

DELIVER TO:
 City of Fort Pierce, Purchasing Division
 Room 101
 100 North U.S. #1
 Fort Pierce, FL 34950

MAIL TO:
 City of Fort Pierce Purchasing Division,
 Room 101
 P.O. Box 1480
 Fort Pierce, FL 34954-1480

CITY OF FORT PIERCE



**INVITATION TO BID
 and
 BIDDER ACKNOWLEDGMENT**

Bid Writer: Gelencia Carter, 772-467-3102	Bid No: 2024-004
Mandatory Pre- Bid Conference Date: 10:00 A.M., THURSDAY, FEBRUARY 15, 2024	Bid Title: GENERAL CONTRACTOR SERVICES – FLOODPROOFING A NON-RESIDENTIAL STRUCTURE
Mandatory Pre-Bid Location: Little Jim Bait & Tackle 601 North Causeway Fort Pierce, FL 34949	Bid Opening Location: Purchasing Division Conference Room, Room 101 100 North U.S. #1, 1st Floor Ft. Pierce, Florida 34950
Bid Due Date & Time: 3:00PM, THURSDAY, FEBRUARY 29, 2024	If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this department as soon as possible.
Bidder Name: <u>Remnant Construction, LLC</u>	<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>
Mailing Address: <u>201 S 2nd St., Ste 100</u>	
City, State, Zip Code: <u>Fort Pierce, FL 34950</u>	Typed or Printed Name: <u>Erin O'Brien</u>
Type of Entity (Select one): Corporation <input checked="" type="checkbox"/> <u> </u> Partnership <input type="checkbox"/> <u> </u> Proprietorship <input type="checkbox"/> <u> </u>	Title: <u>Director of Operations</u>
Incorporated in the State of: <u>FL</u> Year: <u> </u>	Delivery in <u>100</u> days, After Receipt Order
Phone Number: <u>772-577-5850</u>	Payment Terms: Net 30 Days
Fax Number: <u> </u>	FEIN or SS Number: <u>82-3438825</u>
E-Mail Address: <u>eobrien@remnant-group.com</u>	Local Business: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N MWBE: <input type="checkbox"/> Y <input type="checkbox"/> N
Bid Security is attached, when required, in the amount of \$ <u>10% of bid amount</u> F.O.B. DESTINATION	If returning as a "No Bid" state reason:

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID

CITY OF FORT PIERCE BIDDER'S CHECKLIST

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

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

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

PLEASE SIGN AND RETURN WITH BID _____





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/29/2024

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

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


PRODUCER Brown & Brown Insurance Services, Inc. 817 Beachland Blvd. Vero Beach FL 32963	CONTACT NAME: Ann Marie Tyler	FAX (A/C, No):
	PHONE (A/C, No, Ext): (772) 231-2828	
	E-MAIL ADDRESS: AnnMarie.Tyler@bbrown.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Landmark American Insurance Company	NAIC #: 33138
	INSURER B: Republic-Vanguard Insurance Company	40479
	INSURER C: American Builders Insurance Company	11240
	INSURER D: Lloyd's Of London	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 23-24 GL/HNOA/WC/XS/ REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			LHA114369	12/29/2023	12/29/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>			CNO6290115-04	12/29/2023	12/29/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			LHA106038	12/29/2023	12/29/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCV-0296635-05	12/28/2023	12/28/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Professional Liability			ANE4348574.23	12/28/2023	12/28/2024	Each Claim \$1,000,000 Aggregate \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: General Contractor Services - Floodproofing a Non-Residential Structure

CERTIFICATE HOLDER City of Fort Pierce - Purchasing Division 100 N US Highway 1 Fort Pierce FL 34950	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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Certified Contractor	Remnant Construction
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Insurance Carrier	Navigators Specialty Insurance Company
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Policy #	SF23ECPU01127NC	Policy Period	12/29/2023 - 12/29/2024
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The potential risk of a pollution event is inherent in all construction work. Such an event can cause significant financial loss for project owners and other contractors at the site and can even impact the community and environment. Some contractors actively manage this risk, while others do not. Environmental Risk Professionals, LLC hereby certifies that the above referenced contractor has distributed protocols to avoid pollution incidents on job sites and has purchased a comprehensive pollution liability insurance policy to provide financial responsibility should an accident arise.

Training – The above referenced contractor has distributed “Pollution Prevention Practices” designed to mitigate common environmental risks associated with their contracting operations. Examples of these written protocols may include, but are not limited to, the following activities:

Chemical Storage	Fugitive Dust Control
Solid and Hazardous Waste Management	Stormwater Pollution Prevention
General Housekeeping	Personal Protective Equipment
Mold Identification and Abatement	Deterring Illicit Abandonment
Responding to Spills	Asbestos and Lead Based Paint

Insurance– Even when Pollution Prevention Practices are followed, accidents still happen. Property owners bear the ultimate responsibility for a pollution problem at their site, even if caused by a contractor working on their behalf. A contractor needs to purchase a true pollution liability policy in order to properly protect the entities for whom they perform operations. Environmental Risk Professionals, LLC has reviewed the above referenced pollution liability policy and hereby confirms that it provides the following important financial responsibility provisions:

1. A policy limit of at least \$1,000,000
2. Coverage is primary and non-contributory, with the certificate holders included as Additional Insureds and carrier rights to subrogation waived in their favor
3. On-site and off-site remediation expense for pollution conditions arising from contracting operations
4. No mold exclusion on policy
5. A pollution event includes damage to natural resources
6. Coverage for transportation and disposal of pollutants
7. No limitation to sudden and accidental pollution release only



ENVIRONMENTAL
RISK PROFESSIONALS

Signed Environmental Risk Professionals, LLC

This certificate was issued on 2/6/2024 and serves as a matter of information only. The Certificate is only valid through the current policy period with an active policy. This certificate confers no rights upon the certificate holder and does not affirmatively or negatively amend, extend or alter the coverage afforded by the policy listed above. This certificate does not constitute a contract between the issuing insurer and the certificate holder.

**General Contractor Services - Floodproofing a Non-Residential Structure
Materials & Equipment**

Subcontractor	Material	Equipment
SAK Enterprises	Flood Barrier System for 3 windows and 2 doors.	Hammer & Drill
DCM Contracting	Lumber, Concrete	Jon Deere Excavator
High Tech Fabricators	Aluminum Railings	Welding Equipment
JT Roofing	TPO Roofing System	Extension Ladder
Lucas Waterproofing	Tremco 350	Paint Brushes
Tubito Painting	Sherwin Williams Loxon S1 and Loxon XP	Paint Brushes, Tape
Davidson Insulation	R-17 Closed Cell Spray Foam and R-19 Closed Cell Spray Foam	Spray cans
Elite Plumbing	PVC Pipe, Catch Basin, Sump Pump	Excavator, Shovels, Hammer, Drill
Elite Gas	500 Gallon Gas Tank, Domem Pigtailes, line for connection	Excavator, Shovels, Hammer, Drill
Sharkey Air	Roof Stand, Ducts, Duct Board, Silver Tape	Drill, Extension Ladders, Lift or crane.
Complete Electric	Generator	Auger Truck



DRUG~FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that
Remnant Construction, LLC does:
(Name of Business)

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

Bidder's Signature

2/29/2024

Date



REVISED
BID RESPONSE FORM

Bid Item	GENERAL CONTRACTOR SERVICES – FLOODPROOFING A NON-RESIDENTIAL STRUCTURE		
Bid Number	2024-004	Due Date & Time	3:00PM, THURSDAY, FEBRUARY 29, 2024

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

DESCRIPTION	LUMP SUM TOTAL
General Contractor Services to Floodproof the Little Jim Bait & Tackle, Non-Residential Structure	\$ <u>266,048.00</u>

Please respond to the following questions:

This project will be completed within how many calendar days after the notice to proceed is issued?	100
Work is guaranteed for how many years?	1
Material are guaranteed for how many years?	Varies on Material

Vendor: Remnant Construction, LLC

Address: 201 S 2nd St., Ste 100

City, State, Zip Code: Fort Pierce, FL 34950

Email Address: eobrien@remnant-group.com

Typed Name & Title: Erin O'Brien - Director of Operations

Signature:  Date: 2/29/2024

Telephone No.: 954-667-4976 Fax No.: _____

(*Please include Remit to address if different than address stated above)

Remit To: _____

Check below for applicable minority indicator:

- | | | | |
|--------------------------|-----------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Asian Indian | <input type="checkbox"/> | Small Business |
| <input type="checkbox"/> | Asian Pacific | <input type="checkbox"/> | Women Owned |
| <input type="checkbox"/> | Black | <input type="checkbox"/> | Small Disadvantage
Business |
| <input type="checkbox"/> | Hispanic | | |
| <input type="checkbox"/> | Native American | | |

Request for Taxpayer Identification Number and Certification

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

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

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

Remnant Construction, LLC

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

- Individual/sole proprietor or single-member LLC
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ **P**
- Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
- Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

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

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

201 S. 2nd Street, Suite 100

6 City, state, and ZIP code

Ft. Pierce, FL 349650

7 List account number(s) here (optional)

Requester's name and address (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

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

or

Employer identification number

8	2	-	3	4	3	8	8	2	5
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Part II Certification

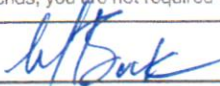
Under penalties of perjury, I certify that:

- 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 ▶ **May 10, 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.



REFERENCES
BID NO. 2024-004

General Contractor Services – Floodproofing A Non-Residential Structure

Bidder shall submit as a part of the bid package, three (3) Customer references with name of the customer, address, contact person, and telephone number.

Name		Matthew Weber
Contact:		
Address:		9461 Brandywine Lane
		Port St. Lucie, FL 34986
Telephone:		772-216-4342
Email:		Matthew.weber@stlucieschools.org
Name		Sean Donahue
Contact:		
Address:		2555 SE Avenger Circle
		Stuart, FL 34996
Telephone:		772-462-7750
Email:		
Name		Robert Ciaramitaro
Contact:		
Address:		4001 S. Jenkins Road
		Fort Pierce, FL 34981
Telephone:		772-467-4500
Email:		robert.ciaramito@walmart.com

Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Remnant Construction, LLC
201 S 2nd Street, Suite 100
Fort Pierce, FL 34950

SURETY:

(Name, legal status and principal place of business)

Berkley Insurance Company
475 Steamboat Road
Greenwich, CT 06830

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

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

OWNER:

(Name, legal status and address)

City of Fort Pierce
100 North U.S. #1
Fort Pierce, FL 34950

BOND AMOUNT: \$ 10%

Ten Percent of Amount Bid

PROJECT:

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

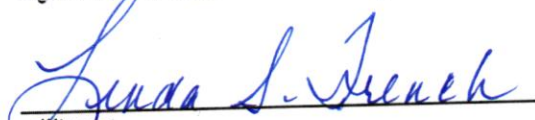
General Contractor Services - Floodproofing a Non-Residential Structure, Bid No. 2024-004

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

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

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

Signed and sealed this 29th day of February, 2024



(Witness)



(Witness) Rita Lazarides

Remnant Construction, LLC


(Principal) (Seal)

By: 

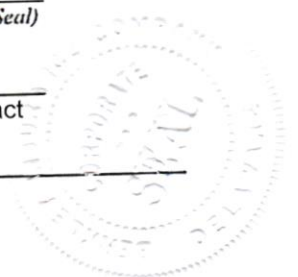
(Title)

Berkley Insurance Company

(Surety) (Seal)

By: 

(Title) Brett Rosenhaus Attorney-in-Fact



POWER OF ATTORNEY
BERKLEY INSURANCE COMPANY
WILMINGTON, DELAWARE

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Greenwich, CT, has made, constituted and appointed, and does by these presents make, constitute and appoint: **Brett Rosenhaus or Dale A. Belis of Acrisure, LLC dba Nielson, Rosenhaus & Associates of Delray Beach, FL** its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed **One Hundred Million and 00/100 U.S. Dollars (U.S.\$100,000,000.00)**, to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on January 25, 2010:

RESOLVED, that, with respect to the Surety business written by Berkley Surety, the Chairman of the Board, Chief Executive Officer, President or any Vice President of the Company, in conjunction with the Secretary or any Assistant Secretary are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and said officers may remove any such attorney-in-fact and revoke any power of attorney previously granted; and further

RESOLVED, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

RESOLVED, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further

RESOLVED, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 25th day of March, 2020.



Attest:

By Ira S. Lederman
Executive Vice President & Secretary

Berkley Insurance Company

By Jeffrey M. Hafter
Senior Vice President

STATE OF CONNECTICUT)

) ss:

COUNTY OF FAIRFIELD)

Sworn to before me, a Notary Public in the State of Connecticut, this 25th day of March, 2020, by Ira S. Lederman and Jeffrey M. Hafter who are sworn to me to be the Executive Vice President and Secretary, and the Senior Vice President, respectively, of Berkley Insurance Company.

MARIA C RUNDBAKEN
NOTARY PUBLIC
CONNECTICUT
MY COMMISSION EXPIRES
APRIL 30, 2024

Maria C. Rundbaker
Notary Public, State of Connecticut

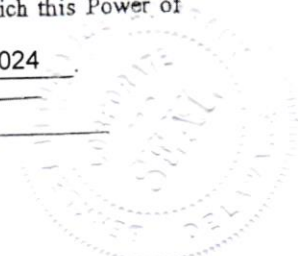
CERTIFICATE

I, the undersigned, Assistant Secretary of BERKLEY INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date.

under my hand and seal of the Company, this 29th day of February, 2024.



Vincent P. Forte
Vincent P. Forte



Remnant

CONSTRUCTION

February 29, 2024

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

RE: Bid No. 2024-004

To whom it may concern:

Please note we included a bid bond for Bid No. 2024-0004 "General Contractor Services – Floodproofing A Non-Residential Structure," per the bid requirements. It utilized our bonding company's bid bond form. Addendum #1 included the bid bond form that was to be utilized. However, we did not have enough time from issuance of Addendum #1 to utilize the bid bond form included in Addendum #1.

Thank you,



Erin O'Brien

Remnant Construction



NON-COLLUSION AFFIDAVIT

STATE OF FLORIDA

COUNTY OF ST. LUCIE

MARK BOCK, being first duly sworn, deposes and says:

That he/she is CHIEF FINANCIAL OFFICER
(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.

REMNAINT CONSTRUCTION
(Firm Name)

By: [Signature]

Title: CFO

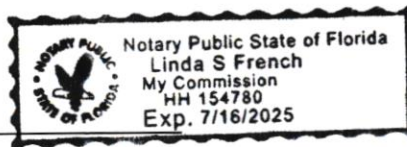
Subscribed and sworn to before me this 29th

day of February, 2024, ~~2023~~

[Signature]
Notary Public

My Commission expires: (Seal)

July 16, 2025

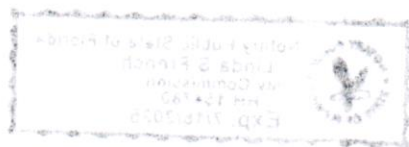


END OF SECTION

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Handwritten text, possibly a name or title, including "John T. ...".

Handwritten text, possibly a signature or name, including "John T. ...".





PUBLIC ENTITY 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. 2024-004 for _____
THE CITY OF FORT PIERCE PURCHASING DIVISION

2. This sworn statement is submitted by REMNANT CONSTRUCTION, LLC
(name of entity submitting sworn statement)
whose business address is 201 S. 2ND STREET #100
FORT PIERCE, FL 34950 and
(if applicable) its Federal Employer Identification Number (FEIN) is 82-3438825

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____.)

3. My name is ERIN O'BRIEN my relationship to the entity
(please print name of individual signing)
named above is DIRECTOR OF OPERATIONS

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: _____ 

Date: _____ 2/29/24

STATE OF Florida

COUNTY OF St. Lucie

PERSONALLY APPEARED BEFORE ME, the undersigned authority,

ERIN O'BRIEN who, after first being sworn by me, affixed his/her signature in (name of individual signing) the space provided above on this 29th day of February, ~~2023~~ 2024

NOTARY PUBLIC SEAL: Linda S French

My commission expires: July 16, 2025



END OF SECTION




CERTIFICATION OF NON-SEGREGATED FACILITIES

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 29, 2024

Official Address
(Including Zip Code):
201 S 2nd St., Ste 100,
Fort Pierce, FL 34950

By: Erin O'Brien 
Director of Operations
(Title)

END OF SECTION



TRENCH SAFETY ACT COMPLIANCE STATEMENT

Bid No. 2024-004

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:

Zero _____ Dollars
(Written)
\$0.00 _____
(Figures)

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

Certified: Remnant Construction, LLC
(Company Contractor)

By: Mark Bock *Mark Bock*
(President's Signature)

MARK BOCK
(President's Typed or Printed Name)

Notarization:

Sworn to and subscribed before me in _____ County, Florida on the _____ day of _____, 2024.

Notary Public: _____ (affix seal) My Commission Expires: _____

END OF SECTION



E-VERIFY
FORT PIERCE, FLORIDA

**PROJECT: GENERAL CONTRACTOR SERVICES – FLOODPROOFING A
NON-RESIDENTIAL STRUCTURE**

Bid No.: 2024-004

Project Description: General Contractor Services to provide all labor, materials and equipment to floodproof a non-residential structure.

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: Remnant Construction, LLC

Authorized Signature: 

Title: Director of Operarions

Date: 2/29/2024

END OF SECTION



CITY OF FORT PIERCE

BID NO. 2024-004

**GENERAL CONTRACTOR SERVICES – FLOODPROOFING A
NON-RESIDENTIAL STRUCTURE**

ADDENDUM NO. 1

This addendum serves the purpose of addressing the questions asked by potential bidders, clarifying the insurance requirements, updating the bid response form, and including the bid bond form which was mistakenly left out of the original bid document.

Questions and Answers

1. Question: Is the new ADA Ramp going to be concrete or wood? Sheet A-2.0, section 1 is unclear for the material of the ramp.
Answer: **The slope of the existing ramp does not meet ADA; It is intended that the wood ramp would be re-constructed with the correct slope and re-framed with the existing deck boards or new wood deck boards, as required.**

2. Question: The new ADA Ramp shows a steel powder coated railing, are we able to make that aluminum powder coated railing to reduce rotting?
Answer: **A powder coated aluminum railing would be acceptable; provide an acceptable aluminum thickness to limit bending.**

3. Question: The Connex/storage unit – are we as the General Contractor removing that for the job to start or will the city be responsible for that?
Answer: **The existing storage unit will require relocating by the current proprietor prior to starting construction; coordinate the date and proposed location with the proprietor.**

4. Question: The kitchen prep area are we as the General Contractor removing that for the job to start or will the city be responsible for that?
Answer: **Any existing kitchen equipment in its present location that interferes with the Project Scope of Work will require relocating by the current proprietor; coordinate the date and an acceptable proposed location with the proprietor.**

5. Question: The exterior ice storage machine, are we as the General Contractor removing that for the job to start or will the city be responsible for that?
Answer: **Any existing business equipment in its present location that interferes with the Project Scope of Work will require relocation by the current proprietor; coordinate the date and an acceptable proposed location with the proprietor.**

6. Question: There is an exterior former window that has plywood covering the opening. Could we flush out the opening for the new Hardee board to go there?

Also, if shelving or a bar is needed in that area, could we include that?

Answer: **The existing window recess on the north face of the building should be framed out and finished to match the adjacent construction finish. Coordinate the need for a shelf or bar with the current proprietor and the Architect.**

7. Question: Would the owner consider new wood piles instead of concrete piles for the existing room 109 (office/storage building)?

Answer: **This item was discussed with the City of Fort Pierce, and it was determined to proceed with the concrete piles as designed. The existing wood piles are to be removed prior to installation of the new concrete piles.**

8. Question: Is there a budget for the project?

Answer: **The budget for this project is not available at this time.**

9. Question: Are there any special inspection processes?

Answer: **No**

10. Question: Could you confirm the finished flooring of the new Office/Storage 109 is plywood?

Answer: **Marine grade plywood is intended only as a sub-floor material. The finish floor will be tiled and grout, specifications for the materials will be provided by the Building Department.**

11. Question: Is temporary cooling with HVAC system required for this project?

Answer: **Coordinate & provide temporary cooling for the areas presently conditioned by the rooftop unit to be temporarily removed as part of the Office/Storage construction.**

12. Question: Who pays the permitting fees?

Answer: **City of Fort Pierce General Fund**

13. Question: Could you please confirm whether the new Hardie board "sand-grooved" cement board siding is a lap siding or is it a sheet product?

Answer: **It is a sheet product. Refer to documentation by Hardie at www.jameshardie.com.**

14. Question: Where is the propane tank tying into? Also, what are the line sizes for the tank?

Answer: **The propane tank is designed to supply the emergency generator being installed as part of this project. The line sizes will be determined by the propane supplier and coordinated with the emergency generator model selected.**

Insurance Requirements

Please disregard the insurance requirements described on page 8, Section II. The insurance requirements for this project are stated on page 49, Article 17 of the Sample Agreement.

Revised Bid Response Form

Please include the attached Revised Bid Response Form in your submission.

Bonds


The Bid Bond (10% required) Form was inadvertently omitted in the original bid document, is included with this addendum, and should be included with your submission.

PDF Attachments

As per the table of contents of the bid document, there are six (6) PDF attachments that were not included on the City’s and DemandStar websites and four others, not named in the table of contents. There are a total of ten (10) attachments that relate to the this project that have been included in this addendum.

All other conditions of this bid remain the same.

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

Signature:  _____

Signature: Erin O'Brien Manual

Company Name: Remnant Construction, LLC Typed or Printed

Address: 201 S 2nd St., Ste 100

Fort Pierce, FL 34950

Date: 2/29/2024

/gc

Attachments: **Revised Bid Response Form**
 Bid Bond Form
 PDF Attachments