

**APPENDIX B
 BID FORM FOR SOLICITATION # 071-16**

Construction Services for 2304 McMillan Wastewater Class III/IV Pumping Station Rehabilitation

Submit an **original and two (2) copies** along with other required forms in a sealed envelope to: JEA Procurement Dept., 21 W. Church St., Bid Office, Customer Center, 1st Floor, Room 002, Jacksonville, FL 32202-3139.

Company Name: Petticoat-Schmitt Civil Contractors, Inc.

Company's Address 6380 Philips Highway, Jacksonville, FL 32216

License Number (if applicable) CGC057651 & CUC057440

Phone Number: 904.751.0888 FAX No: 904.751.0988 Email Address: latwell@petticoatschmitt.com

BID SECURITY REQUIREMENTS

- None required
 Certified Check or Bond Five Percent (5%)

TERM OF CONTRACT

- One Time Purchase
 Annual Requirements
 Other, Specify- Project Completion

SAMPLE REQUIREMENTS

- None required
 Samples required prior to Response Opening
 Samples may be required subsequent to Bid Opening

SECTION 255.05, FLORIDA STATUTES CONTRACT BOND

- None required
 Bond required 100% of Bid Award

QUANTITIES

- Quantities indicated are exacting
 Quantities indicated reflect the approximate quantities to be purchased Throughout the Contract period and are subject to fluctuation in accordance with actual requirements.

INSURANCE REQUIREMENTS

Insurance required

PAYMENT DISCOUNTS

- 1% 20, net 30
 2% 10, net 30
 3% 5, net 30
 Other _____
 None Offered

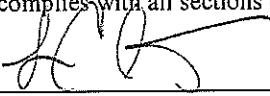
Item No.	ENTER YOUR BID FOR THE FOLLOWING DESCRIBED ARTICLES OR SERVICES	TOTAL BID PRICE
1	Total Cost of Construction Services for 2304 McMillan Wastewater Class III/IV Pumping Station Rehabilitation	\$ _____

RESPONDENT CERTIFICATION

By submitting this Response, the Respondent certifies that it has read and reviewed all of the documents pertaining to this Solicitation, that the person signing below is an authorized representative of the Respondent Company, that the Company is legally authorized to do business in the State of Florida, and that the Company maintains in active status an appropriate contractor's license for the work (if applicable). The Respondent also certifies that it complies with all sections (including but not limited to Conflict Of Interest and Ethics) of this Solicitation.

We have received addenda

1 through 5



 Handwritten Signature of Authorized Officer of Company or Agent

07/07/16

Date

Lauren C. Atwell, Vice-President

Printed Name and Title


Addendum 5 - Appendix B - Bid Workbook, 071-16 Construction Services for 2304 McMillan Wastewater Class III/IV Pumping Station Rehabilitation

Item No.	Est. Qty.	Unit	Description	Unit Price	Total Price
1	1	LS	Total Cost for Rehabilitation, Modifications, and Successful Startup of the McMillan St. Pump Station as described in the Summary of Work, Technical Specifications, and as Shown on the Drawings Excluding Those Items Identified Below	5729360	5729360
2	1	LS	Complete Phase 1 Bypass Pumping Operations Including Mobilization/Demobilization, Equipment, Suction and Discharge Piping, Fittings and Valves, and Monitoring; Owner supplied fuel	39000	39000
3	1	LS	Complete Phase 2 Bypass Pumping Operations Including Mobilization/Demobilization, Equipment, Suction and Discharge Piping, Fittings and Valves, and Monitoring; Owner supplied fuel	439000	439000
4	1	LS	Install Erased Sheet Piling System for Construction of Doghouse Manholes By Specially Subcontractor	1554000	1554000
5	2	EA	Furnish and Install Doghouse Manhole Structures and Manhole Covers	55000	110000
6	2400	SF	Coating of Doghouse Manholes	24	57600
7	70	CY	Drain Pump Station and Gate Well, Remove Solids	758	53060
8	1475	CF	Repair Deteriorated Concrete Wet Well and Screen Channels	91	134225
9	400	CF	Repair Deteriorated Concrete Influent Gate Well	107	42800
10	5900	SF	Install Coating System in Wet Well and Screen Channels	23	135700
11	1750	SF	Install Coating System in Influent Gate Well	23	40250
12	1	LS	Industrial Coatings: Surface Preparation, Cleaning, and Coating of the Existing Interior Pump Station Walls and All Interior Piping that is to Remain	143662	143662
13	1	LS	COJ Building Permit Allowance		\$2,000
14	1	LS	Allowance for Rebar Required to Rehabilitate Structures		\$ 10,000.00
15	1	LS	Testing Allowance		\$ 50,000.00
16	1	LS	SWA		\$ 200,000.00
SUBTOTAL BID PRICE					\$ 8,740,657.00
General Conditions(max 10% of subtotal)					\$ 300,000.00

TOTAL BID PRICE PLUS GENERAL CONDITIONS (Transfer this amount to Appendix B Bid Form) \$ 9,040,657.00

IN WITNESS WHEREOF, the said Principal and the said Surety have duly executed this bond the 7th day of July, ~~20~~ 2016.

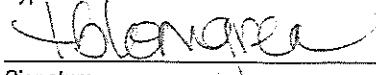
ATTEST:



Signature

JOSEPH FISHER

Type/Print Name

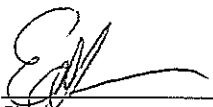


Signature

Tammie Blomgren

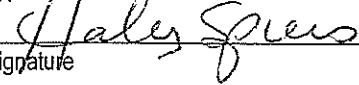
Type/Print Name

Signed, Sealed and Delivered
in the Presence of:



Signature Edra Waller

Type/Print Name



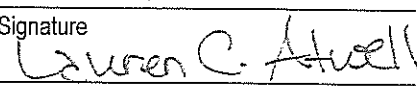
Signature

Haley Spiers

Type/Print Name

Petticoat-Schmitt Civil Contractors, Inc.

(Principal Company Name)



Signature

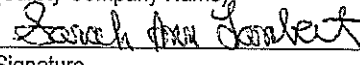
Vice-President

Type/Print Name

Title
AS PRINCIPAL

Western Surety Company

(Surety Company Name)



Signature

Sarah Ann Lambert

Type/Print Name

Attorney-In-Fact

Title
AS SURETY

Name of Agent: William R. Hardaker

Address: 1000 Riverside Ave. #500

Jacksonville, FL 32204

Countersigned:

By William R. Hardaker
Resident Agent
State of Florida

Name of Firm: GHG Insurance

Address: 1000 Riverside Ave. #500
Jacksonville, FL 32204

Form Approved:

Assistant General Counsel

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Teresita A Love, Sarah Ann Lambert, William R Hardaker, Michael David Sihle, Individually

of Jacksonville, FL, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 8th day of July, 2015.



WESTERN SURETY COMPANY

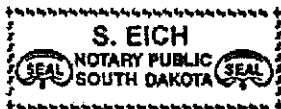
Paul T. Bruflat
Paul T. Bruflat, Vice President

State of South Dakota }
County of Minnehaha } ss .

On this 8th day of July, 2015, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

February 12, 2021



S. Eich
S. Eich, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 7th day of July, 2016.



WESTERN SURETY COMPANY

L. Nelson
L. Nelson, Assistant Secretary

Authorizing By-Law

ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY


This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

LIST OF JSEB SUBCONTRACTORS

The following JSEB Subcontractors will be utilized in fulfilling the terms and conditions of a Project Authorization arising from award of JEA ~~071-16~~ I (We) the undersigned understand that failure to submit said information will result in bid rejection. I (We) will employ the JSEB Subcontractors specified below: (Use additional sheets as necessary)

Class of Work (Category)	*Name of JSEB Contractor (Indicate below)	Percentage of Total Job or Dollar Amount
Concrete Cutting	ABC	\$120,000.00
Piping	Donna Hamilton Inc.	\$80,000.00
Painting	Complete Coatings	\$113,000.00

Signed  Lauren C. Atwell
Company Petticoat-Schmitt Civil Contractors, Inc.
Address 6380 Philips Highway, Jacksonville, FL 32216
Date: 07/07/16

Note: This list shall not be modified subsequent to bid opening without a showing of good cause and the written consent of the JEA.

FLORIDA TRENCH SAFETY ACT ACKNOWLEDGMENT

If this Project involves trench excavations that will exceed a depth of 5 feet, pursuant to Florida Statutes, Chapter 553, Part VI, Trench Safety Act will be in effect and the undersigned Bidder hereby certifies that such Act will be complied with during the construction of this Project.

Bidder acknowledges that included in the various items of the bid and in the total bid price are costs for complying with the Florida Trench Safety Act. Bidder further identifies the cost to be as summarized below:


Trench Safety Measure (Description)	Units of Measure (LF SY)	Quantity	Unit Cost	Extended Cost
A. Sheeting	SF	1,800	\$19.00	\$34,200.00
B.				
C.				
D.				
				<u>TOTAL \$ 34,200.00</u>

LIST OF SUB CONTRACTORS AND SHOP FABRICATORS

The following subcontractors will be utilized in fulfilling the terms and conditions of a Contract arising from award of JEA IFB Number 071-16. I (We) the undersigned understand that failure to submit said information will result in bid rejection. I (We) will employ the subcontractors specified below: (Use additional sheets as necessary)

Class of Work (Category)	Name of Subcontractor	Subcontractor Contract Person & Telephone Number	Primary Percentage of the Work or Dollar Amount
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Please list whether the contractor will self perform the work or a subcontractor	Subcontractor	Self Perform? Yes or no	% of work	
Concrete restoration	CCI Sims Rhyme 904.419.4889	No	100%	Which product utilized: <u>Spectra Shield</u> or Sewpercoat
Specialty Contractors as per Section 02366	Hayward Baker Jeremiah Filjones 813.884.3820	No	100%	<u>Blue Iron Inc</u> or Hayward Baker Inc.
Electrical	<i>Coopern LITAB WALKER 358-7344</i>	No	100%	
Bypass pumping	Godwyn/Flyt Chris Ocampo 904.338.4099	No	100%	Approved Contractors are: <u>Godwyn/Flyt</u> ; Sunbelt Rentals, Inc; Thompson Pump and Manufacturing, inc. , United Rentals Pump Solutions
Mechanical	Jason Harrison WW Gay 904.388.2696	Yes	50%	
Excavation and Yard piping (24" and 42")		Yes	100%	
Dewatering		Yes	100%	

Signed:  Lauren C. Atwell
Company: Petticoat-Schmitt Civil Contractors, Inc.
Address: 6380 Philips Highway, Jacksonville, FL 32216
Date: 07/07/16

Note: This list shall not be modified subsequent to bid opening, without a showing of good cause and the written consent of the JEA, The percentage of the Work or dollar amount allocated to each subcontractor shall not be changed more than + 2% without a showing of good cause and the written consent of the JEA . See also Section II, Special Instructions to Bidders.

CONSTRUCTION AND DEMOLITION DEBRIS DISPOSAL
(See Subsection 071-16 Instructions to Bidders)

Construction and demolition debris at the worksite will be disposed of at Trail Ridge Landfill _____:

This location is subject to Certificate of Necessity No. 1991-895 _____, and is designated by

Public Works Department Permit No. 33268 _____.



Lauren C. Atwell

(Signature)

Vice-President

(Title)

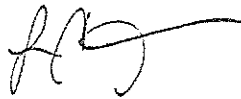
CONFLICT OF INTEREST
CERTIFICATE

JEA IFB No. 071-16

Bidder must execute this form, if applicable, relative to Florida Statute 112.313. Failure to submit this form, if applicable, shall result in rejection of this bid.

I hereby certify that the following named JEA official(s) and employee(s) having material financial interest(s) (in excess of 5%) in this company have filed Conflict of Interest statements with the Supervisor of Elections, 105 East Monroe Street, Jacksonville, Duval County, Florida, prior to bid opening.

Name	Title or Position	Date of Filing
<u>N/A</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>



Signature

Petticoat-Schmitt Civil Contractors, Inc.
Company Name

Lauren C. Atwell, Vice-President
Name of Certifying Official
(type or print)

6380 Philips Highway
Business Address
Jacksonville, FL 32216
City, State, Zip Code

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000116462

Entity Name: PETTICOAT-SCHMITT CIVIL CONTRACTORS, INC.

Current Principal Place of Business:

6380 PHILIPS HIGHWAY
JACKSONVILLE, FL 32216

Current Mailing Address:

6380 PHILIPS HIGHWAY
JACKSONVILLE, FL 32216 US

FEI Number: 26-1293750

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BRANT, ABRAHAM, REITER, ET. AL.
50 NORTH LAURA STREET
SUITE 2750
JACKSONVILLE, FL 32202 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: _____

02/09/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name SCHMITT, RYAN
Address 6380 PHILIPS HIGHWAY
City-State-Zip: JACKSONVILLE FL 32216

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: RYAN SCHMITT

PRESIDENT

02/09/2016

Electronic Signature of Signing Officer/Director Detail

Date

Addendum 2-Appendix B-Minimum Qualification Form
071-16 Construction Services for 2304 McMillan Wastewater Class III/IV Pumping Station Rehabilitation

GENERAL

THE MINIMUM QUALIFICATIONS SHALL BE SUBMITTED ON THIS FORM. IN ORDER TO BE CONSIDERED A QUALIFIED BIDDER BY JEA YOU MUST MEET THE MINIMUM QUALIFICATIONS LISTED BELOW, AND BE ABLE TO PROVIDE ALL THE SERVICES LISTED IN THIS SOLICITATION.

THE BIDDER MUST COMPLETE THE BIDDER INFORMATION SECTION BELOW AND PROVIDE ANY OTHER INFORMATION OR REFERENCE REQUESTED. THE BIDDER MUST ALSO PROVIDE ANY ATTACHMENTS REQUESTED WITH THIS MINIMUM QUALIFICATIONS FORM.

PLEASE SUBMIT THE ORIGINAL AND TWO COPIES OF THIS FORM AND ANY REQUESTED ADDITIONAL DOCUMENTATION WITH THE BID SUBMISSION.

BIDDER INFORMATION

COMPANY NAME: Petticoat-Schmitt Civil Contractors, Inc.

BUSINESS ADDRESS: 6380 Philips Highway

CITY, STATE, ZIP CODE: Jacksonville, FL 32216

TELEPHONE: 904.751.0888

FAX: 904.751.0988

E-MAIL: latwell@petticoatschmitt.com

PRINT NAME OF AUTHORIZED REPRESENTATIVE: Lauren C. Atwell

SIGNATURE OF AUTHORIZED REPRESENTATIVE: 

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE: Lauren C. Atwell, Vice-President

MINIMUM QUALIFICATIONS FOR SUBMISSION

Bidder shall have the following Minimum Qualifications and submit Appendix B Minimum Qualification form to be considered eligible to submit a Bid in response to this Solicitation:

- The Bidder must be listed on JEA's Responsible Bidder's List (RBL) in the following category:
RBLWP1- Pump Station Installation, Construction, Maintenance and Repair

For any questions regarding RBL qualification and current status, contact Melanie Green at: 904-665-6740 or at newtmi@jea.com

- The Bidder must provide one (1) project reference, completed within the previous ten (10) years as of the bid due date, that verifies all of the following company experience:
 - Successfully completed project work greater than or equal to \geq 24 inch piping;
 - Successfully completed project work on greater than 16 feet sheet/shore excavations and associated significant dewatering for deep excavation and;
 - Successfully completed project work on wastewater bypass operations in excess of 10 mgd.

Addendum 2-Appendix B-Minimum Qualification Form
071-16 Construction Services for 2304 McMillan Wastewater Class III/IV Pumping Station Rehabilitation

CUSTOMER REFERENCE 1

Customer Reference Company Name JEA

Customer Reference Contact Name Elizabeth DiMeo

Customer Reference Phone Number 904.665.8139

Customer Reference E-Mail Address dimeo@jea.com

Customer Address of Work 21 W. Church Street, Jacksonville, FL 32202

Date of Project Completion Phase I, completed 05/25/16

Size of Piping 10 - 24"

Size of Shore Excavations and associated significant Dewatering for deep excavation N/A

Size of Wastewater bypass operations 12.4 MGD

Description of Project Alachua Avenue Class 4 Pump Station Rehabilitation JEA Project No. 8002010

3 high pressure sewage pumps (primary electric, two diesel), each pump to remove wastewater directly from 3 force mains (10", 12", 14") that will also require line stops and valve replacement.

The primary lag & discharge pumps will have independent discharge lines that will assemble to a common manifold with isolation valves. From the discharge manifold, two 12" common discharge lines will connect to two 12" tapping connections 140' away.

Two operating duty points: 3,000 GPM @ 100' TDH and 5,600 GPM @ 50' TDH. This will bypass the Alachua Avenue PS in its entirety to allow for wet well rehab/coatings as well as pump & pipe replacements.

Addendum 2-Appendix B-Minimum Qualification Form
071-16 Construction Services for 2304 McMillan Wastewater Class III/IV Pumping Station Rehabilitation

CUSTOMER REFERENCE # 2

Customer Reference Company Name Clay County Utility Authority

Customer Reference Contact Name Darrell Damrow

Customer Reference Phone Number 904.272.5999

Customer Reference E-Mail Address _____

Customer Address of Work 3176 Old Jennings Road, Middleburg, FL

Date of Project Completion 3/7/16

Size of Piping 12, 18 & 24"

Size of Shore Excavations and associated significant Dewatering for deep excavation Several tie-in's
and pipes installed 20' deep requiring well point & shoring support systems

Size of Wastewater bypass operations Whole Plant Bypass

Description of Project Fleming Island WWTF

Yard Piping:

Finish and installed new 12" reuse line, furnish and installed new 18" river discharge line, installed 24" line stop in existing influent line for diversion of the influent structure outage period.

Bypass Pumping:

Prepared bypass pumping equipment as required to monitor the WWTF in continuous operation for duration that the influent structure was out of service.

Existing Influent Structure:

Removed all mechanical equipment rehabilitate concrete surfaces, applied Spectra Shield, installed all influent equipment. Upgrade existing biological treatment units, required second bypass of all Plant flow. Upgrade and expand existing eluent / reuse water pumping station.

Addendum 2-Appendix B-Minimum Qualification Form
071-16 Construction Services for 2304 McMillan Wastewater Class III/IV Pumping Station Rehabilitation

CUSTOMER REFERENCE # 3

Customer Reference Company Name JEA

Customer Reference Contact Name Hau Vui

Customer Reference Phone Number 904.665.4028

Customer Reference E-Mail Address vuhx@jea.com

Customer Address of Work 21 W. Church Street, Jacksonville, FL 32202

Date of Project Completion _____

Size of Piping Up to 36" diameter

Size of Shore Excavations and associated significant Dewatering for deep excavation _____

Size of Wastewater bypass operations 2 ea., 30 MGD

Description of Project Arlington East BNR

Lauren Atwell - Vice President, John Chase - Project Manager and Chris McCarthy - Project Superintendent were working for Meador's, managed the construction of the BNR Improvements for JEA @ Arlington East.

As you know the BNR Improvement Project contained a complete bypass of the influent to the aeration basins of 30 MGD. Dewatering to equivalent depths was required throughout the project.

Completed 4 months ahead of schedule, the award winning JEA Arlington East WRF BNR Upgrade Project was a "testament to innovative thinking, exceptional technical expertise & teamwork". Petticoat-Schmitt collectively has that team available to start the next important project @ Arlington East.

Please visit this video link: www.youtube.com/watch?v=E7gFvKpgJgE

Addendum 2-Appendix B-Minimum Qualification Form
071-16 Construction Services for 2304 McMillan Wastewater Class III/IV Pumping Station Rehabilitation

CUSTOMER REFERENCE # 4

Customer Reference Company Name Clay County Utility Authority & ATM

Customer Reference Contact Name CCUA: Darrell Damrow // ATM: Angela Bryan, P.E.

Customer Reference Phone Number CCUA: 904.272.5999 // ATM: 904.249.8009

Customer Reference E-Mail Address _____

Customer Address of Work 3176 Old Jennings Road, Middleburg, FL 32068

Date of Project Completion May 2009

Size of Piping Up to 30 "

Size of Shore Excavations and associated significant Dewatering for deep excavation _____

1 - 26' x 26' x 30' and 1 - 12' x 16' x 30'

Size of Wastewater bypass operations _____

Description of Project Heritage Hills Pump Station Modification

Construction of a new master quadruplex pump station included cast-in-place concrete wet well with submersible pumps, odor control system, generator, pump station control panel and all other appurtenances necessary to provide an operational pump station. Project also included tapping of an existing 12-inch forcemain, installation of a new influent forcemain and construction of a new 18 and 30 inch gravity sewer and manholes. Additive alternatives performed for the project included: (1) the installation of 6 inch surge control valve and all necessary piping fittings, valves and appurtenances and (2) the installation of a 2-ton jib crane system.

Construction of the pump station and laying of the 30 inch influent pipe required to sheeted and shore excavations approximately 26'x26'x30' & 12'x16'x30' both dewatered.

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



LICENSE NUMBER	
CGC057651	

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

SCHMITT, RYAN MATTHEW
PETTICOAT-SCHMITT CIVIL CONTRACTORS INC
6380 PHILIPS HWY
JACKSONVILLE FL 32216



ISSUED: 07/07/2014

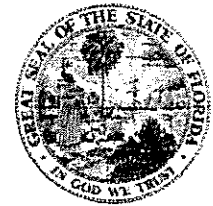
DISPLAY AS REQUIRED BY LAW

SEQ # L1407070001016

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



LICENSE NUMBER	
CUC057440	

The UNDERGROUND UTILITY & EXCAVATION CO
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

BRYAN, KIMBERLY SHAW
PETTICOAT-SCHMITT CIVIL CONTRACTORS INC
6380 PHILIPS HWY
JACKSONVILLE FL 32216



ISSUED: 08/04/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1408040001124

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line: do not leave this line blank. Petticoat-Schmitt Civil Contractors, Inc.	
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: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ <small>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.</small>	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) 6380 Philips Highway	Requester's name and address (optional)
6 City, state, and ZIP code Jacksonville, FL 32216	
7 List account number(s) here (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													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													
or													
Employer identification number													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">7</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> </tr> </table>	2	6	-	1	2	9	3	7	5	0			
2	6	-	1	2	9	3	7	5	0				

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶	Date ▶ 1-28-16
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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.

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:

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/27/2016

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

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

PRODUCER Cecil W. Powell & Company 219 N. Newnan Street Jacksonville, FL 32202	CONTACT NAME: Dora Paratore, AAI, CWCS
	PHONE (A/C, No., Ext): (904) 353-3181 FAX (A/C, No): (904) 353-5722 E-MAIL ADDRESS: dparatore@cwpowellins.com
INSURED Petticoat-Schmitt Civil Contractors, Inc. 6380 Phillips Highway Jacksonville, FL 32216	INSURER(S) AFFORDING COVERAGE INSURER A: Bridgefield Employers Ins Co NAIC # 10701
	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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	0830-53383	02/01/2016	02/01/2017	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Workers Compensation		0196-38457	02/01/2016	02/01/2017	Georgia 1,000,000

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

CERTIFICATE HOLDER Evidence of Coverage	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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/15/2016

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

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

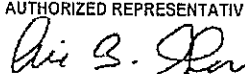
PRODUCER GHG Insurance 751 Oak St. Suite 100 Jacksonville FL 32204	CONTACT NAME: Ann Lambert PHONE (A/C No, Ext): 904-421-8600 E-MAIL ADDRESS: alambert@ghgins.com	FAX (A/C No): 904-421-8601
	INSURER(S) AFFORDING COVERAGE	
INSURED PETTI-5 Petticoat-Schmitt Civil Contractors, Inc. 6380 Philips Hwy Jacksonville FL 32216	INSURER A: Westfield Insurance Group NAIC # 24112	
	INSURER B: Lloyds of London NAIC # 38253	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1931538943 **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 <input checked="" type="checkbox"/> PD Ded: 1000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		TRA4174910	11/12/2015	11/12/2016	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		TRA4174910	11/12/2015	11/12/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$NIL		TRA4174910	11/12/2015	11/12/2016	EACH OCCURRENCE	\$4,000,000
						AGGREGATE	\$4,000,000
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
B	Contractors Pollution Liability Occurrence Coverage Form		PGIARK05792-00	1/12/2016	1/12/2017	PER CLAIM	1,000,000
						AGGREGATE	3,000,000
						PER CLAIM DEDUCTIBLE	25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Contractors Pollution Liability and Professional Liability Share Coverage Limits

CERTIFICATE HOLDER Petticoat-Schmitt Civil Contractors, Inc. 6380 Philips Hwy Jacksonville FL 32216	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 
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