

CITY OF
GAINESVILLEFINANCIAL SERVICES
PROCEDURES MANUAL41-423 Prohibition of lobbying in procurement matters

Except as expressly set forth in Resolution 060732, Section 10, during the blackout period as defined herein no person may lobby, on behalf of a competing party in a particular procurement process, City Officials or employees except the purchasing division, the purchasing designated staff contact. Violation of this provision shall result in disqualification of the party on whose behalf the lobbying occurred.

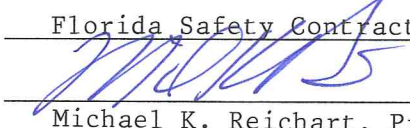
Black out period means the period between the issue date which allows for immediate submittals to the City of Gainesville Purchasing Department for an invitation for bid or the request for proposal, or qualifications, or information, or the invitation to negotiate, as applicable, and the time the City Officials and Employee awards the contract.

Lobbying means when any natural person for compensation, seeks to influence the governmental decision making, to encourage the passage, defeat, or modification of any proposal, recommendation or decision by City Officials and Employees, except as authorized by procurement documents.

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 1 by his or her signature below, **and shall attach a copy of this Addendum to its proposal.**

CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 1 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

PROPOSER: Florida Safety Contractos, Inc.
BY: 
DATE: Michael K. Reichart, President
 08/21/2017



ADDENDUM NO. 1

Date: August 10, 2017

Bid Due Date: August 21, 2017
3:00 P.M. (Local Time)

Bid Name: Bus Stop Improvements – Phases V and VI

Bid No.: RTSX-170052-DS

NOTE: This Addendum has been issued to the holders of record of the specifications.

The original Specifications remain in full force and effect except as revised by the following changes which shall take precedence over anything to the contrary:

The question submittal deadline has passed; no additional questions will be answered.

1. Questions received/City's response:

Question1: Is it possible to get 90 Days instead of 60 Days for Completion?

Answer1: Yes, we are agreeable to making the change from 60 days to 90 days for completion.

2. Please find attached:

- a) Copy of the blackout period information (Financial Procedures Manual Section 41-423 Prohibition of lobbying in procurement matters).

BID FORM

TO: City of Gainesville, Florida
Purchasing, Station 32
200 East University Avenue
Gainesville, Florida 32601

PROJECT: **Bus Stop Improvements – Phases V and VI**

BID#: **RTSX-170052-DS**

BID DUE DATE: **August 21, 2017 @ 3:00 p.m.**

CITY'S REPRESENTATIVE (to be contacted for additional information on this proposal):

Name:	Daphne Sesco, Senior Buyer	Telephone Number:	352-334-5021
		Fax Number:	352-334-3163
		Email address:	sescoda@cityofgainesville.org

Bidder Legal Name: Florida Safety Contractors, Inc.

Bidder Alias/DBA: _____

Bidder's Address: P.O. Box 16628
Tampa, Florida 33687

BIDDER'S REPRESENTATIVE (to be contacted for additional information on this proposal):

Name:	<u>David Borchert</u>	Telephone Number	<u>813-982-9172</u>
Date:	<u>08/21/2017</u>	Fax Number	<u>813-982-9183</u>

Email address D.Borchert@floridasafetycontractors.com

BIDDER'S DECLARATION AND UNDERSTANDING

The undersigned, hereinafter called the Bidder, declares that the only person or parties interested in this Bid are those named herein, that this Bid is, in all respects, fair and without fraud, that it is made without collusion with any official of the City, and that the Bid is made without any connection or collusion with any person submitting another Bid on this contract.

The Bidder further declares that no City Commissioner, other City officer, or City employee directly or indirectly owns more than five (5) percent of the total assets or capital stock of the bidding entity, nor will directly or indirectly benefit by more than five (5) percent from the profits or emoluments of this contract. (For purposes of this paragraph, indirect ownership or benefit does not include ownership or benefit by a spouse or minor child.)

The Bidder further declares that it has carefully examined the Specifications and that this Bid is made according to the provisions and under the terms of the Specifications, which Specifications are hereby made a part of this Bid.

ADDENDA

The Bidder hereby acknowledges receipt of Addenda No.'s 1, _____, _____, to these Specifications.

TAXES

The Bidder agrees that any applicable Federal, State and Local sales and use taxes, which are to be paid by City of Gainesville, are included in the stated bid prices. Since often the City of Gainesville is exempt from taxes for equipment, materials and services, it is the responsibility of the Contractor to determine whether sales taxes are applicable. The Contractor is liable for any applicable taxes which are not included in the stated bid prices.

BID PRICES

The undersigned hereby proposes and agrees, if this bid is accepted, to perform the work in accordance with the specifications.

NO.	ITEM	UNIT	EST. QTY	UNIT PRICE	TOTAL PRICE
1	MOBILIZATION	LS	1	37,000.00	\$ 37,000.00
2	MAINTENANCE OF TRAFFIC	ED	60	825.00	49,500.00
3	SEDIMENT BARRIER	LF	3730.0	2.00	7,460.00
4	INLET PROTECTION SYSTEM	EA	69.0	125.00	8,625.00
5	CLEARING AND GRUBBING	LS	1.0	5,000.00	5,000.00
6	REMOVAL OF EXISTING CONCRETE PAVEMENT	SY	1462.6	37.00	54,116.20
7	REGULAR EXCAVATION	CY	231.4	38.00	8,793.20
8	EMBANKMENT	CY	57.4	40.00	2,296.00
9	OPTIONAL BASE, BASE GROUP 01	SY	0.0	90.00	
10	SUPERPAVE ASPHALTIC CONC, TRAFFIC C	TN	0.0	650.00	
11	CONC. CLASS NS, GRAVITY WALL	CY	0.0	950.00	
12	PIPE HANDRAIL, GUIDERAIL, ALUMINUM	LF	32.0	120.00	3,840.00
13	CONCRETE CURB & GUTTER, TYPE E	LF	30.0	45.00	1,350.00
14	CONCRETE SIDEWALK AND DRIVEWAYS, 4" THICK	SY	673.3	65.00	43,764.50
15	CONCRETE SIDEWALK AND DRIVEWAYS, 6" THICK	SY	1646.7	80.00	131,736.00
16	PAVERS, ARCHITECTURAL, SIDEWALK	SY	0.0	190.00	
17	DETECTABLE WARNING SURFACE	EA	2.0	500.00	1,000.00
18	PERFORMANCE TURF, SOD	SY	1058.1	8.00	8,464.80
19	SINGLE POST SIGN, F&I GROUND MOUNT, 12-20 SF	AS	0.0	500.00	
20	SINGLE POST SIGN, RELOCATE	AS	65.0	200.00	13,000.00
21	REINFORCED CEMENT CONCRETE, 6"	SY	0.0	95.00	
22	INLETS, DT BOT, TYPE C, <10'	EA	0.0	4,800.00	
23	MANHOLE, ADJUST, UTILITIES	EA	3.0	1,300.00	3,900.00
24	PIPE CULV, OPT MATL, ROUND, 18" SD	LF	0.0	1,800.00	
25	MITERED END SECT, OPTIONAL RD, 18" SD	EA	0.0	1,900.00	
26	CONCRETE DITCH PAVT., NR, 3"	SY	0.0	68.00	
28	CONCRETE CURB & GUTTER, TYPE F	LF	53.0	40.60	2,151.80
29	CONCRETE CURB, TYPE D	LF	21.0	38.00	798.00
30	VALVE BOXES, ADJUST	EA	2.0	110.00	220.00
31	PULL & SPLICE BOX, F&I, 13" x 24"	EA	2.0	1,800.00	3,600.00
32	PULL & SPLICE BOX, F&I, 24" X 36"	EA	1.0	2,900.00	2,900.00
33	MAILBOX, F&I SINGLE	EA	1.0	250.00	250.00
GRAND TOTAL					\$389,765.50

TOTAL OF ALL ESTIMATED PRICES:

Three Hundred Eighty Nine Thousand Seven Hundred Sixty Five Dollars and Fifty Cents

(use words)

\$ 389,765.50

(use words)

(figures)

Bidder acknowledges that estimated quantities are not guaranteed, and are solely for the purpose of comparison of Bids, and final payment for all Unit Price Bid items will be based on actual quantities provided, determined as provided in the Contract Documents.

Note: THE PRICES SET FORTH ABOVE SHALL BE CONSIDERED FIRM BIDS NOT SUBJECT TO PRICE ADJUSTMENT UNLESS BIDDER'S PROVISIONS FOR PRICE ESCALATION ARE STATED ON A SEPARATE SHEET ATTACHED TO THE BID

Bidder guarantees compliance with the Florida Trench Safety Act (90-96, Laws of Florida) effective October 1, 1990, and acknowledges that included in the various items of the proposal and in the Total Bid Price are costs for compliance with such Act. The Bidder further identifies the costs to be summarized below:

	Trench Safety Measure (Description)	Units of Measure (LF, SY)	Unit (Quantity)	Unit Cost	Extended Cost
A.	n/a				
B.					
C.					
D.					

Failure to complete the above may result in the bid being declared non-responsive.

QUALIFIED LOCAL SMALL AND/OR DISABLED VETERAN BUSINESS STATUS (check one)

Is your business qualified as a Local Small Business in accordance with the City of Gainesville Small Business Procurement Program? (Refer to Definitions) ☐ YES ☒ NO

Is your business qualified as a Local Service-Disabled Veteran Business in accordance with the City of Gainesville Small and Service-Disabled Veteran Business Procurement Program? (Refer to Definitions) ☐ YES ☒ NO

LIVING WAGE COMPLIANCE NOT APPLICABLE – DAVIS BACON APPLIES (SEE PAGE 71)

See Living Wage Decision Tree (Exhibit C hereto)

Check One:

- ☐ Living Wage Ordinance does not apply (check all that apply)
- ☐ Not a covered service
 - ☐ Contract does not exceed \$100,000
 - ☐ Not a for-profit individual, business entity, corporation, partnership, limited liability company, joint venture, or similar business, who or which employees 50 or more persons, but not including employees of any subsidiaries, affiliates or parent businesses.
 - ☐ Located within the City of Gainesville enterprise zone.
- ☐ Living Wage Ordinance applies and the completed Certification of Compliance with Living Wage is included with this bid.

NOTE: If Contractor has stated Living Wage Ordinance does not apply and it is later determined Living Wage Ordinance does apply, Contractor will be required to comply with the provision of the City of Gainesville's living wage requirements, as applicable, without any adjustment to the bid price.

SIGNATURE ACKNOWLEDGES THAT: (check one)

- ☒ Bid is in full compliance with the Specifications.
- ☐ Bid is in full compliance with Specifications except as specifically stated and attached hereto.

Signature also acknowledges that Bidder has read the Federal Transit Administration (FTA) Requirements and agrees that the provisions thereof shall apply to this bid.

ATTEST:


SignatureBy: Tracie DelbridgeTitle: Corp. Secretary

(CORPORATE SEAL)

BIDDER:



SignatureBy: Michael K. ReichartTitle: President

Exhibit A

Revised: 4/4/2005

TABULATION OF SUBCONTRACTORS AND MATERIAL SUPPLIERS

The Undersigned states that the following is a complete list of the proposed Subcontractors and Material Suppliers on this Project and the class of work to be performed by each, and that such list will not be added to nor altered without written consent of the City of Gainesville. **This form should be completed and submitted with the bid.**

Please TYPE or PRINT legibly. Use additional sheets as necessary.

SUBCONTRACTORS

Company Name	Company Phone Number	Class of Work	% or Price of Work	Disadvantaged Business Entity
1. <u>#1 Elite Fence</u>	<u>813-929-0841</u>	<u>Handrail</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No

MATERIALS SUPPLIERS

Company Name	Company Phone Number	Type of Supply/Material	% or Price of Materials	Disadvantaged Business Entity
1. <u>Argos Ready Mix</u>	<u>352-494-2813</u>	<u>Concrete</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No

Bidding Company Name: Florida Safety Contractors, Inc. Form Completed By: Michael K. Reichart, President

Date: 08/21/2017

Title: President



DRUG FREE WORKPLACE FORM

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

Florida Safety Contractors, Inc.

does:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid 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 of nolo contendere to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United State 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

Michael K. Reichart, President

08/21/2017

Date

Project Name: Bus Stop Improvements-Phase V and VI

Bid No. RTSX-170052-DS

Bid Due Date: August 21, 2017

BID BOND

KNOW ALL MEN BY THESE PRESENTS, that we Florida Safety Contractors, Inc. (hereinafter called "Principal") and The Guarantee Company of North America USA (hereinafter called "Surety"), are held and firmly bound unto the City of Gainesville, Gainesville, Florida (hereinafter called the "Owner") in the sum of Five Percent of the Amount Bid Dollars (\$5%) for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators and successors, jointly and severally, firmly by these presents; and

WHEREAS, the Principal contemplates submitting or has submitted a Bid to the City of Gainesville, for furnishing certain labor, materials, or equipment and performance of the work covered in the Bid Form and in accordance with the Specifications; and

WHEREAS, it was a condition precedent to the submission of said Bid that a certified check or Bid Bond in an amount at least 5% of the Bid shall be submitted with said Bid as a guarantee that the Bidder would, if awarded the Contract, enter into a written Contract with the Owner for the performance of said Contract, within fifteen (15) consecutive calendar days after written notice having been given of the award of the Contract;

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT, if the Principal, within fifteen (15) consecutive calendar days after written notice of such acceptance, enters into a written Contract with the Owner and furnishes a Performance Bond in required form for the full amount of the Contract, if such Performance Bond is required, then this obligation shall be void; otherwise, the sum herein stated shall be due and payable to the Owner and the Surety herein agrees to pay the said sum immediately upon demand of the Owner in good and lawful money of the United States of America as liquidated damages for the failure thereof of said Principal.

IN WITNESS WHEREOF, the said Florida Safety Contractors, Inc. as Principal herein, has caused these presents to be signed in its name by its Vice-President and attested by its Corp. Secretary under its corporate seal, and the said The Guarantee Company of North America USA as Surety herein, has caused these

presents to be signed in its name by its Attorney-in-Fact and attested by its Witness.

under its corporate seal, this 21st day of August, 2017, A.D.

ATTEST:

Grace Debridge
Title: Secretary

AS TO PRINCIPAL:

BRAD HITE
By: VP
Title: VP

ATTEST:

Jennifer Stephens
Title: Jennifer Stephens, WITNESS

AS TO SURETY:

Kevin R. Wojtowicz
By: Kevin R. Wojtowicz
Title: Attorney-in-Fact & FL Licensed Resident Agent

COUNTERSIGNED

BY: See Above

Name: _____

Title: Resident Agent

Street Address: 1000 Central Ave. Ste. 200, St. Petersburg FL 33705*

*Note: Post office address of resident agent is not acceptable.

This Bond shall be accompanied with Attorney-in-Fact's and Agent's authority from Surety.



The Guarantee Company of North America USA
Southfield, Michigan

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS: That **THE GUARANTEE COMPANY OF NORTH AMERICA USA**, a corporation organized and existing under the laws of the State of Michigan, having its principal office in Southfield, Michigan, does hereby constitute and appoint

Kevin R. Wojtowicz, Tracey C. Brown, David R. Turcios, Jessica Pamela Reno
Nielson, Wojtowicz, Neu & Associates

its true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise.

The execution of such instrument(s) in pursuance of these presents, shall be as binding upon **THE GUARANTEE COMPANY OF NORTH AMERICA USA** as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at the principal office.

The Power of Attorney is executed and may be certified so, and may be revoked, pursuant to and by authority of Article IX, Section 9.03 of the By-Laws adopted by the Board of Directors of **THE GUARANTEE COMPANY OF NORTH AMERICA USA** at a meeting held on the 31st day of December, 2003. The President, or any Vice President, acting with any Secretary or Assistant Secretary, shall have power and authority:

1. To appoint Attorney(s)-in-fact, and to authorize them to execute on behalf of the Company, and attach the Seal of the Company thereto, bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof; and
2. To revoke, at any time, any such Attorney-in-fact and revoke the authority given, except as provided below
3. In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.
4. In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner – Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

Further, this Power of Attorney is signed and sealed by facsimile pursuant to resolution of the Board of Directors of the Company adopted at a meeting duly called and held on the 6th day of December 2011, of which the following is a true excerpt:

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, contracts of indemnity and other writings obligatory in the nature thereof, and such signature and seal when so used shall have the same force and effect as though manually affixed.



IN WITNESS WHEREOF, **THE GUARANTEE COMPANY OF NORTH AMERICA USA** has caused this instrument to be signed and its corporate seal to be affixed by its authorized officer, this 23rd day of February, 2012.

THE GUARANTEE COMPANY OF NORTH AMERICA USA

STATE OF MICHIGAN
County of Oakland

Stephen C. Ruschak, President & Chief Operating Officer

Randall Musselman, Secretary

On this 23rd day of February, 2012 before me came the individuals who executed the preceding instrument, to me personally known, and being by me duly sworn, said that each is the herein described and authorized officer of The Guarantee Company of North America USA; that the seal affixed to said instrument is the Corporate Seal of said Company; that the Corporate Seal and each signature were duly affixed by order of the Board of Directors of



Cynthia A. Takai
Notary Public, State of Michigan
County of Oakland
My Commission Expires February 27, 2018
Acting in Oakland County

IN WITNESS WHEREOF, I have hereunto set my hand at The Guarantee Company of North America USA offices the day and year above written.

I, Randall Musselman, Secretary of **THE GUARANTEE COMPANY OF NORTH AMERICA USA**, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by **THE GUARANTEE COMPANY OF NORTH AMERICA USA**, which is still in full force and effect.



IN WITNESS WHEREOF, I have thereunto set my hand and attached the seal of said Company this 21st day of August 2017

Randall Musselman, Secretary

CITY LICENSES, PERMITS AND FEE

Pursuant to the Public Bid Disclosure Act, EACH LICENSE, PERMIT OR FEE A CONTRACTOR WILL HAVE TO PAY THE CITY BEFORE OR DURING CONSTRUCTION OR THE % METHOD OR UNIT METHOD OF ALL LICENSE, PERMITS AND FEES REQUIRED BY THE CITY AND PAYABLE TO THE CITY BY VIRTUE OF THIS CONSTRUCTION AS PART OF THE CONTRACT IS AS FOLLOWS:

Licenses, permits and fees which may be required by the State of Florida, State Agencies or by other local governmental entities are not included in the above list.

Business License Tax Receipt must be in effect as required by Florida Statute 205.065 and City of Gainesville Ordinance Chapter 25-41.



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

#170370D

CONSTRUCTION INDUSTRY LICENSING BOARD

(850) 487-1395

2601 BLAIR STONE ROAD

TALLAHASSEE

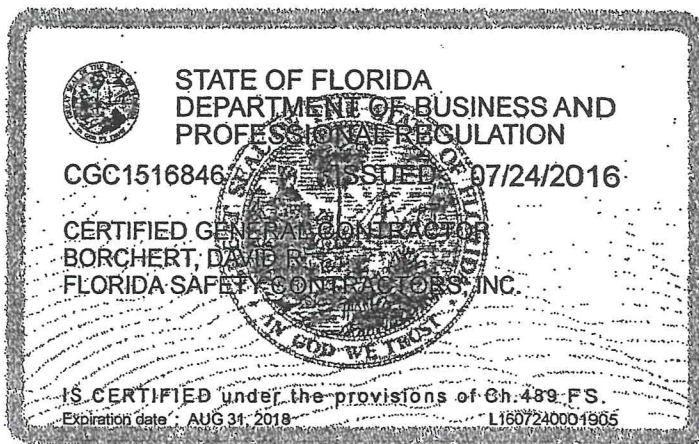
FL 32399-0783

BORCHERT, DAVID R
FLORIDA SAFETY CONTRACTORS, INC.
JACKSON RD
PO BOX 16628
TAMPA FL 33687

Congratulations! With this license you become one of the nearly 2 million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please visit www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you. Subscribe to department newsletters and learn more about Department's initiatives.

Mission at the Department is: License Efficiently, Regulate Effectively. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER

CGC1516846

GENERAL CONTRACTOR
The licensee below IS CERTIFIED
under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018

BORCHERT, DAVID R
FLORIDA SAFETY CONTRACTORS, INC.
JACKSON RD
PO BOX 16628
TAMPA FL 33687



ISSUED: 07/24/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607240001905



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

#170370D

ELECTRICAL CONTRACTORS LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

REICHART, MICHAEL K
FLORIDA SAFETY CONTRACTORS INC
PO BOX 16628
TAMPA FL 33687

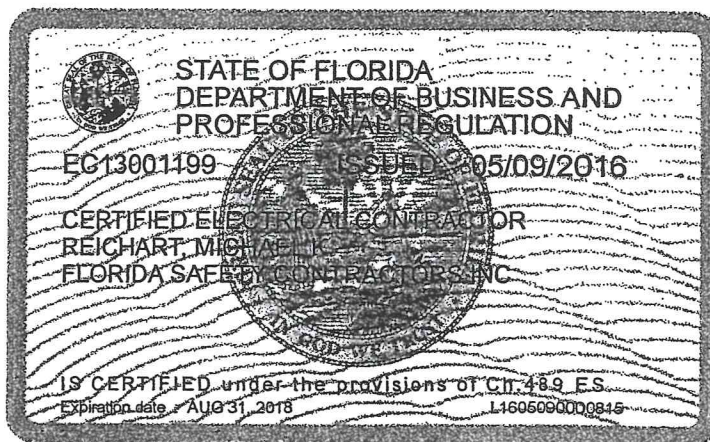
RECEIVED
MAY 16 2016

BY:

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

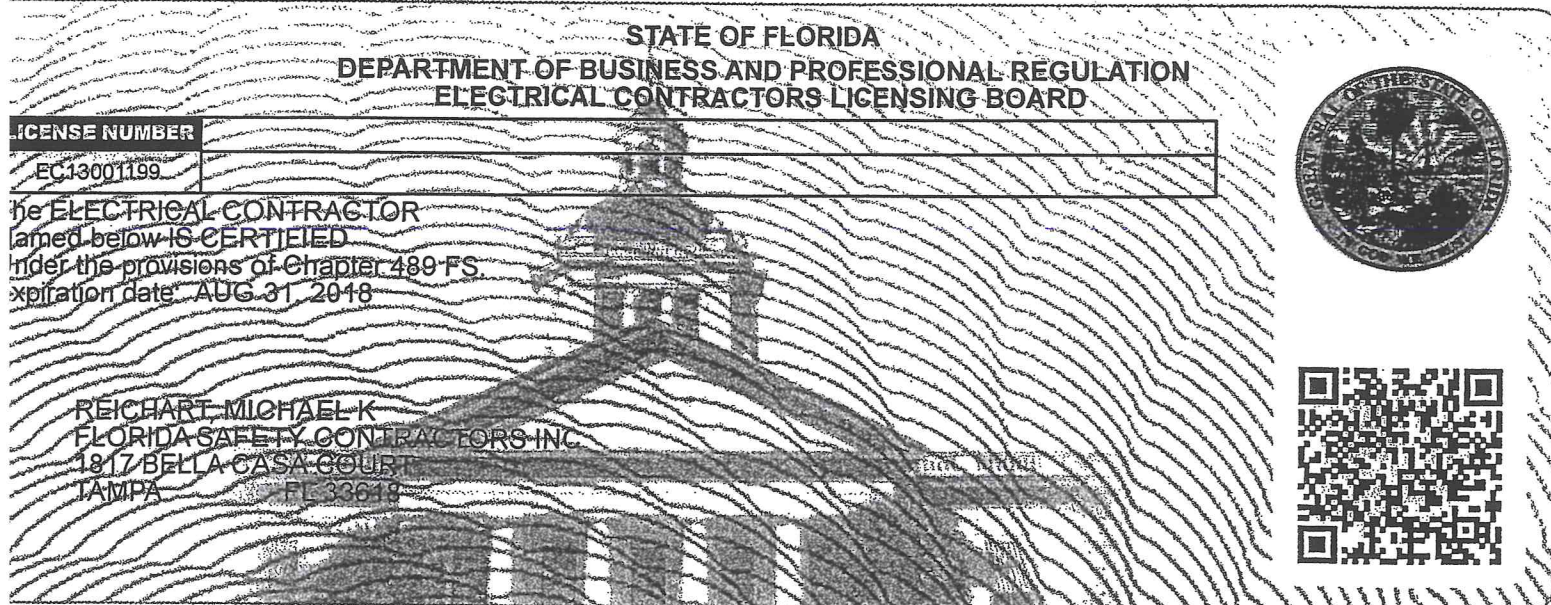
Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY



ISSUED: 05/09/2016

DISPLAY AS REQUIRED BY LAW

SFO # 11605090000815

Exhibit B

DISADVANTAGED BUSINESS ENTITIES UNAVAILABILITY FORM

This form will assist you in meeting your Good Faith Efforts requirements. *Please TYPE or PRINT legibly. Use additional sheets as necessary.*

***Note:** Keep all relevant documentation that verifies opportunities were provided to Disadvantaged Business Entities (DBE). If it is not evident that your firm made Good Faith Efforts to maximize the utilization of DBE utilization goal, you will be asked to submit documentation.

BUSINESS RESPONSES: **1** -Did not bid in response to the invitation; **2** -Submitted a bid which was not the low responsible bid; **3** - Please specify other.

Disadvantaged Business Entity Name	Business Phone Number	Description of Work/Material Sought	Response of Business (1, 2 or 3)	Notes:
N/A.				

The undersigned representative of the prime contractor confirms that the above DBE businesses were invited to participate as subcontractors and/or materials suppliers in the prime contractor's bid/proposal for the City of Gainesville.

Bidding/Proposing Company: Florida Safety Contractors, Inc. Form Completed By: Michael K. Reichart

Title: President

Signature: 

Date: 08/21/2017


BUY AMERICA CERTIFICATION
(Sign either compliance or non-compliance, not both)

The bidder must submit to City of Gainesville the appropriate Buy America certification below with its bid. Bids or offers that are not accompanied by a completed Buy America certification will be rejected as nonresponsive.

In accordance with 49 C.F.R. § 661.6, for the procurement of steel, iron or manufactured products, use the certifications below.

Certificate of Compliance with Buy America Requirements

The bidder or offeror hereby certifies that it will comply with the requirements of 49 U.S.C. 5323(j)(1) and the applicable regulations in 49 C.F.R. Part 661.

Date 08/21/2017
Signature 
Company Florida Safety Contractors, Inc.
Name Michael K. Reichart
Title President

Certificate of Non-Compliance with Buy America Requirements

The bidder or offeror hereby certifies that it cannot comply with the requirements of 49 U.S.C. 5323(j), but it may qualify for an exception to the requirement pursuant to 49 U.S.C. 5323(j)(2), as amended, and the application regulations in 49 C.F.R. § 661.7.


Date _____
Signature _____
Company _____
Name _____
Title _____

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

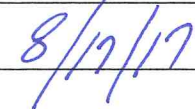
This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



Signature of Contractor's Authorized Official

Michael K. Reichart, President

Name and Title of Contractor's Authorized Official



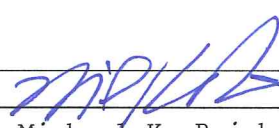
Date

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

(To be submitted by bidder, if applicable, refer to instructions on the next page)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known : <div style="text-align: center;">Congressional District, if known: 4c</div>	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: <div style="text-align: center;">Congressional District, if known:</div>	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known :	9. Award Amount, if known : \$ _____	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11 Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: Michael K. Reichart Title: President Telephone No.: 813-982-9172 Date: 08/21/2017	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form; print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

CONTRACTOR RESPONSIBILITY CERTIFICATION


The Bidder is required to certify compliance with the following contractor responsibility standards by checking appropriate boxes. For purposes hereof, all relevant time periods are calculated from the date this Certification is executed.

	YES	NO
1. Has the firm been suspended and/or debarred by any federal, state or local government agency or authority in the past three years?		X
2. Has any officer, director, or principal of the firm been convicted of a felony relating to your business industry?		X
3. Has the firm defaulted on any project in the past three (3) years?		X
4. Has the firm had any type of business, contracting or trade license revoked or suspended for cause by any government agency or authority in the past three (3) years?		X
5. Has the firm been found in violation of any other law relating to its business, including, but not limited to antitrust laws, licensing laws, tax laws, wage or hour laws, environmental or safety laws, by a final unappealed decision of a court or government agency in the past three (3) years, where the result of such adjudicated violation was a payment of a fine, damages or penalty in excess of \$1,000?		X
6. Has the firm been the subject of voluntary or involuntary bankruptcy proceedings at any time in the past three (3) years?		X
7. Has the firm successfully provided similar products or performed similar services in the past three (3) years with a satisfactory record of timely deliveries or on-time performance?	X	
8. Does the firm currently possess all applicable business, contractor and/or trade licenses or other appropriate licenses or certifications required by applicable state or local laws to engage in the sale of products or services?	X	
9. Does the firm have all the necessary experience, technical qualifications and resources, including but not limited to equipment, facilities, personnel and financial resources, to successfully provide the referenced product(s) or perform the referenced service(s), or will obtain same through the use of qualified, responsible subcontractors?	X	
10. Does the firm meet all insurance requirements per applicable law or bid specifications including general liability insurance, workers' compensation insurance, and automobile liability insurance?	X	
11. Firm acknowledges that it must provide appropriate documentation to support this Contractor Responsibility Certification if so requested by the City of Gainesville. The firm also understands that the City of Gainesville may request additional information or documents to evaluate the responsibility of firm. Firm agrees to provide such additional information or supporting documentation for this Certification.	X	

Under the penalty of perjury, the Bidder's authorized representative hereby certifies that all information included in the Contractor Responsibility Certification or otherwise submitted for purposes of determining the Bidder's status as a responsible contractor is true, complete and accurate and that he/she has knowledge and authority to verify the information in this certification or otherwise submitted on behalf of the Bidder by his or her signature below.

Bidder Name: Florida Safety Contractors, Inc.

Name/Title of person completing this form: Michael K. Reichart, President

Signature:  Date: 08/21/2017

SUBCONTRACTOR/SUBCONSULTANT LIST and BIDDER STATUS

The Bidder/Proposer shall provide information on ALL prospective subcontractor(s)/subconsultant(s) who submit bids/quotations in support of this solicitation. Use additional sheets as necessary.

IDENTIFY EVERY SUBCONTRACTOR(S)/ SUBCONSULTANT(S)	SCOPE OF WORK TO BE PERFORMED	CERTIFIED D/M/WBE FIRM? (Check all that apply)	PERVIOUS YEAR'S ANNUAL GROSS RECEIPT'S	UTILIZING ON THIS PROJECT
NAME: <u>Elite Fence</u> ADDRESS: <u>6311 Land O Lakes Blvd / Handcra</u> <u>Land O Lakes, FL 34638</u> PHONE: <u>813-929-0841</u> FAX: <u>813-929-0663</u> CONTACT PERSON: <u>Brian Bastien</u>	SCOPE OF WORK: _____ _____ _____ _____ AGE OF FIRM: _____	YES _____ NO: <u>X</u> IF YES, DBE _____ OR MBE _____ OR WBE _____	____ Less than \$500K <u>X</u> \$500K-\$2 mil ____ \$2 mil - \$5 mil ____ more than \$5 mil.	<u>YES</u> or NO
NAME: _____ ADDRESS: _____ _____ PHONE: _____ FAX: _____ CONTACT PERSON: _____ _____	SCOPE OF WORK: _____ _____ _____ _____ AGE OF FIRM: _____	YES _____ NO _____ IF YES, DBE _____ OR MBE _____ OR WBE _____	____ Less than \$500K ____ \$500K-\$2 mil ____ \$2 mil - \$5 mil ____ more than \$5 mil.	YES or NO
NAME: _____ ADDRESS: _____ _____ PHONE: _____ FAX: _____ CONTACT PERSON: _____ _____	SCOPE OF WORK: _____ _____ _____ _____ AGE OF FIRM: _____	YES _____ NO _____ IF YES, DBE _____ OR MBE _____ OR WBE _____	____ Less than \$500K ____ \$500K-\$2 mil ____ \$2 mil - \$5 mil ____ more than \$5 mil.	YES Or NO

Check here if use of subcontractor(s)/subconsultant(s) is/are not applicable for this project: X

Name of Bidder/Proposer: Florida Safety Contractors, Inc.

Name/Title of person completing this form: Michael K. Reichart, President

Is Bidder/Proposer a DBE? ____ Yes X No

If No, is Bidder/Proposer a M/WBE? ____ Yes X No

Signature: 

Date: 08/21/2017



Florida Department of Transportation

RICK SCOTT
GOVERNOR

605 Suwannee Street
Tallahassee, FL 32399-0450

RACHEL D. CONE
INTERIM SECRETARY

April 25, 2017

FLORIDA SAFETY CONTRACTORS, INC.
11825 JACKSON RD
THONOTOSASSA FL 33592

RE: CERTIFICATE OF QUALIFICATION

Dear Sir/Madam:

The Department of Transportation has qualified your company for the type of work indicated below. Unless your company is notified otherwise, this Certificate of Qualification will expire 6/30/2018. However, the new application is due 4/30/2018.

In accordance with S.337.14 (1) F.S. your next application must be filed within (4) months of the ending date of the applicant's audited annual financial statements.

If your company's maximum capacity has been revised, you can access it by logging into the Contractor Prequalification Application System via the following link:
<https://www3.dot.state.fl.us/ContractorPreQualification/>

Once logged in, select "View" for the most recently approved application, and then click the "Manage" and "Application Summary" tabs.

FDOT APPROVED WORK CLASSES:

COMPUTERIZED TRAFFIC CONTROL, DRAINAGE, ELECTRICAL WORK, FLEXIBLE PAVING, GRADING, INTELLIGENT TRANSPORTATION SYSTEMS, ROADWAY SIGNING, SIDEWALK, TRAFFIC SIGNAL, CURB AND GUTTER, UNDERGROUND UTILITIES - WATER.

You may apply for a Revised Certificate of Qualification at any time prior to the expiration date of this certificate according to Section 14-22.0041(3), Florida Administrative Code (F.A.C.), by accessing your most recently approved application as shown above and choosing "Update" instead of "View." If certification in additional classes of work is desired, documentation is needed to show that your company has done such work with your own forces and equipment or that experience was gained with another contractor and that you have the necessary equipment for each additional class of work requested.

All prequalified contractors are required by Section 14-22.006(3), F.A.C., to certify their work underway monthly in order to adjust maximum bidding capacity to available bidding capacity. You can find the link to this report at the website shown above.

Sincerely,

Alan Autry, Manager
Contracts Administration Office

AA:cj



RICK SCOTT
GOVERNOR

Florida Department of Transportation

605 Suwannee Street
Tallahassee, FL 32399-0450

ANANTH PRASAD, P.E.
SECRETARY

January 2, 2013

RE: NOTIFICATION TO FDOT OF EEO OFFICER

Dear Ms. Fisher:

The Equal Employment Opportunity Officer Information submitted by:

FLORIDA SAFETY CONTRACTORS

has been received and added to the Equal Opportunity Reporting System. If there is any change to your EEO Officer this information must be reported to the Equal Opportunity Office at once.

If you need any additional information, please contact me at (850) 414-4742.

Sincerely,

Erica Miller
Contract Compliance Administrator
Equal Opportunity Office



Florida Department of Transportation

RICK SCOTT
GOVERNOR

605 Suwannee Street
Tallahassee, FL 32399-0450

MIKE DEW
SECRETARY

6/27/2017

RE: DBE AFFIRMATIVE ACTION PLAN APPROVAL

The Disadvantaged Business Enterprise Affirmative Action Plan submitted by:

FLORIDA SAFETY CONTRACTORS INC

has been approved for a period of three years. Please update and submit a new plan before the expiration date shown below. If you do not plan to work on any Florida Department of Transportation Projects, it will not be necessary for you to submit a new plan.

If you need any additional information, please contact me at (850) 414-4747.

Sincerely,

Stefan Kulakowski
State Contract Compliance Administrator
Equal Opportunity Office

AFFIRMATIVE ACTION PLAN EXPIRATION: 6/27/2020

This plan is one of the requirements to bid on contracts for the Florida Department of Transportation. This is not approval for Unified Certification Program Disadvantaged Business Enterprise (UCP/DBE) Certification. For additional information in becoming a DBE, contact the Certification Section at (850)414-4747.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/27/2017

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 Construction Casualty Insurance, LLC 3637 4th Street North Suite 310 Saint Petersburg, FL 33704	CONTACT Tasha Gentes NAME: PHONE (A/C, No, Ext): (727) 502-2190		FAX (A/C, No): (727) 502-2191
	E-MAIL ADDRESS: tgentes@constructioncasualty.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Hartford Casualty Insurance Company		29424
	INSURER B : Starr Surplus Lines Insurance Co		13604
	INSURER C : Bridgefield Casualty Insurance Co		10335
	INSURER D :		
	INSURER E :		
	INSURER F :		
INSURED Florida Safety Contractors, Inc 11825 Jackson Road Thonotosassa, FL 33592			

COVERAGES

CERTIFICATE NUMBER:

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	X	COMMERCIAL GENERAL LIABILITY		X	X	21UEAHV7026	01/29/2017	01/29/2018	EACH OCCURRENCE	\$ 1,000,000			
		CLAIMS-MADE	X						OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000		
									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			
									EMP BEN AGG	\$ 2,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:													
	POLICY	X	PRO-JECT		LOC								
	OTHER:												
A	X	AUTOMOBILE LIABILITY		X	X	21UEAHV7574	01/29/2017	01/29/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
		ANY AUTO OWNED AUTOS ONLY							SCHEDULED AUTOS	BODILY INJURY (Per person)	\$		
		HIRED AUTOS ONLY							NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)	\$		
									PROPERTY DAMAGE (Per accident)	\$			
									PIP	\$ 10,000			
										\$			
										\$			
B	X	UMBRELLA LIAB	X	OCCUR	X	X	75121W170ALI	01/29/2017	01/29/2018	EACH OCCURRENCE	\$ 4,000,000		
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$ 4,000,000		
		DED	X	RETENTION \$						0	\$		
										\$			
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A	X	0196-38935	05/01/2017	05/01/2018	X	PER STATUTE		OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								Y/N	N	E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below									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)

When required by written contract the certificate holder is an additional insured with respects to the general and auto liability on a primary and non-contributory basis. Waiver of subrogation is granted in favor of the additional insured.

To request changes or endorsements please contact Certs@constructioncasualty.com

CERTIFICATE HOLDER

For Informational Purposes Only

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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Profit Corporation

FLORIDA SAFETY CONTRACTORS, INC.

Filing Information

Document Number P03000112909
FEI/EIN Number 57-1191566
Date Filed 10/08/2003
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 10/26/2016
Event Effective Date NONE

Principal Address

11825 JACKSON ROAD
THONOTOSASSA, FL 33592

Changed: 03/31/2009

Mailing Address

PO BOX 16628
TEMPLE TERRACE, FL 33687

Changed: 03/31/2009

Registered Agent Name & Address

REICHART, MICHAEL K
11825 JACKSON ROAD
THONOTOSASSA, FL 33592

Address Changed: 03/02/2010

Officer/Director Detail

Name & Address

Title P

REICHART, MICHAEL K
11825 JACKSON ROAD
THONOTOSASSA, FL 33592

Title VP

PERSAUD, PREM
11825 JACKSON ROAD
THONOTOSASSA, FL 33592

Title D

LOUKS, LINDA
11825 JACKSON ROAD
THONOTOSASSA, FL 33592

Title S

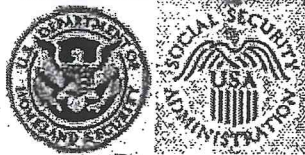
DELBRIDGE, TRACIE
11825 JACKSON RD
THONOTOSASSA, FL 33592

Title T

HITE, BRAD
11825 JACKSON RD
THONOTOSASSA, FL 33592

Annual Reports

Report Year	Filed Date
2015	03/17/2015
2016	01/27/2016
2017	02/13/2017



Click any  for help
Welcome
Cheri Reichart
User ID
CREI5564
Last Login
08:00 AM - 10/05/2012

Company Information

Company Name: Florida Safety Contractors, Inc.

[View](#) [Edit](#)

Company ID Number: 275222

**Doing Business As (DBA)
Name:**

DUNS Number:

Physical Location:

Physical Location Address 1: 11825 Jackson Rd
Physical Location Address 2:
Physical Location City: Thonotosassa
Physical Location State: FL
Physical Location Zip Code: 33592
Physical Location County: HILLSBOROUGH

Mailing Address:

Mailing Address Address 1: P.O. Box 16628
Mailing Address Address 2:
Mailing Address City: Tampa
Mailing Address State: FL
Mailing Address Zip Code: 33687

Additional Information:

Employer Identification Number: 571191566
Total Number of Employees: 20 to 99
Parent Organization: Florida Safety Contractors, Inc.
Administrator:

Request for Taxpayer Identification Number and Certification

#170370D

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

Print or type
See Specific Instructions on page 2.

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

Florida Safety Contractors, Inc.

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

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

- ☐ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
☐ Other (see instructions) ▶
- ☐ C Corporation
☒ S Corporation
☐ Partnership
☐ Trust/estate
- Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

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.)

P.O. Box 16628

6 City, state, and ZIP code

Tampa, FL 33687

Requester's name and address (optional)

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

5 7 - 1 1 9 1 5 6 6

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 on page 3.

Sign
Here

Signature of
U.S. person ▶

Benny Agall

Date ▶

8/21/17

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/tw9.

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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.