

BID 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: 561-791-4154

Wellington
INVITATION TO BID

COMMODITY/SERVICE

BID TITLE:
Annual Public Works Contract

BID NO:
003-26/MM

NAME OF FIRM, ENTITY, or ORGANIZATION:
Johnson- Davis Incorporated

NAME OF CONTACT PERSON William Cryer	VENDOR MAILING ADDRESS: 604 Hillbrath Drive	CITY: Lantana	ZIP: 33462	STATE: FL
--	---	-------------------------	----------------------	---------------------

TITLE Vice President	VENDOR HEADQUARTERS ADDRESS (IF DIFFERENT):	CITY:	ZIP:	STATE:
--------------------------------	--	--------------	-------------	---------------

PHONE NUMBER: 561-588-1170	FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): 59-1753888
--------------------------------------	--

EMAIL ADDRESS: jamsler@johnsondavis.com	STATE OF FLORIDA BUSINESS LICENSE NUMBER (IF APPLICABLE)
---	---

FAX NUMBER: (561) 585-5252	
--------------------------------------	--

ORGANIZATIONAL STRUCTURE (Please Check One):
Corporation ☒ Partnership ☐ Proprietorship ☐ Joint Venture ☐ Other ☐

If Corporation, please provide the following:

(A) Date of Incorporation: 07/6/1977
Month / Day / Year

(B) State or Country of Incorporation: Florida

Council

Michael J. Napoleone, Mayor
Tanya Siskind, Vice Mayor
John T. McGovern, Councilman
Maria Antuña, Councilwoman
Amanda Silvestri, Councilwoman

Manager
Jim Barnes

ITB No. 003-26/MM

Title: Annual Public Works Contract

Revised New Bid Opening: December 11, 2025 at 11:00 am Local Time

Addendum Date: November 19, 2025

ADDENDUM NO. ONE

PURPOSE: The purpose of this Addendum/NOTICE is to make changes, additions, deletions, revisions, and clarifications to the Invitation to bid (ITB) documents for the **Annual Public Works Contract**. Bidders shall review the Addendum requirements in detail.

1. The Bid Opening Date has changed from December 2, 2025 to December 11, 2025 at 11:00 am Local Time.

All Bids must be received, no later than December 11, 2025 at 11:00 am Local Time, at which time all Bids will be publicly opened and read via Zoom (Meeting ID: 831 4116 5363 Passcode: v=4Dhd)

2. Question: What are the liquidated damages?

Response: The **SPECIAL TERMS AND CONDITIONS** section has been revised to reflect this information and is attached to this addendum. The changes to this section are noted in red. Please refer to this section and attach the signed addendum/revised section to the front of your submitted bid.

3. Question: Is a bid bond required? If so, what is the percentage?

Response: A bid bond is not required with the bid submittal. A Public Construction Bond shall be required for each project over \$200,000, guaranteeing to the Owner the completion and performance of the project covered in this Contract, as well as full payment of all suppliers, material, laborers, or Subcontractors employed pursuant to this Project. The bond shall be furnished prior to issuance of the Purchase Order for the project and shall remain in effect until the project is complete

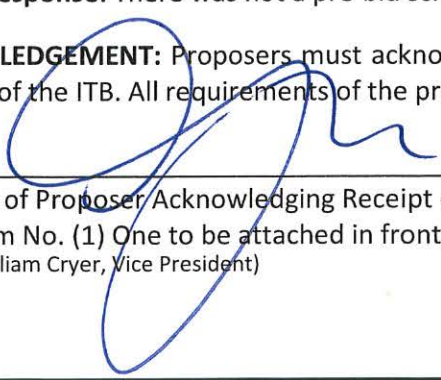
4. Question: What are the engineers estimate or anticipated estimated annual funding

Response: The Public Works Department anticipates using this project Village-wide for approximately the amount of \$895,000 annually.

5. Question: Is there a pre bid meeting? If so, is it optional or mandatory?

Response: There was not a pre-bid scheduled for this solicitation.

ACKNOWLEDGEMENT: Proposers must acknowledge receipt of any and all Addenda. Failure to do so may result in rejection of the ITB. All requirements of the proposal documents remain unchanged except as cited herein.


Signature of Proposer Acknowledging Receipt of
Addendum No. (1) One to be attached in front of ITB
(William Cryer, Vice President)

Council

Michael J. Napoleone, Mayor
Tanya Siskind, Vice Mayor
John T. McGovern, Councilman
Maria Antuña, Councilwoman
Amanda Silvestri, Councilwoman

Manager
Jim Barnes

ITB No. 003-26/MM

Title: Annual Public Works Contract

New Bid Opening: December 11, 2025 at 11:00 am Local Time

Addendum Date: December 1, 2025

ADDENDUM NO. TWO

PURPOSE: The purpose of this Addendum/NOTICE is to make changes, additions, deletions, revisions, and clarifications to the Invitation to bid (ITB) documents for the **Annual Public Works Contract**. Bidders shall review the Addendum requirements in detail.

1. **Question:** Can you clarify whether failure not to bid on all individual line items will result in a disqualification?

Response: No, bidders, may bid on any or all individual line items as outlined in the Schedule of Values in which they are licensed and qualified. Bidder should follow the Schedule of Values instructions which states that if any bid submittal does not contain prices set opposite each of the items for which there is blank space will then be cause for rejection. Any items not bid upon shall be indicated "**NO BID**" in place of the price.

ACKNOWLEDGEMENT: Proposers must acknowledge receipt of any and all Addenda. Failure to do so may result in rejection of the ITB. All requirements of the proposal documents remain unchanged except as cited herein.

Signature of Proposer Acknowledging Receipt of
Addendum No. (2) Two to be attached in front of ITB
(William Cryer, Vice President)

BID PROPOSAL CHECKLIST

Note: Please submit your bid in this order for electronic and paper bids.

YES ☒ NO ☐ 1. Bid submittal – If submitting a paper bid → one (1) original and one (1) PDF (CD) copy or flash drive

YES ☒ NO ☐ 2. Bid Cover Page

YES ☒ NO ☐ 3. Acknowledgment of addendums (if any)

YES ☒ NO ☐ 4. Bid Submittal Form

YES ☒ NO ☐ 5. Schedule of Value

YES ☒ NO ☐ 6. Questionnaire

YES ☒ NO ☐ 7. Drug Free Workplace

YES ☒ NO ☐ 8. Sworn Statement under Section 287.133(3) (a)

YES ☒ NO ☐ 9. Certification Pursuant To Florida Statute § 215.4725 and § 287.135

YES ☒ NO ☐ 10. Conflict of Interest

YES ☒ NO ☐ 11. Non-Collusion Affidavit

YES ☒ NO ☐ 12. Insurance Certificates

YES ☒ NO ☐ 13. Copy of Appropriate Licenses

YES ☒ NO ☐ 14. E-Verify Memorandum of Understanding (MOU)

YES ☒ NO ☐ 15. No Coercion for Labor or Services Affidavit

YES ☒ NO ☐ 16. Foreign Countries of Concern Affidavit

BID SUBMITTAL

To:

Village of Wellington

12300 Forest Hill Blvd.

Wellington, Florida 33414

Johnson- Davis Incorporated

(Vendor)

agrees to provide material and services for the Annual Public Works Contract 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 (William Cryer, Vice President)

Dated this 11th day of December, 2025

(Month)

(Year)

ITEM #	DESCRIPTION	QTY	UNIT	UNIT PRICE
1	Long Boom Trac Backhoe (min 50' reach)	1	HR	\$ 375.00
2	Long Boom Rubber tired hoe (min 50' R)	1	HR	\$ 360.00
3	Track Backhoe (1 1/2 cy min)	1	HR	\$ 250.00
4	Track Backhoe (3/4 yd max - small)	1	HR	\$ 196.00
5	Rubber tired Backhoe/loader	1	HR	\$ 175.00
6	Gradall (rubber tired)	1	HR	\$ 225.00
7	Small Track hoe - 6 way bucket	1	HR	\$ 214.00
8	Dump Truck - Tri-Axle (18 cy)	1	HR	\$ 128.00
9	Dump Truck - Tandem (16 cy)	1	HR	\$ 124.00
10	Dump Truck - Single Axle (8-10 cy)	1	HR	\$ 116.00
11	Off Road Dump Truck (30 cy min)	1	HR	\$ 275.00
12	Off Road Dump Truck (20 cy min)	1	HR	\$ 250.00
13	Skid steer Loader (Bobcat type)	1	HR	\$ 122.00
14	Front end Loader (min 2.5 cy)	1	HR	\$ 180.00
15	Skid Steer Loader Track propelled	1	HR	\$ 124.00
16	Crane (25) Ton	1	HR	\$ 300.00
17	Crane (50) Ton	1	HR	\$ 400.00
18	Bulldozer (D-4 equivalent)	1	HR	\$ 232.00
19	Grader (9H equivalent)	1	HR	\$ 260.00
20	Box Tractor	1	HR	\$ 120.00
21	Trencher (walk behind)	1	HR	\$ 136.00
22	Trencher (mid-range - drivable)	1	HR	\$ 166.00
23	Vibratory Roller (10 ton min.)	1	HR	\$ 140.00
24	3" Pump w/hoses (Mud hog or trash)	1	HR	\$ 26.00
25	Laser grading (finish grading)	500	SY	\$ 14.00
26	Furnish & install nautral stone Rip-Rap DOT Aapproved	10	TN	\$ 350.00
27	Skilled Laborer	1	HR	\$ 54.00
28	Supervisor	1	HR	\$ 150.00
*29	Dewatering System (well points)	1	HR	\$ 125.00
*30	6" Submersible Hydraulic Pump	1	HR	\$ 90.00
*31	8" Submersible Hydraulic Pump	1	HR	\$ 100.00
*32	3 Person Crew w/pickup truck & foreman	1	HR	\$ 300.00
*33	5 Person Crew w/pickup truck & foreman	1	HR	\$ 400.00
*34	Sand Blasting - Prime and/or painting to be included	1	HR	\$ 125.00
35	Furnish, place & compact clean fill (12" liFTs)	500	SY	\$ 24.00
*36	Pipe installation crew (2" to 6" diameter PVC)	1	HR	\$ 500.00
*37	Pipe installation crew (8" to 12" diameter PVC)	1	HR	\$ 540.00
*38	Pipe installation crew (15" to 30" diameter RCP)	1	HR	\$ 575.00
*39	Pipe installation crew (36" to 60" diameter RCP)	1	HR	\$ 600.00
*40	Pipe installation crew (15" to 30" diameter drainage pipe) Hdpe, aluminum, CMP, PVC, Perforated	1	HR	\$ 575.00
*41	Pipe installation crew (36" - 60" diameter drainage pipe) Hdpe, aluminum, CMP, PVC, Perforated	1	HR	\$ 600.00
*42	Pipe installation crew (72" to 96" diameter drainage pipe) Hdpe, aluminum, CMP, PVC, Perforated,	1	HR	\$ 650.00
*43	Directional Bore 2' diameter pipe-including all material, equipment, labor , etc. to complete	1	FT	\$ 56.00
*44	Directional Bore 4" diameter pipe-including all material, equipment, labor , etc. to complete	1	FT	\$ 84.00

ITEM #	DESCRIPTION	QTY	UNIT	UNIT PRICE
*45	Directional Bore 6" diameter pipe-including all material, equipment, labor , etc. to complete	1	FT	\$ 100.00
*46	Directional Bore 8" diameter pipe-including all material, equipment, labor , etc. to complete	1	FT	\$ 160.00
*47	Directional Bore 10" diameter pipe-including all material, equipment, labor , etc. to complete	1	FT	\$ 180.00
*48	Directional Bore 12" diameter pipe-including all material, equipment, labor , etc. to complete	1	FT	\$ 225.00
49	Diver with external air source	1	HR	\$ 175.00
50	Welding (portable) with complete supplies	1	HR	\$ 160.00
51	Welding Shop	1	HR	\$ 136.00
52	Boom Truck with 25 FT. reach	1	HR	\$ 186.00
53	Lowboy capable of hauling heavy equipment	1	HR	\$ 214.00

* Note: See "Specifications" for Specific Line Item Details

SCHEDULE OF VALUES

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

Bidder shall use Attachment #1 (Excel file) when submitting their bid.

BIDDER/CONTRACTOR understands and agrees that this is Unit Price Contract and that contractor will be paid based upon items and quantities actually performed and accepted by Owner. Quantities listed on the Schedule of Values are estimates only and are not to be construed as guaranteed work quantities.

Bidder(s) shall submit a fixed unit price schedule for commodities and/or labor costs crews, workmen, equipment time including mobilization, etc., and qualifying information.

In order to meet the needs of various departments and the best interest of the Village of Wellingtons, awards shall be made to responsive, responsible bidders to create a pool of qualified vendors. Bidders may bid on any or all individual line items as outlined in the Schedule of Values in which they are licensed and qualified. Any Bid submittal which does not contain prices set opposite each of the items for which there is a blank space will be cause for rejection. Any items not bid upon shall be indicated "NO BID" in place of the price.

ADDITIONAL INFORMATION:

***Item #29:** Dewatering System – This system shall include up to 400LF of header pipe, well points, swing hoses, vacuum pump (12"), fuel, oil (all fluids), and all accessories to operate dewatering system along with jet pump and accessories to install all well points. Hourly rate will be based on actual vacuum pump run time.

***Items #30 & 31:** 6" and 8" submersible hydraulic pumps will come complete with pumphead, hoses up to 400LF of discharge hose, fuel, and all fluids etc.

***Items #32 & 33:** Contractor to provide foreman, personnel and transportation (pickup truck). These crews will work on miscellaneous projects throughout Wellington such as fence installation/repair, dewatering set ups, trash and debris clean up, light earthwork, assisting Wellington crews. Pricing/rates shall include – Pickup truck, qualified foreman/crew leader, three (3) to five (5) qualified labors and all misc. hand tools.

***Items #34 -** Prime and/or painting to be done the same day sandblasting is done.

*** Items #36, 37, 38, 39, 40, 41 & 42:** Pipe Installation Crew – These crews shall consist of five (5) persons (1 Backhoe operator, 1 Loader operator, 2 Pipe layers and 1 Labor). All tools to install pipe/structures shall be furnished by contractor i.e. small plate compactors, laser beams, transit/level, hand tools cables, chain, fuel, oil and all fluids etc... All personnel on these crews including the two operators will be skilled at their assigned position. Backhoe and loader will be the proper size to handle excavation, pipe, inlets and accessories involved in the particular project. Hourly rate shall include costs for all personnel, backhoe, loader tools, and pickup truck etc.

*** Items #43, 44, 45, 46, 47 & 48:** Directional Bore for each measurement will include all material, equipment, labor, etc. for complete.

GENERAL NOTES

1. All furnished operators, laborers, supervisors (all personnel) shall be skilled and knowledgeable in their perspective positions.
2. Operators for all equipment(s) shall be included in the hourly equipment rate.
3. All equipment shall be in good working condition and shall be capable and of proper size to properly handle the specific project.
4. Wellington will be the sole judge of the quality of personnel and equipment to be utilized on a project and shall retain the right to have contractor replace said personnel or equipment at contractor's expense.
5. All pricing/rates shall include delivery and/or mobilization costs of all equipment, crews, pumps, tools, mechanical, fuel, fluids, etc. to construct the projects to the standards of Wellington.

All M.O.T. shall be coordinated and supplied by Wellington and shall be in accordance with FDOT standards

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? 47 years
2. What is the last project of this nature that you have completed?
We have multiple annual contracts that we use throughout the year.
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:

Palm Beach County Water Utility	8100 Forest Hill Blvd, WPB, FL 33413	(561) 493-6120	hmelendez@pbcwater.com
District, Henry Melendez			
<small>Name</small>	<small>Address</small>	<small>Phone</small>	<small>Email</small>
Seacoast Utility Authority, Scott Serra	4200 Hood Road, PBG, FL 33410	(561) 627-2900 Ext. 1398	ssera@sua.com
<small>Name</small>	<small>Address</small>	<small>Phone</small>	<small>Email</small>
City of West Palm Beach, Laura Le	401 Clematis St. WPB, FL 33401	(561) 289-8414	lle@wpb.org
<small>Name</small>	<small>Address</small>	<small>Phone</small>	<small>Email</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
See attached...				

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
N/A	

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

Equipment Type	Equipment Type

9. What equipment will you purchase for the proposed work? None

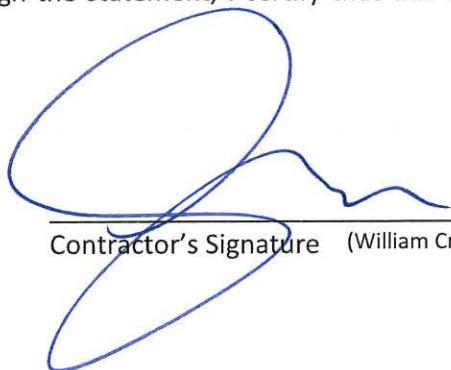
10. What equipment will you rent for the proposed work? None
11. State the name of your proposed project manager and give details of his or her qualifications and experience in managing similar jobs.
Walter Phaffenberger
*See attached resume
12. The address of principal place of business is 604 Hillbrath Drive, Lantana, FL 33462
13. The names of the Corporate Officers, or Partners, or Individuals doing business under a trade name, are as follows: None
14. List all organizations which were predecessors to Bidder or in which the principals or officers of the Bidder were principals or officers. None
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. None
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). *See attached list of bonds
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. *See attached list
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. None
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. None
20. List and disclose any and all business relations with any members of Wellington Council. None

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 (William Cryer, Vice President)

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 Village of Wellington
[print name of the public entity]
- by Johnson- Davis Incorporated for William Cryer, Vice President
[print name of entity submitting sworn statement] [print individual's name and title]
- whose business address is 604 Hillbrath Drive, Lantana, FL 33462 and (if applicable) its Federal Employer Identification Number (FEIN) is 59-1753888 (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.]
- X 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.

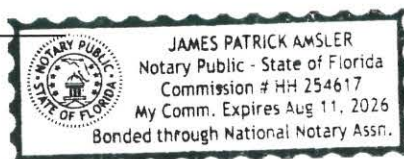
STATE OF Florida

COUNTY OF Palm Beach

Subscribed and Sworn to (or affirmed) before me on 12-11-25 by WILLIAM CRYER
[date] [name]

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

James P. Ansler
[Notary's Signature and Seal]



James Ansler HH 254617
Print Notary Name and Commission No.

CERTIFICATION PURSUANT TO FLORIDA STATUTE § 215.4725 and § 287.135

I, William Cryer, on behalf of Johnson- Davis Incorporated,
certifies

Print Name Company Name

that Johnson- Davis Incorporated :
Company Name

1. Is not engaged in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel List ; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in Iran Terrorism Sectors List; and
5. Has not engaged in business operations in Cuba or Syria.



Signature (William Cryer, Vice President)

Vice President
Title

12/11/25
Date

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.

NO CONFLICT:

☒ To the best of our knowledge, the work contemplated by this agreement would not create a conflict of interest due to the undersigned's representation of other clients on projects pending before the Village of Wellington.

☒ 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.

POTENTIAL CONFLICT:

☐ The undersigned business, by attachment to this form, submits a list of current clients and projects for which it is currently seeking Village approval and which may cause a potential conflict of interest due to any of the above listed reasons or otherwise.

THE UNDERSIGNED UNDERSTANDS AND AGREES THAT IT IS INELIGIBLE TO PERFORM WORK ON BEHALF OF THE VILLAGE OF WELLINGTON FOR ANY OF THE CLIENTS OR PROJECTS LISTED IN THE ATTACHEMENT TO THIS FORM. FAILURE TO DISCLOSE A POSSIBLE CONFLICT OF INTEREST MAY RESULT IN DISQUALIFICATION OF YOUR BID/PROPOSAL OR IN THE IMMEDIATE CANCELLATION OF YOUR AGREEMENT, WHICHEVER IS APPLICABLE.

Johnson- Davis Incorporated

COMPANY NAME

(William Cryer, Vice President)

AUTHORIZED SIGNATURE

William Cryer

NAME (PRINT OR TYPE)

Vice President

TITLE

Rev. 5.28.2025

NON-COLLUSION AFFIDAVIT

State of Florida

County of Palm Beach

Being duly sworn deposes and says:

That he/she is an officer of the parties making the forgoing bid submittal, that the bid is made without prior understanding, agreement, or connection with any individual, firm, partnership, corporation or other entity submitting a bid for the same materials, services, supplies or equipment, either directly or indirectly, and is in all respects fair and without collusion or fraud. No premiums, rebates, or gratuities are permitted with, prior to, or after any delivery of material or provision of services. Any violation of this provision may result in disqualification, contract cancellation, return of materials or discontinuation of services, and the possible removal of Bidder from the vendor Bid lists

Johnson- Davis Incorporated

Name of Bidder

William Cryer

Print name of designated signatory

[Signature]
Signature
(William Cryer, Vice President)

Vice President

Title

On this 11TH day of DECEMBER, 2025, before me appeared WILLIAM CRYER personally known to me to be the person described in and who executed this DOCUMENT 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]
Signature

Notary Public in and for the State of FL

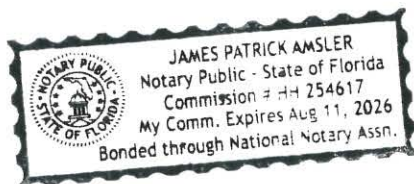
JAMES AMSLER

(Name Printed)

Residing at 7842 W. BLAIRWOOD CIR.
PO BOX LAKE WORTH, FL 33467

My commission expires 8-11-26

(Affix Seal Here)





CERTIFICATE OF LIABILITY INSURANCE

Johnson-Davis Inc.

604 Hillbrath Dr.

Lantana, FL 33462

Phone: (561) 588-1170

Fax: (561) 585-3252

DATE (MM/DD/YYYY)

06/26/2025

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 Vaughn Risk Management 222 US HWY 1 Suite #215 Tequesta FL 33469		CONTACT NAME: Kathleen Fuller PHONE (A/C, No, Ext): (561) 249-6143 E-MAIL ADDRESS: Service@VaughnRM.com FAX (A/C, No):	
INSURED Johnson-Davis Incorporated 604 Hillbrath Dr Lantana FL 33462		INSURER(S) AFFORDING COVERAGE INSURER A: National Fire Insurance Company of Hartford INSURER B: Continental Casualty Company INSURER C: Valley Forge Insurance Company INSURER D: Homeland Insurance Company INSURER E: INSURER F:	
		NAIC # 20478 20443 20508 34452	

COVERAGES

CERTIFICATE NUMBER: CL2562600720

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> 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:	Y		7033967643	07/01/2025	07/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		7033968744	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y		7033984636	07/01/2025	07/01/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	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	N/A	7033972535	07/01/2025	07/01/2026	<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
D	Contractors Pollution Liability			7930119810002	07/01/2025	07/01/2026	Contractors Pollution \$1,000,000 Policy Aggregate \$2,000,000 Transportation Pollution \$1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Johnson-Davis, Inc. 604 Hillbrath Dr. Lantana FL 33462	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.



Johnson-Davis Inc.

604 Hillbrath Dr.

Lantana, FL 33462

Phone: (561) 588-1170

Fax: (561) 585-3252

CNA PARAMOUNT

Policy Holder Notice - Countrywide

It is understood and agreed that:

If the **Named Insured** has agreed under written contract to provide notice of cancellation to a party to whom the Agent of Record has issued a Certificate of Insurance, and if the Insurer cancels a policy term described on that Certificate of Insurance for any reason other than nonpayment of premium, then notice of cancellation will be provided to such Certificate holders at least 30 days in advance of the date cancellation is effective.

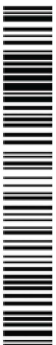
If notice is mailed, then proof of mailing to the last known mailing address of the Certificate holder on file with the Agent of Record will be sufficient to prove notice.

Any failure by the Insurer to notify such persons or organizations will not extend or invalidate such cancellation, or impose any liability or obligation upon the Insurer or the Agent of Record.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

30020004370339676432147



CNA75014XX (1-15)

Page 1 of 1

VALLEY FORGE INSURANCE COMPANY

Insured Name: JOHNSON-DAVIS, INC.

Policy No: 7033967643

Endorsement No: 1

Effective Date: 07/01/2025



Contractors' General Liability Extension Endorsement

claims arising solely out of their capacity or status as such and, in the case of a **spouse**, where such **claim** seeks **damages** from marital community property, jointly held property or property transferred from such natural person **Insured** to such **spouse**. No coverage is provided for any act, error or omission of an estate, heir, legal representative, or **spouse** outside the scope of such person's capacity or status as such, provided however that the **spouse** of a natural person **Named Insured** and the **spouses** of members or partners of joint venture or partnership **Named Insureds** are **Insureds** with respect to such **spouses'** acts, errors or omissions in the conduct of the **Named Insured's** business.

10. EXPECTED OR INTENDED INJURY – EXCEPTION FOR REASONABLE FORCE

Under **COVERAGES, Coverage A – Bodily Injury and Property Damage Liability**, the paragraph entitled **Exclusions** is amended to delete the exclusion entitled **Expected or Intended Injury** and replace it with the following:

This insurance does not apply to:

Expected or Intended Injury

Bodily injury or **property damage** expected or intended from the standpoint of the **Insured**. This exclusion does not apply to **bodily injury** or **property damage** resulting from the use of reasonable force to protect persons or property.

11. GENERAL AGGREGATE LIMITS OF INSURANCE - PER PROJECT

A. For each construction project away from premises the **Named Insured** owns or rents, a separate Construction Project General Aggregate Limit, equal to the amount of the General Aggregate Limit shown in the Declarations, is the most the Insurer will pay for the sum of:

1. All **damages** under **Coverage A**, except **damages** because of **bodily injury** or **property damage** included in the **products-completed operations hazard**; and
2. All medical expenses under **Coverage C**,

that arise from **occurrences** or accidents which can be attributed solely to ongoing operations at that construction project. Such payments shall not reduce the General Aggregate Limit shown in the Declarations, nor the Construction Project General Aggregate Limit of any other construction project.

B. All:

1. **Damages** under **Coverage B**, regardless of the number of locations or construction projects involved;
2. **Damages** under **Coverage A**, caused by **occurrences** which cannot be attributed solely to ongoing operations at a single construction project, except **damages** because of **bodily injury** or **property damage** included in the **products-completed operations hazard**; and
3. Medical expenses under **Coverage C** caused by accidents which cannot be attributed solely to ongoing operations at a single construction project,

will reduce the General Aggregate Limit shown in the Declarations.

C. The limits shown in the Declarations for Each Occurrence, for Damage To Premises Rented To You and for Medical Expense continue to apply, but will be subject to either the Construction Project General Aggregate Limit or the General Aggregate Limit shown in the Declarations, depending on whether the **occurrence** can be attributed solely to ongoing operations at a particular construction project.

D. When coverage for liability arising out of the **products-completed operations hazard** is provided, any payments for **damages** because of **bodily injury** or **property damage** included in the **products-completed operations hazard** will reduce the Products-Completed Operations Aggregate Limit shown in the Declarations, regardless of the number of projects involved.



Policy Holder Notice – Countrywide – Premium Basis Used on Liability Schedules

Premium Basis Used on Liability Schedules

This policy includes one or more Liability coverages with associated Schedules of locations, coverages or classifications. When such Schedules display an Exposure amount used to calculate premium, the Exposure amount is often followed by an abbreviation that denotes what the Exposure amount represents (Payroll, Gross Sales, Area, etc.). Such abbreviations are described below.

A = Area	(Per 1,000 Sq. ft.)	GL = Gallons	(Per 1,000 Gallons)
AC = Acres	(Each)	GS = Grandstands/Bleacher	(Each)
AD = Activity Days	(Each)	H = Number of Golf Holes	(Each)
AN = Animals	(Each)	HO = Hoists	(Each)
AP = Airports	(Each)	HQ = Headquarters	(Each)
AT = Attendants	(Each)	K = Kennels	(Each)
AU = Audited Premium	(Last Year of Manufacture - %)	L = Limit	(Limit of Insurance for Coverage)
B = Bodies	(Each)	LD = Locations Days	(Each)
BA = Bales	(Per 1,000 Bales)	LE = Lessees	(Each)
BD = Beds	(Each)	LO = Locations	(Each)
BE = Beaches	(Each)	LR = Lakes/Reservoirs	(Each)
BO = Boats	(Each)	LW = Lawyers	(Each)
C = Total Cost	(Per \$1,000 of Total Cost)	M = Admissions	(Per 1,000 Admissions)
CD = Camper Days	(Each Camper Day)	ME = Members	(Each)
CN = Contestants	(Each)	MH = Model Homes	(Each)
CU = Convention Days	(Each)	MI = Miles	(Each)
CW = Cost of Work	(Per \$1,000 of Total Cost of Work)	NB = Newsboys	(Each)
DB = Drawbridges	(Each)	O = Operators	(Each)
DM = Dams	(Each)	OE = Operating Expenditures	(Per \$1,000 of Operating Expenditures)
DW = Dwellings	(Each)	P = Payroll	(Per \$1,000 of Payroll)
E = Each	(Per Entity Described)	PD = Passenger Days	(Per 1,000 Passenger Days)
EM = Employees	(Each)	PG = Picnic Grounds	(Each)
ES = Solar Energy Systems	(Each)	PP = Parks/Playgrounds	(Each)
ET = Turbines	(Each)	PR = Parades	(Each)
EX = Exhibitions	(Each)	PS = Persons	(Each)
F = Flat Charge	(Flat Premium Charge)	PU = Pupils	(Each)
FG = Fairgrounds	(Each)	R = Receipts	(Per \$1,000 of Receipts)
FM = Faculty Members	(Each)	RG = Registrants	(Each)
FP = Fishing Piers	(Each)	RN = Range	(Each)
G = Graduates	(Each)	RV = Revenue	(Per \$1,000 of Revenue)
GA = Games	(Each)		





Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252

CNA PARAMOUNT

Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage Endorsement

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is understood and agreed as follows:

- I. WHO IS AN INSURED** is amended to include as an **Insured** any person or organization whom you are required by **written contract** to add as an additional insured on this **Coverage Part**, but only with respect to liability for **bodily injury, property damage** or **personal and advertising injury** caused in whole or in part by your acts or omissions, or the acts or omissions of those acting on your behalf:
- A.** In the performance of your ongoing operations subject to such **written contract**; or
 - B.** In the performance of **your work** subject to such **written contract**, but only with respect to **bodily injury** or **property damage** included in the **products-completed operations hazard**, and only if:
 - 1. The **written contract** requires you to provide the additional insured such coverage; and
 - 2. This **Coverage Part** provides such coverage; and
 - C.** Subject always to the terms and conditions of this policy, including the limits of insurance, the Insurer will not provide such additional insured with:
 - 1. Coverage broader than what you are required to provide by the **written contract**; or
 - 2. A higher limit of insurance than what you are required to provide by the **written contract**.

Any coverage granted by this Paragraph **I.** shall apply solely to the extent permissible by law.

- II.** If the written contract requires additional insured coverage under the 07-04 edition of CG2010 or CG2037, then paragraph **I.** above is deleted in its entirety and replaced by the following:

WHO IS AN INSURED is amended to include as an **Insured** any person or organization whom you are required by **written contract** to add as an additional insured on this **Coverage Part**, but only with respect to liability for **bodily injury, property damage** or **personal and advertising injury** caused in whole or in part by your acts or omissions, or the acts or omissions of those acting on your behalf:

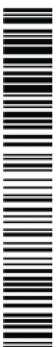
- A.** In the performance of your ongoing operations subject to such **written contract**; or
- B.** In the performance of **your work** subject to such **written contract**, but only with respect to **bodily injury** or **property damage** included in the **products-completed operations hazard**, and only if:
 - 1. The **written contract** requires you to provide the additional insured such coverage; and
 - 2. This **Coverage Part** provides such coverage.

- III.** But if the **written contract** requires:

- A.** Additional insured coverage under the 11-85 edition, 10-93 edition, or 10-01 edition of CG2010, or under the 10-01 edition of CG2037; or
- B.** Additional insured coverage with "arising out of" language;

then paragraph **I.** above is deleted in its entirety and replaced by the following:

WHO IS AN INSURED is amended to include as an **Insured** any person or organization whom you are required by **written contract** to add as an additional insured on this **Coverage Part**, but only with respect to liability for **bodily injury, property damage** or **personal and advertising injury** arising out of **your work** that is subject to such **written contract**.





**Blanket Additional Insured - Owners, Lessees or Contractors -
with Products-Completed Operations Coverage Endorsement**

IV. But if the **written contract** requires additional insured coverage to the greatest extent permissible by law, then paragraph I. above is deleted in its entirety and replaced by the following:

WHO IS AN INSURED is amended to include as an **Insured** any person or organization whom you are required by **written contract** to add as an additional insured on this **Coverage Part**, but only with respect to liability for **bodily injury, property damage** or **personal and advertising injury** arising out of **your work** that is subject to such **written contract**.

V. The insurance granted by this endorsement to the additional insured does not apply to **bodily injury, property damage, or personal and advertising injury** arising out of:

A. The rendering of, or the failure to render, any professional architectural, engineering, or surveying services, including:

1. The preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
2. Supervisory, inspection, architectural or engineering activities; or

B. Any premises or work for which the additional insured is specifically listed as an additional insured on another endorsement attached to this **Coverage Part**.

VI. Under **COMMERCIAL GENERAL LIABILITY CONDITIONS**, the Condition entitled **Other Insurance** is amended to add the following, which supersedes any provision to the contrary in this Condition or elsewhere in this **Coverage Part**:

Primary and Noncontributory Insurance

With respect to other insurance available to the additional insured under which the additional insured is a named insured, this insurance is primary to and will not seek contribution from such other insurance, provided that a **written contract** requires the insurance provided by this policy to be:

1. Primary and non-contributing with other insurance available to the additional insured; or
2. Primary and to not seek contribution from any other insurance available to the additional insured.

But except as specified above, this insurance will be excess of all other insurance available to the additional insured.

VII. Solely with respect to the insurance granted by this endorsement, the section entitled **COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended as follows:

The Condition entitled **Duties In The Event of Occurrence, Offense, Claim or Suit** is amended with the addition of the following:

Any additional insured pursuant to this endorsement will as soon as practicable:

1. Give the Insurer written notice of any **claim**, or any **occurrence** or offense which may result in a **claim**;
2. Send the Insurer copies of all legal papers received, and otherwise cooperate with the Insurer in the investigation, defense, or settlement of the **claim**; and
3. Make available any other insurance, and endeavor to tender the defense and indemnity of any **claim** to any other insurer or self-insurer, whose policy or program applies to a loss that the Insurer covers under this **coverage part**. However, if the **written contract** requires this insurance to be primary and non-contributory, this paragraph 3. does not apply to other insurance under which the additional insured is a named insured.

The Insurer has no duty to defend or indemnify an additional insured under this endorsement until the Insurer receives written notice of a **claim** from the additional insured.



Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252

CNA PARAMOUNT

**Blanket Additional Insured - Owners, Lessees or Contractors -
with Products-Completed Operations Coverage Endorsement**

VIII. Solely with respect to the insurance granted by this endorsement, the section entitled **DEFINITIONS** is amended to add the following definition:

Written contract means a written contract or written agreement that requires you to make a person or organization an additional insured on this **Coverage Part**, provided the contract or agreement:

A. Was executed prior to:

1. The **bodily injury** or **property damage**; or
 2. The offense that caused the **personal and advertising injury**;
- for which the additional insured seeks coverage; and

B. Is still in effect at the time of the **bodily injury** or **property damage occurrence** or **personal and advertising injury** offense.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

30020004370339676432254



CNA75079XX (3-22)

Page 3 of 3

VALLEY FORGE INSURANCE COMPANY
Insured Name: JOHNSON-DAVIS, INC.

Policy No: 7033967643
Endorsement No: 26
Effective Date: 07/01/2025

**Construction Wrap-Up Program Exclusion Endorsement**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is understood and agreed that under **COVERAGES, Coverage A – Bodily Injury And Property Damage Liability** and **Coverage B – Personal And Advertising Injury Liability**, the paragraphs entitled **Exclusions**, are amended to add the following exclusion:

This insurance does not apply to **bodily injury, property damage or personal and advertising injury** arising out of any current or completed operation performed by the **Named Insured** or on the **Named Insured's** behalf which is or was insured under a **consolidated (wrap-up) insurance program**.

This exclusion applies whether or not the **consolidated (wrap-up) insurance program**:

- A. provides coverage identical to that provided by this **Coverage Part**;
- B. has limits adequate to cover all **claims**; or
- C. remains in effect.

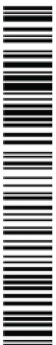
Consolidated (wrap-up) insurance program means a construction, erection or demolition project for which the prime contractor/project manager or owner of the project has secured general liability insurance covering some or all of the contractors or subcontractors involved in the project. **Consolidated (wrap-up) insurance program** includes an Owner Controlled Insurance Program (O.C.I.P.) or a Contractor Controlled Insurance Program (C.C.I.P.).

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252

30020004370339676432271



Contractors' General Liability Extension Endorsement

- a. the **Named Insured's** acts or omissions; or
 - b. the acts or omissions of those acting on the **Named Insured's** behalf,
- in the performance of the **Named Insured's** ongoing operations at the trade show event premises during the trade show event.
- 2. The coverage granted by this paragraph does not apply to **bodily injury** or **property damage** included within the **products-completed operations hazard**.

2. ADDITIONAL INSURED - PRIMARY AND NON-CONTRIBUTORY TO ADDITIONAL INSURED'S INSURANCE

The **Other Insurance** Condition in the **COMMERCIAL GENERAL LIABILITY CONDITIONS** Section is amended to add the following paragraph:

If the **Named Insured** has agreed in writing in a contract or agreement that this insurance is primary and non-contributory relative to an additional insured's own insurance, then this insurance is primary, and the Insurer will not seek contribution from that other insurance. For the purpose of this Provision 2., the additional insured's own insurance means insurance on which the additional insured is a named insured. Otherwise, and notwithstanding anything to the contrary elsewhere in this Condition, the insurance provided to such person or organization is excess of any other insurance available to such person or organization.

3. BODILY INJURY – EXPANDED DEFINITION

Under **DEFINITIONS**, the definition of **bodily injury** is deleted and replaced by the following:

Bodily injury means physical injury, sickness or disease sustained by a person, including death, humiliation, shock, mental anguish or mental injury sustained by that person at any time which results as a consequence of the physical injury, sickness or disease.

4. BROAD KNOWLEDGE OF OCCURRENCE/ NOTICE OF OCCURRENCE

Under **CONDITIONS**, the condition entitled **Duties in The Event of Occurrence, Offense, Claim or Suit** is amended to add the following provisions:

A. BROAD KNOWLEDGE OF OCCURRENCE

The **Named Insured** must give the Insurer or the Insurer's authorized representative notice of an **occurrence**, offense or **claim** only when the **occurrence**, offense or **claim** is known to a natural person **Named Insured**, to a partner, executive officer, manager or member of a **Named Insured**, or an **employee** designated by any of the above to give such notice.

B. NOTICE OF OCCURRENCE

The **Named Insured's** rights under this **Coverage Part** will not be prejudiced if the **Named Insured** fails to give the Insurer notice of an **occurrence**, offense or **claim** and that failure is solely due to the **Named Insured's** reasonable belief that the **bodily injury** or **property damage** is not covered under this **Coverage Part**. However, the **Named Insured** shall give written notice of such **occurrence**, offense or **claim** to the Insurer as soon as the **Named Insured** is aware that this insurance may apply to such **occurrence**, offense or **claim**.

5. BROAD NAMED INSURED

WHO IS AN INSURED is amended to delete its Paragraph 3. in its entirety and replace it with the following:

- 3. Pursuant to the limitations described in Paragraph 4. below, any organization in which a **Named Insured** has management control:
 - a. on the effective date of this **Coverage Part**; or



Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252

Business Auto Policy
Policy Endorsement

CONTRACTORS EXTENDED COVERAGE ENDORSEMENT - BUSINESS AUTO PLUS

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

I. LIABILITY COVERAGE

A. Who Is An Insured

The following is added to **Section II, Paragraph A.1., Who Is An Insured**:

1. a. Any incorporated entity of which the Named Insured owns a majority of the voting stock on the date of inception of this Coverage Form; provided that,
 - b. The insurance afforded by this provision **A.1.** does not apply to any such entity that is an **insured** under any other liability "policy" providing **auto** coverage.
2. Any organization you newly acquire or form, other than a limited liability company, partnership or joint venture, and over which you maintain majority ownership interest.

The insurance afforded by this provision **A.2.**:

- a. Is effective on the acquisition or formation date, and is afforded only until the end of the policy period of this Coverage Form, or the next anniversary of its inception date, whichever is earlier.
- b. Does not apply to:
 - (1) **Bodily injury or property damage** caused by an **accident** that occurred before you acquired or formed the organization; or
 - (2) Any such organization that is an **insured** under any other liability "policy" providing **auto** coverage.
3. Any person or organization that you are required by a written contract to name as an additional insured is an **insured** but only with respect to their legal liability for acts or omissions of a person, who qualifies as an **insured** under **SECTION II – WHO IS AN INSURED** and for whom Liability Coverage is afforded under this policy. If required by written contract, this insurance will be primary and non-contributory to insurance on which the additional insured is a Named Insured.
4. An **employee** of yours is an **insured** while operating an **auto** hired or rented under a contract or agreement in that **employee's** name, with your permission, while performing duties related to the conduct of your business.

"Policy", as used in this provision **A. Who Is An Insured**, includes those policies that were in force on the inception date of this Coverage Form but:

1. Which are no longer in force; or
2. Whose limits have been exhausted.

B. Bail Bonds and Loss of Earnings

Section II, Paragraphs A.2. (2) and A.2. (4) are revised as follows:

1. In **a.(2)**, the limit for the cost of bail bonds is changed from \$2,000 to \$5,000; and
2. In **a.(4)**, the limit for the loss of earnings is changed from \$250 to \$500 a day.

Form No: CNA63359XX (04-2012)

Endorsement Effective Date:

Endorsement No: 12; Page: 1 of 4

Underwriting Company: The Continental Insurance Company, 151 N Franklin St, Chicago, IL 60606

Endorsement Expiration Date:

Policy No: BUA 7033968744

Policy Effective Date: 07/01/2025

Policy Page: 84 of 290



- (4) Your **employees** may know of an **accident** or **loss**. This will not mean that you have such knowledge, unless such **accident** or **loss** is known to you or if you are not an individual, to any of your executive officers or partners or your insurance manager.

The following is added to **Section IV, Paragraph A.2.b.:**

- (6) Your **employees** may know of documents received concerning a claim or **suit**. This will not mean that you have such knowledge, unless receipt of such documents is known to you or if you are not an individual, to any of your executive officers or partners or your insurance manager.

B. Transfer Of Rights Of Recovery Against Others To Us

The following is added to **Section IV, Paragraph A.5. Transfer Of Rights Of Recovery Against Others To Us:**

We waive any right of recovery we may have, because of payments we make for injury or damage, against any person or organization for whom or which you are required by written contract or agreement to obtain this waiver from us.

This injury or damage must arise out of your activities under a contract with that person or organization.

You must agree to that requirement prior to an **accident** or **loss**.

C. Concealment, Misrepresentation or Fraud

The following is added to **Section IV, Paragraph B.2.:**

Your failure to disclose all hazards existing on the date of inception of this Coverage Form shall not prejudice you with respect to the coverage afforded provided such failure or omission is not intentional.

D. Other Insurance

The following is added to **Section IV, Paragraph B.5.:**

Regardless of the provisions of Paragraphs **5.a.** and **5.d.** above, the coverage provided by this policy shall be on a primary non-contributory basis. This provision is applicable only when required by a written contract.

That written contract must have been entered into prior to **Accident** or **Loss**.

E. Policy Period, Coverage Territory

Section IV, Paragraph B. 7.(5).(a). is revised to provide:

- a. 45 days of coverage in lieu of 30 days.

V. DEFINITIONS

Section V. paragraph C. is deleted and replaced by the following:

Bodily injury means bodily injury, sickness or disease sustained by a person, including mental anguish, mental injury or death resulting from any of these.



Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252

CNA Paramount Excess and Umbrella Liability Policy

PARAMOUNT EXCESS AND UMBRELLA LIABILITY POLICY

Various provisions in this Policy restrict coverage. Read the entire Policy carefully to determine rights, duties and what is and is not covered.

The "Insurer" refers to the insurer providing this insurance as set forth on the Declarations of this Policy. Words and phrases that appear in **bold** have special meaning. Refer to the section entitled **DEFINITIONS**.

I. COVERAGES

A. Coverage A - Excess Follow Form Liability

The Insurer will pay on behalf of the **Insured** those **damages** in excess of the applicable **underlying limits**. Coverage hereunder will attach only after the full amount of the applicable **underlying limits** have been exhausted through payment in legal currency of covered loss under all applicable **underlying insurance** and to which this Coverage A applies.

Coverage A under this Policy will then apply in conformance with the provisions of the applicable **underlying insurance** except for the premium, limits of insurance, deductible, retentions, or any defense obligations and any other terms and conditions specifically set forth in this Policy.

Upon exhaustion of the applicable **underlying limits**, the Insurer shall only pay for **damages** in excess of the applicable **underlying limits**. This Coverage A does not provide coverage for any loss not covered by the applicable **underlying insurance** except and to the extent that such loss is not paid under the applicable **underlying insurance** solely by reason of the exhaustion of the applicable **underlying limits** through payment of loss thereunder.

This Coverage applies:

1. if the applicable **underlying insurance** is on an occurrence basis, then only if that which must take place in the policy period of the **underlying insurance** in order to trigger coverage, takes place during this **policy period**; and
2. if the applicable **underlying insurance** is on a claims made basis, then only if:
 - a. that which must take place in the **underlying insurance** in order to trigger coverage, takes place after the retroactive date and prior to the end of the **policy period**; and
 - b. the **claim** is first made during the **policy period**.

B. Coverage B - Umbrella Liability

The Insurer will pay on behalf of the **Insured** those **damages** in excess of the **retained amount**:

1. that an **Insured** becomes legally obligated to pay because of **bodily injury**, **property damage** or **personal and advertising injury**; or
2. because of liability for **bodily injury** or **property damage** assumed under an **insured contract**, provided the **bodily injury** or **property damage** occurs subsequent to the execution of such **insured contract**;

and provided that:

- a. the **bodily injury** or **property damage** occurs during the **policy period**;
- b. the **bodily injury** or **property damage** is caused by an **occurrence** that takes place in the **coverage territory**;



Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252

Workers Compensation And Employers Liability Insurance
Policy Endorsement

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

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

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

Schedule

Any Person or Organization on whose behalf you are required to obtain this waiver of our right to recover from under a written contract or agreement.

The premium charge for the endorsement is reflected in the Schedule of Operations.

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

Form No: WC 00 03 13 (04-1984)

Endorsement Effective Date:

Endorsement No: 6; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Endorsement Expiration Date:

Policy No: WC 7 33972535

Policy Effective Date: 07/01/2025

Policy Page: 40 of 56



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE UNDERGROUND UTILITY & EXCAVATION CO HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

JOHNSON, SCOTT JAMES

JOHNSON - DAVIS INCORPORATED
604 HILLBRATH DRIVE
LANTANA FL 33462

LICENSE NUMBER: CUC043087

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 09/27/2024

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.



Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252

Ron DeSantis, Governor



Melanie S. Griffin, Secretary



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

CONSTRUCTION INDUSTRY LICENSING BOARD

THE UNDERGROUND UTILITY & EXCAVATION CO HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

CRYER, WILLIAM CLARK CLIFFORD

JOHNSON - DAVIS INCORPORATED
604 HILLBRATH DRIVE
LANTANA FL 33462

LICENSE NUMBER: CUC1225299

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 05/22/2024

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.

Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

CRYER, WILLIAM CLARK CLIFFORD

JOHNSON - DAVIS INCORPORATED
604 HILLBRATH DR
LANTANA FL 33462

LICENSE NUMBER: CGC1537148

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 11/11/2024

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.



Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE PLUMBING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

CRYER, WILLIAM CLARK CLIFFORD

JOHNSON - DAVIS INCORPORATED
604 HILLBRATH DRIVE
LANTANA FL 33462

LICENSE NUMBER: CFC1430348

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 05/22/2024

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.





Company ID Number: 342241

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and **Johnson-Davis Inc.** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts or to verify the entire workforce if the contractor so chooses.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor with the FAR E-Verify clause") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed



Company ID Number: 342241

by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and non-citizens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for employees through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to make available to the Employer at the E-Verify Web site and on the E-Verify Web browser, instructional materials on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of employees' employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and



Company ID Number: 342241

Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The photocopy must be of sufficient quality to allow for verification of the photo



Company ID Number: 342241

and written information. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in good faith compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 and E-Verify system compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after the Form I-9 has been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual, or in the case of Federal contractors with the FAR E-Verify clause, the E-Verify User Manual for Federal Contractors. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer



Company ID Number: 342241

uses the E-Verify system for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees in private of the finding and providing them written notice of the findings, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA, as applicable, by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-



Company ID Number: 342241

Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS WITH THE FAR E-VERIFY CLAUSE

1. The Employer understands that if it is a subject to the employment verification terms in Subpart 22.18 of the FAR, it must verify the employment eligibility of any existing employee assigned to the contract and all new hires, as discussed in the Supplemental Guide for Federal Contractors. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors with the FAR E-Verify clause agree to become familiar with and comply with the most recent versions of the E-Verify User Manual for Federal Contractors and the E-Verify Supplemental Guide for Federal Contractors.

b. Federal contractors with the FAR E-Verify clause agree to complete a tutorial for Federal contractors with the FAR E-Verify clause.

c. Federal contractors with the FAR E-Verify clause not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify at the time of a contract award must enroll as a Federal contractor with the FAR E-Verify clause in E-Verify within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States,



Company ID Number: 342241

whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor with the FAR E-Verify clause, the Employer must initiate verification of employees assigned to the contract within 90 calendar days from the time of enrollment in the system and after the date and selecting which employees will be verified in E-Verify or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Employers that are already enrolled in E-Verify at the time of a contract award but are not enrolled in the system as a Federal contractor with the FAR E-Verify clause: Employers enrolled in E-Verify for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. Employers enrolled in E-Verify as other than a Federal contractor with the FAR E-Verify clause, must update E-Verify to indicate that they are a Federal contractor with the FAR E-Verify clause within 30 days after assignment to the contract. If the Employer is enrolled in E-Verify for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor with the FAR E-Verify clause in E-Verify must initiate verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

e. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors with the FAR E-Verify clause that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors with the FAR E-Verify clause may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

f. Verification of all employees: Upon enrollment, Employers who are Federal contractors with the FAR E-Verify clause may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only new employees and those existing employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

g. Form I-9 procedures for existing employees of Federal contractors with the FAR E-Verify clause: Federal contractors with the FAR E-Verify clause may choose to complete new Forms I-9 for all existing employees other than those that are completely exempt from this process. Federal contractors with the FAR E-Verify clause may also update previously completed Forms I-9 to initiate E-Verify verification of existing employees who are not completely exempt as long as that Form I-9 is complete (including the SSN), complies with



Company ID Number: 342241

Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the Supplemental Guide for Federal Contractors. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor with the FAR E-Verify clause.

2. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it



Company ID Number: 342241

determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding. The Employer must review the tentative nonconfirmation with the employee in private.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (paid for at employer expense).

7. If the Employer determines that there is a photo non-match when comparing the photocopied List B document described in Article II.C.5 with the image generated in E-Verify, the Employer must forward the employee's documentation to DHS using one of the means described in the preceding paragraph, and allow DHS to resolve the case.



Company ID Number: 342241

ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual, the E-Verify User Manual for Federal Contractors or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials. An Employer that is a Federal contractor with the FAR E-Verify clause may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor with the FAR E-Verify clause must provide written notice to DHS. If an Employer that is a Federal contractor with the FAR E-Verify clause fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to participants that are not Federal contractors with the FAR E-Verify clause, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.



Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252



Company ID Number: 342241

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252



Company ID Number: 342241

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Johnson-Davis Inc.	
Scott Johnson	
Name (Please Type or Print)	Title
Electronically Signed	07/09/2010
Signature	Date
Department of Homeland Security – Verification Division	
USCIS Verification Division	
Name (Please Type or Print)	Title
Electronically Signed	07/09/2010
Signature	Date

Information Required for the E-Verify Program

Information relating to your Company:

Company Name:	Johnson-Davis Inc.
Company Facility Address:	604 Hillbrath Drive
	Lantana, FL 33462
Company Alternate Address:	
County or Parish:	PALM BEACH
Employer Identification Number:	591753888



Company ID Number: 342241

North American Industry Classification Systems Code:	237
Parent Company:	
Number of Employees:	100 to 499
Number of Sites Verified for:	1
Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:	
<ul style="list-style-type: none">FLORIDA 1 site(s)	

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	Hernan Parra	
Telephone Number:	(561) 588 - 1170	Fax Number:
E-mail Address:	hparra@johnsondavis.com	
Name:		
Telephone Number:		Fax Number:
E-mail Address:		

NO COERCION FOR LABOR OR SERVICES AFFIDAVIT

(Pursuant to Section 787.06, Florida Statutes)

I William Cryer (name of affiant) of Johnson- Davis Incorporated

(name of business entity), attest that the following is true:

1. I have personal knowledge of the facts in this Affidavit and am of legal age and of no disability and have the authority to make the statements contained herein.
2. I am the officer or representative of the nongovernmental business entity named below and make this Affidavit to comply with section 787.06, Florida Statutes.
3. The business entity does not use coercion for labor or services as defined in section 787.06, Florida Statutes.
4. I understand that I have a continuing obligation to notify the Village of Wellington if the status of the business entity changes.

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

Affiant Name: William Cryer

Signature: 

Title: Vice President

Business Entity Name: Johnson- Davis Incorporated

Date: December 11, 20 25

FOREIGN COUNTRIES OF CONCERN AFFIDAVIT

(Pursuant to Section 287.138, Florida Statutes)

I William Cryer (name of affiant) of Vice President

(name of business entity), attest that the following is true:

1. I have personal knowledge of the facts in this Affidavit and am of legal age and of no disability and have the authority to make the statements contained herein.

2. I am the officer or agent of the business entity named below and make this Affidavit to comply with section 287.138, Florida Statutes.

3. I certify that the business entity named below does not provide access to an individual's personal identifying information to any entity that:

- a) is owned by the government of a foreign country of concern;
- b) has provided a foreign country of concern a controlling interest; or
- c) is organized under the laws of or has its principal place of business in a foreign country of concern.

4. I understand that I have a continuing obligation to notify the Village of Wellington if the status of the business entity changes.

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

Affiant Name: William Cryer

Signature: 

(William Cryer, Vice President)

Title: Vice President

Business Entity Name: Johnson- Davis Incorporated

Date: December 11, 20 25



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
Serving you.

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

****LOCATED AT****
604 HILLBRATH DRIVE
LANTANA, FL 33462-1656

Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
UNDERGROUND UTILITY & EXCAVATION CONTRACTOR	CRYER WILLIAM CLARK CLIFFORD	CUC1225299	B25.629094 07/14/2025	\$27.50	B40157254

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



JOHNSON DAVIS INC
JOHNSON DAVIS INC
604 HILLBRATH DRIVE
LANTANA FL 33462-1656

**STATE OF FLORIDA
PALM BEACH COUNTY
2025 / 2026 LOCAL BUSINESS TAX RECEIPT
LBTR Number: 2020125387
EXPIRES: 09/30/2026**

This receipt **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
Serving you.

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

****LOCATED AT****
604 HILLBRATH DRIVE
LANTANA, FL 33462-1656

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
CW UNDERGROUND UTILITY & EXCAVATION CONTRACTOR	CRYER WILLIAM CLARK CLIFFORD	CUC1225299	B25.629096 07/14/2025	\$185.85	B40157253

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



JOHNSON DAVIS INC
JOHNSON DAVIS INC
604 HILLBRATH DRIVE
LANTANA FL 33462-1656

**STATE OF FLORIDA
PALM BEACH COUNTY
2025 / 2026 LOCAL BUSINESS TAX RECEIPT
LBTR Number: 2020125388
EXPIRES: 09/30/2026**

This receipt **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.

Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
Serving you.

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

****LOCATED AT****
604 HILLBRATH DRIVE
LANTANA, FL 33462-1656

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
CW PLUMBING CONTRACTOR	CRYER WILLIAM CLARK CLIFFORD	CFC1430348	B25.629100 07/14/2025	\$264.60	B40157251

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



JOHNSON DAVIS INC
JOHNSON DAVIS INC
604 HILLBRATH DRIVE
LANTANA FL 33462-1656

STATE OF FLORIDA
PALM BEACH COUNTY
2025 / 2026 LOCAL BUSINESS TAX RECEIPT
LBTR Number: 2020125390
EXPIRES: 09/30/2026

This receipt **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
Serving you.

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

****LOCATED AT****
604 HILLBRATH DRIVE
LANTANA, FL 33462-1656

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
PLUMBING CONTRACTOR	CRYER WILLIAM CLARK CLIFFORD	CFC1430348	B25.629098 07/14/2025	\$27.50	B40157252

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



JOHNSON DAVIS INC
JOHNSON DAVIS INC
604 HILLBRATH DRIVE
LANTANA FL 33462-1656

STATE OF FLORIDA
PALM BEACH COUNTY
2025 / 2026 LOCAL BUSINESS TAX RECEIPT
LBTR Number: 2020125389
EXPIRES: 09/30/2026

This receipt **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
Serving you.

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

****LOCATED AT****

604 HILLBRATH DRIVE
LANTANA, FL 33462-1656

Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
CW UNDERGROUND UTILITY & EXCAVATION CONTRACTOR	JOHNSON SCOTT JAMES	CUC043087	B25.628491 07/14/2025	\$185.85	B40125350

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

**STATE OF FLORIDA
PALM BEACH COUNTY
2025 / 2026 LOCAL BUSINESS TAX RECEIPT
LBTR Number: 199306318
EXPIRES: 09/30/2026**

This receipt MUST be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.

JOHNSON DAVIS INC
JOHNSON DAVIS INC
604 HILLBRATH DRIVE
LANTANA FL 33462-1656



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
Serving you.

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

****LOCATED AT****

604 HILLBRATH DRIVE
LANTANA, FL 33462-1656

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
UNDERGROUND UTILITY & EXCAVATION CONTRACTOR	JOHNSON SCOTT JAMES	CUC043087	B25.628494 07/14/2025	\$99.00	B40125349

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

**STATE OF FLORIDA
PALM BEACH COUNTY
2025 / 2026 LOCAL BUSINESS TAX RECEIPT
LBTR Number: 199306319
EXPIRES: 09/30/2026**

This receipt MUST be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.

JOHNSON DAVIS INC
JOHNSON DAVIS INC
604 HILLBRATH DRIVE
LANTANA FL 33462-1694

2-1051

Thank you for your payment.

An email confirmation will be sent to lditu@johnsondavis.com.

Confirmation number
A9213907763

Payment date
Sep 16, 2025, 8:43 AM EDT

Order Summary

Transaction 1





Business Tax Account 55105

JOHNSON DAVIS INCORPORATED
604 HILLBRATH DR
LANTANA, FL 33462-1656

2026 Receipt #189-5373

ALL OTHER TYPES CONTRACTOR

 [Return to your account](#)

 [Get bills by email](#)

 [Print your Business Tax Receipt\(s\)](#)

\$ 30.00

Convenience Fee 

\$ 1.95

The payment will appear on your statement as "PMT*BROWARD TAX/LICENSE."

[More information on Business Tax payments](#)

Total

\$ 31.95

MARTIN COUNTY BUSINESS TAX RECEIPT



2025 / 2026

EXPIRES: September 30, 2026

Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252

Account #: 19875200075

Honorable Ruth Pietruszewski
Martin County Tax Collector

Location: 604 HILLBRATH DR
Business Phone: (561)588-1170
NAICS Code: 333131
State License: QUALIFIER CRYER, WILLIAM CLARK CLIFFORDCUC1
Business Description:
MISCELLANEOUS CONTRACTOR (UNDERGROUND UTILITIES)

Business Name JOHNSON-DAVIS INC
Business DBA
Owner Name JOHNSON, SCOTT J
JOHNSON-DAVIS INC
604 HILLBRATH DR
LANTANA, FL 33462

This receipt is a local business tax only. This receipt is in addition to and not in lieu of any other license required by law or local ordinance and is subject to regulations of zoning, health, contractor licensing, and other lawful authority.

Paid Date 08/26/2025
Receipt Number
807-24-00278336

Tax Amount	Transfer Fee	Penalty	Late Penalty	Collection Cost	Total Paid
26.25	0.00	0.00	0.00	0.00	26.25

Ruth Pietruszewski • Martin County Tax Collector

Website:
MartinTaxCollector.com

3485 SE Willoughby
Blvd. Stuart, FL 34994

Phone:
(772)288-5600

**To renew your Business Tax Receipt, visit our payment menu
at martintaxcollector.com.**

Contact our office by email at btdept@martintax.us if any of the following changes occur with your business:

- Business Name
- Ownership
- Physical Location
- Mailing Address
- Closing your Business

Dear Business Owner:

The law requires this business tax receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County.

Pursuant to Florida law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1 of each year and shall expire on September 30 of each succeeding year. Those Local Business Tax Receipts renewed beginning October 1 shall be delinquent and subject to a delinquency penalty of 10 percent in the month of October. An additional 5 percent penalty for each month of delinquency is added until paid, provided that the total delinquency penalty shall not exceed 25 percent of the Local Business Tax for the delinquent establishment. A \$250 penalty will be applied 150 days from the initial notice, plus collection costs.

Annual account notices are mailed on July 1.

Regardless of amount due all receipts must be renewed or delinquent fees will apply.

Do you qualify for an exemption? Visit our website <https://martintaxcollector.com/local-business-tax/> for details on Business Tax Receipt Exemptions. An application is required.

If you have any questions please contact our office at btdept@martintax.us or (772)288-5600.



2025 - 2026

St. Lucie County Local Business Tax Receipt

Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252

P.O. Box 308, Fort Pierce, FL 34954
tcsic.com

Facilities or machines #

Rooms #

Seats #

Employees #2

Receipt #1008302

Type of business 1629 HEAVY (UNDERGROUND UTILITIES)

Expires SEPTEMBER 30, 2026

DBA name Johnson-Davis Inc

Business: Scott Johnson

Mailing address: Johnson-Davis Inc
863 Kings Hwy S Ste B 112
Fort Pierce, FL 34945

Business location: 863 Kings Hwy S Ste B 112
Fort Pierce, FL 34945

GOOD FOR THIS LOCATION ONLY

RENEWAL

Original tax: \$12.35

St Lucie County
2311-443-0001-000/9

CUC043087

Penalty:

Collection cost:

Total: \$12.35

Paid 08/26/2025 12.35

0021-20250826-005330

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the local business taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession or occupation.

Pursuant to Florida law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1 of each year and shall expire on September 30 of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1 shall be delinquent and subject to a delinquency penalty of 10 percent for the month of October. An additional 5 percent penalty for each month of delinquency is added until paid, provided that the total delinquency penalty shall not exceed 25 percent of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector is entitled to a collection fee of \$1 to \$5. This fee is based on the amount of Local Business Tax, which will be collected from delinquent taxpayers after September 30 of the business year.

This receipt is a Local Business Tax only. It does not permit the local business taxpayer to violate any existing regulatory or zoning laws of the state, county or city. It also does not exempt the local business taxpayer from any other taxes, licenses or permits that may be required by law.

Pursuant to Florida law, Local Business Taxes are subject to change.

Johnson-Davis Inc
863 Kings Hwy S Ste B 112
Fort Pierce, FL 34945

LOCAL BUSINESS TAX RECEIPT
TOWN OF LANTANA, FLORIDA
RECEIPT NUMBER: 9300617

Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252

EFFECTIVE DATE:

10/31/1994

EXPIRATION DATE:

09/30/2026

JOHNSON-DAVIS INC.

604 HILLBRATH DRIVE

LANTANA, FL 33462-1656

BUSINESS LOCATION:

604 HILLBRATH DR

NAME OF BUSINESS:

JOHNSON-DAVIS INC

BUSINESS CLASSIFICATION:

BUSINESS TYPE:

OFFICE

SPECIAL CONDITIONS

THIS RECEIPT EXPIRES AS SPECIFIED ABOVE

BUSINESS TO BE CONDUCTED IN CONFORMITY WITH AND SUBJECT TO THE PROVISIONS OF THE ORDINANCES OF THE
TOWN OF LANTANA AND THE LAWS OF THE
STATE OF FLORIDA.

THIS RECEIPT MUST BE POSTED IN A CONSPICUOUS PLACE

Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252

WILLIAM CRYER
(561)588-1170

TOWN OF MANALAPAN

600 S. OCEAN BLVD. MANALAPAN, FL. 33462

VALID OCTOBER 1, 2025 - SEPTEMBER 30, 2026

BUSINESS TAX RECEIPT

No: 197

Date: 9/18/25

Address: 604 HILLBRATH DR
LANTANA, FL. 33462
Activity: STATE ST OF FL LICENSE
CUC1225299



BTR
PENALTY
TRANSFER

Issued to: JOHNSON-DAVIS INC
WILLIAM CRYER
604 HILLBRATH DR
LANTANA, FL. 33462

PLEASE DISPLAY IN A PROMINENT LOCATION

TOWN CLERK

**Town of Manalapan
Commercial ID
2025-2026
REG - #197**

**Town of Manalapan
Commercial ID
2025-2026
REG - #197**



Village of Royal Palm Beach

Business Tax Receipt
1050 Royal Palm Beach Blvd.
Royal Palm Beach, FL 33411
Tel: (561) 790-5128
Email: btr@royalpalmbeachfl.gov

Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252

JOHNSON-DAVIS INCORPORATED
604 HILLBRATH DR
LANTANA FL 33462

Business Tax Receipt #: 26-00021867

Dear Business Owner:

This is your new Business Tax Receipt. Please keep the upper portion for your records and detach the bottom of this form. Verify the information and display it conspicuously at your place of business, open to the view of the public.

This Business Tax Receipt is in addition to and not in lieu of any other license or tax required by law or municipal ordinance and is subject to regulations of zoning, health, and any other lawful authority.

Business Tax Receipts may be transferred to a new **owner** when evidence of a sale is provided; the original Business Tax Receipt is surrendered and a transfer fee is paid.

Business Tax Receipts may be transferred to a new **location** when proof of zoning approval is provided; the original Business Tax Receipt is surrendered and a transfer fee is paid.

Business name changes require a new Business Tax Receipt.

This Business Tax Receipt expires on **September 30, 2026**. Renewal notices are mailed at the beginning of July. If you do not receive the notice by the end of July, please let us know.

We hope you have a successful year.

The Village of Royal Palm Beach

**** DETACH AND DISPLAY BOTTOM PORTION ****



VILLAGE OF ROYAL PALM BEACH
1050 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH, FL 33411

NO. 26-00021867

DATE: 9/18/25

REGISTRATION

LOCAL BUSINESS TAX RECEIPT
EXPIRES: SEPTEMBER - 30 - 2026

JOHNSON-DAVIS INCORPORATED
604 HILLBRATH DR
LANTANA FL 33462

DESCRIPTION

CONTRACTOR - UTILITIES

TOTAL FEE

\$.00

DISPLAY IN PLACE OF BUSINESS

LOCATION OUTSIDE CITY LIMITS

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.

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.)

JOHNSON-DAVIS INCORPORATED

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)

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)

(Applies to accounts maintained outside the United States.)

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.

604 HILLBRATH DRIVE

6 City, state, and ZIP code

LANTANA, FL 33462

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

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								
				-				

or

Employer identification number								
5	9	-	1	7	5	3	8	8

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

11/21/25

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



Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252

Major Equipment List
All OWNED by Johnson-Davis, Inc.

ID	DESC	VIN#	ID	DESC	VIN#
Category: 10 WELLPOINT PUMPS			10-0084	10" Wellpoint Pump	14270
10-0001	10 IN. WELLPOINT PUMP	7105	10-999	Rental Pump	
10-0003	10 IN. WELLPOINT PUMP	7568	Category: 11 VACUUM PUMPS		
10-0011	10 IN. WELLPOINT PUMP	7130	10-0100	M5 VAC PUMP	
10-0013	WELLPOINT PUMP 6 IN.	NONE	10-0164	M-3 VACUUM PUMP	
10-0016	WELLPOINT PUMP 10 IN.	8460	11-0005	M-2 VACCUM PUMP	00050
10-0019	WELLPOINT PUMP 10 IN.	7505	11-0053	M-2 VACUUM PUMP	0053
10-0020	WELLPOINT PUMP 10 IN.	8334	11-0100	M10 VACUUM PUMP	100
10-0026	HYDRAULIC PUMP 6 IN.	5654	11-0101	VACUUM PUMP	101
10-0028	JET PUMP , 4 IN. DIESEL	6J66	11-0102	M10 VACUUM PUMP	VP102
10-0030	DOUBLE DIAPHRAGM	4DDL335	11-0131	M5 VACUUM PUMP FOR 10-76	010131
10-0031	WELLPOINT PUMP 10 IN.	JD946068	11-1016	M3 VACUUM PUMP	101689
10-0033	WELLPOINT PUMP 6 IN.	6951033	11-1036	10 INCH VACUUM PUMP	1036
10-0035	WELLPOINT PUMP 8 IN.	US97362X	11-1037	C10 VACUUM PUMP	1037
10-0036	HYDRAULIC PUMP 4 IN.	H-25-D-349	11-1190	M2 VACUUM PUMP	1190
10-0038	WELLPOINT PUMP 8 IN.	U640528Y	11-1240	M3 VACUUM PUMP	1240
10-0040	JET PUMP 4 IN.	None	11-1357	M10 VACUUM PUMP	1357
10-0041	WELLPOINT PUMP 8 IN.	H-40WPLR-D-139	11-1381	M10 VACUUM PUMP	1381
10-0043	TEST PUMP		11-1386	VACUUM PUMP	1386
10-0045	JET PUMP 4 IN.	C.M.E.8291	11-1387	M10 VACUUM PUMP	1387
10-0046	WELLPOINT PUMP 8 IN.	9037	11-1390	M2 VACUUM PUMP	1390
10-0048	6 IN. TRASH PUMP	9065	11-1711	M3 VACUUM PUMP	1711
10-0049	WELLPOINT PUMP 8 IN.	9064	11-1923	M-3 VACUUM PUMP	1923
10-0050	HYDRAULIC PUMP 4 IN.	2657	11-1924	M3 VACUUM PUMP	1924
10-0051	JETPUMP ON WHEELS 4 IN.	4219	11-1941	M3 VACUUM PUMP	1941
10-0052	8 IN. WELLPOINT PUMP	9159	11-2341	M3 VACUUM PUMP	2341
10-0054	8 IN. WELLPOINT PUMP	9181	11-3044	M3 VACUUM PUMP	3044
10-0055	12 IN. HYDRAULIC PUMP	D12SG068T1210	11-3049	VACUUM PUMP	3049
10-0056	8 IN. HYDRAULIC PUMP	325	11-3605	M-10 VACUUM PUM	3605
10-0058	10 IN. WELLPOINT PUMP	9293	11-3737	M2 VACUUM PUMP	3737
10-0059	10 IN. WELLPOINT PUMP		11-3750	M-2 VACUUM PUMP	3750
10-0060	4 IN. HYDRAULIC PUMP	U797253C	11-4268	M3 VACUUM PUMP	4268
10-0061	4 IN. HYDRAULIC PUMP	708	11-4297	VACUUM PUMP	4297
10-0062	8 IN. WELLPOINT PUMP	9220	11-4371	M-3 VACUUM PUMP	4371
10-0063	8 IN. WELLPOINT PUMP	9239	11-4636	VACUUM PUMP	4636
10-0064	4 IN. HYDRAULIC PUMP		11-4840	M-3 VACUUM PUMP	4840
10-0065	WELLPOINT PUMP 6 IN.	6PW-019	11-4841	M3 VACUUM PUMP	4841
10-0066	10 IN. HYDRAULIC PUMP		11-4923	M3 VACUUM PUMP	
10-0067	4 IN. HYDRAULIC PUMP	LD44369U146539	11-5445	M5 VACUUM PUMP	544515
10-0068	4" HYDRAULIC PUMP ON WHEELS	F.P. 8-20	11-6917	C 10" VACUUM PUMP	6917
10-0069	4" HYDRAULIC PUMP ON WHEELS	F.P. 8-19	11-9305	M-3 VACUUM PUMP	9305
10-0070	3" HYDRAULIC PUMP	10HPU-58	11-9487	10" VACUUM PUMP	9487
10-0071	2.5" x 4" JET PUMP ON WHEELS	9500	11-9494	M5 VACUUM PUMP	9494
10-0073	10 inch Roto Flo Wellpoint Pump	26109642 1.1	11-9602	M3 VACUUM PUMP	9603
10-0074	6" Trash Pump	12001	11-9607	M3 VACUUM PUMP	9607
10-0075	8 inch Roto Flo Wellpoint Pump	9010	11-9615	M10 VACUUM PUMP	9615
10-0077	6 INCH HYDRAULIC PUMP POWER UNIT	1318-C	11-9616	C-10 VACUUM PUMP	9616
10-0078	8" HYDRAULIC PUMP	142-C	11-9617	C-10 VACUUM PUMP	9617
10-0079	8" Wellpoint Pump	14237	11-9716	#10 VACUUM PUMP	9716
10-0080	8" Wellpoint Pump	14238	Category: 20 BACKHOES		
10-0081	8" Wellpoint Pump	14239	20-0039	1997 DEWATERING TRENCHER	D97022
10-0082	8" Wellpoint Pump Quiet Pack	14235	20-0040	LIEBHERR BACKHOE	417-4205
10-0083	10" Wellpoint Pump	14269	20-0044	LIEBHERR BACKHOE	651-8110

ID	DESC	VIN#
20-0050	LIEBHERR BACKHOE	924-13441
20-0056	KOMATSU BACKHOE	30099
20-0059	Caterpillar Crawler Excavator	CAT0328DCGTN
20-0060	Caterpillar Crawler Excavator	CAT0336DEW3K
20-0063	2012 JOHN DEERE RUBBER TIRE	1FF220DWHBD4
20-0068	Komatsu PC390LC-10 Excavator	A30203
20-0069	Komatsu PC240LC-11 EXCAVATOR	95106
20-0070	Komatsu PC390LC-11 Excavator	30425
20-0071	Komatsu PC390LC-11 Excavator	A74180
20-0072	Komatsu PC138USLC-11	50542
20-0073	KOMATSU PC290LC-11 EXCAVATOR	A27538
20-0074	Komatsu PC138USLC-11 Excavator	50845
20-0075	Liebherr A900C	66375
20-0077	Cat 323 Excavator	RAZ00754
20-0078	Cat 325FLCR Excavator	NDJ20187
20-0079	Komatsu PC-238 Excavator	05489
20-0080	Komatsu PC-138 Excavator	52349
20-0081	Cat 307E2 Mini-Excavator	307-KC901075
20-0082	John-Deere 350G Excavator	1FF350GXLHF81
20-999	Rental Backhoe	
WR-BH01	Volvo Backhoe (Wakefield Road Boring)	

Category: 25 COMBINATIONS

25-0051	CAT COMBO BACKHOE	BLN11885
25-0052	CAT COMBO BACKHOE	BML05166
25-0067	2013 CAT COMBINATION BACKHOES 420 F	CAT0420FHJWJ0

Category: 30 LOADERS

30-0032	LIEBER LOADER	443-11966
30-0033	VOLVO LOADER L70E	L70EV60803
30-0038	2009 KOMATSU LOADER	65858
30-0039	2009 KOMATSU LOADER	65939
30-0040	950H CATERPILLAR LOADER	CAT0950HVK5K0
30-0042	WA320-6 KOMATSU LOADER	A35279
30-0043	WA-380-7 KOMATSU LOADER	A64171
30-0044	WA200PZ-6 KOMATSU RUBBER TIRE LOAD	KMTWA105C010
30-0045	WA-320-7 KOMATSU LOADER	80194
30-0046	938K CATERPILLAR LOADER	SWL01382
30-0047	WA200-7 KOMATSU LOADER	80392
30-0048	WA380-8 KOMATSU LOADER	A74013
30-0049	Komatsu WA-380-8 Wheel Loader	A74180
30-0050	Cat 906M Wheel Loader	CAT906MCH6600
30-0051	Komatsu WA320-8	85209
30-0052	Komatsu WA270-8 Wheel Loader	A28201
30-0053	Cat 930M Wheel Loader	KTG03806
30-0054	Cat 930M Wheel Loader	KTG04062
30-0055	John-Deere 524L Wheel Loader	1DW524LKLZLKF
30-0056	John-Deere 544L	1DW544LZCKF6
30-999	Rental Loader	

Category: 35 SPECIALIZED EQUIPMENT

35-0001	CRAWLER DOZER	T065HX898018
35-0027	2001 LOADER/BOBCAT	514147010
35-0041	T300 BOBCAT	525415212
35-0061	KUBOTA BACKHOE	30767
35-0064	2012 KUBOTA EXCAVATOR W/RUBTKS/4P	41826
35-0066	2013 KUBOTA EXCAVATOR	74888
35-0067	Cat 305E2 Excavator	H5M07145
35-0068	John-Deere 325G Compact Track Loader	1T0325GMJKJ34
35-999	Rental Mini	

ID	DESC	VIN#
	Johnson-Davis Inc.	
	604 Hillbrath Dr.	
	Lantana, FL 33462	
	Phone: (561) 588-1170	
	Fax: (561) 585-3252	

<u>PROJECTS</u>	<u>CONTRACT SCHEDULE</u> <u>DAYS</u>	<u>ACTUAL COMPLETION</u> <u>SCHEDULE</u>
CENTURY VILLAGE YEAR 5	210	178
WATER MAIN IMPROVEMENTS WUD 15-013	365	301
BELLE GLADE PHASE 3	540	500
VALVE ADDITIONS PHASE 1	730	510
SEMINOLE AND NORTHLAKE GROUTING	120	31
GUN CLUB ESTATES WATER SERVICE	210	180
DILLMAN HEIGHTS WM REPLACEMENT	210	Currently working
EMERGENCY BY-PASS PIPING	120	30
US-441 & SPANISH ISLES BLVD.	120	10
PBCWUD TURNPIKE FM BREAK	120	35
PBCWUD ORANGE AVE. 24" WM	120	45
PAHOKEE WATER MAIN REPLACEMENT	120	67
WM REPLACEMENT SE CORNER 16TH	120	95
BELLE GLADE PHASE 4	450	Currently working
EAST WATER MAIN TANK	90	13
PBCWUD CLARIFIER 36"	90	12
CANYON PUBLIC LIBRARY	90	8
WTP #8 JACK AND BORE 30" WM	190	Currently working
WUD 21-035 PRIORITY AERIAL CROSSING	450	Currently working
441 & BOCA WOOD LANE	90	20
EMERGENCY 36" RAW WM REPIAR	90	17

<u>Principal Name</u>	<u>Writing Company</u>	<u>Obligee Name</u>	<u>Eff Date</u>	<u>Exp Date</u>	<u>Status</u>	<u>Last Transaction</u>
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Royal Palm Beach, Village		10/15/2025	10/15/2026	Pending Invoice	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Ranger Construction Industries,		10/10/2025	10/10/2026	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County (Board of C		09/22/2025	09/22/2026	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - MasTec Civil, LLC		09/16/2025	09/16/2026	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City		09/16/2025	09/16/2026	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Rosso Site Development, Inc.		09/15/2025	09/15/2026	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - CES Construction, LLC		07/30/2025	07/30/2026	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City		07/25/2025	07/25/2026	PP Delivered	Bond Endorsed
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Jupiter, Town		07/21/2025	07/21/2026	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City		05/29/2025	05/29/2026	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Lake Worth Beach, City		05/20/2025	05/20/2026	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City		04/08/2025	04/08/2026	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Wellington, Village		03/13/2025	03/13/2026	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - St. Lucie, County (Board of Com		03/12/2025	03/12/2026	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Northern Palm Beach County In		03/06/2025	03/06/2026	PP Delivered	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County		02/21/2025	02/21/2026	PP Delivered	Bond Endorsed
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County		01/29/2025	01/29/2026	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County (Road & Br		01/29/2025	01/29/2026	PP Canceled	Bond Canceled
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City		01/29/2025	01/29/2026	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - C.W. Roberts Contracting, Incor		01/28/2025	01/28/2026	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Bergeron Land Development, In		01/15/2025	01/15/2026	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Boca Raton, City		01/13/2025	01/13/2026	PP Delivered	Bond Endorsed
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County		12/09/2024	12/09/2025	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Las Brisas Homeowners Associa		11/07/2024	11/07/2025	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic WV - Vecellio & Grogan, Inc.		10/24/2024	10/24/2025	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Manalapan, Town		10/18/2024	10/18/2025	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Jupiter, Town		10/18/2024	10/18/2025	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - St. Lucie, County		10/16/2024	10/16/2025	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Royal Palm Beach, Village		09/19/2024	09/19/2025	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - St. Lucie, County (Board of Com		09/18/2024	09/18/2025	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City		09/09/2024	09/09/2025	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County		08/29/2024	08/29/2025	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County (Board of C		08/26/2024	08/26/2025	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County (Board of C		08/26/2024	08/26/2025	PP Delivered	Bond Endorsed
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Jupiter, Town		08/20/2024	08/20/2025	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County		08/20/2024	08/20/2025	PP Delivered	Bond Endorsed
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Sebastian, City		07/23/2024	07/23/2025	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County		07/01/2024	07/01/2025	PP Draft Issued	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Delray Beach, City		07/01/2024	07/01/2025	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic NY - OHL USA, Inc.		06/06/2024	06/06/2025	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Randolph Construction Group		06/04/2024	06/04/2025	Closed	Bond Finalized

Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Ranger Construction Industries,	05/30/2024	05/30/2025	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic WV - Vecellio & Grogan, Inc.	05/29/2024	05/29/2025	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Seacoast Utility Authority	05/28/2024	05/28/2025	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City	04/23/2024	04/23/2025	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Lake Worth Beach, City	04/23/2024	04/22/2025	PP Canceled	Bond Canceled
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Fort Pierce Utilities Authority	04/22/2024	04/22/2025	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	04/10/2024	04/10/2025	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Hatcher Construction & Develop	03/22/2024	03/22/2025	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	03/06/2024	03/06/2025	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Seacoast Utility Authority	02/21/2024	02/21/2025	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City	02/01/2024	02/01/2025	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	01/11/2024	01/11/2025	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Jupiter, Town	01/08/2024	01/08/2025	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	12/06/2023	12/06/2024	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	12/04/2023	12/04/2024	PP Delivered	Bond Endorsed
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City	11/29/2023	11/29/2024	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City	11/16/2023	11/16/2024	PP Delivered	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Rosso Site Development, Inc.	09/29/2023	09/29/2024	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City	09/12/2023	09/12/2024	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Ranger Construction Industries,	09/12/2023	09/12/2024	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - State - FL DOT (Fort Lauderdale,	08/21/2023	08/21/2024	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	08/17/2023	08/17/2024	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	08/17/2023	08/17/2024	PP Delivered	Bond Endorsed
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Randolph Construction Group	08/08/2023	08/08/2024	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Okeechobee, City	07/24/2023	07/24/2024	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	07/19/2023	07/19/2024	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	07/17/2023	07/17/2024	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, Town	06/22/2023	06/22/2024	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Jupiter, Town	06/01/2023	06/01/2024	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - St. Lucie, County	05/23/2023	05/23/2024	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Northern Palm Beach County In	05/10/2023	05/10/2024	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - OHLA USA, Inc.	03/23/2023	03/23/2024	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City	03/07/2023	09/30/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Hubbard Construction Compan	01/31/2023	01/31/2024	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Lantana, Town	01/19/2023	02/10/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Jupiter, Town	01/03/2023	05/31/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City	12/21/2022	12/21/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	11/15/2022	11/15/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	11/14/2022	11/14/2023	PP Delivered	Bond Endorsed
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - South Indian River Water Contr	11/04/2022	02/01/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County (Board of C	10/25/2022	10/25/2023	PP Delivered	Bond Canceled
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Hawkins Construction, Inc.	10/03/2022	10/03/2023	PP Delivered	Bond New

Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	09/26/2022	05/31/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City	09/19/2022	01/31/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Seacoast Utility Authority	08/30/2022	08/30/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Lantana, Town	08/02/2022	02/10/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Brevard, County	07/29/2022	07/01/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Seacoast Utility Authority	07/20/2022	07/20/2023	PP Delivered	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City	07/18/2022	02/01/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	06/13/2022	11/30/2022	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - State - FL DOT (Fort Lauderdale)	06/02/2022	06/02/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County (Board of C	05/03/2022	05/03/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Seacoast Utility Authority	05/02/2022	10/31/2022	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City	04/25/2022	06/15/2022	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	04/25/2022	04/25/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	04/14/2022	04/14/2023	PP Delivered	Bond Canceled
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City	04/07/2022	08/31/2022	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Ranger Construction Industries,	04/04/2022	04/04/2023	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	03/25/2022	03/25/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	03/24/2022	03/24/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	03/15/2022	10/31/2022	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	03/15/2022	10/31/2022	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Clewiston, City	03/09/2022	10/31/2022	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Coral Springs, City	03/03/2022	03/03/2023	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Orion Marine Construction, Inc.	12/22/2021	12/22/2022	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City	12/01/2021	04/30/2022	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Ranger Construction Industries,	10/29/2021	10/29/2022	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	10/26/2021	05/01/2022	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Wellington, Village	10/21/2021	10/21/2022	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County (Board of C	10/19/2021	10/19/2022	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Martin, County (Board of Comr	10/04/2021	12/31/2021	PP Delivered	Bond Canceled
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Palm Beach, County	09/29/2021	09/29/2022	PP Delivered	Bond New
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City	09/13/2021		Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Minneapolis FL - West Melbourne, City	09/02/2021	12/31/2021	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Minneapolis FL - Palm Beach, County	08/24/2021		Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Rosso Site Development, Inc.	04/15/2021	04/15/2022	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - West Palm Beach, City	03/08/2021	12/06/2021	Closed	Bond Finalized
Johnson-Davis (all PBCWUD bo	Liberty - Georgia Johnson Davic FL - Palm Beach, County	12/08/2020	12/08/2021	Closed	Bond Finalized
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Jupiter, Town	08/13/2020	08/13/2021	PP Delivered	Bond Endorsed
Johnson-Davis Incorporated	Liberty - Georgia Johnson Davic FL - Lake Worth Beach, City	07/10/2020	07/10/2021	Closed	Bond Finalized

17. List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer 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 which the dispute arose, and a description of the subject matter of the dispute.

Response: The claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer during the last five (5) years are as follows (from oldest to most recent):

Johnson-Davis, Inc. v. CREG, LLC, and Inter Related Construction Services Corp., Palm Beach County Circuit Court Case No. 2020-CA-004227

- Project from which dispute arose: Boynton Beach Golf Estates, in Palm Beach County, Florida.
- Subject matter or dispute: Johnson-Davis, Inc. was foreclosing a construction lien against CREG, LLC, and suing Inter Related (the general contractor on the project) for breach of contract
- The lawsuit was settled.

Shanghai Trade Development, SA v. CREG, LLC, Namba One Star, LLC, and Johnson-Davis, Inc., Palm Beach County Circuit Court Case No. 2020-CA-009513

- Project from which dispute arose: Boynton Beach Golf Estates, in Palm Beach County, Florida.
- Subject matter or dispute relative to Johnson-Davis: The lender to the owner of the referenced project sought to foreclose its mortgage against Johnson-Davis, Inc.'s construction lien
- The lawsuit was settled.

Johnson-Davis, Inc. v. John Knox Village of Florida, Inc., Broward County Circuit Court Case No. CACE-21-0019167

- Project from which dispute arose: John Knox Village, in Pompano Beach, Florida
- Subject matter or dispute: Johnson-Davis, Inc. was foreclosing a construction lien against John Knox Village
- The lawsuit was settled.

Cincinnati Insurance Company v. Johnson-Davis, Inc., AAA Case No. 01-23-0001-2355.

- Project from which dispute arose: Atlantic Crossing project, Delray Beach, Florida.
- Subject matter or dispute: Subrogation and indemnity claim from the insurer of the general contractor against Johnson-Davis, Inc.
- The arbitration settled.



JOHNSON-DAVIS INC.

Johnson-Davis Inc.
604 Hillbrath Dr.
Lantana, FL 33462
Phone: (561) 588-1170
Fax: (561) 585-3252

WALTER PFAFFENBERGER

EDUCATION:

BBA – Business Administration
Palm Beach Atlantic College, West Palm Beach, FL

EXPERIENCE:

2018 – Present

Johnson-Davis Inc., Lantana, FL

Estimator

Underground utility construction contractor specializing in water, sewer, storm drainage systems, as well as highway and road construction. Prepare estimates for private and public work as both prime and subcontractor.

2003 – 2018

Johnson-Davis Inc., Lantana, FL

Project Manager

Company representative at pre-construction and project meetings. Ordered materials, billing, and job coordination for private and public utility projects.

2002 – 2003

Johnson-Davis Inc., Lantana, FL

Heavy Equipment Operator

1999 – 2002

J.G. Developers Inc., Pearl River, NY

President

Researched and selected subdivision lots for homes. Involved in interim finance acquisition, budgeting, contracting, and architect interface on design for single family dwellings. Schedule, monitor, and inspect work.

1997 – 1999

R.D.&P. Construction Corp., Pearl River, NY

Construction Manager

Estimating, budgeting, and invoicing of commercial and residential site work contracts. Schedule, monitor, and inspect work.

RELATED ACCOMPLISHMENTS:

Class V Fire Sprinkler Contractor

Florida DOT Maintenance of Traffic Advanced Certification