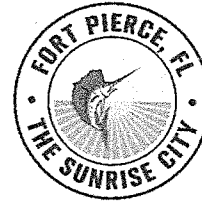


DELIVER TO:

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



**INVITATION TO BID
and
BIDDER ACKNOWLEDGMENT**

Bid Writer: Madison White, 772-467-3102

Bid No: 2024-039

Mandatory Site-Visit:
10:00 A.M, THURSDAY, JUNE 27, 2024

Bid Title: CDBG Residential Rehabilitation – 2708 Avenue H

Mandatory Site-Visit Location:
2708 AVENUE H,
FORT PIERCE, FL 34947

Bid Opening Location:
Purchasing Division Conference Room, Room 101
100 North U.S. #1, 1st Floor
Fort Pierce, Florida 34950

Bid Due Date & Time:
3:00 PM, FRIDAY, JULY 5, 2024

If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this division as soon as possible.

Bidder Name:

B Squared contracting inc

I hereby certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the bidder.

Mailing Address:

7111 Gullotti PI

X

Authorized Signature (Manual)

City, State, Zip Code:

Port St lucie FI 34952

Typed or Printed Name:

Brittany Bradley

Type of Entity (Select one):

Corporation X
Partnership _____
Proprietorship _____

Title:

President

Incorporated in the State of: 3 **Year:**

Delivery in 60 **days, ARO**

Phone Number: 772-370-6424

Payment Terms: Net 30 Days

Fax Number:

FEIN or SS Number: 87-3388536

E-Mail Address: bsquaredcontractinginc@gmail.com

Local Business: X Y ___ N **MWBE:** X Y ___ N

Bid Security is attached, when required, in the amount of \$ _____

If returning as a "No Bid" state reason:

F.O.B. DESTINATION

THIS PAGE MUST BE COMPLETED AND RETURNED WIT YOUR BID



DRUG~FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that

B Squared Contracting inc

does:

(Name of Business)

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

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



Proposer's Signature

7/2/24

Date



NON-COLLUSION AFFIDAVIT FOR PRIME BIDDER

STATE OF Florida

COUNTY OF St Lucie

Brittany Bradley, being first duly sworn, deposes and says:

That he is B Squared Contracting Inc - President
(a partner or officer of the firm, 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.

B Squared Contracting
(Firm Name)

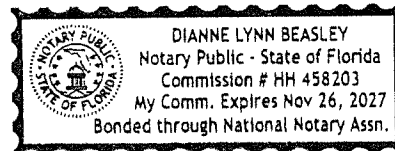
By: [Signature]

Title: President

Subscribed and sworn to before me this 2nd
day of July, 2024.

[Signature]
Notary Public

My Commission expires: (Seal)



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 by City of Fort Pierce
(Print name of the public entity).
by Brittany Bradley President
(Print individual's name and title)
for B Squared Contracting inc
whose business address is 7111 Gullotti Pl Port st Lucie Fl 34952

(If applicable) its Federal Employer Identification Number (FEIN) is 87-3388536

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: On the attached sheet). Required as per the IRS Form W-9.

2. 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.
3. 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.
4. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
- a. A predecessor or successor of a person convicted of a public entity crime: or

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

- b. convicted of a public entity crime in Florida during the preceding 36 months shall
- c. be considered an affiliate. I understand that a "person" as defined in Paragraph 287.133(1)(c), 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.

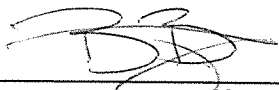
5. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**

Neither the entity submitted this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity nor 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, member, or agents who are active in management of the entity, or an 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 its officers, directors, executives, partners, shareholders, employees, member, 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. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearing and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **(Attach a copy of the final order)**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OR ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.



 (Signature)

7/2/24

 (Date)

STATE OF Florida

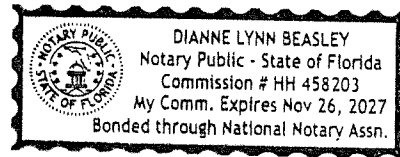
COUNTY OF St Lucie

PERSONALLY APPEARED BEFORE ME, the undersigned authority Brittany Beasley
(Name of individual signing)

Who, after first being sworn by me, affixed his/her signature in the space provided above on this
day 2nd of July, 2024.


(NOTARY PUBLIC)

My Commission Expires: _____






E-VERIFY AFFIRMATION STATEMENT

Description: CDBG RESIDENTIAL REHABILITATION — 2708 AVENUE H

Pursuant to Section 448.095, Florida Statutes, Contractor/Proposer/Responder acknowledges and agrees:

- (a) to register with and use the E-Verify System to verify the work authorization status of all persons employed by the Contractor/Proposer/Responder to perform employment duties during the term of the Contract, and
- (b) to require any subcontractor (as defined in Section 448.095, Florida Statutes) assigned by Contractor/Proposer/Respondent to perform work pursuant to the Contract to register with and use the E-Verify System to verify the work authorization status of all persons employed by the subcontractor during the term of the Contract, and
- (c) if Contractor/Proposer/Responder enters into a contract with a subcontractor, Contractor/Proposer/Responder shall obtain an affidavit from every subcontractor stating the subcontractor does not employ, contract with, or subcontract with an unauthorized alien and the Contractor/Proposer/Responder shall maintain a copy of such affidavit for the term of the Contract, and
- (d) the Contractor/Proposer/Bidder shall use the E-Verify System during the term of the Contract, as a condition of the Contract.

Contractor/Proposer/Bidder Company Name: B Squared contracting inc

Authorized Company Person's Signature: 

Authorized Company Person's Title: President

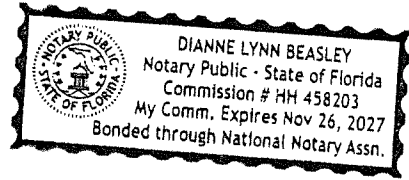
Date: 7/2/24

STATE OF FLORIDA

COUNTY OF Martin

Sworn (or affirmed) and subscribed before me by means of physical presence or online notarization this 2nd day of July, 2024 by Brittany Beasley who is personally known or produced identification (ID produced: _____).

Signature:  (Seal)
NOTARY PUBLIC





REFERENCES

BID NO. 2024-039

CDBG RESIDENTIAL REHABILITATION — 2708 AVENUE H

Contact Person & Title	Matt Toenisketter
Email Address	toe645@hotmail.com
Phone No.	772-834-8732
Company Name	MJT Holdings
Mailing Address	1910 Cypress
City, State, Zip	Fort Pierce FL 34952
Type of commercial work contracted	Remodels
Contact Person & Title	Joe Lowry
Email Address	Jlowry9011@aol.com
Phone No.	772-528-1935
Company Name	Blss&K
Mailing Address	217 SW Fire Bella
City, State, Zip	Port ST Lucie FL 34952
Type of commercial work contracted	Build outs

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. B Squared Contracting 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"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 7111 Gullotti pl	Requester's name and address (optional)
6 City, state, and ZIP code Port ST LUCie FL 34952	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

Social security number									
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<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%; text-align: center;">5</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">.</td> <td style="width: 25%; text-align: center;">6</td> </tr> </table>	5	3	.	6					
5	3	.	6						

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.

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 ▶ <u>7/2/24</u>
------------------	----------------------------	----------------------

General Instructions

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

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

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.



BID RESPONSE FORM

Bid Item	CDBG RESIDENTIAL REHABILITATION — 2708 AVENUE H		
Bid Number	2024-039	Due Date & Time	3:00PM, FRIDAY, JULY 5, 2024

This project should be bid on according to the housing rehabilitation specifications. 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:

ITEM DESCRIPTION	TOTAL COST
Replace Roof	\$ <i>See Addendum</i>
Repair/Replace fascia and soffit	\$
Replace main entry door	\$
Replace side door	\$
Replace toilet	\$
Replace 7 windows – impact	\$
Repair exterior & interior wall (include paint)	\$
Replace hallway light	\$
Replace HVAC	\$
Replace smoke detectors (2)	\$
Replace interior doors	\$
Replace closet doors (2 dets)	\$
TOTAL	\$

Please respond to the following questions:

This project will be completed within how many calendar days after the notice to proceed is issued.	60
Work is guaranteed for how many years?	1
Materials are guaranteed for how many years?	1

Bid Response Form
Page 2 of 2

Vendor: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Typed Name & Title: _____

Signature: _____ **Date:** _____

Telephone No.: _____ **Fax No.:** _____

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

Remit To: _____

Check block below for applicable minority indicator:

MINORITY	CHECK BOX
Asian Indian	
Black	
Asian Pacific	
Hispanic	
Native American	
Small Business	
Women Owned	
Small Disadvantage Business	

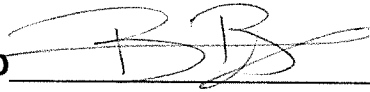
CITY OF FORT PIERCE BIDDER'S CHECKLIST

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	
Include proof of proper insurance as stated in bid documents.	X	
Are all of the Required forms complete and included?	X	
Is Bid Response Form completed, signed, and attached?	X	
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked?	X	
Did you submit your bid electronically?	x	
For Hard Copy Submissions Only: Are two (2) complete bid packages included (one original and one copy)		
For Hard Copy Submissions Only: Bid envelope is marked accordingly.		
Have you made sure your corporate address matches your Sunbiz information ?	X	
Is each Bid Addendum (when issued) signed and included?	x	

PLEASE SIGN AND RETURN WITH BID



June 28, 2024

CITY OF FORT PIERCE

BID NO. 2024-039

CDBG – RESIDENTIAL REHABILITATION – 2708 AVENUE H

ADDENDUM NO. 1




The purpose of this addendum is to revise the scope of work and the bid response form.

- The follow revisions have been made to the Scope of Work:
 - “Replace closet door (2 dets)” should read **“Replace closet doors (3 sets).**
 - The following items were added to the Scope of Work:
 - **Replace bathroom tub w/ walk-in shower (ADA compliant)**
 - **Replace bathroom sink and vanity**
 - **Repair ceiling drywall**
 - **Repair kitchen drywall (include paint)**
- Revised Bid Response Form, see attached. This form should be used for submitting your bid.

All other conditions of this bid remain the same.

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

Signature:  Date: 7/2/24
Manual

Signature: Brittany Bradley
Typed or Printed

Company Name: B Squared Contracting inc

Address: 7111 Gullotti Pl Port St Lucie FL 34952



REVISED
BID RESPONSE FORM

Bid Item	CDBG RESIDENTIAL REHABILITATION – 2708 AVENUE H		
Bid Number	2024-039	Due Date & Time	3:00PM, JULY 5, 2024

This project should be bid on according to the housing rehabilitation specifications. 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:

ITEM DESCRIPTION	TOTAL COST
Replace Roof	\$ 14000.00
Repair/Replace Fascia and Soffit	\$ 3500.00
Replace main entry door	\$ 3000.00
Replace side door	\$ 2000.00
Replace toilet	\$ 750.00
Replace 7 windows – impact	\$ 10500.00
Repair exterior & interior wall (include paint)	\$ 5500.00
Replace hallway light	\$ 250.00
Replace HVAC	\$ 7000.00
Replace smoke detectors (2)	\$ 500.00
Replace interior doors	\$ 4500.00
Replace closet doors (3 sets)	\$ 2500.00
Replace bathroom tub w/ walk-in shower (ADA Compliant)	8000.00
Replace bathroom sink and vanity	\$ 1200.00
Repair ceiling drywall	\$ 3000.00
Repair kitchen drywall (include paint)	\$ 3000.00
Permits	\$ 1000.00
TOTAL	\$ 69,200.00

Please respond to the following questions:

This project will be completed within how many calendar days after the notice to proceed is issued.	60
Work is guaranteed for how many years?	1
Materials are guaranteed for how many years?	1

Bid Response Form
Page 2 of 2

Vendor: B Squared Contracting inc

Address: 7111 Gullotti pl

City, State, Zip Code: Port St Lucie FL 34952

Email Address: bsquaredcontractinginc@gmail.com

Typed Name & Title: Brittany Bradley President

Signature:  **Date:** 7/2/24

Telephone No.: 772-370-6424 **Fax No.:** _____

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

Remit To: _____

Check block below for applicable minority indicator:

MINORITY	CHECK BOX
Asian Indian	
Black	
Asian Pacific	
Hispanic	
Native American	
Small Business	X
Women Owned	x
Small Disadvantage Business	X



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/26/2024

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).

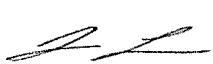
PRODUCER Lott Insurance Services 4808 S US Highway 1 Fort Pierce FL 34982		CONTACT NAME: Joe Lott PHONE (A/C, No, Ext): (772) 468-1009 FAX (A/C, No): (772) 468-1837 E-MAIL ADDRESS: JL@LOTTINS.COM	
INSURED B Squared Contracting Inc 7111 Gullotti Place Port St Lucie FL 34952		INSURER(S) AFFORDING COVERAGE INSURER A: Western World Insurance Compan INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 13196

COVERAGES **CERTIFICATE NUMBER:** CL2462600609 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NPP6038228	01/11/2024	01/11/2025	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 Employee Benefits \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER City of Ft Pierce PO Box 1480 Ft 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/29/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT ALTER, CHANGE, WAIVE, SUPPLEMENT, OR OTHERWISE AFFECT THE COVERAGE PROVIDED 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 ADDED/OTHER 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(ies), 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
Risk Transfer Insurance Agency, LLC
47 E. Robinson Street
Suite 200
Orlando, FL 32801

CONTACT NAME: Certificates

PHONE (A/C, No, Ext):

FAX (A/C, No):

E-MAIL ADDRESS: certs@pcopaygo.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Service American Indemnity Company

39152

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
OCMI III, Inc dba PEOPayGo
225 E Dania Beach Blvd, Suite 120
Dania Beach, FL 33004
United States

COVERAGES

CERTIFICATE NUMBER AND EFFECTIVE DATE

RENEWAL DATE:

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 THE ABOVE, THIS CERTIFICATE DOES NOT GUARANTEE THE ACCURACY OF THE INFORMATION PROVIDED 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 OF COVERAGE MAY HAVE BEEN EXCEEDED BY EARLIER CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INFORMATION (Form, Code)	INSURER	POLICY NUMBER	ISSUE DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR CIVIL RIGHTS/EMPLOYEE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						BODILY INJURY AND PROPERTY DAMAGE (Ea occurrence) MEDICAL EXPENSES (Ea occurrence) PERSONAL & ADV INJURY PRODUCTS - COM/POP AGG PRODUCTS - COM/POP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED, HIRED, NON-OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BC PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EAC AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYEE BENEFIT LIABILITY ANY EMPLOYEE OR EXECUTIVE OFFICER/MEMBER EXCLUDED? (If yes, describe below) DESCRIPTION OF OPERATIONS below	N/A	RT23M...		01/01/2023	06/30/2024	<input checked="" type="checkbox"/> PER <input type="checkbox"/> OTH E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (where applicable) (If any of the above are not applicable, check "N/A")
The Office(s) for OCMI III, Inc. is/are at 225 E Dania Beach Blvd, Suite 120, Dania Beach, FL 33004. (If any of the above are not applicable, check "N/A")

Coverage provided for all leased employees but not subcontractors of B SQUARED CONTRACTING INC (Added: 08/29/2023)

CERTIFICATE HOLDER

CANCELLATION

B SQUARED CONTRACTING INC
7111 GULLOTTI PL
PORT ST LUCIE, FL 34952

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE HEREOF, the new policy shall be provided IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/26/2024

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 LOTT INSURANCE SERVICES 4808 S US HWY 1, FT PIERCE, FL 34982	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED B SQUARED CONTRACTING INC 7111 Gullotti Pl Port St. Lucie, FL 34952	INSURER A: Progressive Express Insurance Company 10193	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 234768062644172473D062624T015641 **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	968293811	04/04/2024	04/04/2025	COMBINED SINGLE LIMIT (Ea accident) \$300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	N	N	968293811	04/04/2024	04/04/2025	\$

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

CERTIFICATE HOLDER City Of Fort Pierce 100 North Us1 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 

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY LOTT INSURANCE SERVICES		NAMED INSURED B SQUARED CONTRACTING INC 7111 Gullotti Pl Port St. Lucie, FL 34952	
POLICY NUMBER 968293811		EFFECTIVE DATE: 04/04/2024	
CARRIER Progressive Express Insurance Company	NAIC CODE 10193		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Personal Injury Protection	\$10,000 w/\$0 Ded - Named Insured Only
Uninsured Motorist - Nonstacked	\$50,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only	
2019 CHEVROLET SILVERADO MEDIUM DUTY 1HTKHPVK3KH811819	
Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded

Liability coverage may not apply to all scheduled vehicles.