

BID ACKNOWLEDGEMENT COVER PAGE

SUBMIT BIDS TO: Wellington Attn: Clerk's Office 12300 Forest Hill Blvd Wellington, FL 33414	REFER ALL INQUIRIES TO PRIMARY CONTACT: Purchasing Division 12300 Forest Hill Blvd Wellington, FL 33414 Ph: (561) 791-4107 Fax: (561) 904-5817	Wellington <h1 style="margin: 0;">INVITATION TO BID</h1>
BID TITLE: Water Treatment Plant Filter Roof		BID NO: 025-14/DZ

NAME OF FIRM, ENTITY, or ORGANIZATION: Close Construction, LLC				
NAME OF CONTACT PERSON Thomas C. Close	VENDOR MAILING ADDRESS: 301 NW 4th Avenue	CITY: Okeechobee	ZIP: 34972	STATE: FL
TITLE President	VENDOR HEADQUARTERS ADDRESS (IF DIFFERENT):	CITY:	ZIP:	STATE:
PHONE NUMBER: 863-467-0831		FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): 45-2708809		
EMAIL ADDRESS: danny@closeconstruction.us		STATE OF FLORIDA BUSINESS LICENSE NUMBER (IF APPLICABLE)		
FAX NUMBER: 863-763-6337				
ORGANIZATIONAL STRUCTURE (Please Check One): Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other <input checked="" type="checkbox"/>				
<i>If Corporation, please provide the following:</i> <div style="display: flex; justify-content: space-between;"> (A) Okeechobee County / Florida / USA Date of Incorporation: June 8, 1993 (B) State or Country of Incorporation: </div> <div style="text-align: center; margin-top: 5px;"> Month / Day / Year </div>				

I 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 terms and conditions of this bid and certify that I am authorized to sign this bid for the bidder and that the bidder is in compliance with all requirements of the Invitation to Bid, including but not limited to, certification requirements.

/	Thomas C. Close	/	President
AUTHORIZED SIGNATURE (MANUAL)	AUTHORIZED SIGNATURE (PRINT OR TYPED)	TITLE (PRINT OR TYPED)	

BID PROPOSAL CHECKLIST

Please submit your proposal in this order

- YES___ NO___ 1. Bid submittal – one (1) original and one (1) PDF (CD) Copy
- YES___ NO___ 2. Bid Form signed by authorized representative
- YES___ NO___ 3. Acknowledgment of addendums
- YES___ NO___ 4. Bid Bond/Security or Cashier's Check
- YES___ NO___ 5. Schedule of Value
- YES___ NO___ 6. Schedule of Subcontractor/Supplies
- YES___ NO___ 7. Schedule of Equipment and Materials
- YES___ NO___ 8. Sworn Statement under Section 287.133(3) (a)
- YES___ NO___ 9. Drug Free Workplace
- YES___ NO___ 10. Trench Safety Affidavit
- YES___ NO___ 11. Questionnaire
- YES___ NO___ 12. References
- YES___ NO___ 13. Insurance Certificates
- YES___ NO___ 14. Copy of Appropriate Licenses
- YES___ NO___ 15. Proof of Workers Compensation Insurance/Workers Compensation Exemption Affidavit
- YES___ NO___ 16. Local Preference Affidavit
- YES___ NO___ 17. Conflict of Interest Statement
- YES___ NO___ 18. Non-Collusion Affidavit

BID FORM

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

PROJECT: ITB #025-14/DZ Water Treatment Plant Filter Roof

Date: August 27, 2014

BIDDER: Close Construction, LLC

THIS BID IS SUBMITTED TO:

Wellington
Clerk's Office
12300 Forest Hill Boulevard
Wellington, FL 33414

1. The undersigned BIDDER proposes and agrees, if this Bid is accepted, to enter into an Agreement with OWNER in the form included in the Contract Documents to perform and furnish all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Bid and in accordance with the other terms and conditions of the Contract Documents.
2. BIDDER accepts all of the terms and conditions of the Advertisement or Invitation to Bid and Instructions to Bidders, including without limitation those dealing with the disposition of Bid security. This Bid will remain subject to acceptance for 120 days after the posting of the recommended award. BIDDER will sign and submit the Agreement with the Bonds and other documents required by the Bidding Requirements within 15 days after the date of OWNER'S Notice of Award.
3. In submitting this Bid, BIDDER represents, as more fully set forth in the Agreement, that:

(a) BIDDER has examined copies of all the Bidding Documents and of the following Addenda (receipt of all which is hereby acknowledged):

Date July 28, 2014
Date August 22, 2014
Date _____

Addenda Number 1
Addenda Number 2
Addenda Number _____

(b) BIDDER has familiarized itself with the nature and extent of the Contract Documents, Work, Site, locality, and all local conditions, Laws, and Regulations that in any manner may affect cost, progress, performance, or furnishing of the Work.

(c) BIDDER has studied carefully all reports and drawings of subsurface conditions and drawings of physical conditions which, if any, are attached to the Contract Documents, as provided in Paragraph 4.02 of the General Conditions, and accepts the determination as set forth in the Bidding Documents of the extent of the technical data contained in such reports and drawings upon which BIDDER is entitled to rely.

(d) BIDDER has obtained and carefully studied (or assumes responsibility for obtaining and carefully studying) all such examinations, investigations, explorations, tests and studies (in addition to or to supplement those referred to in (c) above) which pertain to the subsurface or physical conditions at the site or otherwise may affect the cost, progress, performance or furnishing of the Work as BIDDER considers necessary for the performance or furnishing of the Work at the Contract Price, within the Contract Time and in accordance with the other terms and conditions of the Contract Documents, including specifically the provisions of Paragraph 4.02 of the General Conditions; and no additional examinations, investigations, explorations, tests, reports or similar information or data are or will be required by BIDDER for such purposes.

(e) BIDDER has reviewed and checked all information and data shown or indicated on the Contract Documents with respect to existing Underground Facilities at or contiguous to the site and assumes responsibility for the accurate location of said Underground Facilities. No additional examinations, investigations, explorations, tests, reports or similar information or data in respect of said Underground Facilities are or will be required by BIDDER in order to perform and furnish the Work at the Contract price, within the Contract Time and in accordance with the other terms and conditions of the Contract Documents, including specifically the provisions of Paragraph 4.04 of the General Conditions.

(f) BIDDER has correlated the results of all such observations, examinations, investigations, explorations, tests, reports, and studies with the terms and conditions of the Contract Documents.

(g) BIDDER has given OWNER written notice of all conflicts, errors or discrepancies that it has discovered in the Contract Documents and the written resolution thereof by ENGINEER is acceptable to BIDDER.

(h) This Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm, or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; BIDDER has not directly or indirectly induced or solicited any other Bidder to submit a false or sham Bid; BIDDER has not solicited or induced any person, firm or corporation to refrain from bidding; and BIDDER has not sought by collusion to obtain for itself any advantage over any other Bidder or over OWNER.

4. BIDDER agrees to perform all the Work described in Contract Documents, subject to adjustments as provided therein, for the Prices BIDDER provides on the Schedule of Values.
5. BIDDER declares it understands that the unit quantities shown on the Bid Form Unit Price Schedule are approximate only and not guaranteed and are subject to either increase or decrease; and that should the quantities of any of the items of Work be increased, the BIDDER agrees to do the additional Work at the unit prices set out herein, and should the quantities be decreased, BIDDER also understands that final payment shall be made on actual quantities completed at the unit prices, and shall make no claims for anticipated profits for any decrease in the quantities.
6. The BIDDER further declares its understands the OWNER may elect to construct only a portion of the Work covered by these Documents and BIDDER agrees to perform that portion of the Work for which BIDDER is awarded a Contract at the unit prices quoted herein.
7. BIDDER agrees that the Work:

The Water Treatment Plant Filter Roof project shall be Substantially Complete within 60 days of Notice to Proceed and Finally Complete within 75 days of Notice to Proceed. Work hours are Monday-Saturday, 7am-6pm, excluding holidays.

BIDDER accepts the provisions of the Agreement as to liquidated damages in the event of failure to complete the Work on time.

8. The following documents are attached to and made a condition of this Bid:

- (a) Required Bid security in the form of Bid Bond.
- (b) Schedule of Values.
- (c) List other documents as pertinent.

9. Communications concerning this Bid shall be telephoned or addressed to:

Name: Danny Boromei
Address: 301 NW 4th Avenue / Okeechobee, FL 34972
Phone No.: 863-467-0831 Fax: 863-763-6337

10. The terms used in this Bid which are defined in the General Conditions of the Construction Contract included as part of the Contract Documents have the meanings assigned to them in the General Conditions.
11. BIDDER'S Florida Contractor's License No. CGC048773
12. BIDDER covenants that it is qualified to do business in the State of Florida and has attached evidence of BIDDER'S qualification to do business in the State of Florida, or if not attached, BIDDER covenants to obtain such evidence within five days of request by OWNER to provide evidence.

If BIDDER is

An Individual

Name _____ (SEAL)

Signature: _____

Doing business as _____

Business Address: _____

Phone Number: _____ Fax Number _____

A Partnership

Firm's Name _____ (SEAL)

General Partner Signature: _____

Business Address: _____

Phone Number: _____ Fax Number _____

A Corporation

Corporation's Name Close Construction, LLC (SEAL)

State of Incorporation Florida

Authorized Person: Thomas C. Close

Title: President

Signature: _____

Attest: Sheryl Wells (Secretary)

Signature: _____

Business Address: 301 NW 4th Avenue / Okeechobee, FL 34972

Phone Number: 863-467-0831 Fax Number 863-763-6337

*For your convenience a copy of the Schedule of Values in Excel is attached to this PDF.

Wellington Water Treatment Plant Filter Roof Bid Proposal - Required Schedule of Values

Item No.	Item Description	Estimated Quantity	Unit of Measure	Unit Price	TOTAL COST (BASE BID: ALUM. STRUCTURAL COMPONENTS)	Estimated Quantity	Unit of Measure	Unit Price	TOTAL COST (ALTERNATE BID: STEEL STRUCTURAL COMPONENTS)
General Conditions and Requirements									
1	*Mobilization	1	LS			1	LS		
2	Bonds	1	LS			1	LS		
3	Permit Fees (Owner Controlled Allowance)	1	LS			1	LS		
4	As Built Drawings/O&M Manuals/Training (Set Price)	1	LS			1	LS		
5	*Demobilization	1	LS			1	LS		
6	Overhead and Profit (15% Maximum)	1	LS			1	LS		
		Subtotal General Conditions:							
Building Cost									
7	Columns, C1 & C3 (Base=Alum., Alternate=Steel)	2041	LBS			2696	LBS		
8	Aluminum Screen vert. (C2) and horiz. (B4) members	783	LBS			783	LBS		
9	Beam, B1	2326	LBS			4842	LBS		
10	Beam, B2 & B3	7261	LBS			24768	LBS		
11	Bracing and Misc. Connection plates	1	LS			1	LS		
12	Roof Deck	2858	SF			2858	SF		
13	Cross Bracing	1	LS			1	LS		
14	Aluminum Flashing	1	LS			1	LS		
15	Aluminum Gutters	1	LS			1	LS		
16	Screen Fabric	1	LS			1	LS		
17	Ladder	1	LS			1	LS		
18	Misc. Aluminum Railing	1	LS			1	LS		
19	MISC. Bolts and Hardware	1	LS			1	LS		
20	Demolition	1	LS			1	LS		
		Subtotal Building Cost:							
Contingency									
21	Contingency (Owner Controlled Allowance)				\$25,000.00				\$25,000.00
				Subtotal Contingency:	\$25,000.00				\$25,000.00
			**GRAND TOTAL ALL ITEMS						

NOTES:

1. * Costs for Mobilization and Demobilization must be equal in cost.
2. Only items 7, 9, 10, 11 and 17 should change on the Alternate Bid for Steel Structural Components

SCHEDULE OF SUBCONTRACTORS

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

Discipline	Subcontractor	Address City, ST, Zip	License Number
Roof Fabrication	G&G Industrial Services	5969 SW 43rd St. / Davie, FL 33314	

Address of Subcontractor may be considered in accordance with Wellington's Local Preference Policy

SCHEDULE OF EQUIPMENT AND MATERIALS

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

Item	Manufacturer	Description
* Crane		
* Lull		
* Levels / Transits		

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

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

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

1. This sworn statement is submitted to Close Construction, LLC
[print name of the public entity]
by Thomas C. Close / President
[print individual's name and title]
for Close Construction, LLC
[print name of entity submitting sworn statement]
whose business address is 301 NW 4th Avenue / Okeechobee, FL 34972

and (if applicable) its Federal Employer Identification Number (FEIN) is 45-2708809

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

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services or any contract for the construction or repair of a public building or public work, to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. 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.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

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

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

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the 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 a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings 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 IT 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 OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Thomas C. Close / President [signature]

August 27, 2014

[date]

STATE OF Florida

COUNTY OF Okeechobee

Subscribed and Sworn to (or affirmed) before me on August 27, 2014 by
[date]

Thomas C. Close / President. He/~~she~~ is personally known to me ~~or has presented~~
[name] XXXXXXX ~~as identification.~~
[type of identification]

[Notary's Signature and Seal]
Form PUR 7068 (Rev. 04/10/91)
M/R 03/06/92

Print Notary Name and Commission No.

DRUG FREE WORKPLACE

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

Preference may be given to businesses with drug-free workplace programs. Whenever two or more Bids which are equal with respect to price, quality, and service are received by the Owner for the procurement of commodities or contractual services, a Bid received from a business that certifies that it has implemented a drug-free workplace program may be given preference in the award process. Established procedures for processing tie Bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business must attest to the following:

1. We 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. We 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. We 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. We, 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. We 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. We 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.

Contractor's Signature Thomas C. Close / President

TRENCH SAFETY AFFIDAVIT

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

Close Construction, LLC (NAME OF FIRM) hereby provides written assurance that compliance with applicable Trench Safety Standards identified in the Occupational Safety and Health Administration's Excavation Safety Standards, (OSHA) 29 C.F.R.S. 1926.650 Subpart P will be adhered to during trench excavation in accordance with Florida Statutes 553.60 through 533.64 inclusive (1990), "Trench Safety Act".

The undersigned acknowledges that included in the various items of the proposal and in the Total Proposal Price are costs for complying with the Florida "Trench Safety Act" as summarized below: (Attach additional sheets as necessary).

Schedule Item	Trench Safety Measure (Slope, Trench Shield, etc.)	Cost
	Total	

(Signature) Thomas C. Close / President

(Date) August 27, 2014

STATE OF Florida

COUNTY OF Okeechobee

Subscribed and Sworn to (or affirmed) before me
on August 27, 2014 by _____

_____. He/~~she~~ is personally known to me ~~xxxxx~~
~~xxxxxxxx~~ presented

xxxxxx (type of i.d.) as identification.

Notary Public Signature and Seal

Print Notary Name and Commission No.

QUESTIONNAIRE

The following Questionnaire shall be completed and submitted in Envelope with the Bid. By submission of this Bid, Bidder guarantees the truth and accuracy of all statements and answers herein contained.

1. How many years has your organization been in business? 25 years.

2. What is the last project of this nature that you have completed?

PC South Algal Nutrient Removal Facility. Included in the scope of this project, Close Construction constructed 20' x 55' x 10' high Timbercraft Pavilion with monolithic foundation, wood trusses, and metal roofing.

3. Have you ever failed to complete work awarded to you? If so, where and why?

No.

4. Name three individuals or corporations for which you have performed work and to which you refer:

Mike George	mgeorge@townofhillsborobeach.com	954-941-8937
Name	Email Address	Phone
Bill Hayden	bhayden@slwsd.org	772-323-2788
Name	Email Address	Phone
Ed Muse	e.muse@dsi-architects.com	407-790-7826
Name	Email Address	Phone

5. List the following information concerning all contracts OR projects in progress and past as of the date of submission of this bid. (List any Federal, State, City or local municipalities/government contracts or project information if any relevant in scope with this solicitation).

Information provided in (section 5) is for reference purposes and may be contacted for verification.

Name of Term Contract OR Project	Owner	Contact (Person) Name & Title	Contact Email Address & Phone Number	Contact Business Address
PC South Algal Nutrient Removal Facility	Indian River County	Keith McCully / Engineer Indian River County	kmccully@ircgov.com 772-226-1562	1800 27th St. Vero Beach, FL 32960
Big Cypress Seminole Indian Res. Western Water Conservation Basin 2 / Siphon 2	Army Corp. of Engineers	Frank Spirato Project Manager Maverick Constructors	franks@ maverickconstructors.com	18932 N Dale Mabry Blvd. Lutz, FL 33548
Town of Davie Filter Rehabilitation	Town of Davie	Herb Hyman Procurement Manager	rderosia@cgasolutions.com 954-921-7781	1800 Eller Dr. Suite: 600 Ft. Lauderdale, FL 33316

6. Has the bidder or his or her representative inspected the proposed project and does the Bidder have a complete plan for its performance?

Yes.

7. Will you subcontract any part of this work? If so, give details including a list of each subcontractor(s) that will perform work in excess of the percent (10%) of the contract amount and the work that will be performed by each subcontractor(s).

Subcontractor	Work to be Performed
G&G Industrial Services	Metal fabrication and installation.

8. What equipment do you own that is available for the work? Levels, transits.
9. What equipment will you purchase for the proposed work? None.
10. What equipment will you rent for the proposed work? Crane, Lull
11. State the name of your proposed project manager and give details of his or her qualifications and experience in managing similar jobs.
Michael "Mickey" Bartlett See attachment for qualifications.

12. State the true, exact, correct and complete name of the partnership, corporation, or trade name under which you do business and the address of the place of business. (If a corporation, state the name of the president and secretary. If a partnership, state the names of all partners. If a trade name, state the names of the individuals who do businesses under the trade name.
13. The correct name of the Bidder is Close Construction, LLC
14. The partnership is a ☐ Sole Proprietorship, ☐ Partnership, or ☐ Corporation or ☒ Other Type of Entity LLC (Fill In).
15. The address of principal place of business is 301 NW 4th Avenue / Okeechobee, FL 34972

16. The names of the Corporate Officers, or Partners, or Individuals doing business under a trade name, are as follows:

President: Thomas C. Close Vice President: Danny Boromei Secretary: Sheryl Wells

17. List all organizations which were predecessors to Bidder or in which the principals or officers of the Bidder were principals or officers.

None.

18. List and describe all bankruptcy petitions (Voluntary or Involuntary) which have been filed by or against the Bidder, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.

None.

19. List and describe all successful Performance or Payment Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Bidder and its predecessor organization(s).

No.

20. List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Bidder or its predecessor organization(s) during the last five (5) years. The list shall include all case names; case, arbitration, or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.

See attachment.

21. List and describe all criminal proceedings or hearings concerning business related offenses in which the Bidder, its principals or officers or predecessor organization (s) were defendants.

No.

22. Has the Bidder, its principals, officers, or predecessor organization(s) been debarred or suspended from bidding by any government during the last five (5) years? If yes, provide details.

No.

23. List and disclose any and all business relations with any members of Wellington Council.

None.

WELLINGTON LOCAL PREFERENCE

APPLICATION TO BE CONSIDERED A LOCAL BUSINESS IN ACCORDANCE WITH VILLAGE OF WELLINGTON FLORIDA'S LOCAL PREFERENCE POLICY

Wellington gives preference to local businesses in certain purchasing situations as set forth in Chapter 9 of Wellington's Purchasing and Procurement Manual. In order to be considered a local business, entitled to be given preference, the business must make application with Wellington and meet one of the following criteria as such is more fully set forth in Chapter 9, of Wellington's Purchasing and Procurement Manual:

Chapter 9, LOCAL PREFERENCE

Western Communities Local Business - For the purpose of determining a "Western Communities local business" a vendor must have a principal permanent business location and headquarters within Wellington of Wellington, Florida or west of the Florida Turnpike to the Palm Beach County western boundary line as depicted in Exhibit "A" hereto. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been domiciled and headquartered in the jurisdictional boundaries of the Western Communities for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within the Western Communities. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the County's and/or municipalities' Code of Ordinances, having jurisdiction over the location of the business, unless otherwise exempt therefrom. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Palm Beach County local business - For the purpose of determining a "Palm Beach County local business" a vendor must have a principal permanent business location and headquarters within Palm Beach County, Florida. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been headquartered and domiciled in the jurisdictional boundaries of Palm Beach County, Florida for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within Palm Beach County, Florida. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the Palm Beach County Code of Ordinances as amended from time to time, unless otherwise exempt there from. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Subcontractor utilization - In competitive bid situations, a business may also qualify as either a Palm Beach County or Western Community local business if they are utilizing subcontractors to perform the work or materialmen to supply the job and more than fifty (50%) percent of their proposed bid price will be paid to subcontractors and/or materialmen who qualify, under the above standards, as Palm Beach County and/or Western Community local businesses.

Please check the box below indicating which preference category your business is applying for:

☐ Western Communities Local Business

☐ Palm Beach County Local Business

☐ Subcontractor Utilization

1. The name of the business is: _____

2. The address of the business is: _____

3. How long has the business been located at its current address: _____

4. If the business has relocated within the last six months, please provide the answers to questions 1-3 for the previous location:

5. The previous name of the business is: _____

6. The previous address of the business is: _____

7. How long was this business at the previous location: _____

8. If the business is attempting to qualify under the subcontractor utilization provision, please provide a breakdown of the subcontractors who would qualify for either the Palm Beach County or Western Community, business classification, the requisite information, provide their responses to the above 1 - 7 questions and for each of the subcontractors, indicate the amount that they are proposed to be compensated at under the bid price.

9. The business as a local business tax receipt from: (1) Palm Beach County ☐ (2) the following municipality: _____ (3) located in unincorporated Palm Beach County: ☐

10. Please provide a copy of Local Business Tax Receipts from Palm Beach County and the applicable municipality are attached.

11. Please provide a Certificate of Good Standing indicating the formation or domestication of the entity in and for the State of Florida is attached.

12. Please provide copies of licenses if applicable from the State of Florida authorizing the business to provide the good services or professional services contemplated in the bid documents.

By signing below, I hereby certify that under penalty of perjury I believe my business qualifies as a Palm Beach County, Western Community or subcontractor utilization business in accordance with Wellington's Local Preference Policy and that I have submitted current and accurate information and documents relating to my qualifications. I further acknowledge and agree that any fraudulent or duplicitous information submitted in furtherance of this application will be grounds for disqualification from bidding on this project and doing business with Wellington in the future.

Applicants Federal Tax ID Number - _____ Applicants Business Address _____

Signature of Authorized Representative of Corporation, Partnership, or other business entity:

Print Name: _____

Title: _____

Date: _____

CITY OF: _____

COUNTY OF: _____

SUBSCRIBED AND SWORN TO (or affirmed) before me on this ____ day of _____, 201__, by
_____. He/She is personally known to me or has presented

_____ as identification.

(Signature of Notary)

(Print or Stamp Name of Notary)

Notary Public _____
(State)

Notary Seal

Signature of Individual if Sole Proprietor:

Print Name: _____

Date: _____

CITY OF: _____

COUNTY OF: _____

SUBSCRIBED AND SWORN TO (or affirmed) before me on this ____ day of _____, 201__, by
_____. He/She is personally known to me or has presented

_____ as identification.

(Signature of Notary)

(Print or Stamp Name of Notary)

Notary Public _____
(State)

Notary Seal

CONFLICT OF INTEREST STATEMENT

This Proposal/Agreement (whichever is applicable) is subject to the conflict of interest provisions of the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and the Florida Statutes. During the term of this Agreement and any renewals or extensions thereof, the VENDOR shall disclose to WELLINGTON any possible conflicts of interests. The VENDOR's duty to disclose is of a continuing nature and any conflict of interest shall be immediately brought to the attention of WELLINGTON. The terms below shall be defined in accordance with the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and Ch. 112, Part III, Florida Statutes.

CHECK ALL THAT APPLY.

- ☒ To the best of our knowledge, the undersigned business has no potential conflict of interest for this Agreement due to any other clients, contracts, or property interests.
- ☒ To the best of our knowledge, the undersigned business has no employment or other contractual relationship with any WELLINGTON employee, elected official or appointed official.
- ☒ To the best of our knowledge, the undersigned business has no officer, director, partner or proprietor that is a WELLINGTON purchasing agent, other employee, elected official or appointed official. The term "purchasing agent", "elected official" or "appointed official", as used in this paragraph, shall include the respective individual's spouse or child, as defined in Ch. 112, Part III, Florida Statutes.
- ☒ To the best of our knowledge, no WELLINGTON employee, elected official or appointed official has a material or ownership interest (5% ownership) in our business. The term "employee", "elected official" and "appointed official", as used in this paragraph, shall include such respective individual's relatives and household members as described and defined in the Palm Beach County Code of Ethics.
- ☒ To the best of our knowledge, the undersigned business has no current clients that are presently subject to the jurisdiction of WELLINGTON's Planning, Zoning and Building Department.
- ☒ The undersigned business, by attachment to this form, submits information which may be a potential conflict of interest due to any of the above listed reasons or otherwise.

THE UNDERSIGNED UNDERSTANDS AND AGREES THAT THE FAILURE TO CHECK THE APPROPRIATE BLOCKS ABOVE OR TO ATTACH THE DOCUMENTATION OF ANY POSSIBLE CONFLICTS OF INTEREST MAY RESULT IN DISQUALIFICATION OF YOUR BID/PROPOSAL OR IN THE IMMEDIATE CANCELLATION OF YOUR AGREEMENT, WHICHEVER IS APPLICABLE.

Close Construction, LLC
COMPANY NAME

AUTHORIZED SIGNATURE

Thomas C. Close
NAME (PRINT OR TYPE)

President
TITLE

NON-COLLUSION AFFIDAVIT

State of Florida

County of Okeechobee

Being duly sworn deposes and says:

That he/she is an officer of the parties making the forgoing bid submittal, that such bid submittal 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 of collusion or communication or conference with any person, to fix the price of affiant or any other bidder, or to fix any overhead, profit of cost element of said price, or that of any other bidder, or to secure any advantage against the authority, of any person interested in the proposed contract and that all statements in said bid is true.

Close Construction, LLC

Name of Bidder

Thomas C. Close

Print name of designated signatory

Signature

President

Title

On this 27th day of August, 20 14, before me appeared Thomas C. Close personally known to me to be the person described in and who executed this _____ and acknowledged that ~~(she)~~ he signed the name freely and voluntarily for the uses and purposes therein described.

In witness thereof, I have hereunto set my hand and affixed seal the day and year last written above.

Signature

Notary Public in and for the State of _____

(Affix Seal Here)

(Name Printed)

Residing at _____

My commission expires _____



General Construction
Construction Management

8/27/2014

Re: Village of Wellington WTP Filter Roof

References

Project Name: PC South Algal Nutrient Removal Facility

Location: Vero Beach, FL

Owner: Indian River County

1800 27th St.

Vero Beach, FL 32960

Contact: Keith McCully

Email: kmccully@ircgov.com

Phone: 772.226.1562

Engineer: Hydromentia, Inc.

Description: Construction of new pollution removal facility, including construction of access roads and driveway, concrete work pads, pumping facilities, force mains, concrete algal growth floway, influent and effluent flow control structures, harvest structure, harvest pond, control buildings, pole barn, stormwater collection and treatment system, polishing pond, artificial wetland, 10-mgd pumping station, and connection to a 24" influent force main and a 12" influent force main.

Contract Amount: \$5,856,660.20

Contract Date: 7.16.2013

Percent Complete: 80%

Required Completion: September 2, 2014

Project Name: East Conveyance Pump Station E-1

Owner: Seminole Tribe of Florida

Description: Constructed conveyance pump station, structures with roof, sheet piling, excavation, rip rap, concrete head wall, remote RTU and SCADA Systems.

Completion Date: Nov - 04

Contact Name: Craig Tepper

Phone Number: 863-763-4128

Project Name: Bent Creek

Owner: Lennar Homes, LLC

Contact Name: Keith Parental

Phone Number: 561-386-3230

Description: Construction of an open air pavilion.

Completion Date: December 1, 2008

Council

Bob Margolis, Mayor
John Greene, Vice Mayor
Matt Willhite, Councilman
Howard K. Coates, Jr., Councilman
Anne Gerwig, Councilwoman

Manager

Paul Schofield

ITB No. 025-14/DZ

Title: Water Treatment Plant Filter Roof

Bid Opening Date: August 27, 2014 at 2:00pm

Addendum Date: July 28, 2014

ADDENDUM NO. ONE

PURPOSE: The purpose of this Addendum/NOTICE is to make changes, additions, deletions, revisions, and clarifications to the (ITB) Invitation to Bid documents for the Water Treatment Plant Filter Roof. Bidder shall review the Addendum/NOTICE work and requirements in detail and incorporate any effects the Addendum/NOTICE may have in their proposal price.

The bid opening date for this ITB has changed to **August 27, 2014 at 2:00pm.** Bids must be received in the Village Clerk's Office located at 12300 Forest Hill Boulevard Wellington, Florida, by the said date and time.

ACKNOWLEDGEMENT: Bidder must acknowledge receipt of any and all Addenda in the space provided on the Bidder Submittal Form. Failure to do so may result in rejection of the Proposal. All requirements of the proposal documents remain unchanged except as cited herein.

Thomas C. Close / President

Signature of Bidder Acknowledging Receipt of

Addendum No. (1) One to be attached in front of Bid

Council

Bob Margolis, Mayor
John Greene, Vice Mayor
Matt Willhite, Councilman
Howard K. Coates, Jr., Councilman
Anne Gerwig, Councilwoman

Manager

Paul Schofield

ITB No. 025-14/DZ

Title: Water Treatment Plant Filter Roof

Bid Opening Date: August 27, 2014 at 2:00pm

Addendum Date: August 22, 2014

ADDENDUM NO. TWO

PURPOSE: The purpose of this Addendum/NOTICE is to make changes, additions, deletions, revisions, and clarifications to the (ITB) Invitation to Bid documents for the Water Treatment Plant Filter Roof. Bidder shall review the Addendum/NOTICE work and requirements in detail and incorporate any effects the Addendum/NOTICE may have in their proposal price.

1. **Question:** Can we use a steel galvanized finish deck G-90 with similar profile in lieu of the one shown to match the rest of the structure? Please confirm.

Response: Please bid the project per the project specifications shown on the plans.

2. **Question:** Is the Water Treatment Plant a secure site?

Response: Security at the Water Treatment Plant site is given a very high priority by the Owner. The Contractor shall recognize that this site is sensitive in nature as a result of homeland security concerns and the security criteria stipulated herein constitutes a material inducement of the Owner to enter into this contract with the Contractor. However in recognition of the Owner security focus and the fact that this is an active and functioning facility the Contractor shall take reasonable scheduling steps to minimize the degree to which the entire facility is simultaneously impacted by this construction project. The Owner reserves the right to require timing adjustment of certain activities where the impact is judged to have a comparatively minor or no effect on efficiency. The Contractor shall anticipate and work within the requirements of the Owner security measures. The Owner reserves the right to require the Contractor to perform a background check on all agents, licensees, invitees, employees, subcontractors, material workers, and suppliers entering the site and supply the results to the Owner. Should this occur the Contractor shall secure appropriate releases and authorizations from the affected parties prior to performing the background checks. All background checks shall be performed prior to allowing the workers on to the project site. The Owner reserves the right but not the obligation to disallow entrance to the work site of any persons or entities as a result of the background check or other relevant information regardless of the result of such background check or other relevant information. Background checks shall be in such form and fashion as is acceptable to the Owner but at a minimum shall be performed through the Palm Beach County Sheriff Department and the Florida Department of Law Enforcement or such other entity firm or individual acceptable to the Owner in its sole discretion. The Contractor shall allow for the time to perform the necessary background checks within the project schedule. Nothing herein shall confer liability upon the Owner as a result of the security steps and provisions set forth in this contract. Each party who has had a background check performed shall be required to carry a photo identification and a clearance tag. Such identification and clearance tag shall be required to enter the site and shall be maintained with the person at all times while on site. The Contractor shall provide to the Owner a complete roster of all parties to enter the work site pursuant to this construction and to keep said roster updated and current on at least a monthly basis.

ACKNOWLEDGEMENT: Bidder must acknowledge receipt of any and all Addenda in the space provided on the Bidder Submittal Form. Failure to do so may result in rejection of the Proposal. All requirements of the proposal documents remain unchanged except as cited herein.

Thomas C. Close / President

Signature of Bidder Acknowledging Receipt of

Addendum No. (2) Two to be attached in front of Bid



General Construction
Construction Management

MICHAEL “MICKEY” BARTLETT
Project Superintendent

QUALIFICATIONS:

- Over sixteen years of professional experience in construction (residential, commercial, and civil construction)
- Ensures strict adherence to project schedule and budget
- Supervision of daily project activities and resolution of job-related issues
- Responsible for recruiting and coordinating any necessary subcontract work
- Enforces compliance with industry codes and safety regulations
- Proven acumen in interpreting engineering plans and architectural designs
- Develops a cohesive team, focused on the project goal for each job
- Technical, as well as practical, knowledge of all construction trades.

EDUCATION:

- High School Diploma
- US Army Corps of Engineers – Construction Quality Management for Contractors – 2008
- OSHA 10-Hour Construction Safety Course
- DEP Qualified Stormwater Management Inspector

HIGHLIGHTS OF PROJECT EXPERIENCE:

Project Superintendent

Contract Amount	Project Description
\$ 5,992,857	Jupiter Island Club Dormitories
\$ 5,096,512	Town of Hillsboro Beach Water Treatment Plant Improvements
\$ 4,839,686	Indian River Estates Stormwater Improvements and Pump Station
\$ 3,325,324	GT Lohmeyer Waste Water Treatment Plant
\$ 840,393	Dania Beach Lime Softening Plant Rehabilitation – Repair (2) Accelerators
\$ 553,527	Delray Beach Area 11 Booster Pump Station
\$ 369,272	Ocala Water Treatment Plant Softening Basin Drive Assembly and Water Tank Improvements
\$ 208,038	Bradenton WTP Improvements

OKEECHOBEE COUNTY
STATE OF FLORIDA

} **Business Tax Receipt**
2013-2014

No. 530

7/24/2013

IN CONSIDERATION
of the TOTAL SUM OF MONEY
shown hereon, the receipt of
which is hereby acknowledged.

Company ID #: 522

Contractor (0015A) (21-30 Employees)	\$54.00
.....	
.....	
.....	
.....	
TOTAL	\$54.00

CLOSE CONSTRUCTION

.....
is hereby licensed to engage in the business, profession or occupation of

.....
Contractor (0015A) (21-30 Employees)(General) Lic. #CGC048773

at **301 NW 4TH AVENUE** , in Okeechobee, Florida, for the period beginning the
1st day of **October** **2013** , and ending on the 30th day of September, 2014

Celeste Watford

Celeste Watford, C.F.C. - Tax Collector

**STATE OF FLORIDA****DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION****CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783****(850) 487-1395****CLOSE, THOMAS C
CLOSE CONSTRUCTION LLC
P O BOX 2558
OKEECHOBEE FL 34973**

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!

**STATE OF FLORIDA AC# 6331473
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION****CGC048773 09/01/12 118196011****CERTIFIED GENERAL CONTRACTOR
CLOSE, THOMAS C
CLOSE CONSTRUCTION LLC****IS CERTIFIED under the provisions of Ch.489 FS
Expiration date: AUG 31, 2014 L12090101023****DETACH HERE****THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER****AC# 6331473****STATE OF FLORIDA****DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD****SEQ# L12090101023**

DATE	BATCH NUMBER	LICENSE NBR
09/01/2012	118196011	CGC048773

The **GENERAL CONTRACTOR**
Named below IS **CERTIFIED**
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

**CLOSE, THOMAS C
CLOSE CONSTRUCTION LLC
301 NW 4TH AVENUE
PO BOX 2558
OKEECHOBEE****FL 34972****RICK SCOTT
GOVERNOR****KEN LAWSON
SECRETARY****DISPLAY AS REQUIRED BY LAW**

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Close Construction, LLC	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
	Address (number, street, and apt. or suite no.) 301 NW 4th Avenue City, state, and ZIP code Okeechobee, Florida 34972 List account number(s) here (optional)	
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number								
			-				-	
Employer identification number								
4	5	-	2	7	0	8	8	0 9

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below), and
4. 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 ▶ *Sheryl Wells*

Date ▶ April 21, 2014

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



CERTIFICATE OF LIABILITY INSURANCE

CLOSE-3

OP ID: WH

DATE (MM/DD/YYYY)

06/13/2014

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).

PRODUCER Pritchards and Associates -SLC 10791 SW Tradition Square Port St. Lucie, FL 34987 Kristina M. Mellette- Agency		Phone: 772-345-7700 Fax: 772-345-7703	CONTACT NAME: Whitney Godwin PHONE (A/C, No, Ext): 772-345-7700 E-MAIL ADDRESS: wgodwin@pritchardsinc.com FAX (A/C, No): 772-345-7703																					
INSURED Close Construction, LLC PO Box 2558 Okeechobee, FL 34973		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A :</td><td>Owners Insurance</td><td>32700</td></tr><tr><td>INSURER B :</td><td>Southern Owners</td><td>10190</td></tr><tr><td>INSURER C :</td><td>Auto Owners Insurance Co.</td><td>18988</td></tr><tr><td>INSURER D :</td><td>Bridgefield Employers Ins.</td><td>10701</td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Owners Insurance	32700	INSURER B :	Southern Owners	10190	INSURER C :	Auto Owners Insurance Co.	18988	INSURER D :	Bridgefield Employers Ins.	10701	INSURER E :			INSURER F :		
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INSURER D :	Bridgefield Employers Ins.	10701																						
INSURER E :																								
INSURER F :																								

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> GENERAL LIABILITY			72637778	06/14/2014	06/14/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			4457286400	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			4457286401	06/14/2014	06/14/2015	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000						
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			830-29982	04/01/2014	04/01/2015	WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N <input type="checkbox"/>	N / A				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
B	Equipment Floater			72637778	06/14/2014	06/14/2015	
B	Property Section			72637778	06/14/2014	06/14/2015	

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

CERTIFICATE HOLDER**CANCELLATION**

****FOR INFORMATION ONLY****
specific holder upon receipt
of holder name and address.
Linda

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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General Construction
Construction Management

Litigation History

Close Construction, LLC as Plaintiff:

Case: Close Construction, LLC vs. Lee County and AIM Engineering
Case No.: 13-CA-000346 (Lee County)
Owner: Lee County, FL
Address: 1500 Monroe St.
Fort Myers, FL 33901
Phone: 239.533.8131

Close Construction is suing Lee County and the Project Engineer. Engineer provided improper existing conditions survey that was later found to be taken from another surveyor without a seal or signature. The survey was invalid and grossly inaccurate leading to additional costs to complete.

Claim Amount: \$1,084,027.79
Project: Lakes Park Water Quality Improvements, Fort Myers, Florida

Case: Close Construction, LLC vs. Timesaver Food Service
Case No.: 2011-SC-133
Claim: Work Done and Material Furnished
Claim Amount: >\$2,500 < \$5,000
Status: Notice of Voluntary Dismissal filed 10/10/2011

Close Construction, LLC as Defendant:

Case: Former Employee (name withheld) vs. Close Construction, LLC.

Case No.: 2014-CA-003535 (Sarasota County)

Former employee claims alleged injuries sustained 4 months prior to his termination. Workers' Compensation carrier denied work comp benefits due to claimant's failure to timely report accident and no compensable accident. Close Construction considers this claim to be a "nuisance" claim by a disgruntled former employee.

Claim Amount: Seeking damages in excess of \$15,000.00

Case: Len Tran, Inc. D/B/A Turner Tree and Landscape, a Florida Corporation
vs. Close Construction, LLC, a Florida limited liability company; and
Hartford Fire Insurance Company, a Connecticut corporation.

Case No.: 2014-CA-3675 NC (Sarasota County)

Claim: Subcontractor filed suit for lost profit on material not allowed by contract documents, as well as for material purchased but not paid for by the Owner.

Case Dismissed: 8/2014

Settlement: \$55,000.00

Case: Cummins Power South, LLC vs. Close Construction, LLC. (Formerly
Close Construction, Inc. and State of Florida Dept. of Juvenile Justice.

Case No.: 2010-CA-19 (Okeechobee County)

Claim: Subcontractor's supplier filed suit for equipment furnished but not paid for. Close Construction paid Subcontractor for all equipment furnished by supplier. Subcontractor failed to pay their supplier and subsequently went out of business.

Claim Amount: Seeking damages in excess of \$15,000.00