

FINANCE & ADMIN. SERVICES DEPARTMENT
Purchasing Division
Phone: 954-572-2274



February 25, 2026

Sent Via Email: rbaker@ceswaterquality.com

Mr. Mark Robinson, Senior Vice President
Commercial Energy Specialists, LLC
952 Jupiter Park Lane, Suite 1
Jupiter, Florida 33458

Subject: Award– Southeast Florida Governmental Purchasing Cooperative Group
Bid Title: Swimming Pool Chemicals
Bid No. 26-13-11-HR

Dear Mr. Robinson:

I would like to inform you that the City of Sunrise Commission awarded the above referenced bid for Swimming Pool Chemicals on February 24, 2026. The initial contract period shall be for one year, March 26, 2026 through March 25, 2027 with an option for renewal by written notification for two (2) renewals consisting of one (1) year each, providing all terms and conditions remain the same.

Please be advised that your firm was awarded the above referenced bid (multi-award) for the following item:

Chlorine Briquettes, Pulsar Brand, 50# Pail Item 15 Bid Price \$178.70/pail

Balance of Line 10-20% Discount

Rush Fee for Expedited Delivery within 48 hours of notice: \$75.00/delivery

If you have not already done so, please submit a current Certificate of Insurance listing the City of Sunrise as additional insured for the amounts indicated in the bid document. Please send same to my attention at Purchasing Division, City of Sunrise, 10770 W. Oakland Park Blvd., Sunrise, FL 33351 or email: hraphaelson@sunrisefl.gov.

If I can be of further assistance, please do not hesitate to contact me at 954-572-2202.

Best Regards,

A handwritten signature in black ink that reads "Holly Raphaelson". The signature is written in a cursive, flowing style.

Holly Raphaelson, C.P.M., CPPO, CPSM, NIGP-CPP, FCCM
Procurement Specialist

cc: Southeast Florida Governmental Purchasing Cooperative Group

SECTION 5 - BID SUBMISSION CHECK LIST

<p>COMPANY NAME: (Please Print): <u>Commercial Energy Specialists, LLC</u></p> <p>Phone: <u>561-354-2712</u> Fax: <u>561-746-5898</u></p>
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BEFORE SUBMITTING YOUR BID, MAKE SURE YOU...

- X 1. Carefully read the SPECIFICATIONS.
- X 2. Properly fill out the BID SHEET and CERTIFICATION PAGE (Schedule "A").
- X 3. Fill out and sign the NON-COLLUSION AFFIDAVIT (Schedule "B") and have it properly notarized.
- X 4. Sign the VENDOR DRUG FREE STATEMENT (Schedule "C").
- X 5. Fill out the VENDOR QUALIFICATION STATEMENT (Schedule "D").
- NA 6. Include WARRANTY INFORMATION FORM AND EXHIBITS (Schedule "E"), if required.
- X 7. CHECK THE INSURANCE and LICENSE requirements to be sure you comply, and submit PROOF of INSURANCES or LICENSES, with your Bid (Schedule "F").
- NA 8. Complete STATEMENT OF NO BID (Schedule "G"), if applicable.
- X 9. Complete Affidavit of Compliance with Foreign Entity Laws (Schedule "H"), if required.
- X 10. Complete Affidavit of Compliance with Human Trafficking Laws (Schedule "I") and have it properly notarized.
- X 11. Submit Electronically via Demandstar.com.
- X 12. Make sure your BID is submitted prior to the deadline. Late Bids will not be accepted.

FAILURE TO PROVIDE THE REQUESTED SCHEDULES MAY RESULT IN YOUR BID BEING DEEMED NON-RESPONSIVE.

THIS PAGE AND THE FOLLOWING PAGES ARE TO BE RETURNED WITH YOUR BID.

THIS SHOULD BE THE FIRST PAGE OF YOUR BID.

SECTION 6 – BID SUBMISSION PACKAGE

**SCHEDULE "A"
CITY OF SUNRISE
BID SHEET & CERTIFICATION**

ALL BIDS SHALL REMAIN VALID FOR NINETY (90) DAYS AFTER BID OPENING

Item No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	EXTENDED PRICE
1.	26	Soda Ash, Granular, Dosage: 1 lb per 10,000 gallons (if pH is below 7.2) 50 LB bag	Brenntag Mid South, Inc. Soda Ash, Lite Int - 100 - FMC	\$ <u>40.24</u> /bag	\$ <u>1,0426.24</u>
2.	140	Diatomaceous Earth Pool grade 50 LB bag	No Bid	\$ _____ /bag	\$ <u>0.00</u>
3.	1,924	Sodium Bicarbonate Food Grade, NaHCO3 99% 50 LB bag	Proline, Sodium Bicarbonate	\$ <u>48.58</u> /bag	\$ <u>93,467.92</u>
4.	59	Cyanuric Acid 100 LB drum	No Bid	\$ _____ /drum	\$ <u>0.00</u>
5.	12	Cyanuric Acid 50 LB drum	No Bid	\$ _____ /drum	\$ <u>0.00</u>
6.	52	Muriatic Acid Food Codex Grade, Hydrochloric Acid 31.45%, CAS 7647-01-55 Gallon drum	Brenntag Mid South, Inc. Hydrochloric Acid, 20 Deg = 31.45% - 35.24%	\$ <u>405.93</u> /drum	\$ <u>21,108.36</u>
7.	10,390	Muriatic Acid Food Codex Grade, Hydrochloric Acid 31.45%, CAS 7647-01-1 1 Gallon container	Sentry Industries, Hydrochloric Acid, Muriatic Acid 31.45%, CAS 7647-01-1 1 Gallon container	\$ <u>7.04</u> /gallon	\$ <u>73,145.60</u>
8.	1,715	Calcium Chloride 77% Flake 50 LB bag	Diversified, Calcium Chloride Hardness Increaser Flake 77% 50 lb Bag	\$ <u>43.90</u> /bag	\$ <u>7,682.50</u>
9a.	52,950	Sodium Hypochlorite- Batch (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	No Bid	\$ _____ /gallon	\$ <u>0.00</u>
9b.	98,290	Sodium Hypochlorite- Batch (Liquid Chlorine) (No minimum quantity)	No Bid	\$ _____ /gallon	\$ <u>0.00</u>
10a.	120,925	Sodium Hypochlorite- Continuous (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	No Bid	\$ _____ /gallon	\$ <u>0.00</u>

Commercial Energy Specialists, LLC

Vendor Name

Mark Robinson

Name of Authorized Person

Item No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	EXTENDED PRICE
10b.	224,575	Sodium Hypochlorite- Continuous (Liquid Chlorine) (No minimum quantity)	No Bid	\$ _____ /gallon	\$ 0.00
11.	65	Chlorine Dry Tablet (3" Tablet) 50 LB pail	No Bid	\$ _____ /pail	\$ 0.00
12.	24	Sodium Trichloride 50 LB bag	No Bid	\$ _____ /bag	\$ 0.00
13.	44	Calcium Hypochlorite 100 LB drums	No Bid	\$ _____ /drum	\$ 0.00
14.	112	Calcium Hypochlorite 25 LB pail	Solenis, Pulsar Power Shock	\$ 206.45/pail	\$ 23,122.40
15.	4,036	Chlorine Briquettes, Pulsar Brand only, no substitutes 50 LB pail	Solenis, Pulsar Briquettes	\$178.70/pail	\$ 721,233.20
16.	120	Potassium Peroxymonosulfate 50 LB pail	Truox, Inc. Purolyte, 99% Monopersulphate	\$288.08/pail	\$ 34,569.60
17.	1,940	Course Rock Salt, Morton White Crystal Solar Salt, or equal 50 LB pail	No Bid	\$ _____ /pail	\$ 0.00
18.	88	Tile Cleaner 1 Quart Container	Jacks Magicm Products Power Blue Water Line & Tile Cleaner, 32oz	\$ 15.96 /container	\$ 1,404.48
19.	50	All Clear Mustard Knock-out, or equal 2 LB Container	No Bid	\$ _____ /container	\$ 0.00

TOTAL BID OFFER (Items 1-19): \$ 976,780.30

Nine hundred seventy six thousand, seven hundred eighty dollars and thirty cents.

(Written Dollar Amount)

Commercial Energy Specialists, LLC

Mark Robinson

Vendor Name

Name of Authorized Person

CONTINGENCY PRICING

RUSH Fee for Expedited Delivery within 48 Hours of notice.	\$ 75.00 /delivery
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Vendors to indicate the percentage (%) off the balance of line. 10 - 20 %

Vendor to indicate, any drum deposit charges, if applicable: Item No. _____ \$ N/A

All deliveries will be made by Common Carrier ONLY. Yes No _____

SCHEDULE "A"
(Continued)

Delivery will be made within _____ calendar days after receipt of purchase order. *(To Be Completed ONLY if Bidder is unable to comply with specified delivery requirements indicated within the bid document.)*

If applicable, would you extend the prices bid herein to other municipalities? Award of bid is not contingent upon concurrence with this offer to other municipalities. Yes: No: _____

ADDENDUM RECEIPT

Bidder shall acknowledge below the receipt of any and all addenda, if any, by listing the Addenda No. and date of issuance.

ADDENDUM NO: _____/DATE _____ ADDENDUM NO: _____/DATE _____
ADDENDUM NO: _____/DATE _____ ADDENDUM NO: _____/DATE _____

I, the undersigned hereby agree to furnish the items and / or services described in this Invitation for Bid. I certify that I have read the entire document, including the Specifications, Requirements, Terms & Conditions and Schedules, and agree to furnish the items and services under the requirements of the Bid.

I also certify that this Bid is submitted without prior understanding, agreement, or connection with any corporation, firm or person submitting a Request for Submittal for the same materials, services, and supplies and is in all respects fair and without collusion or fraud.

The Respondent certifies by his/her signature that the person signing this Certification is authorized to bind the firm by their signature.

Company Name: Commercial Energy Specialists, LLC

Address 952 Jupiter Park La, Suite 1

City Jupiter State FL Zip 33458

Phone# 561-354-2712 E-Mail rbaker@ceswaterquality.com

Signature:  Title Senior Vice President

Printed Name: Mark Robinson

FEID or Social Security No. 59-2550057

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

Please be advised that pursuant to Section 119.071(5) (a) 2. a., Florida Statutes, the City of Sunrise ("City") discloses that the City requests your social security number for the purpose of payroll eligibility verification, processing employment benefits, income reporting, tax reporting, background checks on employee applicants, advisory board applicants and other City program volunteers. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

**SCHEDULE "B"
CITY OF SUNRISE
NON-COLLUSION AFFIDAVIT**

This affidavit is to be filled in, executed and notarized by the Bidder. If the bid is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the bid.

STATE OF Florida)
) SS
COUNTY OF Palm Beach)
Mark Robinson, being first duly sworn, deposes and says that
(Type or print name of person who is signing below)

1. He/she is the Senior Vice President (Owner, Partner, Officer, Representative or Agent) of the Bidder that has submitted the attached Bid.
2. He/she is fully informed with respect to the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid.
3. Said Bid is made without any connection or common interest in the profits with any other persons making a Bid for the said commodities/services. Said Bid is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Sunrise is directly or indirectly interested therein. If any relatives are employed by the City, indicate name and relationship below.
4. Under penalty of perjury, I certify that the information presented in this Affidavit is true and accurate. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in disqualification from submitting bids, and/or referral to criminal law enforcement. The information provided is subject to verification by the City of Sunrise.
5. I understand that Florida Statutes Chapter 817 provides that willful false statements or misrepresentation is a misdemeanor of the first degree punishable by fines or imprisonment provided under Florida Statutes §775.082 or 775.83. I further understand that any willful misstatement of information will be grounds for disqualification. I certify, under oath, that the information provided is true and correct.

Name: _____ Relationship: _____
Name: _____ Relationship: _____

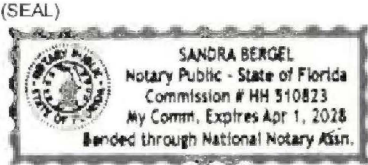
Company Name: Commercial Energy Specialists, LLC

Bidder's Authorized Signature: [Handwritten Signature]

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 27 day of January, 2021, by Mark R., as Senior VP (title) of Commercial Energy S. (Company).

[Handwritten Signature]
Signature of Notary Public - State of Florida



[Handwritten Signature]
Print, type or stamp commissioner name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced Driver License

**SCHEDULE "C"
CITY OF SUNRISE**

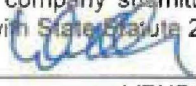
BIDDER'S DRUG - FREE WORKPLACE CERTIFICATION

Preference may be given to Vendors submitting a certification with their bid/Bid certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

IDENTICAL SUBMISSIONS - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids, Bids or replies which are equal with respect to price, quality, and service are received by the State or by any political subdivision 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 shall 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 shall:

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

I hereby certify that the company submitting this Bid has established a Drug Free work place program in accordance with State Statute 287.087



VENDOR'S SIGNATURE
Commercial Energy Specialists, LLC

COMPANY'S NAME

SCHEDULE "D"
CITY OF SUNRISE
BIDDER'S QUALIFICATION STATEMENT

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions made hereinafter:

Company Name: Commercial Energy Specialists, LLC

Address: 952 Jupiter Park La, Suite 1 Jupiter FL 33458
Street City State Zip Code

Telephone: (561-) 354-2712 E-Mail: rbaker@ceswaterquality.com

Web Site: www.aquafinity.com

How many years has your organization been in business under its present name? 43

If Bidder is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statute:

Under what former names has your business operated? : Commercial Energy Specialists, Inc.

At what address was that business located? 952 Jupiter Park Lane, Suite 1, Jupiter FL 33458

Are You Certified? Yes No X If Yes, ATTACH COPY OF LICENSE
Are You Licensed? Yes X No If Yes, ATTACH COPY OF LICENSE

Has your company or its senior officers ever declared bankruptcy? Yes No X

If yes, explain:

Are you a sales representative, distributor, X broker, manufacturer of the commodities/services bid upon?

Have you ever received a Contract or a Purchase Order from the City of Sunrise or other government entity? Yes X No If Yes, explain (date, service/project, bid title, etc.)

Bid 23-05-12-HR Swimming Pool Chemicals, Pulsar Chlorine Briquettes & Potassium Peroxymonosulfate, 3/14/23 - 3/26/26

Have you ever received a complaint on a Contract or bid awarded to you by any government entity? Yes No X if yes, explain:

Have you ever been debarred or suspended from doing business with any government entity? Yes No X If Yes, explain

Please identify each incident within the last five (5) years where a civil, criminal, administrative, other similar proceeding was filed or is pending; if such proceeding arises from or is a dispute concerning the Consultant's rights, remedies or duties under a Contract for the same or similar type services to be provided under this Bid:

None

(Attach additional sheets as necessary)

SCHEDULE "D"
(Continued)
REFERENCES:

List all pertinent government agencies and private firm(s) with whom you have done business within the past three (3) years:

Agency/Firm Name: Palm Beach County
Address: 2700 6th Ave. S.

City/State/Zip Code: Lake Worth, FL 33461
Phone: (561) 379-8529
Fax: (561) 274-1150
Contact: Daniel Mark
E-Mail: dmark@pbc.gov

Agency/Firm Name: Collier County
Address: 3299 Tamiami Trail E
Ste 700
City/State/Zip Code: Naples, FL 34112
Phone: (239) 877-8292
Fax: (239) 774-6179
Contact: Dayne Atkinson
E-Mail: dayne.atkinson@collier.gov

Agency/Firm Name: Martin County
Address: Sailfish Splash Water Park
931 SE Ruhnke St
City/State/Zip Code: Stuart, FL 34994
Phone: (882) 266-8675
Fax: (772) 334-4215
Contact: Travis Natiello
E-Mail: tnatiello@martin.fl.us

Agency/Firm Name: City of Altamonte Springs
Address: 225 Newburyport Ave
Altamonte Springs
City/State/Zip Code: FL 32701
Phone: (407) 782-0632
Fax: (407) 571-8082
Contact: Daniel Yarborough
E-Mail: DYarborough@altamonte.org

Agency/Firm Name: Breakers Palm Beach
Address: 1 S County Rd
Palm Beach
City/State/Zip Code: FL 33480
Phone: (561) 758-0603
Fax: (561) 659-8450
Contact: Michael Donlon
E-Mail: Michael.Donlon@TheBreakers.com

Agency/Firm Name: Koch Residence
Address: 974 South Ocean Blvd
City/State/Zip Code: Palm Beach, FL 33480
Phone: (970) 987-2068
Fax: (561) 557-1129
Contact: Rick Burnham
E-Mail: richard.burnham@renergadellc.com

Agency/Firm Name: Charlotte County
Address: 18400 Murdock Circle
Port Charlotte
City/State/Zip Code: FL, 33948
Phone: (941) 235-5024
Fax: (941) 743-1384
Contact: Nancy Pizzino
E-Mail: Nancy.Pizzino@charlottecountyfl.gov

Agency/Firm Name: John's Island Club
Address: 3 Johns Island Dr
City/State/Zip Code: Vero Beach, FL 32963
Phone: (772) 538-4360
Fax: (772) 231-7612
Contact: Ken Keaton
E-Mail: kkeaton@johnsislandclub.org

YOUR COMPANY NAME Commercial Energy Specialists, LLC
ADDRESS 952 Jupiter Park La, Suite 1
Jupiter, FL 33458
PHONE: 561-354-2712
EMAIL: rbaker@ceswaterquality.com

**SCHEDULE "E"
CITY OF SUNRISE**

WARRANTY INFORMATION FORM

ALL BLANKS SHOULD BE FILLED IN AND SUBMITTED WITH BID
MINIMUM WARRANTY SHALL BE AS SPECIFIED HEREIN

MAKE AND MODEL OF ITEM PROPOSED:

N/A

DOES WARRANTY APPLY TO ENTIRE PACKAGE OR ONLY TO SPECIFIC PARTS? (State Explicitly)

N/A

DOES WARRANTY INCLUDE LABOR FOR REPLACEMENT OF DEFECTIVE PARTS?

YES N/A NO

WARRANTY PERIOD FOR PARTS REPLACEMENT N/A

WHO WILL PROVIDE LABOR, AND WHERE, IN THE EVENT OF FAILURE WITHIN WARRANTY PERIOD?

N/A

TELEPHONE: EMAIL:

NEAREST SOURCE TO THE CITY OF SUNRISE FOR PARTS AND SERVICE AFTER WARRANTY PERIOD:

N/A

TELEPHONE: EMAIL:

A COPY OF COMPLETE WARRANTY STATEMENT IS SUBMITTED HEREWITH:

YES N/A NO

NAME OF BIDDER: Mark Robinson, Commercial Energy Specialists, LLC

SIGNATURE AND TITLE:  Senior Vice President

TELEPHONE: 561-744-1557 DATE: 1/27/26

**SCHEDULE "F"
CITY OF SUNRISE**

PROOF OF INSURANCE, REQUIRED LICENSES AND CERTIFICATIONS

ATTENTION BIDDER:

ATTACH TO SCHEDULE "F":

1. PROOF OF INSURANCE AS SPECIFIED HEREIN
2. COPIES OF LICENSES, IF APPLICABLE
3. IRS FORM W-9

NOTE: Only the successful Bidder shall be required to provide a Certificate of Insurance naming the City of Sunrise as additional insured.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/29/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Stephens Insurance, LLC 111 Center Street, Suite 100 Little Rock, AR 72201 www.stephensinsurance.com	CONTACT NAME: Jeanie Miller PHONE (A/C, No, Ext): (205) 847-3908 E-MAIL ADDRESS: Jeanie.miller@stephens.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Commercial Energy Specialists, LLC 952 Jupiter Park Lane, Suite 1 Jupiter FL 33458	INSURER A: Aspen Specialty Insurance Company	NAIC # 10717
	INSURER B: Travelers Casualty and Surety Co of Amer	31194
	INSURER C:	21458
	INSURER D:	
	INSURER E:	
	INSURER F:	


COVERAGES **CERTIFICATE NUMBER:** 86460279 **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 SUBR (INSR W/O)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ERACCC925	8/1/2025	8/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> Comp/Coll Ded. \$ 1,000		810-8W994744-25-43-G	8/1/2025	8/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		EXACCCA25	8/1/2025	8/1/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
B	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 <input checked="" type="checkbox"/> N		UB-9W057283-25-43-G	8/1/2025	8/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	General Pollution Liability -Contractors Poll (Ded \$15K) -On/Off Site Pollution (Ded \$15K) Professional (Ded \$15K)		ERACCC925	8/1/2025	8/1/2026	Each Incident \$1,000,000 \$1,000,000 \$1,000,000

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

Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER City of Sunrise - Purchasing Dept 10770 West Oakland Park Blvd. Sunrise FL 33351	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  Michael L. Wilson

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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

CONSTRUCTION INDUSTRY LICENSING BOARD

THE SERVICE POOL/SPA CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

MENDOZA, ALVARO GONZALEZ

COMMERCIAL ENERGY SPECIALIST LLC
952 JUPITER PARK LANE
SUITE 1
JUPITER FL 33458

LICENSE NUMBER: CPC1456519

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 08/24/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



**Request for Taxpayer
Identification Number and Certification**

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

COMMERCIAL ENERGY SPECIALISTS, LLC

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

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor C corporation S corporation Partnership Trust/estate

LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) **P**

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See Instructions

5 Address (number, street, and apt. or suite no.). See instructions.

952 JUPITER PARK LANE, SUITE #1

6 City, state, and ZIP code

JUPITER, FLORIDA 33458

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

Social security number

				-						
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OR

Employer identification number

5	9	-	2	5	5	0	0	5	7
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Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person  Date **1/22/26**

General Instructions

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

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

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

**SCHEDULE "G"
CITY OF SUNRISE**

STATEMENT OF NO BID

NOTE: If you do not intend to bid on this solicitation, please return this form immediately. Failure to return this form may result in your name being removed from the list of qualified Bidders for the City of Sunrise. Please indicate bid name and number on the outside of the envelope. Thank you.

MAIL TO: CITY OF SUNRISE
10770 W. OAKLAND PARK BLVD.
SUNRISE, FL 33351
ATTN: CITY CLERK'S OFFICE

We, the undersigned have declined to bid for the following reason:

- _____ Specification too "tight," i.e., geared toward one brand or manufacturer only (explain below).
- _____ Insufficient time to respond to the Invitation for Bid.
- _____ We do not offer this product or an equivalent.
- _____ Our product schedule would not permit us to perform.
- _____ Unable to meet specifications.
- _____ Unable to meet Bond requirements.
- _____ Specification unclear (explain below).
- _____ Other (specify below).

REMARKS:

COMPANY NAME: _____

SIGNATURE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

E MAIL: _____

**SCHEDULE "H"
CITY OF SUNRISE**

AFFIDAVIT OF COMPLIANCE WITH FOREIGN ENTITY LAWS

The undersigned, on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury as follows:

1. Entity is not owned by the government of a foreign country of concern as defined in Section 287.138, Florida Statutes. (Source: § 287.138(2)(a), Florida Statutes)
2. The government of a foreign country of concern does not have a controlling interest in Entity. (Source: § 287.138(2)(b), Florida Statutes)
3. Entity is not organized under the laws of, and does not have a principal place of business in, a foreign country of concern. (Source: § 287.138(2)(c), Florida Statutes)
4. Entity is not owned or controlled by the government of a foreign country of concern, as defined in Section 692.201, Florida Statutes. (Source: § 288.007(2), Florida Statutes)
5. Entity is not a partnership, association, corporation, organization, or other combination of persons organized under the laws of or having its principal place of business in a foreign country of concern, as defined in Section 692.201, Florida Statutes, or a subsidiary of such entity. (Source: § 288.007(2), Florida Statutes)
6. Entity is not a foreign principal, as defined in Section 692.201, Florida Statutes. (Source: § 692.202(5)(a)(1), Florida Statutes)
7. Entity is in compliance with all applicable requirements of Sections 692.202, 692.203, and 692.204, Florida Statutes.
8. *(Only applicable if purchasing real property)* Entity is not a foreign principal prohibited from purchasing the subject real property. Entity is either (a) not a person or entity described in Section 692.204(1)(a), Florida Statutes, or (b) authorized under Section 692.204(2), Florida Statutes, to purchase the subject property. Entity is in compliance with the requirements of Section 692.204, Florida Statutes. (Source: §§ 692.203(6)(a), 692.204(6)(a), Florida Statutes)

9. The undersigned is authorized to execute this affidavit on behalf of Entity

Date: January 27, 2026 Signed: [Signature]

Entity: Commercial Energy Specialists, LLC Name: Mark Robinson

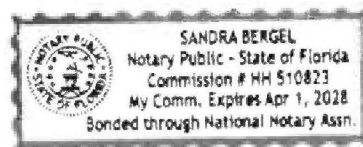
Title: Senior Vice President

STATE OF Florida
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 27 day of January, 2026, by Mark Robinson, as Senior V.P. for Commercial Energy Specialists LLC, who is personally known to me or who has produced Driver License as identification.

Notary Public Signature: Sandra Bergel
Print Name: Sandra Bergel

State of Florida at Large (Seal)
My commission expires: 4/1/28



**SCHEDULE "I"
CITY OF SUNRISE**

AFFIDAVIT OF COMPLIANCE WITH HUMAN TRAFFICKING LAWS

In accordance with section 787.06 (14), Florida Statutes, the undersigned, on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury that:

1. The Affiant is an officer or representative of the Entity entering into an agreement with the City of Sunrise.

2. The Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes, entitled "Human Trafficking".

3. The Affiant is authorized to execute this Affidavit on behalf of the Entity.

4. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

5. Pursuant to Sec. 92.525(2), Fla. Stat., under penalties of perjury, I declare that I have read the foregoing affidavit of compliance with Human Trafficking Laws and that the facts stated in it are true.

Date: 1/27/26
Entity: Commercial Energy Specialists, LLC
Signature: [Handwritten Signature]
Print Name: Mark Robinson
Title: Senior Vice President

STATE OF Florida
COUNTY OF Palm Beach

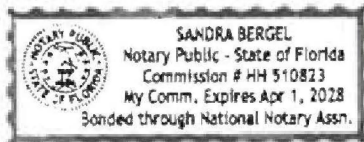
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 27 day of January, 2026, by Mark Robinson, as Senior V.P. of Commercial Energy Specialists.

[Handwritten Signature: Sandra Bergel]

(SEAL)

Signature of Notary Public – State of Florida

[Handwritten Name: Sandra Bergel]



Print, type of stamp commissioned name of Notary Public

Personally Known OR Produced Identification
Type of Identification Produced Driver License