

**APPENDIX B
RESPONSE FORM FOR SOLICITATION 075-16**

PEARL STREET SERVICE CENTER PAVING AND DRAINAGE

Submit an **original, two (2) copies and one (1) CD** 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: BGCO, Inc.

Company's Address 7036 W. 12th Street, Jacksonville, FL 32220

Phone Number: (904) 783-4119 FAX No: (904) 783-3401 Email Address: bgcoinc@bellsouth.net

BID SECURITY REQUIREMENTS <input type="checkbox"/> None required <input checked="" type="checkbox"/> Certified Check or Bond (Five Percent (5%))	TERM OF CONTRACT <input type="checkbox"/> One Time Purchase <input type="checkbox"/> Annual Requirements <input checked="" type="checkbox"/> Other, Specify – Project Completion
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SAMPLE REQUIREMENTS <input checked="" type="checkbox"/> None required <input type="checkbox"/> Samples required prior to Bid Opening <input type="checkbox"/> Samples may be required subsequent to Bid Opening	SECTION 255.05, FLORIDA STATUTES CONTRACT BOND <input type="checkbox"/> None required <input checked="" type="checkbox"/> Bond required 100% of Bid Award
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QUANTITIES <input type="checkbox"/> Quantities indicated are exacting <input checked="" type="checkbox"/> 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
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PAYMENT DISCOUNTS <input type="checkbox"/> 1% 20, net 30 <input type="checkbox"/> 2% 10, net 30 <input type="checkbox"/> 3% 5, net 30 <input type="checkbox"/> Other _____ <input type="checkbox"/> None Offered	
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#	ENTER YOUR BID FOR THE IFB 075-16	TOTAL BID PRICE
1	Pearl Street Service Center Paving and Drainage (Lump Sum)	\$ 1,180,000.00

BIDDER'S CERTIFICATION

By submitting this Bid, the Bidder 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 Bidder's 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 Bidder also certifies that it complies with all sections (including but not limited to Conflict Of Interest and Ethics) of this Solicitation, and that the Bidder is an authorized distributor or manufacturer of the equipment that meets the Technical Specifications stated herein.

We have received addenda _____
 7/07/2016
Handwritten Signature of Authorized Officer of Company or Agent Date

1 through 3
Richard C. Gaskin, President
Printed Name and Title License No. CGC1524088 / CUC1225301

BID BOND

STATE OF FLORIDA

COUNTY OF: Duval)

KNOW ALL PERSONS BY THESE PRESENTS, That we, BGCO, INC. (hereinafter called "Principal"), and BERKLEY INSURANCE COMPANY as Surety (hereinafter called "Surety"), are held and firmly bound unto the JEA of the City of Jacksonville, Florida (hereinafter called the "JEA"), in the sum of \$ * , lawful money of the United States of America, for the payment which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally, firmly by these presents:

* Five Percent of Bid Amount (5%)

WHEREAS, the Principal contemplates submitting or has submitted a Bid to the JEA for:

PEARL STREET SERVICE STATION PAVING AND DRAINAGE IMPROVEMENTS

WHEREAS, it was a condition precedent to the submission of said Bid that a certified check or Bid Bond in the amount of * be submitted with said Bid as a guaranty that the Principal would, if awarded the contract, enter into a written contract with the JEA and furnish a Section 255.05 Florida Statutes Contract Bond in an amount equal to Total Contract Price for the performance of said contract, within ten consecutive calendar days after written notice being given of acceptance by the JEA.

* Five Percent of Bid Amount (5%)

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH, that if the Bid of the Principal herein be accepted and said Principal, within ten consecutive calendar days after written notice being given of such acceptance, enters into a written contract with the JEA, and furnishes a Section 255.05, Florida Statutes Contract Bond in an amount equal to Total Contract Price satisfactory to the JEA, then this obligation shall be void; otherwise, the sum herein stated shall be due and payable to the JEA, and the Surety herein agrees to pay said sum immediately upon demand of said JEA, in good and lawful money of the United States of America; as liquidated damages for failure thereof of said Principal.

IN WITNESS WHEREOF, the said Principal and the said Surety have duly executed this bond the 5th day of

July, ~~19~~ 2016

ATTEST:

[Signature]
Signature
R. Cannon Gaskin, Jr, VP
Type/Print Name

[Signature]
Signature
Tammy Burkard, Witness
Type/Print Name

**Signed, Sealed and Delivered
in the Presence of:**

[Signature]
Signature
Barbara McClelland, Witness
Type/Print Name

[Signature]
Signature
Teresa Blunk, Witness
Type/Print Name

BGCO, INC.
(Principal Company Name)

[Signature]
Signature
Richard C. Gaskin
Type/Print Name
President
Title
AS PRINCIPAL

BERKLEY INSURANCE COMPANY
(Surety Company Name)

[Signature]
Signature
Tom S. Lobrano, IV
Type/Print Name
Attorney-in-Fact
Title
AS SURETY

Name of Agent: Tom S. Lobrano, IV - Construction Underwriters, Inc.

Address: 4168 Southpoint Pkwy, Suite 305

Jacksonville, Florida 32216

Countersigned:

By [Signature]
Tom S. Lobrano, IV Resident Agent
State of Florida

Name of Firm: CONSTRUCTION UNDERWRITERS, INC.

Address: 4168 Southpoint Parkway, Suite 305
Jacksonville, Florida 32216

Form Approved:

Assistant General Counsel

POWER OF ATTORNEY
BERKLEY INSURANCE COMPANY
WILMINGTON, DELAWARE

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Greenwich, CT, has made, constituted and appointed, and does by these presents make, constitute and appoint: *Thomas S. Lobrano, IV; Mark C. Fore; Thomas S. Lobrano, III; or Geoffrey M. Munn of Construction Underwriters, Inc. of Jacksonville, FL* its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed **Fifty Million and 00/100 U.S. Dollars (U.S.\$50,000,000.00)**, to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on January 25, 2010:

RESOLVED, that, with respect to the Surety business written by Berkley Surety Group, the Chairman of the Board, Chief Executive Officer, President or any Vice President of the Company, in conjunction with the Secretary or any Assistant Secretary are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and said officers may remove any such attorney-in-fact and revoke any power of attorney previously granted; and further

RESOLVED, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

RESOLVED, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further

RESOLVED, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 31st day of October, 2014.

Attest:

Berkley Insurance Company

(Seal)

By Ira S. Lederman
Senior Vice President & Secretary

By Jeffrey M. Hafter
Senior Vice President

WARNING: THIS POWER INVALID IF NOT PRINTED ON BLUE "BERKLEY" SECURITY PAPER.

STATE OF CONNECTICUT)

) ss:

COUNTY OF FAIRFIELD)

Sworn to before me, a Notary Public in the State of Connecticut, this 31st day of October, 2014, by Ira S. Lederman and Jeffrey M. Hafter who are sworn to me to be the Senior Vice President and Secretary, and the Senior Vice President, respectively, of Berkley Insurance Company.

MARIA C. RUNDBAKEN
NOTARY PUBLIC
MY COMMISSION EXPIRES
APRIL 30, 2019

Maria C. Rundbaker
Notary Public, State of Connecticut

CERTIFICATE

I, the undersigned, Assistant Secretary of BERKLEY INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date.

Given under my hand and seal of the Company, this 5th day of July, 2016.

(Seal)

Andrew M. Tyma

WARNING - Any unauthorized reproduction or alteration of this document is prohibited. This power of attorney is void unless seals are readable and the certification seal at the bottom is embossed. The background imprint, warning and confirmation (on reverse) must be in blue ink.

APPENDIX B MINIMUM QUALIFICATIONS FORM

075-16 PEARL STREET SERVICE CENTER PAVING AND DRAINAGE

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 (2) COPIES OF THIS FORM AND ANY REQUESTED ADDITIONAL DOCUMENTATION WITH THE BID SUBMISSION.

BIDDER INFORMATION

COMPANY NAME: BGCO, Inc.

BUSINESS ADDRESS: 7036 W. 12th Street

CITY, STATE, ZIP CODE: Jacksonville, FL 32220

TELEPHONE: (904) 783-4119

FAX: (904) 783-3401

E-MAIL: bgcoinc@bellsouth.net

PRINT NAME OF AUTHORIZED REPRESENTATIVE: Richard C. Gaskin

SIGNATURE OF AUTHORIZED REPRESENTATIVE: 

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE: Richard C. Gaskin, President

MINIMUM QUALIFICATIONS:

- Minimum Qualifications:
 - Bidder must show evidence of (2) two similar contract being completed in Duval County and valuing \$400,000 or more in the last (3) three year ending June 1, 2016. Similar contracts means: Installing drainage structures, grading work, asphalt replacement, and striping.

APPENDIX B MINIMUM QUALIFICATIONS FORM

075-16 PEARL STREET SERVICE CENTER PAVING AND DRAINAGE

REFERENCE 1

Customer Name S. Bagby & Company, Inc.

Customer Address 1639 Beach Blvd., Suite 107, Jacksonville Beach, FL 32250

Reference Name Steve Bagby, President

Reference Phone Number Ph (904) 853-6693

Reference E-Mail Address steve@sbagbycompany.com

Contract Year/Amount 2012 - 2014 \$2,654,045.00

Description of Service Contract Damage Repairs to Airfield Infrastructure

Project Name: Storm Damage Repairs to Airfield Infrastructure (N69450-12-C-4139)

Location: Naval Air Station, Jacksonville, FL - Duval County

Scope of work to include but not limited to the following:

Grading, Drainage Repairs, Box Culvert, Fabriform,

Sodding, Repair Retention Pond, & Asphalt

APPENDIX B MINIMUM QUALIFICATIONS FORM

075-16 PEARL STREET SERVICE CENTER PAVING AND DRAINAGE

REFERENCE 2

Customer Name Jacksonville Transportation Authority

Customer Address 121 West Forsyth Street, Suite 200, Jacksonville, FL 32202

Reference Name Andy Rodgers, P.E., Sr. Project Manager

Reference Phone Number Ph (904) 633-8537

Reference E-Mail Address acrodgers@jtafla.com

Contract Year/Amount 2016 / \$1,532,507.05

Description of Service Contract Construction of new two-lane roadway and bus transit hub

Project Name: Soutel Transit Hub Construction

Location: Soutel Drive & Sibbald Rd., Jacksonville, FL 32208 - Duval County

Scope of work to include but not limited to the following:

Signage, Excavation, Ponds, Asphalt, Striping, Handrail,

Sidewalks, Fencing, Sodding, Concrete Pavement, Grading,

Bollards, Lighting, Concrete Curb & Gutter, Manholes,

Concrete Pipe Culvert, & Signalization

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 -075-16. 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
<hr/>		

Richard C. Gaskin, President

Signed



Company BGCO, Inc.

Address 7036 W. 12th Street, Jacksonville, FL 32220

Date: July 7, 2016

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. <u>Slope Sides</u>	<u>LF</u>	<u>1309</u>	<u>\$2.00</u>	<u>\$2,618.00</u>
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____
TOTAL \$				<u>2,618.00</u>

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

Construction and demolition debris at the worksite will be disposed of at Kings Road Landfill;
8540 Old Kings Rd, Jacksonville, FL 32219

This location is subject to Certificate of Necessity No. 2009-843-E, and is designated by

Public Works Department Permit No. _____.

BGCO, Inc.
Richard C. Gaskin


(Signature)

President

(Title)

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 075-16. 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 Primary Contract Person & Telephone Number	Percentage of the Work or Dollar Amount
Storm Drainage	R&B Contracting, Inc.	Donna Brooks, President (904) 646-3551	<u>7%</u>
Asphalt	All Pro Asphalt	Kenneth Purcell, President (904) 355-1776	<u>17%</u>
Pavement Marking	Rose Services, Inc.	Neil Rose, President (904) 824-8849	<u>1.5%</u>
Storm Precast & RCP	Fortiline Waterworks	Dan Payne (904) 652-0962	<u>2.5%</u>

Richard C. Gaskin, President

Signed: 

Company: BGCO, Inc.
7036 W. 12th Street

Address: Jacksonville, FL 32220

Date: July 7, 2016

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 \pm 2% without a showing of good cause and the written consent of the JEA. See also Section II, Special Instructions to Bidders.



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

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

(850) 487-1395

**GASKIN, RICHARD CANNON
BGCO, INC.
4965 LONG BOW RD
JACKSONVILLE FL 32210**

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CGC1524088	

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



**GASKIN, RICHARD CANNON
BGCO, INC.
7036 W. 12TH STREET
JACKSONVILLE FL 32220**



ISSUED: 03/13/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1603130000733

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CUC1225301	

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



**GASKIN, RICHARD CANNON
BGCO, INC.
7036 W 12TH STREET
JACKSONVILLE FL 32220**



ISSUED: 03/14/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1603140000802


VERIFICATION OF CONTRACTOR'S SITE VISIT

I understand that a visit to the job site of the JEA project by the Contractor's authorized representative is a requirement of these specifications and conditions. In accordance with this requirement;

I, R. Cannon Gaskin, Jr. representing BGCO, Inc.

visited the site on 6/15/2016 and thoroughly familiarized myself with the scope of work for

JEA IFB No. 075-16.


(Signature)
Vice President
(Title)

Witnessed by: _____
(Signature of JEA Representative)

CONFLICT OF INTEREST
CERTIFICATE

JEA IFB No. 075-16

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Richard C. Gaskin, President


Signature

BGCO, Inc.

Company Name

N/A

Name of Certifying Official
(type or print)

7036 W. 12th Street

Business Address

Jacksonville, FL 32220

City, State, Zip Code



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/13/2016

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 BGCOI-1 BGCO Inc. 7036 West 12th Street Jacksonville FL 32220	INSURER A: Westfield Insurance Group	NAIC # 24112
	INSURER B: FCCI Insurance Group	NAIC # 10178
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 1315132671 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CWP1954911	12/31/2015	12/31/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$150,000 MED EXP (Any one person) \$5,000 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			CWP1954911	12/31/2015	12/31/2016	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ Nil			CWP1954911	12/31/2015	12/31/2016	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
B	<input type="checkbox"/> 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	001WC15A71602	1/1/2016	1/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Evidence of Limits Carried

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

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. BGCO, 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"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) 7036 W. 12th Street	Requester's name and address (optional) JEA 21 West Church Street, Suite 103 Jacksonville, FL 32202
6 City, state, and ZIP code Jacksonville, FL 32220	
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	
OR	
Employer identification number	
5	9
-	2
9	9
6	8
9	8

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 ▶ <u>7/7/16</u>
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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.



Detail by Entity Name

Florida Profit Corporation

BGCO, INC.

Filing Information

Document Number	L46571
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Event Date Filed	07/19/1993
Event Effective Date	NONE

Principal Address

7036 W 12TH ST
JACKSONVILLE, FL 32220

Changed: 04/06/1994

Mailing Address

7036 W 12TH ST
JACKSONVILLE, FL 32220

Changed: 04/06/1994

Registered Agent Name & Address

Gaskin, Richard Cannon, Sr.
4965 Long Bow Road
JACKSONVILLE, FL 32210

Name Changed: 01/28/2016

Address Changed: 01/28/2016

Officer/Director Detail

Name & Address

Title President, Treasurer

Gaskin, Richard Cannon, Sr.
4965 Long Bow Road
JACKSONVILLE, FL 32210