p>If anyone, other than the Additional Insured, provides similar insurance for the Additional Insured, then this insurance will apply as outlined in SECTION IV – COMMERCIAL LIABILITY CONDITIONS, paragraph 4. Other Insurance, subparagraph c. Method of Sharing.</p> <p>The inclusion of one or more Insured(s) under the terms of this endorsement does not increase our limits of liability.</p> <p>All other terms and conditions remain unchanged.</p>	<p>Any Location</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

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

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf; in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

POLICY NUMBER: 563000766-01

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

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

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

- C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.