

BID SUBMITTAL

To:

Village of Wellington

12300 Forest Hill Blvd.

Wellington, Florida 33414

Austin Tupler Trucking, Inc.

(Vendor)

agrees to provide material for the **Supply and Delivery of Road Base** in accordance with the requirements and specifications of the Bid Documents for the Village of Wellington as specified.

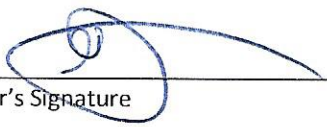
Gentlemen:

The undersigned Bidder has carefully examined the Specification requirements, Bid/Contract Documents and is familiar with the nature and extent of the Work and any local conditions that may in any manner affect the Work to be done.

The undersigned agrees to provide the service called for by the Specifications and Bid Documents, in the manner prescribed therein and to the standards of quality and performance established by the Wellington for the Bid price stated in the spaces herein provided.

The undersigned agrees to the right of the Wellington to hold all Bids and Bid guarantees for a period not to exceed one hundred and twenty (120) days after the date of Bid opening stated in the Invitation to Bid.

The undersigned accepts the invoicing and payment policies specified in the Bid.



Contractor's Signature

Dated this 31st day of May, 2017

(Month)

(Year)

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 Phone:(561)791-4055/Fax:(561)904-5817	Wellington INVITATION TO BID COMMODITY/SERVICE 010-17/ENR
BID TITLE: Supply and Delivery of Road Base		BID NO:

NAME OF FIRM, ENTITY, or ORGANIZATION: Austin Tupler Trucking, Inc.					
NAME OF CONTACT PERSON Glen Tupler		VENDOR MAILING ADDRESS: 6570 S.W. 47th Court	CITY: Davie	ZIP: 33314	STATE: FL
TITLE President		VENDOR HEADQUARTERS ADDRESS (IF DIFFERENT):	CITY:	ZIP:	STATE:
PHONE NUMBER: (954) 583-0801 (561) 732-3602		FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): 59-1426412			
EMAIL ADDRESS: tuplertrucking@gmail.com		STATE OF FLORIDA BUSINESS LICENSE NUMBER (IF APPLICABLE) 198709795			
FAX NUMBER: (954) 583-0844					
ORGANIZATIONAL STRUCTURE (Please Check One): Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other <input type="checkbox"/>					
<i>If Corporation, please provide the following:</i>					
(A) Date of Incorporation: 8/9/72 Month / Day / Year			(B) State or Country of Incorporation: Florida		

Council

Anne Gerwig, Mayor
John T. McGovern, Vice Mayor
Michael Drahos, Councilman
Michael J. Napoleone, Councilman
Tanya Siskind, Councilwoman

Manager
Paul Schofield

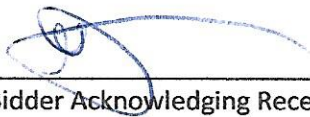
Bid Number: ITB# 010-17/ENR
Title: Supply and Delivery of Road Base
Opening Date: June 6, 2017 at 10:00 am. Local Time
Request for Information Date: May 26, 2017

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 **Supply and Delivery of Road Base**. 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. Please utilize the attached Revised Schedule of Values to submit your pricing.**

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.



Signature of Bidder Acknowledging Receipt of
Addendum No. (1) One to be attached in front of Bid

SCHEDULE OF VALUES – REVISED 5/26/17

Item Number	Commodity Description	Unit Cost
1	Supply and Delivery of Road Base	\$ <u>16.75</u> Per Ton
2	Pick up Road Base with Wellington Vehicle	\$ <u>9.50</u> Per Ton
3	Supply and Delivery of #57 Rock	\$ <u>26.75</u> Per Ton
4	Pick up #57 Rock at Pit With Wellington Vehicle	\$ <u>19.50</u> Per Ton ^o
5	Supply and Delivery of RCA (Recycled Concrete Aggregate) #57 Rock – (Or Equal Product)	\$ <u>NB</u> Per Ton
6	Pick up RCA (Recycled Concrete Aggregate) #57 Rock – (Or Equal Product) at Pit With Wellington Vehicle	\$ <u>NB</u> Per Ton

Bidder understands and agrees that awarded vendor(s) will be paid based upon items and quantities actually accepted by owner. Wellington will evaluate items listed on the Schedule of Values independently. Wellington reserves the right to award each item independently to the lowest, responsive and responsible bidder and to award contracts to multiple proposers. All pricing shall include labor, materials, equipment, fuel, shipping, delivery and all other necessary items.

***SAMPLES:**

Proposers will be required to provide a sample of material to Wellington's Roads Department Supervisor for testing and analysis. Samples must be furnished free of expense to Wellington. Proposers will be responsible for the removal of all samples furnished within (14) days after quote deadline. **Each sample shall be properly labeled with proposers name and delivered in quantities of no less than half a bucket.** Failure of proposer to either deliver required samples or to clearly identify samples may be reason for rejection of quote. Samples should be delivered to: Attention Emma Ramirez; Village Hall; 12300 Forest Hill Blvd; Wellington FL 33414. Samples are also due by the bid opening deadline, no later than June 6, 2017 at 10:00 AM Local Time.

QUESTIONNAIRE

The following Questionnaire shall be completed and submitted in 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? 60

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

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: purchase@margatefl.com

<u>City of Margate (co-op Bid), 5790 Margate Blvd., Margate, FL 33063</u>	<u>(954) 972-6454</u>	
<small>Name</small>	<small>Address</small>	<small>Phone</small>
<small>Name</small>	<small>Address</small>	<small>Phone</small>
<u>City of Miami Beach, 1700 Convention Center Dr., Miami Beach, FL 33139</u>	<u>(305) 673-7490</u>	
<small>Name</small>	<small>Address</small>	<small>Phone</small>
<small>Name</small>	<small>Address</small>	<small>Phone</small>
<u>Broward Cty. School Bd., 7720 W. Oakland Park Blvd., Suite 323, Sunrise, FL 33351</u>	<u>(754) 321-0507</u>	
<small>Name</small>	<small>Address</small>	<small>Phone</small>
<small>Name</small>	<small>Address</small>	<small>Phone</small>
	<u>mark.alan@browardschools.com</u>	
	<small>Address</small>	<small>Phone</small>

5. List the following information concerning all contracts in progress as of the date of submission of this bid. (In case of co-venture, list the information for all co-venturers.)

Name of Project	Owner	Total Contract Value	Contracted Date of Completion	% of Completion to Date
Broward County		\$25,000	still in progress	60%
Sawgrass Commerce Park	CB Construction	\$200,000	" " "	95%
Palm Beach County	Bd. of County Comm.	\$300,000	" " "	90%

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
Palm Beach Aggregates	Material Source

8. What equipment do you own that is available for the work? see attached list

Equipment Type	Equipment Type
see attached list	

9. What equipment will you purchase for the proposed work? _____


10. What equipment will you rent for the proposed work? none
11. State the name of your proposed project manager and give details of his or her qualifications and experience in managing similar jobs.
Tony Angotti. Mr. Angotti has been performing this type of work
for Austin Tupler Trucking for over 18 years.
12. The address of principal place of business is 6570 S.W. 47th Court, Davie, FL 33314
13. The names of the Corporate Officers, or Partners, or Individuals doing business under a trade name, are as follows: Austin W. Tupler, Glen Tupler, Marc Tupler
14. List all organizations which were predecessors to Bidder or in which the principals or officers of the Bidder were principals or officers. N/A
15. 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. N/A
16. 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). N/A
17. 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. N/A
18. 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. N/A
19. 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
20. List and disclose any and all business relations with any members of Wellington Council. N/A

DRUG FREE WORKPLACE

Preference shall be given to businesses with drug-free workplace programs. 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

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

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

1. This sworn statement is submitted to Wellington [print name of the public entity]

by Austin Tupler Trucking, Inc. for Glen Tupler, President
[print name of entity submitting sworn statement] [print individual's name and title]

whose business address is 6570 S.W. 47 Ct. Davie, FL 33314 and (if applicable) its Federal Employer Identification Number (FEIN) is 59-1426412 (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 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:
a. A predecessor or successor of a person convicted of a public entity crime; or
b. 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.

4. 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.

STATE OF Florida

COUNTY OF Broward

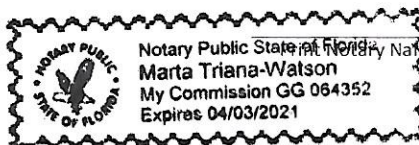
[signature]

May 31, 2017
[date]

Subscribed and Sworn to (or affirmed) before me on May 31, 2017 by Glen Tupler
[date] [name]

He/she is personally known to me or has presented _____ as identification.
[type of identification]

[Notary's Signature and Seal]



**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: Austin Tupler Trucking, Inc.
2. The address of the business is: 9020 Bellhurst Way, #101, West Palm Beach, FL 33411
3. How long has the business been located at its current address: since 8/16
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: N/A
6. The previous address of the business is: 3361 Belvedere Road, Suite D, West Palm Beach, FL
33406

7. How long was this business at the previous location: 10 years

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.

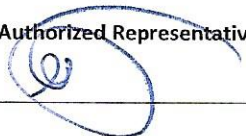
11. Please provide a Certificate of Good Standing indicating the formation or domestication of the entity in and for the State of Florida is attached.

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 - 59-1426412 Applicants Business Address 9020 Bellhurst Way, #101
West Palm Beach, FL 33411

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



Print Name: Glen Tupler

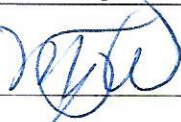
Title: President

Date: May 31, 2017

CITY OF: Davie

COUNTY OF: Broward

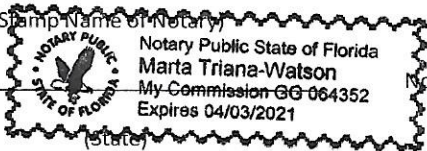
SUBSCRIBED AND SWORN TO (or affirmed) before me on this 31st day of May, 2017, by Glen Tupler. He/She is personally known to me or has presented _____ as identification.



(Signature of Notary)

(Print or Stamp Name of Notary)

Notary Public



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.

Austin Tupler Trucking, Inc.

COMPANY NAME

AUTHORIZED SIGNATURE

Glen Tupler
NAME (PRINT OR TYPE)

CONFLICT: 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.

COMPANY NAME

AUTHORIZED SIGNATURE

NAME (PRINT OR TYPE)

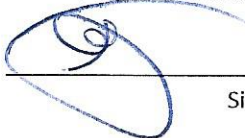
NON-COLLUSION AFFIDAVIT

State of Florida

County of Broward

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.

Austin Tupler Trucking, Inc.
Name of Bidder
Glen Tupler
Print name of designated signatory

Signature
President
Title

On this 31st day of May, 2017, before me appeared Glen Tupler personally known to me to be the person described in and who executed this Affidavit 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

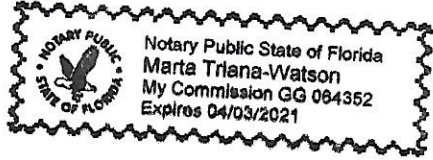
Notary Public in and for the State of _____

(Name Printed)

Residing at _____

My commission expires _____

(Affix Seal Here)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/31/2017

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 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 South Atlantic Insurance 7451 Wiles Road, Suite 103 Coral Springs FL 33067	CONTACT NAME: Jack Ebert PHONE (A/C. No. Ext.): (954) 755-8577 E-MAIL ADDRESS: CERTS@SATLANTICINS.COM	FAX (A/C. No.): (954) 755-9556
	INSURER(S) AFFORDING COVERAGE	
INSURED AUSTIN TUPLER TRUCKING INC. 6570 SW 47TH COURT FT. LAUDERDALE FL 33314	INSURER A: CATLIN SPECIALTY INS CO INSURER B: ZURICH INSURANCE COMPANY INSURER C: GENERAL STAR INDEMNITY CO INSURER D: StarStone Specialty Insurance INSURER E: INSURER F:	NAIC # 15989 16535 37362 44776

COVERAGES **CERTIFICATE NUMBER: MASTER CERT 2017** **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			
A	GENERAL LIABILITY			0901500863	3/1/2017	3/1/2018	EACH OCCURRENCE	\$ 1,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:									PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$ 2,000,000			
B	AUTOMOBILE LIABILITY			TRK9342835-03	9/16/2016	9/16/2017	PRODUCTS - COMP/OP AGG	\$ INCLUDED		
	<input type="checkbox"/> ANY AUTO						DEDUCTIBLE	\$ 500		
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS							BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> PD DED \$1000								BODILY INJURY (Per accident)	\$
C	UMBRELLA LIAB			IXG423039	3/1/2017	3/1/2018	PROPERTY DAMAGE (Per accident)	\$		
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR							PIP-Basic	\$ 10,000
	<input type="checkbox"/> CLAIMS-MADE								EACH OCCURRENCE	\$ 1,000,000
	DED	RETENTION \$				AGGREGATE	\$ 1,000,000			
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UBENY105023116	1/29/2017	1/29/2018	WC STATU-TORY LIMITS	OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$
									E.L. DISEASE - POLICY LIMIT	\$
D	POLLUTION LIABILITY						DEDUCTIBLE \$2,500	1,000,000		
									AGGREGATE	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
SEE VEHICLE LIST ATTACHED
 SCOPE OF BUSINESS: HAULING SAND AND GRAVEL FOR HIRE

CERTIFICATE HOLDER VILLAGE OF WELLINGTON C/O INSURANCE TRACKING SERVICES INC (TTS) PO BOX 20270 LONG BEACH, CA 90801	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 Jack Ebert/LORENN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/22/2017

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 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 Robertson Ryan & Associates, Inc 6015 Durand Avenue Suite 300 Racine WI 53406	CONTACT NAME: Mark H Denman PHONE (A/C, No, Ext): 262-504-3843 E-MAIL ADDRESS: mdenman@robertsonryan.com	FAX (A/C, No): 262-886-3947
	INSURER(S) AFFORDING COVERAGE INSURER A: Technology Insurance Company	
INSURED Harbor America Holdings Inc. LCF Austin Tupler Trucking, Inc. 21977 E Wallis Drive Porter TX 77365	HARBAME-01	
INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 753375360

REVISION NUMBER:

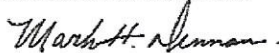
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TWC3614607	3/1/2017	3/1/2018	X PER STATUTE	
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Village of Wellington c/o Insurance Tracking Services, Inc. (ITS) P.O. Box 20270 Long Beach, CA 90801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF INSURANCE

ALLSTATE INSURANCE COMPANY ALLSTATE INDEMNITY COMPANY ALLSTATE TEXAS LLOYD'S

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

CERTIFICATE HOLDER	NAMED INSURED
Name and Address of Party to Whom this Certificate is Issued	Name and Address of Insured
VILLAGE OF WELLINGTON C/O INSURANCE TRACKING SERVICES, INC. (ITS) P.O. BOX 20270 LONG BEACH, CA 90801	AUSTIN TUPLER TRUCKING, INC. M&G FILL CORP., GLEN CONTRACTING, INC. 6570 S.W. 47TH COURT DAVIE, FL 33314

This is to certify that policies of insurance listed below have been issued to the insured named above subject to the expiration date indicated below, 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.

TYPE OF INSURANCE AND LIMITS

COMMERCIAL GENERAL LIABILITY	Policy Number	N/A	Effective Date	Expiration Date
Limit		Amount		
GENERAL AGGREGATE LIMIT (Other than Products - Completed Operations)		\$		
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT		\$		
PERSONAL AND ADVERTISING INJURY LIMIT		\$		
EACH OCCURRENCE LIMIT		\$		
PHYSICAL DAMAGE LIMIT		\$ ANY ONE LOSS		
MEDICAL EXPENSE LIMIT		\$ ANY ONE PERSON		
WORKERS' COMPENSATION & EMPLOYERS' LIABILITY	Policy Number	N/A	Effective Date	Expiration Date
Coverage	Limits			
WORKERS' COMPENSATION	STATUTORY - applies only in the following states:			
EMPLOYERS' LIABILITY	BODILY INJURY BY ACCIDENT	\$	EACH ACCIDENT	
	BODILY INJURY BY DISEASE	\$	EACH EMPLOYEE	
	BODILY INJURY BY DISEASE	\$	POLICY LIMIT	
AUTOMOBILE LIABILITY	Policy Number	648656635	Effective Date	Expiration Date
			08/08/16	08/08/17
Coverage Basis		Limits		
<input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS (Collision & Comprehensive - \$1,000 deductible) <input type="checkbox"/> SPECIFIED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> OWNED PRIVATE PASSENGER AUTOS <input type="checkbox"/> OWNED AUTOS OTHER THAN PRIVATE PASSENGER		Combined Single Limit of Liability		
		BODILY INJURY & PROPERTY DAMAGE	\$ 1,000,000	EACH ACCIDENT
		Split Liability Limits		
		Bodily Injury	Property Damage	Each
		\$		PERSON
		\$	\$	ACCIDENT
UMBRELLA LIABILITY	Policy Number	N/A	Effective Date	Expiration Date
EACH OCCURRENCE				
\$	\$	\$		
GENERAL AGGREGATE		PRODUCTS - COMPLETED OPERATIONS AGGREGATE		
OTHER (Show type of Policy)	Policy Number		Effective Date	Expiration Date
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS				
CANCELLATION				
Number of days notice	30	Ron Bradley	Bradley Insurance Group, Inc.	6/02/17
		Authorized Representative		Date
Should any of the above described policies be cancelled before the expiration date, the issuing company will endeavor to mail within the number of days entered above, written notice to the certificate holder named above. But failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.				



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783**

(850) 487-1395

TUPLER, GLEN D
AUSTIN TUPLER TRUCKING INC
6570 SW 47TH CT
DAVIE FL 33314

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
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

CGC037393 ISSUED: 06/22/2016

CERTIFIED GENERAL CONTRACTOR
TUPLER, GLEN D
AUSTIN TUPLER TRUCKING INC

IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date AUG 31, 2018 L1606220001075

DETACH HERE

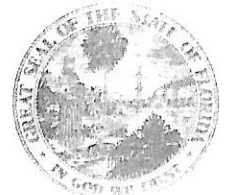
RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CGC037393	

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



TUPLER, GLEN D
AUSTIN TUPLER TRUCKING INC
6570 SW 47TH CT
DAVIE FL 33314





ANNE M. GANNON
 CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County

P.O. Box 3353, West Palm Beach, FL 33402-3353
 www.pbctax.com Tel: (561) 355-2264

****LOCATED AT****
 6570 SW 47TH CT
 DAVIE, FL 33314-4335

Serving you.

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
48-0004 VEHICLE FOR HIRE	TUPLER AUSTIN W		B16 480816 - 07/14/16	\$33.00	B40102224

This document is valid only when receipted by the Tax Collector's Office.

**STATE OF FLORIDA
 PALM BEACH COUNTY
 2016/2017 LOCAL BUSINESS TAX RECEIPT**

**LBTR Number: 198709795
 EXPIRES: SEPTEMBER 30, 2017**

AUSTIN TUPLER TRUCKING INC
 AUSTIN TUPLER TRUCKING INC
 6570 SW 47TH CT
 DAVIE, FL 33314-4335

B1 - 299



This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.



**PALM BEACH COUNTY
PLANNING, ZONING & BUILDING**
2300 N. Jog Road
West Palm Beach FL 33411
(561) 233-5000 or (888) 236-3809

Receipt No: 2017-0511-278

Fee Details

Tracking No	Fee Code	Fee Description	Amount
BTR-2017-00988	03704	Business Tax Receipt Zoning Verification	97.00
Total:			97.00

Payment Details

Payment From	Description	Amount
Austin Tupler Trucking Inc	Cash	97.00
Total:		97.00

Date Received: 05/11/2017 11:20:47 Register No: 3 Cashier ID: RTORRES

General Info: www.pbcgov.com/pzb

Permit & Inspection Info: www.pbcgov.com/pzb/building

Automated Inspections: (561) 355-2222 or (888) 236-3807 **Building Division:** (561) 233-5100
Contractors Certification: (561) 233-5525 **Code Enforcement:** (561) 233-5500
Planning: (561) 233-5300 **Zoning:** (561) 233-5200

NOTE: We are currently waiting to receive this license.