

**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:** LaTonya Hubbard, 772-467-3102

**Bid No:** 2025-031

**Mandatory Site-Visit:**  
10:00 A.M, WEDNESDAY, MARCH 19, 2025

**Bid Title:** CDBG Residential Rehabilitation –  
317 N. 26<sup>th</sup> Street

**Mandatory Site-Visit Location:**  
317 N.26<sup>TH</sup> STREET  
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:**  
1:00 PM, MONDAY, MARCH 31, 2025

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:**

DE LA HOZ BUILDERS, 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:**

258 Del Monte Rd

Sebastian, FL 32958

X   
Authorized Signature (Manual)

**City, State, Zip Code:**

**Typed or Printed Name:**

HILDA DE LA HOZ

**Type of Entity (Select one):**

Corporation  \_\_\_\_\_  
Partnership \_\_\_\_\_  
Proprietorship \_\_\_\_\_

**Title:** President

**Incorporated in the State of:** FL **Year:** 2007

**Delivery in** \_\_\_\_\_ **days, ARO**

**Phone Number:** 772-228-9723

**Payment Terms:** Net 30 Days

**Fax Number:**

**FEIN or SS Number:** 20-8955993

**E-Mail Address:** hilda@delahozbuilders.com

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

**Bid Security is attached, when required, in the amount of \$** \_\_\_\_\_  
F.O.B. DESTINATION

**If returning as a "No Bid" state reason:**

**THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID**





## DRUG~FREE WORKPLACE FORM

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

DE LA HOZ BUILDERS, 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 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.

  
\_\_\_\_\_  
*Bidder's Signature*

03-31-2025  
*Date*



# NON-COLLUSION AFFIDAVIT FOR PRIME BIDDER

STATE OF FLORIDA

COUNTY OF INDIAN RIVER

HILDA DE LA HOZ, being first duly sworn, deposes  
and says:

That he is 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.

DE LA HOZ BUILDERS, INC  
(Firm Name)

By: *[Signature]*

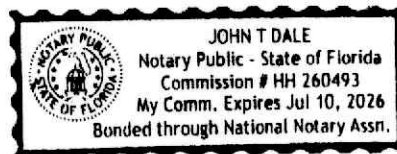
Title: PRESIDENT

Subscribed and sworn to before me this 28  
day of March, 2025.

*[Signature]*  
Notary Public

My Commission expires: (Seal)

7/10/26



**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.**

This sworn statement is submitted by City of Fort Pierce  
(Print name of the public entity).

by HILDA DE LA HOZ / PRESIDENT  
(Print individual's name and title)

for DE LA HOZ BUILDERS, INC

whose business address is 258 Del Monte Rd, Sebastian, FL 32958

(If applicable) its Federal Employer Identification Number (FEIN) is 20-8955993

(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.

1. 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.
2. 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.
3. 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.

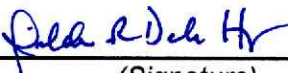
4. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**

X 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)

03-28-2025  
\_\_\_\_\_  
(Date)

STATE OF FL

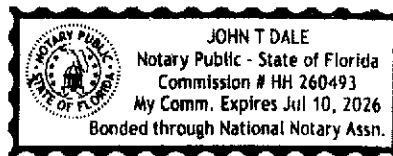
COUNTY OF Indian River

PERSONALLY APPEARED BEFORE ME, the undersigned authority Hilda DeLahoz  
(Name of individual signing)

Who, after first being sworn by me, affixed his/her signature in the space provided above on this  
day 28 of March, 2025.

John T Dale  
(NOTARY PUBLIC)

My Commission Expires: 7/10/26





# E-VERIFY AFFIRMATION STATEMENT

**Description: CDBG RESIDENTIAL REHABILITATION – 317 N. 26<sup>TH</sup> STREET**

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: DE LA HOZ BUILDERS, INC

Authorized Company Person's Signature: *Hilda De la Hoz*

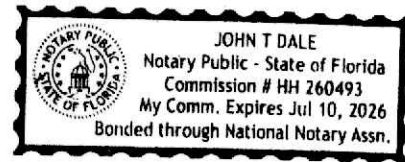
Authorized Company Person's Title: PRESIDENT

Date: 03-28-2025

STATE OF FLORIDA  
 COUNTY OF Indian River

Sworn (or affirmed) and subscribed before me by means of  physical presence or  online notarization this 28 day of March, 2025 by Hilda DELA Hoz, who is  personally known or  produced identification (ID produced: \_\_\_\_\_).

Signature: *John T Dale* (Seal)  
 NOTARY PUBLIC  
 My Commission Expires: 7/10/26





## VENDOR CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS

Respondent Name: DE LA HOZ BUILDERS, INC

Respondent's Authorized Representative Name and Title: HILDA DE LA HOZ / PRESIDENT

Address: 258 Del Monte Rd

City: Sebastian State: FL Zip: 32958

Phone Number: 772-228-9723 Respondent FEIN: 20-8955993

Email Address: hilda@delahozbuilders.com

Section 287.135, Florida Statutes prohibits a company from bidding on, submitting a bid for, or entering into or renewing a contract for goods or services of any amount if, at the time of contracting or renewal, the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, Florida Statutes, or is engaged in a boycott of Israel. Section 287.135, Florida Statutes, also prohibits a company from bidding on, submitting a bid for, or entering into or renewing a contract for goods or services of \$1,000,000 or more, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector Lists which were created pursuant to s. 215.473, Florida Statutes.

### Certification:

As the person authorized to sign on behalf of Respondent, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List. I further certify that the company is not engaged in a boycott of Israel. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject a company to civil penalties, attorney's fees, and/or costs.

Certified By: HILDA DE LA HOZ

who is authorized to sign on behalf of the above referenced company.

Authorized Signature Print Name and Title: Hilda De la Hoz / PRESIDENT

Date: 03-31-2025



**CITY OF FORT PIERCE**  
**AFFIDAVIT REGARDING THE USE COERCION FOR**  
**LABOR OR SERVICES**

Vendor name: DE LA HOZ BUILDERS, INC

Authorized Representative's Name and Title: HILDA DE LA HOZ / PRESIDENT

Address: 258 DEL MONTE RD

City: SEBASTIAN State: FL Zip Code: 32958

Phone Number: 772-228-9723 Email Address: hilda@delahozbuilders.com

Section 787.06(13), Florida Statutes, requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. As the person authorized to sign on behalf of Vendor, I certify that the company identified does not:

1. Use or threaten to use physical force against any person;
2. Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
3. Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
4. Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
5. Cause or threaten to cause financial harm to any person;
6. Entice or lure any person by fraud or deceit; or
7. Provide a controlled substance as outlined in Schedule I or Schedule II of section 893.03, Florida Statutes, to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

By: <u></u>	<u>HILDA DE LA HOZ / PRESIDENT</u>	<u>03-28-2025</u>
Authorized Signature	Printed Name and Title	Date

STATE OF FLORIDA  
COUNTY OF Indian River

Sworn (or affirmed) and subscribed before me by means of  physical presence or  online notarization

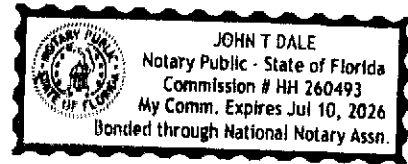
this 28 day of March, 2025 by Hilda De La Hoz, who is

personally known or  
 produced identification (ID produced: \_\_\_\_\_).

Notary Public Signature: John T Dale (Seal)

Print Name: John T. Dale

My Commission Expires 7/10/26





## REFERENCES

**BID NO. 2025-031**

### **CDBG RESIDENTIAL REHABILITATION – 317 N. 26<sup>TH</sup> STREET**

Contact Person & Title	Ty Diamond / Housing Program Specialist
Email Address	diamondt@stluieco.org
Phone No.	772-462-5103
Company Name	St Lucie County Community Services - Housing Division
Mailing Address	714 Avenue C - 2nd Floor
City, State, Zip	Fort Pierce, FL 34950
Type of commercial work contracted	House rehabilitation work
Contact Person & Title	Siphikelelo Cyanganya - SHIP Administrator
Email Address	ship@indianriver.gov
Phone No.	772-226-4399
Company Name	Indian River County SHIP Program
Mailing Address	1800 27th Street Bldg B
City, State, Zip	Vero Beach, FL 32960
Type of commercial work contracted	House rehabilitation work

## Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  <b>DE LA HOZ BUILDERS, INC.</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <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) ▶ _____  <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____             </p> <p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):                  Exempt payee code (if any) _____                  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i> </p>	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.  <b>258 Del Monte Rd</b></p> <p><b>6</b> City, state, and ZIP code  <b>Sebastian, FL 32958</b></p> <p><b>7</b> List account number(s) here (optional)</p>
		<p>Requester's name and address (optional)</p>

**Part I Taxpayer Identification Number (TIN)**

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

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"> </td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; height: 20px;"> </td> </tr> </table>		-		-						
	-		-							
<b>or</b>										
<b>Employer identification number</b>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">0</td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 12.5%; text-align: center;">8</td> <td style="width: 12.5%; text-align: center;">9</td> <td style="width: 12.5%; text-align: center;">5</td> <td style="width: 12.5%; text-align: center;">5</td> <td style="width: 12.5%; text-align: center;">9</td> <td style="width: 12.5%; text-align: center;">9</td> <td style="width: 12.5%; text-align: center;">3</td> </tr> </table>	2	0	-	8	9	5	5	9	9	3
2	0	-	8	9	5	5	9	9	3	

**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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>03-31-2025</b>
------------------	----------------------------	--------------------------

**General Instructions**

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

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

**Purpose of Form**

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

- Form 1099-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

<b>Bid Item</b>	<b>CDBG RESIDENTIAL REHABILITATION – 317 N. 26<sup>TH</sup> STREET</b>		
<b>Bid Number</b>	<b>2025-031</b>	<b>Due Date &amp; Time</b>	<b>1:00 PM, MONDAY, MARCH 31, 2025</b>

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	\$ 13,027.00
Repair/Replace fascia and soffit	\$ 2,819.00
Replace main entry door	\$ 2,703.00
Replace rear sliding glass door	\$ 4,902.00
Replace garage door and opener	\$ 4,072.00
Replace all windows-non-impact	\$ 16,092.00
Permits	\$ 3,283.00
<b>TOTAL</b>	<b>\$ 46,898.00</b>

Please respond to the following questions:

<b>This project will be completed within how many calendar days after the notice to proceed is issued.</b>	90
<b>Work is guaranteed for how many years?</b>	1 year
<b>Materials are guaranteed for how many years?</b>	1 year

Bid Response Form  
Page 2 of 2

## VENDOR INFORMATION

Vendor: DE LA HOZ BUILDERS, INC.

Address: 258 Del Monte Rd

City, State, Zip Code: Sebatian, FL 32958

Email Address: hilda@delahozbuilders.com

Typed Name & Title: HILDA DE LA HOZ / PRESIDENT

Signature:  Date: 03-31-2025

Telephone No.: 772-228-9723 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	X
Native American	
Small Business	X
Women Owned	X
Small Disadvantage Business	X

## 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	
Included proof of proper insurance as stated in bid documents.	x	
Are all the required forms listed in Section III and Section V of the Submittal Requirements complete and included?	x	
Have all prices 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	
<b>For Hard Copy Submissions Only:</b> Are two (2) complete bid packages included (one original and one copy)		
<b>For Hard Copy Submissions Only:</b> 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 \_\_\_\_\_

John R. DeLuca



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

**DE LA HOZ, JOSE AUGUSTO**

DE LA HOZ BUILDERS INC  
258 DEL MONTE RD  
SEBASTIAN FL 32958

**LICENSE NUMBER: CGC1514151**

**EXPIRATION DATE: AUGUST 31, 2026**

Always verify licenses online at [MyFloridaLicense.com](https://www.MyFloridaLicense.com)

ISSUED: 07/16/2024

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.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/27/2024

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

<b>PRODUCER</b> Bowen, Miclette & Britt of Florida, LLC 850 Concourse Pkwy S, Suite #105 Maitland FL 32751	<b>CONTACT NAME:</b> Michelle Rushing <b>PHONE (A/C, No, Ext):</b> 407-647-1616 <b>E-MAIL ADDRESS:</b> mrushing@bmbinc.com		<b>FAX (A/C, No):</b> 407-628-1635
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> De La Hoz Builders, Inc. 400 Gus Hipp Dr. Rockledge FL 32955	<b>INSURER A :</b> Amerisure Mutual Insurance Company		23396
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES**

CERTIFICATE NUMBER: 1204214298

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	GL21095700602	9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	CA21215920202	9/1/2024	9/1/2025	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	CU21251780102	9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC21095710701	9/1/2024	9/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

The following policy provisions and/or endorsements form part of the policies of insurance represented by this certificate of insurance. The terms contained in the policies and/or endorsements supersede the representations made herein. Electronic copies of the policy provisions and/or endorsements listed below are available by emailing contact person shown above.

When required by written contract, those parties listed in said contract, including the Certificate Holder, are added as an Additional Insureds with respect to the General Liability, Auto Liability, and Umbrella as afforded by the policy and/or endorsements.

When required by written contract, a Waiver of Subrogation, with respect to the General Liability, Auto Liability, Worker's Compensation, and Umbrella is See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

City of Fort Pierce and their respective members, officials, officers, and employees  
 Attn: Purchasing Dept.  
 100 North US Hwy. 1  
 Fort Pierce FL 34950

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

© 1988-2014 ACORD CORPORATION. All rights reserved.



## ADDITIONAL REMARKS SCHEDULE

AGENCY Bowen, Miclette & Britt of Florida, LLC		NAMED INSURED De La Hoz Builders, Inc. 400 Gus Hipp Dr. Rockledge FL 32955	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE	(Empty)	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

granted to those parties listed in said contract, including the Certificate Holder.

The General Liability, certified herein are primary and non-contributory to other insurance available, but only to the extent required by written contract.

Certificate Holder includes: City of Fort Pierce & the City's Board Members, Officials, Officers, Agents and Employees

Forms CG2010 & CG2037 are included in the Blanket Additional Insured endorsement when there is a written contract per page 2 of form CG 70 48 10 15 (attached).

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**FLORIDA  
CONTRACTORS GENERAL LIABILITY EXTENSION ENDORSEMENT**

<b>TABLE OF CONTENTS</b>		Page
1. Additional Definitions		9
2. Aggregate Limits Per Location		7
3. Aggregate Limits Per Project		7
4. Blanket Contractual Liability – Railroads		3
5. Broadened Bodily Injury Coverage		11
6. Broadened Knowledge Of Occurrence		8
7. Broadened Legal Liability Coverage For Landlord's Business Personal Property		8
8. Broadened Liability Coverage For Damage To Your Product And Your Work		10
9. Broadened Who Is An Insured		3
10. Contractual Liability – Personal And Advertising Injury		3
11. Damage To Premises Rented To You – Specific Perils and Increased Limit		7
12. Designated Completed Projects – Amended Limits of Insurance		11
13. Incidental Malpractice Liability		7
14. Increased Medical Payments Limit And Reporting Period		7
15. Mobile Equipment Redefined		9
16. Nonowned Watercraft And Nonowned Aircraft (Hired, Rented Or Loaned With Paid Crew)		3
17. Product Recall Expense		2
18. Property Damage Liability – Alienated Premises		2
19. Property Damage Liability – Elevators And Sidetrack Agreements		2
20. Property Damage Liability – Property Loaned To The Insured Or Personal Property In The Care, Custody And Control Of The Insured		2
21. Reasonable Force – Bodily Injury or Property Damage		10
22. Supplementary Payments		3
23. Transfer Of Rights (Blanket Waiver Of Subrogation)		9
24. Unintentional Failure To Disclose Hazards		8

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

Under **SECTION I – COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, paragraph **2. EXCLUSIONS**, provisions **1.** through **6.** of this endorsement are excess over any valid and collectible insurance (including any deductible) available to the insured, whether primary, excess or contingent (**SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, paragraph **4. Other Insurance** is changed accordingly). Provisions **1.** through **6.** of this endorsement amend the policy as follows:

#### **1. PROPERTY DAMAGE LIABILITY – ALIENATED PREMISES**

**A.** Exclusion **j. Damage to Property**, paragraph **(2)** is deleted.

**B.** The following paragraph is also deleted from Exclusion **j. Damage to Property**:

Paragraph **(2)** of this exclusion does not apply if the premises are “your work” and were never occupied, rented or held for rental by you.

#### **2. PROPERTY DAMAGE LIABILITY – ELEVATORS AND SIDETRACK AGREEMENTS**

**A.** Exclusion **j. Damage to Property**, paragraphs **(3)**, **(4)**, and **(6)** do not apply to the use of elevators.

**B.** Exclusion **k. Damage to Your Product** does not apply to:

1. The use of elevators; or
2. Liability assumed under a sidetrack agreement.

#### **3. PROPERTY DAMAGE LIABILITY – PROPERTY LOANED TO THE INSURED OR PERSONAL PROPERTY IN THE CARE, CUSTODY AND CONTROL OF THE INSURED**

**A.** Exclusion **j. Damage to Property**, paragraphs **(3)** and **(4)** are deleted.

**B.** Coverage under this provision **3.** does not apply to “property damage” that exceeds \$25,000 per occurrence or \$25,000 annual aggregate.

#### **4. PRODUCT RECALL EXPENSE**

**A.** Exclusion **n. Recall Of Products, Work Or Impaired Property** does not apply to “product recall expenses” that you incur for the “covered recall” of “your product”. This exception to the exclusion does not apply to “product recall expenses” resulting from:

1. Failure of any products to accomplish their intended purpose;
2. Breach of warranties of fitness, quality, durability or performance;
3. Loss of customer approval or any cost incurred to regain customer approval;
4. Redistribution or replacement of “your product”, which has been recalled, by like products or substitutes;
5. Caprice or whim of the insured;
6. A condition likely to cause loss, about which any insured knew or had reason to know at the inception of this insurance;
7. Asbestos, including loss, damage or clean up resulting from asbestos or asbestos containing materials;
8. Recall of “your product(s)” that have no known or suspected defect solely because a known or suspected defect in another of “your product(s)” has been found.

**B.** Under **SECTION III – LIMITS OF INSURANCE**, paragraph **3.** is replaced in its entirety as follows and paragraph **8.** is added:

3. The Products-Completed Operations Aggregate Limit is the most we will pay for the sum of:

Includes copyrighted material of Insurance Services Office, Inc.

**e.** Your subsidiaries if:

- (1) They are legally incorporated entities; and
- (2) You own more than 50% of the voting stock in such subsidiaries as of the effective date of this policy.

If such subsidiaries are not shown in the Declarations, you must report them to us within 180 days of the inception of your original policy.

**f.** Any person or organization, including any manager, owner, lessor, mortgagee, assignee or receiver of premises, to whom you are obligated under a written contract to provide insurance such as is afforded by this policy, but only with respect to liability arising out of the ownership, maintenance or use of that part of any premises or land leased to you, including common or public areas about such premises or land if so required in the contract.

However, no such person or organization is an insured with respect to:

- (1) Any "occurrence" that takes place after you cease to occupy or lease that premises or land; or
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of such person or organization.

**g.** Any state or political subdivision but only as respects legal liability incurred by the state or political subdivision solely because it has issued a permit with respect to operations performed by you or on your behalf.

However, no state or political subdivision is an insured with respect to:

- (1) "Bodily injury", "property damage", and "personal and advertising injury" arising out of operations performed for the state or municipality; or
- (2) "Bodily injury" or "property damage" included within the "products-completed operations hazard."

**h.** Any person or organization who is the lessor of equipment leased to you to whom you are obligated under a written contract to provide insurance such as is afforded by this policy, but only with respect to their liability arising out of the maintenance, operation or use of such equipment by you or a subcontractor on your behalf with your permission and under your supervision.

However, no such person or organization is an insured with respect to any "occurrence" that takes place after the equipment lease expires.

**i.** Any architect, engineer, or surveyor engaged by you under a written contract but only with respect to liability arising out of your premises or "your work."

However, no architect, engineer, or surveyor is an insured with respect to "bodily injury," "property damage," or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services by or for you, including:

- (1) The preparing, approving, or failing to prepare or approve maps, drawings, opinions, reports, surveys, change orders, designs or specifications; or
- (2) Supervisory, inspection, or engineering services.

This paragraph **i.** does not apply if a separate Additional Insured endorsement providing liability coverage for architects, engineers, or surveyors engaged by you is attached to the policy.

If the written contract, written agreement, or certificate of insurance requires primary and non-contributory coverage, the insurance provided by paragraphs **f.** through **i.** above will be primary and non-contributory relative to other insurance available to the additional insured which covers that person or organization as a Named Insured, and we will not share with that other insurance.

We will not deny coverage under this Coverage Form if you unintentionally fail to disclose all hazards existing as of the inception date of this policy. You must report to us any knowledge of an error or omission in the description of any premises or operations intended to be covered by this Coverage Form as soon as practicable after its discovery. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or nonrenewal.

## 18. TRANSFER OF RIGHTS (BLANKET WAIVER OF SUBROGATION)

Paragraph **8. Transfer of Rights Of Recovery Against Others To Us** is deleted and replaced with the following:

8. If the insured has rights to recover all or part of any payment we have made under this Coverage Form, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them. However, if the insured has waived rights to recover through a written contract, or if "your work" was commenced under a letter of intent or work order, subject to a subsequent reduction to writing with customers whose customary contracts require a waiver, we waive any right of recovery we may have under this Coverage Form.

## 19. MOBILE EQUIPMENT REDEFINED

Under **SECTION V – DEFINITIONS**, paragraph **12. "Mobile equipment"**, paragraph **f. (1)** does not apply to self-propelled vehicles of less than 1,000 pounds gross vehicle weight.

## 20. ADDITIONAL DEFINITIONS

1. **SECTION V – DEFINITIONS**, paragraph **4. "Coverage territory"** is replaced by the following definition:

"Coverage territory" means anywhere in the world with respect to liability arising out of "bodily injury," "property damage," or "personal and advertising injury," including "personal and advertising injury" offenses that take place through the Internet or similar electronic means of communication provided the insured's responsibility to pay damages is determined in a settlement to which we agree or in a "suit" on the merits, in the United States of America (including its territories and possessions), Puerto Rico and Canada.

2. **SECTION V – DEFINITIONS** is amended by the addition of the following definitions:

"Covered recall" means a recall made necessary because you or a government body has determined that a known or suspected defect, deficiency, inadequacy, or dangerous condition in "your product" has resulted or will result in "bodily injury" or "property damage".

"Product Recall expenses" mean only reasonable and necessary extra costs, which result from or are related to the recall or withdrawal of "your product" for:

- a. Telephone and telegraphic communication, radio or television announcements, computer time and newspaper advertising;
- b. Stationery, envelopes, production of announcements and postage or facsimiles;
- c. Remuneration paid to regular employees for necessary overtime or authorized travel expense;
- d. Temporary hiring by you or by agents designated by you of persons, other than your regular employees, to perform necessary tasks;
- e. Rental of necessary additional warehouse or storage space;
- f. Packaging of or transportation or shipping of defective products to the location you designate; and
- g. Disposal of "your products" that cannot be reused. Disposal expenses do not include:
  - (1) Expenses that exceed the original cost of the materials incurred to manufacture or process such product; and
  - (2) Expenses that exceed the cost of normal trash discarding or disposal, except as are necessary to avoid "bodily injury" or "property damage".

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

"Any person or organization required by written contract or certificate of insurance."

"This endorsement is not applicable in California, Kentucky, New Hampshire, New Jersey, Texas and Utah."

The endorsement does not apply to policies or exposure in Missouri where the employer is in the construction group of classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights is against public policy and void where one party to the contract is an employer in the construction group of code classifications. For policies or exposure in Missouri, the following must be included in the Schedule:

- Any person or organization for which the employer has agreed by written contract, executed prior to loss, may execute a waiver of subrogation. However, for purposes of work performed by the employer in Missouri, this waiver of subrogation does not apply to any construction group of classifications as designated by the waiver of right to recover from others (subrogation) rule in our manual.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 9/1/2024      Policy No. WC21095710701      Endorsement No.

Insured      De La Hoz Builders, Inc.      Premium \$

Insurance Company      Amerisure Insurance Company      Countersigned by \_\_\_\_\_

BUILDING DEPARTMENT  
1225 MAIN STREET • SEBASTIAN, FLORIDA 32958  
TELEPHONE: (772) 589-5537 • FAX (772) 589-2566

## LOCAL BUSINESS TAX RECEIPT

Tax Year October 1, 2024 to September 30, 2025

JOSE DE LA HOZ  
(772) 228-9723

Address: 258 DEL MONTE RD  
SEBASTIAN, FL 32958

Activity: Professional - Services - Contractor

Issued to: DE LA HOZ BUILDERS, INC  
JOSE DE LA HOZ  
258 DEL MONTE RD  
SEBASTIAN, FL 32958



No. 2966  
Date: 8/14/2024

Business Tax Receipt

Total Paid: \$66.00

A handwritten signature in blue ink, appearing to read "Linda M. Lohsl", is positioned to the right of the recipient's address.

Linda M. Lohsl, CBTO

NON-TRANSFERABLE

# State of Florida

## Woman & Minority Business Certification

De La Hoz Builders, Inc

Is certified under the provisions of  
287 and 295.187, Florida Statutes, for a period from:

02/20/2025 to 02/20/2027



---

Pedro Allende  
Florida Department of Management Services

