

# BID ACKNOWLEDGEMENT COVER PAGE

<b>SUBMIT BIDS TO:</b> Wellington Attn: Clerk's Office 12300 Forest Hill Blvd Wellington, FL 33414	<b>REFER ALL INQUIRIES TO PRIMARY CONTACT:</b> Purchasing Division 12300 Forest Hill Blvd Wellington, FL 33414 Ph: 561-791-4154	<b>Wellington</b> <h1>INVITATION TO BID</h1>
<b>BID TITLE:</b> Concession stand Door Replacements for Village Park		<b>BID NO:</b> 024-18/MM

<b>NAME OF FIRM, ENTITY, or ORGANIZATION:</b> E+P Florida Enterprises Inc. D/B/A CREATIVE Contracting Group				
<b>NAME OF CONTACT PERSON</b> Lisa Addis		<b>VENDOR MAILING ADDRESS:</b> 3141 Fortune Way Bay 16		<b>CITY:</b> Wellington
<b>TITLE</b> V.P.		<b>VENDOR HEADQUARTERS ADDRESS (IF DIFFERENT):</b>		<b>STATE:</b> FL
<b>PHONE NUMBER:</b> 561-333-1445		<b>FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 20-0261053		
<b>EMAIL ADDRESS:</b> CREATIVE Contractor @comcast.net		<b>STATE OF FLORIDA BUSINESS LICENSE NUMBER (IF APPLICABLE):</b> CGC1513410		
<b>FAX NUMBER:</b> 561-333-7894				
<b>ORGANIZATIONAL STRUCTURE (Please Check One):</b> Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other <input type="checkbox"/>				
If Corporation, please provide the following:				
(A) Date of Incorporation: 10 / 09 / 2003 <small>Month / Day / Year</small>			(B) State or Country of Incorporation: Florida	

## BID PROPOSAL CHECKLIST

**Please submit your proposal in this order**

- YES ☒ NO ☐ 1. Bid submittal – one (1) original and one (1) PDF (CD) Copy
- YES ☒ NO ☐ 2. Bid Form signed by authorized representative
- YES ☒ NO ☐ 3. Acknowledgment of addendums
- YES ☐ NO ☐ 5. Schedule of Value
- YES ☒ NO ☐ 6. Schedule of Subcontractor/Supplies
- YES ☒ NO ☐ 7. Schedule of Equipment and Materials
- YES ☒ NO ☐ 8. Sworn Statement under Section 287.133(3) (a)
- YES ☒ NO ☐ 9. Drug Free Workplace
- YES ☒ NO ☐ 10. Trench Safety Affidavit
- YES ☒ NO ☐ 11. Questionnaire
- YES ☒ NO ☐ 12. References
- YES ☒ NO ☐ 13. Insurance Certificates
- YES ☒ NO ☐ 14. Copy of Appropriate Licenses
- YES ☒ NO ☐ 15. Proof of Workers Compensation Insurance/Workers Compensation Exemption
- YES ☒ NO ☐ 16. Local Preference Affidavit
- YES ☒ NO ☐ 17. Conflict of Interest Statement
- YES ☒ NO ☐ 18. Non-Collusion Affidavit

## BID FORM

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

PROJECT: Concession Stand Door Replacements for Village Park Date: 10/1/18

BIDDER: ETC Florida Enterprises INC P/B/A CREPTIVE Contracting Group

THIS BID IS SUBMITTED TO:

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

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

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

Date <u>9/5/18</u>	Addenda Number <u>01</u>
Date <u>9/20/18</u>	Addenda Number <u>02</u>
Date <u>9/26/18</u>	Addenda Number <u>03</u>

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

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

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

(e) BIDDER has reviewed and checked all information and data shown or indicated on the Contract Documents with respect to existing Underground Facilities at or contiguous to the site and assumes responsibility for the accurate location of said Underground Facilities. No additional examinations, investigations, explorations, tests, reports or similar information or data in

respect of said Underground Facilities are or will be required by BIDDER in order to perform and furnish the Work at the Contract price, within the Contract Time and in accordance with the other terms and conditions of the Contract Documents.

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

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

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

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

**Concession Stand Door Replacements for Village Park** shall be Substantially Complete within **30** days of Notice to Proceed and Finally Complete within **45** days of Notice to Proceed. Work hours Monday-Friday 7am – 6pm, excluding holidays.

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

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

- (a) Schedule of Values.
- (b) List other documents as pertinent.

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

Name: CREATIVE Contracting Group  
Address: 3141 Fortune Way B-16  
Wellington FL 33414  
Phone No.: 561-333-1445 Fax: 561-333-7894

10. BIDDER'S Florida Contractor's License No. CGC1513410

11. BIDDER covenants that it is qualified to do business in the State of Florida and has attached evidence of BIDDER'S qualification to do business in the State of Florida, or if not attached, BIDDER covenants to obtain such evidence within five days of request by OWNER to provide evidence.

If BIDDER is

An Individual

Name N/A (SEAL)

Signature: \_\_\_\_\_

Doing business as \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

A Partnership

Firm's Name N/A (SEAL)

General Partner Signature: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

A Corporation

Corporation's Name ETF Florida Enterprises INC (SEAL)

State of Incorporation Florida

Authorized Person: LISA Addis

Title: V.P.

Signature: [Signature]

Attest: FRANK ADDIS (Secretary)

Signature: [Signature]

Business Address: 3141 Fortune Way S-16

Wellington FL

Phone Number: 561-333-1445

Fax Number 361-333-7894

### SCHEDULE OF VALUES

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

Item	Description	Estimated Quantity	Unit of Measure	Unit Price	Total for Item
1	Roller Hockey Concession Stand Door Replacements for Village Park Per Plans and Specs	1	LS	28,900. <sup>00</sup>	28,900. <sup>00</sup>
2	Baseball Concession Stand Door Replacements for Village Park Per Plans and Specs	1	LS	28,900. <sup>00</sup>	28,900. <sup>00</sup>
3	Football Concession Stand Door Replacements for Village Park Per Plans and Specs	1	LS	29,900. <sup>00</sup>	29,900. <sup>00</sup>
	<b>TOTAL CONTRACT PRICE</b>				87,700. <sup>00</sup>

**BIDDER/CONTRACTOR** understands and agrees that this is a Lump Sum Contract and that successful contractor shall prepare and submit a detailed Schedule of Values to Wellington for approval prior to first payment application.

## SCHEDULE OF SUBCONTRACTORS

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

<u>Discipline</u>	<u>Subcontractor</u>	<u>Address City, ST, Zip</u>	<u>License Number</u>
	N/A		

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

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

24



10021 Commerce Park Drive, Cincinnati Ohio 45246  
1-800-543-4455

**Product Quotation**

**Customer #:** SEI0001  
**Quote #:** Q000173268  
**Revision:** REVISION 1  
**Job Name:** CONCESSION  
STAND DOOR REP.  
**Quote Date:** 9/6/2018  
**Expiration Date:** 10/6/2018

**Bill To:**

Brownsville Bid Customer  
5224 Ruben Torres Sr Blvd  
Brownsville TX 78526-5217  
UNITED STATES

**Ship To:**

CITY OF WELLINGTON  
11700 Pierson Rd  
Wellington FL 33414-8729  
UNITED STATES

**Estimate Contact : ESTIMATING**

**Phone:** 000000000000

**Email Address:** TBD

No.	Item	Quantity	U/M	Unit Price	Extended Price	Cur Code	Ship Site
1	Chem-Pruf - CP9 - Hurricane / FBC Door - Product Grouping: Corrosion - Assembly Type: Door and Frame -	2.00	EA	3,937.69	7,875.38	USD	BRN

**Finished Opening - Opening Width:: 72 IN - Opening Height:: 84 IN**

Unit Configuration Pair - Equal -

OP-1 - Opening 1 Door Description 1 - Opening Number Opening:2 OP-2 - Opening 2 Door Description 2 - Door Opening Type:  
Standard Frame - Finished Opening - Certifications: Hurricane / FBC Certified Door - Rough Opening: 76 1/2 x 88 1/4 - Core  
Material: PPC Honeycomb -

Wall Thickness: 8 IN - Frame Style: Style 4 Frame - Header Type: 4" Header - Unitized Frame - Wall Construction Type:  
Concrete Wall - Jamb Width: 2" X 5 3/4" Frame Profile - Frame Material: FRP - Camel Tan - Camel Tan - Frame Texture: Gloss  
Finish - Anchor Type Creteflex, # 14-10 X 4 FPH SS -

Door Opening Qty: 1 - Panel 1 Door Swing Left Hand Reverse Passive - HINGE & HDWR BB 1J 4.5 X 4.5 STD WGT NRP  
US32D - Include & Install - Threshold FIBERGLASS CPH-T - Include (not Installed) - Door Sweep FIBERGLASS CPH-S -  
Include & Install - Exterior Finish Camel Tan - Exterior Texture Gloss STD - Interior Finish Camel Tan - Interior Texture Gloss  
STD - Hinge 3 - TRIMCO 3815 X3815 PAIR US32D - Include & Install -

Panel 2 Door Swing Right Hand Reverse Active - HINGE & HDWR BB 1J 4.5 X 4.5 STD WGT NRP US32D - Include & Install -  
Overlapping FRP W/ Seal - Include (not Installed) - Threshold FIBERGLASS CPH-T - Threshold Include (not Installed) - Door  
Sweep FIBERGLASS CPH-S - Include & Install - Exterior Finish Camel Tan - Exterior Texture Gloss STD - Interior Finish Camel  
Tan - Interior Texture Gloss STD - Hinge 3 - SARGENT 8205 LNJ CPC US32D - 40.3125 - Include & Install - NORTON 7500  
H SRI AL - Include & Install -

Crating: Standard Packaging -

Mark For: ROLLER HOCKEY 6070

**Sales Person:** PKearney pkearney@senneca.com;LaurenW@eliasoncorp.com

**Taken By:** JMasso frporders@senneca.com

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UNITED STATES

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11700 Pierson Rd  
Wellington FL 33414-8729  
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**Estimate Contact : ESTIMATING**

**Phone: 000000000000**

**Email Address: TBD**

No.	Item	Quantity	U/M	Unit Price	Extended Price	Cur Code	Ship Site
2	Chem-Pruf - CP11 - Full Louver FBC Door - Product Grouping: Corrosion - Assembly Type: Door and Frame -	2.00	EA	2,856.15	5,712.30	USD	BRN

**Finished Opening - Opening Width:: 36 IN - Opening Height:: 84 IN**

Unit Configuration Single -

1 - Opening 1 1 - Opening Number Opening: 2 2 - Opening 2 2 - Door Opening Type: Standard Frame - Finished Opening -  
Certifications: Full Louver FBC Certified Door - Rough Opening: 40 1/2 x 88 1/4 - Core Material: PPC Honeycomb -

Wall Thickness: 8 IN - Frame Style: Style 4 Frame - Header Type: 4" Header - Unitized Frame - Wall Construction Type:  
Concrete Wall - Jamb Width: 2" X 5 3/4" Frame Profile - Frame Material: FRP - Camel Tan - Camel Tan - Frame Texture: Gloss  
Finish - Anchor Type Creteflex, # 14-10 X 4 FPH SS -

Door Opening Qty: 1 - Panel 1 Door Swing Right Hand Reverse - HINGE & HDWR BB 1J 4.5 X 4.5 STD WGT NRP US32D -  
Include & Install - Threshold FIBERGLASS CPH-T - Include (not Installed) - Door Sweep FIBERGLASS CPH-S - Include &  
Install - Exterior Finish Camel Tan - Exterior Texture Gloss STD - Interior Finish Camel Tan - Interior Texture Gloss STD - Hinge  
3 - Inverted V Louver w/ Bug Screen 316SS 16 Mesh - Louver 22" x 22" - SARGENT 4878 US32D PUBLIC TOILET MORTISE  
DEADBOLT WITH DOUBEL CYLINDER AND THUMBTURN - 48 - Include & Install - TRIMCO 1017-3B 4 x 16 US32D - 42 -  
Include & Install - TRIMCO 1001-3 4 X 16 US32D - PushPlatePullHandle Center Line Height, Panel:1 Sequence:03 42 - Include  
& Install - NORTON 7500 H SRI AL - Include & Install -

Crating: Standard Packaging -

Mark For: ROLLER HOCKEY

Sales Person: PKearney pkearney@senneca.com;LaurenW@eliasoncorp.com

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11700 Pierson Rd  
Wellington FL 33414-8729  
UNITED STATES

**Estimate Contact : ESTIMATING**

**Phone: 000000000000**

**Email Address: TBD**

No.	Item	Quantity	U/M	Unit Price	Extended Price	Cur Code	Ship Site
3	Chem-Pruf - CP1 - Standard Door - Product Grouping: Corrosion - Assembly Type: Door and Frame -	2.00	EA	2,814.88	5,629.76	USD	BRN

**Finished Opening - Opening Width:: 36 IN - Opening Height:: 84 IN**

Unit Configuration Single -

OP-1 - Opening 1 Door Description 1 - Opening Number Opening:2 OP-2 - Opening 2 Door Description 2 - Door Opening Type:  
Standard Frame - Finished Opening - - Rough Opening: 40 1/2 x 88 1/4 - Core Material: PPC Honeycomb -

Wall Thickness: 8 IN - Frame Style: Style 4 Frame - Header Type: 4" Header - Utilized Frame - Wall Construction Type:  
Concrete Wall - Jamb Width: 2" X 5 3/4" Frame Profile - Frame Material: FRP - Camel Tan - Camel Tan - Frame Texture: Gloss  
Finish - Anchor Type Creteflex, # 14-10 X 4 FPH SS -

Door Opening Qty: 1 - Panel 1 Door Swing Right Hand Reverse - HINGE & HDWR BB 1J 4.5 X 4.5 STD WGT NRP US32D -  
Include & Install - Threshold FIBERGLASS CPH-T - Include (not Installed) - Door Sweep FIBERGLASS CPH-S - Include &  
Install - Exterior Finish Camel Tan - Exterior Texture Gloss STD - Interior Finish Camel Tan - Interior Texture Gloss STD - Hinge  
3 - SARGENT 8205 LNJCPC US32D - 42 - Include & Install - NORTON 7500 H SRI AL - Include & Install -

Special Instructions INVERTED LOUVER WITH SS BUG SCREEN -

Crating: Standard Packaging -

Mark For: ROLLER HOCKEY

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**Phone: 000000000000**

**Email Address: TBD**

No.	Item	Quantity	U/M	Unit Price	Extended Price	Cur Code	Ship Site
4	Chem-Pruf - CP9 - Hurricane / FBC Door - Product Grouping: Corrosion - Assembly Type: Door and Frame -	1.00	EA	4,910.01	4,910.01	USD	BRN

**Finished Opening - Opening Width:: 72 IN - Opening Height:: 84 IN**

Unit Configuration Pair - Equal -

OP-1 - Opening 1 Door Description 1 - Door Opening Type: Standard Frame - Finished Opening - Certifications: Hurricane / FBC  
Certified Door - Rough Opening: 76 1/2 x 88 1/4 - Core Material: PPC Honeycomb -

Wall Thickness: 8 IN - Frame Style: Style 4 Frame - Header Type: 4" Header - Unitized Frame - Wall Construction Type:  
Concrete Wall - Jamb Width: 2" X 5 3/4" Frame Profile - Frame Material: FRP - Camel Tan - Camel Tan - Frame Texture: Gloss  
Finish - Anchor Type Creteflex, # 14-10 X 4 FPH SS -

Door Opening Qty: 1 - Panel 1 Door Swing Left Hand Reverse Passive - HINGE & HDWR BB 1J 4.5 X 4.5 STD WGT NRP  
US32D - Include & Install - Threshold FIBERGLASS CPH-T - Include (not Installed) - Door Sweep FIBERGLASS CPH-S -  
Include & Install - Exterior Finish Camel Tan - Exterior Texture Gloss STD - Interior Finish Camel Tan - Interior Texture Gloss  
STD - Hinge 3 - Inverted V Louver w/ Bug Screen 316SS 16 Mesh - Louver 22" x 22" - TRIMCO 3815 X3815 PAIR US32D -  
Include & Install -

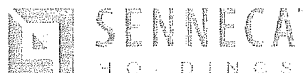
Panel 2 Door Swing Right Hand Reverse Active - HINGE & HDWR BB 1J 4.5 X 4.5 STD WGT NRP US32D - Include & Install -  
Overlapping FRP W/ Seal - Include (not Installed) - Threshold FIBERGLASS CPH-T - Threshold Include (not Installed) - Door  
Sweep FIBERGLASS CPH-S - Include & Install - Exterior Finish Camel Tan - Exterior Texture Gloss STD - Interior Finish Camel  
Tan - Interior Texture Gloss STD - Hinge 3 - Louver Style, Panel:2 Louver:1 - Inverted V Louver w/ Bug Screen 316SS 16 Mesh -  
Louver Size, Panel:2 Louver:1 - 22" x 22" - SARGENT 8205 LNJ CPC US32D - 40.3125 - Include & Install - NORTON 7500 H  
SRI AL - Include & Install -

Crating: Standard Packaging -

Mark For: FOOTBALL CONCESSION

Sales Person: PKearney pkearney@senneca.com;LaurenW@eliasoncorp.com

Taken By: JMasso frporders@senneca.com



10921 Commerce Park Drive, Cincinnati Ohio 45246  
1-800-543-4455

Product Quotation

Customer #: SEI0001  
Quote #: Q000173268  
Revision: REVISION 1  
Job Name: CONCESSION  
STAND DOOR REP.  
Quote Date: 9/6/2018  
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5	Chem-Pruf - CP9 - Hurricane / FBC Door - Product Grouping: Corrosion - Assembly Type: Door and Frame -	1.00	EA	4,757.37	4,757.37	USD	BRN

**Finished Opening - Opening Width:: 72 IN - Opening Height:: 84 IN**

Unit Configuration Pair - Equal -

OP-1 - Opening 1 Door Description 1 - Door Opening Type: Standard Frame - Finished Opening - Certifications: Hurricane / FBC  
Certified Door - Rough Opening: 76 1/2 x 88 1/4 - Core Material: PPC Honeycomb -

Wall Thickness: 8 IN - Frame Style: Style 4 Frame - Header Type: 4" Header - Unitized Frame - Wall Construction Type:  
Concrete Wall - Jamb Width: 2" X 5 3/4" Frame Profile - Frame Material: FRP - Camel Tan - Camel Tan - Frame Texture: Gloss  
Finish - Anchor Type Creteflex, # 14-10 X 4 FPH SS -

Door Opening Qty: 1 - Panel 1 Door Swing Left Hand Reverse Passive - HINGE & HDWR BB 1J 4.5 X 4.5 STD WGT NRP  
US32D - Include & Install - Threshold FIBERGLASS CPH-T - Include (not Installed) - Door Sweep FIBERGLASS CPH-S -  
Include & Install - Exterior Finish Camel Tan - Exterior Texture Gloss STD - Interior Finish Camel Tan - Interior Texture Gloss  
STD - Hinge 3 - Inverted V Louver - Louver 22" x 22" - TRIMCO 3815 X3815 PAIR US32D - Include & Install -

Panel 2 Door Swing Right Hand Reverse Active - HINGE & HDWR BB 1J 4.5 X 4.5 STD WGT NRP US32D - Include & Install -  
Overlapping FRP W/ Seal - Include (not Installed) - Threshold FIBERGLASS CPH-T - Threshold Include (not Installed) - Door  
Sweep FIBERGLASS CPH-S - Include & Install - Exterior Finish Camel Tan - Exterior Texture Gloss STD - Interior Finish Camel  
Tan - Interior Texture Gloss STD - Hinge 3 - Louver Style, Panel:2 Louver:1 - Inverted V Louver - Louver Size, Panel:2 Louver:1 -  
22" x 22" - SARGENT 8205 LNJ CPC US32D - 40.3125 - Include & Install - NORTON 7500 H SRI AL - Include & Install -

Crating: Standard Packaging -

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**Finished Opening - Opening Width:: 36 IN - Opening Height:: 84 IN**

Unit Configuration Single -

1 - Opening 1 1 - Opening Number Opening:2 2 - Opening 2 2 - Opening Number Opening:3 OP-3 - Door Description Opening:3  
Door Description 3 - Door Opening Type: Standard Frame - Finished Opening - Certifications: Full Louver FBC Certified Door -  
Rough Opening: 40 1/2 x 88 1/4 - Core Material: PPC Honeycomb -

Wall Thickness: 8 IN - Frame Style: Style 4 Frame - Header Type: 4" Header - Unitized Frame - Wall Construction Type:  
Concrete Wall - Jamb Width: 2" X 5 3/4" Frame Profile - Frame Material: FRP - Camel Tan - Camel Tan - Frame Texture: Gloss  
Finish - Anchor Type Creteflex, # 14-10 X 4 FPH SS -

Door Opening Qty: 1 - Panel 1 Door Swing Right Hand Reverse - HINGE & HDWR BB 1J 4.5 X 4.5 STD WGT NRP US32D -  
Include & Install - Threshold FIBERGLASS CPH-T - Include (not Installed) - Door Sweep FIBERGLASS CPH-S - Include &  
Install - Exterior Finish Camel Tan - Exterior Texture Gloss STD - Interior Finish Camel Tan - Interior Texture Gloss STD - Hinge  
3 - Inverted V Louver w/ Bug Screen 316SS 16 Mesh - Louver 22" x 22" - SARGENT 4878 US32D PUBLIC TOILET MORTISE  
DEADBOLT WITH DOUBLE CYLINDER AND THUMBTURN - 48 - Include & Install - TRIMCO 1017-3B 4 x 16 US32D - 42 -  
Include & Install - TRIMCO 1001-3 4 X 16 US32D - PushPlatePullHandle Center Line Height, Panel:1 Sequence:03 42 - Include  
& Install - NORTON 7500 H SRI AL - Include & Install -

Crating: Standard Packaging -

Mark For: FOOTBALL CONCESSION

Sales Person: PKearney pkearney@senneca.com;LaurenW@eliasoncorp.com

Taken By: JMasso frporders@senneca.com

www.senneca.com

Page 7 of 12

10021 Commerce Park Drive, Cincinnati Ohio 45246  
1-800-543-4455

**Product Quotation**

Customer #: SEI0001  
Quote #: Q000173268  
Revision: REVISION 1  
Job Name: CONCESSION  
STAND DOOR REP.  
Quote Date: 9/6/2018  
Expiration Date: 10/6/2018

**Bill To:**

Brownsville Bid Customer  
5224 Ruben Torres Sr Blvd  
Brownsville TX 78526-5217  
UNITED STATES

**Ship To:**

CITY OF WELLINGTON  
11700 Pierson Rd  
Wellington FL 33414-8729  
UNITED STATES

**Estimate Contact : ESTIMATING**

**Phone: 000000000000**

**Email Address: TBD**

No.	Item	Quantity	U/M	Unit Price	Extended Price	Cur Code	Ship Site
7	Chem-Pruf - CP12 - Hurricane / FBC (+/- 70 PSF) Door - Product Grouping: Corrosion - Assembly Type: Door and Frame -	1.00	EA	2,735.48	2,735.48	USD	BRN

**Finished Opening - Opening Width:: 36 IN - Opening Height:: 84 IN**

Unit Configuration Single -

OP-1 - Opening 1 Door Description 1 - Door Opening Type: Standard Frame - Finished Opening - Certifications: Hurricane / FBC  
Certified Door - Rough Opening: 40 1/2 x 88 1/4 - Core Material: PPC Honeycomb -

Wall Thickness: 8 IN - Frame Style: Style 4 Frame - Header Type: 4" Header - Unitized Frame - Wall Construction Type:  
Concrete Wall - Jamb Width: 2" X 5 3/4" Frame Profile - Frame Material: FRP - Camel Tan - Camel Tan - Frame Texture: Gloss  
Finish - Anchor Type Creteflex, # 14-10 X 4 FPH SS -

Door Opening Qty: 1 - Panel 1 Door Swing Right Hand Reverse - HINGE & HDWR BB 1J 4.5 X 4.5 STD WGT NRP US32D -  
Include & Install - Threshold FIBERGLASS CPH-T - Include (not Installed) - Door Sweep FIBERGLASS CPH-S - Include &  
Install - Exterior Finish Camel Tan - Exterior Texture Gloss STD - Interior Finish Camel Tan - Interior Texture Gloss STD - Hinge  
3 - SARGENT 8205 LNJ CPC US32D - 42 - Include & Install - NORTON 7500 H SRI AL - Include & Install -

Crating: Standard Packaging -

Mark For: FOOTBALL CONCESSION

Sales Person: PKearney pkearney@senneca.com;LaurenW@eliasoncorp.com

Taken By: JMasso frporders@senneca.com

www.senneca.com

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10021 Commerce Park Drive, Cincinnati Ohio 45246  
1-800-543-4455

**Product Quotation**

**Customer #:** SEI0001  
**Quote #:** Q000173268  
**Revision:** REVISION 1  
**Job Name:** CONCESSION  
STAND DOOR REP.  
**Quote Date:** 9/6/2018  
**Expiration Date:** 10/6/2018

**Bill Tos:**

Brownsville Bid Customer  
5224 Ruben Torres Sr Blvd  
Brownsville TX 78526-5217  
UNITED STATES

**Ship To:**

CITY OF WELLINGTON  
11700 Pierson Rd  
Wellington FL 33414-8729  
UNITED STATES

**Estimate Contact : ESTIMATING**

**Phone: 000000000000**

**Email Address: TBD**

No.	Item	Quantity	U/M	Unit Price	Extended Price	Cur Code	Ship Site
8	Chem-Pruf - CP9 - Hurricane / FBC Door - Product Grouping: Corrosion - Assembly Type: Door and Frame -	2.00	EA	3,937.69	7,875.38	USD	BRN

**Finished Opening - Opening Width:: 72 IN - Opening Height:: 84 IN**

Unit Configuration Pair - Equal -

OP-1 - Opening 1 Door Description 1 - Opening Number Opening:2 OP-2 - Opening 2 Door Description 2 - Door Opening Type:  
Standard Frame - Finished Opening - Certifications: Hurricane / FBC Certified Door - Rough Opening: 76 1/2 x 88 1/4 - Core  
Material: PPC Honeycomb -

Wall Thickness: 8 IN - Frame Style: Style 4 Frame - Header Type: 4" Header - Unitized Frame - Wall Construction Type:  
Concrete Wall - Jamb Width: 2" X 5 3/4" Frame Profile - Frame Material: FRP - Camel Tan - Camel Tan - Frame Texture: Gloss  
Finish - Anchor Type Creteflex, # 14-10 X 4 FPH SS -

Door Opening Qty: 1 - Panel 1 Door Swing Left Hand Reverse Passive - HINGE & HDWR BB 1J 4.5 X 4.5 STD WGT NRP  
US32D - Include & Install - Threshold FIBERGLASS CPH-T - Include (not Installed) - Door Sweep FIBERGLASS CPH-S -  
Include & Install - Exterior Finish Camel Tan - Exterior Texture Gloss STD - Interior Finish Camel Tan - Interior Texture Gloss  
STD - Hinge 3 - TRIMCO 3815 X3815 PAIR US32D - Include & Install -

Panel 2 Door Swing Right Hand Reverse Active - HINGE & HDWR BB 1J 4.5 X 4.5 STD WGT NRP US32D - Include & Install -  
Overlapping FRP W/ Seal - Include (not Installed) - Threshold FIBERGLASS CPH-T - Threshold Include (not Installed) - Door  
Sweep FIBERGLASS CPH-S - Include & Install - Exterior Finish Camel Tan - Exterior Texture Gloss STD - Interior Finish Camel  
Tan - Interior Texture Gloss STD - Hinge 3 - SARGENT 8205 LNJ CPC US32D - 40.3125 - Include & Install - NORTON 7500  
H SRI AL - Include & Install -

Crating: Standard Packaging -

Mark For: BASEBALL CONCESSION

**Sales Person: PKearney pkearney@senneca.com;LaurenW@eliasoncorp.com**

**Taken By: JMasso frporders@senneca.com**

10021 Commerce Park Drive, Cincinnati Ohio 45246  
1-800-543-4455

**Product Quotation**

**Customer #:** SEI0001  
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5224 Ruben Torres Sr Blvd  
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CITY OF WELLINGTON  
11700 Pierson Rd  
Wellington FL 33414-8729  
UNITED STATES

**Estimate Contact : ESTIMATING**

**Phone: 000000000000**

**Email Address: TBD**

No.	Item	Quantity	U/M	Unit Price	Extended Price	Cur Code	Ship Site
9	Chem-Pruf - CP11 - Full Louver FBC Door - Product Grouping: Corrosion - Assembly Type: Door and Frame -	3.00	EA	2,694.15	8,082.45	USD	BRN

**Finished Opening - Opening Width:: 36 IN - Opening Height:: 84 IN**

Unit Configuration Single -

1 - Opening 1 1 - Opening Number Opening:2 2 - Opening 2 2 - Opening Number Opening:3 OP-3 - Door Description Opening:3 Door Description 3 - Door Opening Type: Standard Frame - Finished Opening - Certifications: Full Louver FBC Certified Door - Rough Opening: 40 1/2 x 88 1/4 - Core Material: PPC Honeycomb -

Wall Thickness: 8 IN - Frame Style: Style 4 Frame - Header Type: 4" Header - Unitized Frame - Wall Construction Type: Concrete Wall - Jamb Width: 2" X 5 3/4" Frame Profile - Frame Material: FRP - Camel Tan - Camel Tan - Frame Texture: Gloss Finish - Anchor Type Creteflex, # 14-10 X 4 FPH SS -

Door Opening Qty: 1 - Panel 1 Door Swing Right Hand Reverse - HINGE & HDWR BB 1J 4.5 X 4.5 STD WGT NRP US32D - Include & Install - Threshold FIBERGLASS CPH-T - Include (not Installed) - Door Sweep FIBERGLASS CPH-S - Include & Install - Exterior Finish Camel Tan - Exterior Texture Gloss STD - Interior Finish Camel Tan - Interior Texture Gloss STD - Hinge 3 - Inverted V Louver w/ Bug Screen 316SS 16 Mesh - Louver 22" x 22" - SARGENT 4878 US32D PUBLIC TOILET MORTISE DEADBOLT WITH DOUBLE CYLINDER AND THUMBTURN - 48 - Include & Install - TRIMCO 1017-3B 4 x 16 US32D - 42 - Include & Install - TRIMCO 1001-3 4 X 16 US32D - PushPlatePullHandle Center Line Height, Panel:1 Sequence:03 42 - Include & Install - NORTON 7500 H SRI AL - Include & Install -

Crating: Standard Packaging -

Mark For: BASEBALL CONCESSION

Sales Person: PKearney pkearney@senneca.com;LaurenW@eliasoncorp.com

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10021 Commerce Park Drive, Cincinnati Ohio 45246  
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**Product Quotation**

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Wellington FL 33414-8729  
UNITED STATES

**Estimate Contact : ESTIMATING**

**Phone: 000000000000**

**Email Address: TBD**

No.	Item	Quantity	U/M	Unit Price	Extended Price	Cur Code	Ship Site
10	Chem-Pruf - CP12 - Hurricane / FBC (+/- 70 PSF) Door - Product Grouping: Corrosion - Assembly Type: Door and Frame -	1.00	EA	2,735.48	2,735.48	USD	BRN

**Finished Opening - Opening Width:: 36 IN - Opening Height:: 84 IN**

Unit Configuration Single -

OP-1 - Opening 1 Door Description 1 - Door Opening Type: Standard Frame - Finished Opening - Certifications: Hurricane / FBC  
Certified Door - Rough Opening: 40 1/2 x 88 1/4 - Core Material: PPC Honeycomb -

Wall Thickness: 8 IN - Frame Style: Style 4 Frame - Header Type: 4" Header - Utilized Frame - Wall Construction Type:  
Concrete Wall - Jamb Width: 2" X 5 3/4" Frame Profile - Frame Material: FRP - Camel Tan - Camel Tan - Frame Texture: Gloss  
Finish - Anchor Type Creteflex, # 14-10 X 4 FPH SS -

Door Opening Qty: 1 - Panel 1 Door Swing Right Hand Reverse - HINGE & HDWR BB 1J 4.5 X 4.5 STD WGT NRP US32D -  
Include & Install - Threshold FIBERGLASS CPH-T - Include (not installed) - Door Sweep FIBERGLASS CPH-S - Include &  
Install - Exterior Finish Camel Tan - Exterior Texture Gloss STD - Interior Finish Camel Tan - Interior Texture Gloss STD - Hinge  
3 - SARGENT 8205 LNJ CPC US32D - 42 - Include & Install - NORTON 7500 H SRI AL - Include & Install -

Crating: Standard Packaging -

Mark For: BASEBALL CONCESSION

Sales Person: PKearney pkearney@senneca.com;LaurenW@eliasoncorp.com

Taken By: JMasso frporders@senneca.com

www.senneca.com

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10021 Commerce Park Drive, Cincinnati Ohio 45246  
1-800-543-4455

**Product Quotation**

Customer #: SEI0001  
Quote #: Q000173268  
Revision: REVISION 1  
Job Name: CONCESSION  
STAND DOOR REP.  
Quote Date: 9/6/2018  
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**Bill To:**

Brownsville Bid Customer  
5224 Ruben Torres Sr Blvd  
Brownsville TX 78526-5217  
UNITED STATES

**Ship To:**

CITY OF WELLINGTON  
11700 Pierson Rd  
Wellington FL 33414-8729  
UNITED STATES

**Estimate Contact : ESTIMATING**

**Phone: 000000000000**

**Email Address: TBD**

**Lead Time: Week(s)**

**Payment Terms: Net 30 Days**

<b>Sale Amount:</b>	58,396.06
<b>Freight Charges:</b>	1,432.00
<b>Sales Tax:</b>	4,087.78
<b>Misc Charges:</b>	0.00
<b>Total Amount:</b>	63,915.84

Attn: New Customers Sales Tax may vary and will be adjusted once order is placed

**Signature:** \_\_\_\_\_

**PO:** \_\_\_\_\_

**Credit Card#:** \_\_\_\_\_

**CVV:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Billing Address on Credit Card if different:** \_\_\_\_\_

Manufacturer will supply material only- Installation by others unless otherwise noted

**\*\* PLEASE NOTE – PARTS FOR ELIASON AND CHASE TRAFFIC DOORS ARE NOW BEING SOLD IN KITS. INDIVIDUAL PARTS WILL NO LONGER BE AVAILABLE FOR PURCHASE. PLEASE CONTACT YOUR SALES OR CUSTOMER SERVICE CONTACT FOR MORE INFORMATION \*\***

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

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

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

1. This sworn statement is submitted to Village of Wellington  
[print name of the public entity]  
by USA Addis  
[print individual's name and title]  
for ETF Florida Enterprises Inc.  
[print name of entity submitting sworn statement]

whose business address is 3141 Fortune Way S-16  
Wellington FL 33449

and (if applicable) its Federal Employer Identification Number (FEIN) is 200261053

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

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

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

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

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.



\_\_\_\_\_  
[signature]

10/1/18

\_\_\_\_\_  
[date]

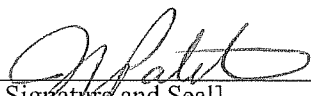
STATE OF Florida

COUNTY OF Palm Beach

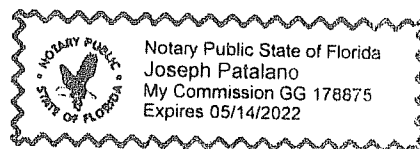
Subscribed and Sworn to (or affirmed) before me on 10/1/18 by \_\_\_\_\_  
[date]

LISA Addis. He/she is personally known to me or has presented  
[name]

\_\_\_\_\_ as identification.  
[type of identification]

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

Joseph Patalano  
Print Notary Name and Commission No.




## DRUG FREE WORKPLACE

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

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

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

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

  
\_\_\_\_\_  
Contractor's Signature

# TRENCH SAFETY AFFIDAVIT

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

EEF Florida Enterprises Inc (NAME OF FIRM) hereby provides written assurance that compliance with applicable Trench Safety Standards identified in the Occupational Safety and Health Administration's Excavation Safety Standards, (OSHA) 29 C.F.R.S. 1926.650 Subpart P will be adhered to during trench excavation in accordance with Florida Statutes 553.60 through 553.64 inclusive (1990), "Trench Safety Act".

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

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

(Signature)

(Date)

STATE OF Florida

COUNTY OF Palm Beach

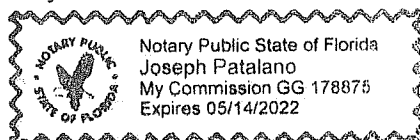
Subscribed and Sworn to (or affirmed) before me on 10/1/18

LISA Addis . He/she is personally known to me or has presented

(type of i.d.) as identification.

  
\_\_\_\_\_  
Notary Public Signature and Seal

Joseph Patalano  
Print Notary Name and Commission No.





## QUESTIONNAIRE

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

1. How many years has your organization been in business? 15
2. What is the last project of this nature that you have completed?  
City of Stuart, Kiwanus Park Restrooms, Built Freestanding  
new Restroom facility from ground up which included (4) FRP  
DOORS. Marc Rogolino - 772-221-4700 mrogolino@ci.stuart.fl

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

NO

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

Information provided in (section 4) is for reference purposes and may be contacted for verification.

Name of Term Contract OR Project	Owner	Contact (Person) Name & Title	Contact Email Address & Phone Number	Contact Business Address
TEMP CONST. SITE Village of WPB	North Palm Beach	Chuck Huff	chuff@village-wpb.org 561-348-0697	951 US-1 WPB FL.
Clubhouse Renovation & Storage Addition	Bellagio Hor	DAVIKA Dhanassar	DDHANASSAR@castlegroup.com 561-439-8211	6525 Bellagio Lakes Blvd LAKE WORTH FL.
MIDTOWN RESTROOMS	TOWN OF Palm Beach	JASON DeBri	JDEBRI@TOWN-OF-PALM-BEACH.COM 561-797-5015	360 S County Rd. Palm Beach, FL.
Clubhouse Addition	Village of Hor	LACY CARR	PROPMGR@village-wpb.org @comcast.net 561-967-7814	6935 Via Bernardi LAKE WORTH FL.
Storage Addition	CITY OF West Palm Beach	Lorenzo Rivero	LRivero@WPB.org 240-832-5378	401 CLAMANS ST. WPB FL.

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

YES

6. 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	

7. What equipment do you own that is available for the work? Saws, grinders, drills, etc. Trucks to remove earth.
8. What equipment will you purchase for the proposed work? N/A
9. What equipment will you rent for the proposed work? N/A
10. State the name of your proposed project manager and give details of his or her qualifications and experience in managing similar jobs.  
FRANK ADDIS, 15 years construction experience.

11. State the true, exact, correct and complete name of the partnership, corporation, or trade name under which you do business and the address of the place of business. (If a corporation, state the name of the president and secretary. If a partnership, state the names of all partners. If a trade name, state the names of the individuals who do businesses under the trade name.

12. The correct name of the Bidder is E+F Florida Enterprises Inc.

13. The partnership is a ☐ Sole Proprietorship, ☐ Partnership, or ☒ Corporation or ☐ Other Type of Entity \_\_\_\_\_ (Fill In).

14. The address of principal place of business is 3141 Fortune Way S-16  
Wellington FL 33414.

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

LISA Addis, V.P.

FRANK Addis, Secretary.

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

LISA Addis, Broker / Owner, CREATIVE REAL ESTATE SERVICES

17. 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

18. 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).

NONE

19. 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.

NONE

20. 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

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

NO

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

NONE

## REQUEST FOR PROOF OF WORKERS COMPENSATION INSURANCE OR EXEMPTION

Dear Provider of Services or Goods:

*\* enclosed with INSURANCE IN ~~ST~~ BACK*

In order to provide services or goods to Wellington, we require that you provide us either proof of workers compensation coverage or proof of exemption.

Employers conducting work in the State of Florida are required to provide workers' compensation insurance for their employees. Specific employer coverage requirements are based on the type of industry, number of employees and entity organization. To determine coverage requirements for a specific employer, the following information is provided by the Bureau of Compliance.

**Construction Industry** - One (1) or more employees, including the owner of the business who are corporate officers or Limited Liability Company (LLC) members. For a list of the trades considered to be in the construction industry see 69L-6.021 Florida Administrative Code.

**Non-Construction Industry** - Four (4) or more employees, including business owners who are corporate officers or Limited Liability Company (LLC) members.

Please note: Non-construction industry Sole Proprietors or partners in a Partnership are not employees unless they want to be included on the business' Workers' Compensation Insurance policy and file a form DWC 251 with the Division of Workers' Compensation.

**Agricultural Industry** - Six (6) regular employees and/or twelve (12) seasonal workers who work more than 30 days during a season but no more than a total of 45 days in a calendar year.

**Out of State Employers** must notify their insurance carrier that they are working in Florida. If there is no insurance, the out of state employer is required to obtain a Florida Workers' Compensation Insurance policy with a Florida approved insurance carrier which meets the requirements of Florida law and the Florida Insurance Code. This means that "Florida" must be specifically listed in Section 3A of the policy (on the Information Page).

An Extraterritorial Reciprocity clause in the home state's statute allows some out of state Employers to work in Florida temporarily using their home state's Workers' Compensation insurance policy.

**Contractors** are required to make certain that all sub-contractors have the required Workers' Compensation Insurance **before** they begin work on a project. To see the documentation that is required from a sub-contractor, see 69L-6.032 Florida Administrative Code.

If the sub-contractor does not have Workers' Compensation Insurance for its employees, those workers become the employees of the contractor. If an injury occurs, the contractor is responsible for paying the benefits for the work related injury, illness or fatality.

If you meet the above criteria to be exempt, you **MUST** provide us with one of the following:

- If your business is a sole proprietorship or unincorporated business: provide us a Verification of Automatic Exempt Certificate. This verification is a letter that is issued by the State of Florida Department of Financial Services. To receive a letter from the State, complete the following directions: 1) Call the National Council of Compensation Insurance 1-800-622-4123, Option 5, and ask them for the class code for your type of business. 2) Once you have received this code, call the Department of Financial Services at 1-850-413-1601 and provide them your business name, class code, mailing address, and contact phone number. They will send you the Verification of Automatic Exempt Certificate. 3) Provide us a copy of the Verification of Automatic Exempt Certificate.
- If your business is a corporation (including a professional association or limited liability company), and you are not required to have workers compensation insurance as per the requirements as outlined above, you must provide the Village with a copy of your Florida Division of Workers' Compensation Certificate of Election to be Exempt.

If you are an employer that meets the requirements of workers compensation and needs to obtain coverage, contact your current business insurance agent, or you may use the following resources to locate an agent: [www.faia.com](http://www.faia.com), [www.piafl.org/wc-info.pdf](http://www.piafl.org/wc-info.pdf), or call (850) 893-8245.

Please be reminded that the furnishing of this information to Wellington is a non-negotiable requirement to perform services for us. Failure to provide this timely may result in either termination of your services or delay of payment for services. Your workers compensation Certificate of Coverage, of Workers' Compensation Certificate of Election to be Exempt, or Verification of Automatic Exempt Certificate must be delivered or mailed to the Purchasing Department located at 12300 Forest Hill Boulevard, Wellington, Florida, 33414.

## WELLINGTON LOCAL PREFERENCE

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

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

#### Chapter 9, LOCAL PREFERENCE

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

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

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

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

☒ Western Communities Local Business

☐ Palm Beach County Local Business

☐ Subcontractor Utilization

1. The name of the business is: ETF Florida Enterprises Inc

2. The address of the business is: 3141 Fortune Way S-16 Wellington FL 33414

3. How long has the business been located at its current address: 15 years in Wellington

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

5. The previous name of the business is: N/A

6. The previous address of the business is: N/A

7. How long was this business at the previous location: N/A

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

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

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


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

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

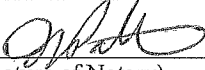
By signing below, I hereby certify that under penalty of perjury I believe my business qualifies as a Palm Beach County, Western Community or subcontractor utilization business in accordance with Wellington's Local Preference Policy and that I have submitted current and accurate information and documents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

Applicants Federal Tax ID Number - 200261053 Applicants Business Address 3141 Fortune Way S-16  
Wellington FL 33411

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

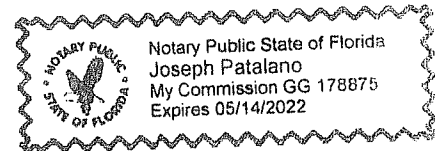
  
Print Name: LISA Addis  
Title: V.P.  
Date: 10-1-18  
CITY OF: Wellington, FL  
COUNTY OF: Palm Beach

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 1 day of October, 2018, by  
Lisa Addis. He/She is personally known to me or has presented  
\_\_\_\_\_ as identification.

  
(Signature of Notary)  
Joseph Patalano  
(Print or Stamp Name of Notary)

Notary Public FL  
(State)

Notary Seal



Signature of Individual if Sole Proprietor:

N/A  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
CITY OF: \_\_\_\_\_  
COUNTY OF: \_\_\_\_\_

SUBSCRIBED AND SWORN TO (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, by  
\_\_\_\_\_. He/She is personally known to me or has presented  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
(Signature of Notary)  
\_\_\_\_\_  
(Print or Stamp Name of Notary)

Notary Public \_\_\_\_\_  
(State)

Notary Seal



## CONFLICT OF INTEREST STATEMENT

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

### CHECK ALL THAT APPLY.

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

CONFLICT: *None*

☐ The undersigned business, by attachment to this form, submits information which may be a potential conflict of interest due to any of the above listed reasons or otherwise.

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

*ETF Florida Enterprises Inc.*  
\_\_\_\_\_  
COMPANY NAME

*[Signature]*  
\_\_\_\_\_  
AUTHORIZED SIGNATURE

*LISA Addis*  
\_\_\_\_\_  
NAME (PRINT OR TYPE)

*V.P.*  
\_\_\_\_\_  
TITLE

## 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 such bid submittal is genuine and not collusive or sham, that said Bidder has not colluded, conspired, connived or agreed, directly or indirectly with any bidder or person, to put in a sham bid or to refrain from bidding and has not in any manner, directly, or indirectly, sought by agreement of collusion or communication or conference with any person, to fix the price of affiant or any other bidder, or to fix any overhead, profit of cost element of said price, or that of any other bidder, or to secure any advantage against the authority, of any person interested in the proposed contract and that all statements in said bid is true.

ETF Florida Enterprises Inc  
Name of Bidder

LISA Addis  
Print name of designated signatory

[Signature]  
Signature

V.P.  
Title

On this 1 day of 10, 2018, before me appeared LISA Addis personally known to me to be the person described in and who executed this AFFIDAVIT and acknowledged that (she/he) signed the name freely and voluntarily for the uses and purposes therein described.

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

[Signature]  
Signature

Notary Public in and for the State of FL

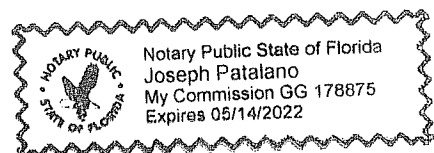
(Affix Seal Here)

Frank Addis  
Frank Addis  
Secretary

Joseph Patalano  
(Name Printed)

Residing at 1144 Marina Bay Rd  
Wellington FL 33449

My commission expires \_\_\_\_\_



**Council**

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

**Manager**  
Paul Schofield

**ITB Number:** ITB 024-18/MM

**Title:** Concession Stand Door Replacements for Village Park

**Optional Pre-Bid Meeting:** September 19, 2018 at 10:00am Local Time

**Opening Date:** October 3, 2018 at 2:00pm Local Time

**Addendum Date:** September 5, 2018

**Addendum No. One**

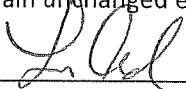
**PURPOSE:** The purpose of this Addendum/NOTICE is to make changes, additions, deletions, revisions, and clarifications to the (ITB) Invitation to Bid documents for the Concession Stand Door Replacements for Village Park. Bidder shall review the Addendum/NOTICE work and requirements in detail and incorporate any effects the Addendum/NOTICE may have in their proposal price.

The optional Pre-Bid meeting date and the Bid opening date have been changed. The new dates are as follows:

- **The Optional Pre-Bid Meeting has been changed to September 19, 2018 at 10:00am Local Time.**
- **Opening Date of Bid has been changed to October 3, 2018 at 2:00pm Local Time.**

65K budget

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



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

**Council**

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

**Manager**

Paul Schofield

**ITB Number:** ITB 024-18/MM

**Title:** Concession Stand Door Replacements for Village Park

**Opening Date:** October 3, 2018 at 2:00pm Local Time

**Addendum Date:** September 20, 2018

**Addendum No. Two**

**PURPOSE:** The purpose of this Addendum/NOTICE is to make changes, additions, deletions, revisions, and clarifications to the (ITB) Invitation to Bid documents for the Concession Stand Door Replacements for Village Park. Bidder shall review the Addendum/NOTICE work and requirements in detail and incorporate any effects the Addendum/NOTICE may have in their proposal price.

1. **Question:** Sheet 2 at Roller Hockey Concession Stand calls out for (4) single doors. Sheet 3 only shows 3 single doors as B. Please advise on number of single doors to be replaced?

**Response:** There are (4) single doors and (2) double doors at each of the three buildings. On page 3 for Roller Hockey, one picture of a shaded area was forgotten (Side-R).

2. **Question:** Note 5 on sheets 3, 4, & 5 calls for louver/vent on restroom doors. However, only the electrical door on sheet 5 shows the louver/vent and the others doors do not show louver/vent. Please advise if louver/vents are needed for restrooms doors also, if yes please provide vent size?

**Response:** As for the louvers, all restroom doors are to have 25" x 25" louvers; there also is an Electrical Room at Football that has an Electrical Transformer that needs a louver as indicated on the plans.

3. **Question:** What is the project budget?

**Response:** The budget estimate for the project is \$65,000.00.

4. **Question:** Will the contractor be responsible for paying for the permits?

**Response:** The Contractor shall be responsible for obtaining all required permits and the Village shall pay for the cost for Village issued permits only.

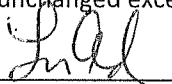
5. **Question:** Will the Village be able to accommodate a storage area for materials?

**Response:** Yes, we will have a designated area for your materials to be stored.

6. **Question:** Will door substitutions be allowed on this project?

**Response:** Yes, please see page 6 under Part 2 Products of the plans. Any requests for substitutions must be submitted in writing no less than 10 days prior to bid date.

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

A handwritten signature in black ink, appearing to be "L. A. L.", written over a horizontal line.

Signature of Bidder Acknowledging Receipt of  
Addendum No. (2) Two to be attached in front of Bid

**Council**

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

**Manager**  
Paul Schofield

**ITB Number:** ITB 024-18/MM

**Title:** Concession Stand Door Replacements for Village Park

**Opening Date:** October 3, 2018 at 2:00pm Local Time

**Addendum Date:** September 26, 2018

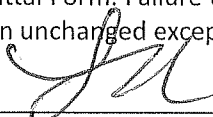
**Addendum No. Three**

**PURPOSE:** The purpose of this Addendum/NOTICE is to make changes, additions, deletions, revisions, and clarifications to the (ITB) Invitation to Bid documents for the Concession Stand Door Replacements for Village Park. Bidder shall review the Addendum/NOTICE work and requirements in detail and incorporate any effects the Addendum/NOTICE may have in their proposal price.

1. **Question:** Will the product provided by the door manufacturer Corrim Company be an acceptable approved alternative as the door manufacturer of the FRP doors to be used in the bid submittal?

**Response:** Corrim Company product number FL 14311.1 FRP door and frame are acceptable alternates contingent the door thickness and warranty is the same as Chem-Pruf Door Co., Ltd. Door shall be 1¾ inch thick and offer a lifetime guarantee against failure due to corrosion and 10 years against failure due to material and workmanship. The color of the door needs to be Tan.

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

  
\_\_\_\_\_  
Signature of Bidder Acknowledging Receipt of  
Addendum No. (3) Three to be attached in front of Bid



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/04/2018

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).

<b>PRODUCER</b> Insured Choice of North America 706 W. Boynton Beach Blvd. #110  Boynton Beach FL 33426		<b>CONTACT NAME:</b> Troy Sissom <b>PHONE (A/C, No. Ext):</b> (561) 736-6022 <b>E-MAIL ADDRESS:</b> insuredchoice@insuredchoice.com <b>FAX (A/C, No.):</b> (561) 736-6052	
<b>INSURED</b> E & F Florida Enterprises Inc/DBA Creative Contracting #CGC1513410 3141 Fortune Way Suite 16 Wellington FL 33449		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> MAXUM CASUALTY <b>INSURER B:</b> NAUTILUS INS CO <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 17370	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		BDG-0080804-05	04/05/2018	04/05/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		AN048852	02/28/2018	02/28/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

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

AUTHORIZED REPRESENTATIVE



E&amp;FFL-1

OP ID: NG

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/04/2018

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).

<b>PRODUCER</b> Workers Compensation Group P O Box 410 Boca Raton, FL 33429-0410 Cspeo Consulting LLC		561-392-3300		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 561-392-3300 FAX (A/C, No): 561-361-1132 E-MAIL ADDRESS: certs@workerscompgroup.com	
<b>INSURED</b> E&F Florida Enterprises, Inc DBA Creative Contracting Group 3141 Fortune Way # 16 Wellington, FL 33414				<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: BusinessFirst Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per person) \$
	SCHEDULED AUTOS <input type="checkbox"/>						BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY <input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS ONLY <input type="checkbox"/>						\$
	UMBRELLA LIAB <input type="checkbox"/>						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/>						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			521-12678	04/16/2018	04/16/2019	X PER STATUTE X OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

PALMBEC	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 





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/16/2018

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

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

<b>PRODUCER</b> Floridian Coastline Group 2450 E Commercial Blvd Suite 203 Ft Lauderdale FL 33308		<b>CONTACT NAME:</b> Monica Cavaoli <b>PHONE (A/C, No, Ext):</b> (954) 302-4531 <b>E-MAIL ADDRESS:</b> monica@floridiancoastline.com <b>FAX (A/C, No):</b> (954) 692-3941	
<b>INSURED</b> E&F FLORIDA ENTERPRISES, INC DBA CREATIVE CONTRACTORS GROUP 3141 FORTUNE WAY STE 16 WELLINGTON FL 33414		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Travelers Casualty Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</b> 19046	

## COVERAGES

CERTIFICATE NUMBER: CL16122103216

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						GENERAL AGGREGATE \$
	OTHER:						PRODUCTS - COMP/OP AGG \$
							\$
A	AUTOMOBILE LIABILITY			225H922577	10/3/2017	10/3/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						Uninsured motorist combined \$ 500,000
	<input type="checkbox"/> NON-OWNED AUTOS						EACH OCCURRENCE \$
	UMBRELLA LIAB						AGGREGATE \$
	EXCESS LIAB						\$
	DED <input type="checkbox"/> RETENTION \$						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$

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

## CERTIFICATE HOLDER

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Michael Cruz/MIKE



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

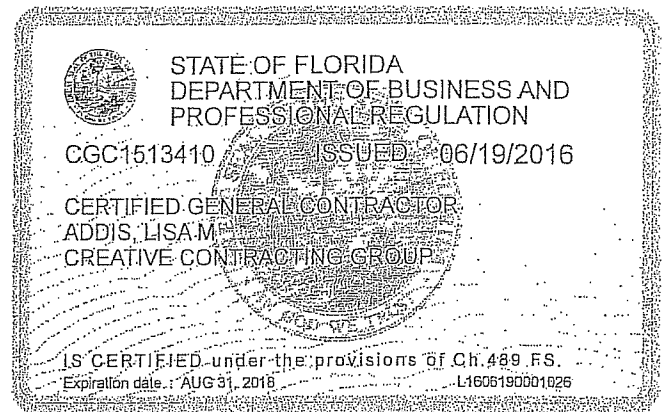
(850) 487-1395

ADDIS, LISA M  
CREATIVE CONTRACTING GROUP  
3141 FORTUNE WAY  
SUITE 16  
WELLINGTON FL 33414

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

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

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



DETACH HERE

RICK SCOTT, GOVERNOR

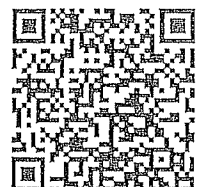
KEN LAWSON, SECRETARY

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

LICENSE NUMBER  
CGC1513410

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

ADDIS, LISA M.  
CREATIVE CONTRACTING GROUP  
3141 FORTUNE WAY  
SUITE 16  
WELLINGTON FL 33414



ISSUED: 06/19/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606190001026

Attached is your *Wellington Local Business Tax Receipt*. Please verify the information and display at your place of business in a conspicuous location.

This receipt expires on **September 30, 2018**. Renewal Notices are mailed at the end of July to the last known mailing address. If you do not receive the notice by the middle of August, please contact us at (561) 791-4000. *It is your responsibility to renew your receipt.*

You may renew your Local Business Tax Receipt online at [www.wellingtonfl.gov](http://www.wellingtonfl.gov)



12300 FOREST HILL BLVD  
**LOCAL BUSINESS TAX RECEIPT**  
EXPIRES: *September 30, 2018*  
BUSINESS TAX RECEIPT: *18-00013038*  
CLASSIFICATION: *GENERAL CONTRACTORS*  
DBA: *CREATIVE CONTRACTING GROUP DBA*  
Address: *3141 FORTUNE WAY 16*  
*WELLINGTON FL 33414*

 PLEASE DETACH WALLET CARD


RECEIPT FEE  
\$100.00

PENALTY FEE  
\$0.00

MISC. FEE  
\$0.00

TOTAL FEES  
\$100.00

PLEASE DETACH HERE



**18-00013038**  
12300 FOREST HILL BLVD  
(561) 791-4000

**LOCAL BUSINESS TAX RECEIPT**

LOCATION ADDRESS:  
DBA: **CREATIVE CONTRACTING GROUP DBA**  
APPLICANT: **LISA ADDIS**  
Address: **3141 FORTUNE WAY 16**  
**WELLINGTON FL 33414**

CLASSIFICATION: **GENERAL CONTRACTORS**

MAILING ADDRESS:  
**CREATIVE CONTRACTING GROUP DBA**  
**E & F FLORIDA ENTERPRISES INC**  
**4210 SEA MIST WAY**  
**LAKE WORTH FL 33467**

EXPIRES: **September 30, 2018**  
ORIGINAL ISSUE DATE: **September 26, 2017**



RECEIPT MUST BE DISPLAYED CONSPICUOUSLY AT ESTABLISHMENT OR PLACE OF BUSINESS



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

## Detail by Entity Name

Florida Profit Corporation  
E&F FLORIDA ENTERPRISES INC.

### Filing Information

Document Number	P03000112054
FEI/EIN Number	20-0261053
Date Filed	10/09/2003
State	FL
Status	ACTIVE

### Principal Address

4210 sea mist way  
wellington, FL 33449

Changed: 05/01/2013

### Mailing Address

17682 SEALAKES DRIVE  
BOCA RATON, FL 33498

### Registered Agent Name & Address

BUDNER, MORDECAI  
17682 SEALAKES DRIVE  
BOCA RATON, FL 33498

### Officer/Director Detail

#### **Name & Address**

Title VP

ADDIS, LISA  
17682 SEALAKES DRIVE  
BOCA RATON, FL 33498

Title Secretary

ADDIS, FRANK  
11376 REGATTA LANE  
WELLINGTON, FL 33449

### Annual Reports

Report Year	Filed Date
-------------	------------

# *State of Florida*

## *Department of State*

I certify from the records of this office that E&F FLORIDA ENTERPRISES INC. is a corporation organized under the laws of the State of Florida, filed on October 9, 2003.

The document number of this corporation is P03000112054.

I further certify that said corporation has paid all fees due this office through December 31, 2017, that its most recent annual report/uniform business report was filed on April 20, 2017, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Thirty-first day of January,  
2018*



*Ken DeFina*  
*Secretary of State*

Tracking Number: CU4624019854

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000112054

Entity Name: E&F FLORIDA ENTERPRISES INC.

Current Principal Place of Business:

4210 SEA MIST WAY  
WELLINGTON, FL 33449

Current Mailing Address:

17682 SEALAKES DRIVE  
BOCA RATON, FL 33498

FEI Number: 20-0261053

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUDNER, MORDECAI  
17682 SEALAKES DRIVE  
BOCA RATON, FL 33498 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name ADDIS, LISA  
Address 17682 SEALAKES DRIVE  
City-State-Zip: BOCA RATON FL 33498

Title SECRETARY  
Name ADDIS, FRANK  
Address 11376 REGATTA LANE  
City-State-Zip: WELLINGTON FL 33449

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: ADDIS , LISA

V.P

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

# Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**E&F FLORIDA ENTERPRISES, D/B/A CREATIVE CONTRACTING GROUP**

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

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
☐ Individual/sole proprietor or single-member LLC  
☒ C Corporation  
☐ S Corporation  
☐ Partnership  
☐ Trust/estate  
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶  
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ 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 FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)  
**3141 FORTUNE WAY, BAY 16**

6 City, state, and ZIP code  
**WELLINGTON, FL 33414**

7 List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number								
			-				-	

or

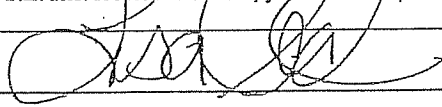
Employer identification number								
2	0	-	0	2	6	1	0	5
								3

**Part II Certification**

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here      Signature of U.S. person ▶       Date ▶ \_\_\_\_\_

## General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

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