

SEALED BID • DO NOT OPEN

SEALED BID NO.: 21-0585-CP-MJ

BID TITLE: Replace Portal Gates 7-11 (PID#004351A)


DUE DATE/TIME: STEP 1: August 24, 2021 @ 3:00 p.m.
STEP 2: September 2, 2021 @ 3:00 p.m.

SUBMITTED BY: Eveland Brothers, Inc.
(Name of Company)

Please Note:

From time to time, addenda may be issued to this bid. Any such addenda will be posted on the same Web site, www.pinellascounty.org/purchase/Current_Bids1.htm, from which you obtained this bid.

Before submitting your bid you should check our Web site to download any addenda that may have been issued. Please remember to sign and return Addenda Acknowledgement Form with completed bid package if applicable.

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS 400 S. FT. HARRISON AVENUE ANNEX BUILDING – 6 TH FLOOR CLEARWATER, FL 33756	 <h2 style="text-align: center;">INVITATION TO BID</h2>	BID NUMBER: 21-0585-CP-MJ
ISSUE DATE: August 6, 2021	TITLE: Replace Portal Gates 7-11 (PID#004351A)	
<h3 style="text-align: center;">SUBMITTAL DUE:</h3> <p>STEP 1: August 24, 2021 @ 3:00 P.M.</p> <p>STEP 2: September 2, 2021 @ 3:00 P.M.</p>		<p style="text-align: right;">Step 2 Bid Opening Public Meeting @ 3:30 https://global.gotomeeting.com/join/175581653</p> <p>You can also dial in using your phone. (For supported devices, tap a one-touch number below to join instantly.) United States: +1 (408) 650-3123</p> <p>One-touch: tel:+14086503123, 175581653#</p> <p>Access Code: 175-581-653</p>
AND MAY NOT BE WITHDRAWN FOR 120 DAYS FROM DATE LISTED ABOVE. BID SUBMITTALS RECEIVED AFTER SUBMITTAL DATE & TIME WILL NOT BE ACCEPTED AND WILL BE RETURNED		<p style="text-align: center;">Mandatory Pre-Bid Conference & Site Visit DATE & LOCATION:</p> <p style="text-align: center;">August 12, 2021 at 1:30pm – 3:00pm 14700 Terminal Blvd. 2nd Floor Conference Room, Clearwater, FL 33762</p>
DEADLINE FOR WRITTEN QUESTIONS: August 19, 2021 by 3:00 P.M.	SUBMIT QUESTIONS: ALL QUESTIONS MUST BE SUBMITTED IN PINELLAS EPRO WITHIN THE Q & A TAB.	
Engineering Estimate \$829,528.00 Plans Prepared by: Michael Baker Intl. Engineer/Project Manager is: Scott Yarley	<p style="text-align: center;">THE MISSION OF PINELLAS COUNTY Pinellas County Government is committed to progressive public policy, superior public service, courteous public contact, judicious exercise of authority and sound management of public resources to meet the needs and concerns of our citizens today and tomorrow.</p>	<p style="text-align: center;"><i>Merry Celeste</i> MERRY CELESTE, CPPB Division Director Purchasing and Risk Management</p>

BIDDER MUST COMPLETE THE FOLLOWING

NO CHANGES REQUESTED BY A BIDDER WILL BE CONSIDERED AFTER THE BID OPENING DATE AS ADVERTISED. BY SIGNING THIS BID FORM, YOU ARE ATTESTING TO YOUR AWARENESS OF THIS POLICY AND ARE AGREEING TO ALL OTHER BID TERMS AND CONDITIONS, INCLUDING ALL INSURANCE REQUIREMENTS.

BIDDER (COMPANY NAME): Eveland Brothers, Inc. **D/B/A** _____

MAILING ADDRESS: 12790 Automobile Boulevard **CITY/STATE/ZIP** Clearwater, FL 33762

COMPANY EMAIL ADDRESS: Info@Evelandconstruction.com

PHN: (727) 573-1107 **FAX:** () N/A

***REMIT TO NAME:** EvelandBrothers, Inc.

(As Shown On Company Invoice)

FEIN# 59-1526569

Proper Corporate Identity is needed when you submit your bid, specifically how your firm is registered with the Florida Division of Corporations. Please visit www.sunbiz.org for this information.

CONTACT NAME: William P Eveland
 OR

PRINT NAME: Sheila M. Eveland

EMAIL ADDRESS: Info@Evelandconstruction.com

I HEREBY AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS INVITATION TO BID, INCLUDING ALL INSURANCE REQUIREMENTS & CERTIFY I AM AUTHORIZED TO SIGN THIS BID FOR THE SUBMITTER.

AUTHORIZED SIGNATURE: 

PRINT NAME/TITLE: Sheila M. Eveland, President

SECTION E - BID SUBMITTAL FORM

Substitute Form **W-9**

Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)
Eveland Brothers, Inc.

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
12790 Automobile Boulevard

City, state, and ZIP code
Clearwater, Florida 33762-4719

Requester's name and address (optional)

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 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.

Social security number

or

Employer identification number
59 1526569

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

Part II Certification

Under penalties of perjury, I certify that:

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

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 4.

Sign Here Signature of U.S. person ▶ Sheila M. Eveland Date ▶ 08-24-2021

Sheila M. Eveland, President

*Instructions to Form W-9 available upon request.

Detach on the perforation

Section 119.071(5), Florida Statutes Notice:

Your Tax Identification Number (which for individuals is your social security number) is collected on Form W9 for use in filing information returns with the IRS as described more fully below. Collection of the tax identification number (or social security number as applicable) is mandatory pursuant to Section 6109 of the Internal Revenue Code (26 U.S.C § 6109).

Privacy Act Notice:

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

SECTION E – BID SUBMITTAL FORM

Bid Title: Replace Portal Gates 7-11 (PID#004351A)

Bid No: 21-0585-CP-MJ

ELECTRONIC PAYMENT (EPAYABLES):

The Board of County Commissioners (County) is offering faster payments. The County would prefer to make payment using credit card.

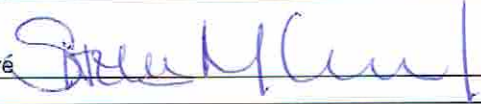
Would your company accept to participate in the ePayables credit card program?

Yes

No

For more information about ePayables credit card program please visit Purchasing Department website www.pinellascounty.org/purchase.

Company Name Eveland Brothers, Inc.

Signature 

Printed Signature Sheila M. Eveland

SECTION E – BID SUBMITTAL FORM

BID SUBMITTAL OFFICERS FORM

Bid Title: Replace Portal Gates 7-11 (PID#004351A)

Bid No: 21-0585-CP-MJ

Each Bid by an individual or firm shall state the name and address of each person who owns an interest therein, and, if any corporation, the name and addresses of its officers, or if an LLC, the name and address of its members. Bids shall be signed by the person or member of the firm making the same, and if a corporation, by an authorized officer or agent, subscribing the name of the corporation, together with his own name and the corporate seal.

The Bidder further agrees to execute the Agreement within ten (10) calendar days after receipt of notice of award, and within the time frame of Section H – Agreement.

The Bidder further agrees to bear the full cost of maintaining all Work until the final acceptance.

Accompanying the Bid is a Bid Guarantee, meeting the requirements described in the Instruction to Bidders.

The Contractor's address and principal place of business is:

Eveland Brothers, Inc.

12790 Automobile Boulevard

Clearwater, Florida 33762-4719

If Contractor is a Corporation, list the names, titles and business addresses of its President, Secretary and Treasurer.

PRESIDENT

Sheila M. Eveland
Printed Name

ADDRESS:

12790 Automobile Boulevard

Clearwater, Florida 33762-4719

SECRETARY

William P. Eveland
Printed Name

ADDRESS:

12790 Automobile Boulevard

Clearwater, Florida 33762-4719

TREASURER

Sheila M. Eveland
Printed Name

ADDRESS:

12790 Automobile Boulevard

Clearwater, Florida 33762-4719

SECTION E – BID SUBMITTAL FORM

Said Corporation is qualified to do business in the State of Florida.

Eveland Brothers, Inc.
Corporation Name

By

Sheila M. Eveland
President Sheila M. Eveland

CORPORATE SEAL

William P. Eveland
William P. Eveland Qualifying Agent

CGC038593
Contractor's Registration or Certificate No.
issued by the State of Florida

If Contractor is not a corporation, list the name(s) and business address(es) of its owner(s), joint venturers or partners:

Name _____ **ADDRESS:** _____
Printed Name

Name _____ **ADDRESS:** _____
Printed Name

Name _____ **ADDRESS:** _____
Printed Name

The said company or business entity is a sole proprietorship, partnership, or joint venture and is trading and doing business as

_____ Company Name

By:

Name of Firm or Qualifying Agent

Contractor's Registration or Certification No. issued by the State of Florida

SECTION E – BID SUBMITTAL FORM

FLORIDA TRENCH SAFETY ACT

CERTIFICATION AND DISCLOSURE STATEMENT

The undersigned acknowledges the requirements of the Florida Trench Safety Act (Section 553.60 et. seq. Florida Statutes).

- A. The Bidder further acknowledges that the Florida Trench Safety Act, (the Act) establishes the Federal excavation safety standards set forth at 29 C.F.R. Section 1926.650 Subpart P, as the interim state standard until such time as the state of Florida, through its Department of Labor and Employment Security, or any successor agency, adopts, updates, or revises said interim standard. This State of Florida standard may be supplemented by special shoring requirements established by the State of Florida or any of its political subdivisions.
- B. The Bidder, as Contractor, shall comply with all applicable excavation/trench safety standards.
- C. The contractor shall consider the geotechnical data available from the County, if any, the Contractor's own sources, and all other relevant information in its design of the trench safety system to be employed on the subject Project. The Contractor acknowledges sole responsibilities for the selection of the data on which it relies in designing the safety system, as well as for the system itself.
- D. The amounts that the Bidder has set forth for pipe installation includes the following excavation/trench safety measures and the linear feet of trench excavated under each safety measure. These units, costs, and unit values shall be disclosed solely for the purpose of compliance with procedural requirements of the Act. No adjustment to the Agreement Time or price shall be made for any difference in the actual number of linear feet of trench excavation, except as may be otherwise provided in these Contract Documents.

	Trench Safety Measure (Description)	Units of Measure (LF, SF)	Unit (Quantity)	Unit Cost	Extended Cost
1.				\$	\$
2.				\$	\$
3.				\$	\$
4.				\$	\$
5.				\$	\$

For Information Only, Not for Payment Purposes \$ 0.00

Bidder may use additional sheets as necessary to extend this form. Failure to complete the above may result in the bid being declared non-responsive.

- E. The amount disclosed as the cost of compliance with the applicable trench safety requirements does not constitute the extent of the Contractor's obligation to comply with said standards. The Contractor shall extend additional sums at no additional cost to the County, if necessary, to comply with the Act (except as otherwise be provided).
- F. Acceptance of the bid to which this certification and disclosure applies in no way represents that the County or its representatives has evaluated and thereby determined that the above costs are adequate to comply with the applicable trench safety requirements nor does it in any way relieve the Contractor of its sole responsibility to comply with the applicable trench safety requirements.

Eveland Brothers, Inc.

Company Name Sheila M. Eveland
 Name and Title Sheila M. Eveland, President

Address: 12790 Automobile Boulevard
Clearwater, Florida 33762-4719

(727) 573-1108 No Fax
 Telephone/Fax
59-1526569
 Federal Employee ID NO. (FEIN)
Info@Evelandconstruction.com
 Email of Account Representative

SECTION F ADDENDA ACKNOWLEDGEMENT FORM

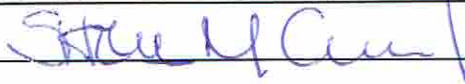
SECTION F - ADDENDA ACKNOWLEDGEMENT FORM:

Bid Title: Replace Portal Gates 7-11 (PID#004351A)

Bid No: 21-0585-CP-MJ

PLEASE ACKNOWLEDGE RECEIPT OF ADDENDA FOR THIS ITB BY SIGNING AND DATING BELOW:

Eveland Brothers, Inc.

ADDENDUM NO.	SIGNATURE/PRINTED NAME	DATE RECEIVED
1	Sheila M. Eveland, President	08-23-2021
		

Note: Prior to submitting the response to this solicitation, it is the responsibility of the firm submitting a response to confirm if any addenda have been issued. If such addendum(s) has been issued, acknowledge receipt by signature and date in this section. Failure to do so may result in being considered non-responsive.

Information regarding Addenda issued is available on the Purchasing Department's website at, www.pinellascounty.org/purchase/Current Bids1.htm , listed under category 'Current Bids'.


DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

4040-0013

Eveland Brothers, Inc., does not have any Lobbying Activities to Report.

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input checked="" type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input checked="" type="checkbox"/> SubAwardee Tier if known: <input type="checkbox"/> * Name: <u>Eveland Brothers, Inc.</u> * Street 1: <u>12790 Automobile Blvd</u> Street 2: _____ * City: <u>Clearwater</u> State: <u>Florida</u> Zip: <u>33762</u> Congressional District, if known: <u>13th</u>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: * Name: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____ Congressional District, if known: _____		
6. * Federal Department/Agency: _____	7. * Federal Program Name/Description: _____ CFDA Number, if applicable: _____	
8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant: None Prefix _____ * First Name _____ Middle Name _____ * Last Name _____ Suffix _____ * Street 1 _____ Street 2 _____ * City _____ State _____ Zip _____		
b. Individual Performing Services (including address if different from No. 10a) None Prefix _____ * First Name _____ Middle Name _____ * Last Name _____ Suffix _____ * Street 1 _____ Street 2 _____ * City _____ State _____ Zip _____		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. * Signature:  * Name: Prefix _____ * First Name <u>Sheila</u> Middle Name <u>M</u> * Last Name <u>Eveland</u> Suffix _____ Title: <u>President</u> Telephone No.: <u>727-573-1107</u> Date: <u>August 24, 2021</u>		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

Ron DeSantis, Governor

Halsey Beshears, Secretary



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

CONSTRUCTION INDUSTRY LICENSING BOARD

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

EVELAND, WILLIAM P.

EVELAND BROTHERS, INC.
12790 AUTOMOBILE BLVD
CLEARWATER FL 33762-4719

LICENSE NUMBER: CGC038593

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

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



PINELLAS COUNTY CONSTRUCTION
LICENSING BOARD

THIS CERTIFIES THAT William P Eveland Jr
DBA Eveland Brothers Inc

STATE CERT # I-CGC038593
HAS FILED HIS/HER LICENSE AND PROOF OF REQUIRED
LIABILITY AND WORKERS' COMPENSATION
INSURANCE WITH THIS BOARD.

IN GOOD STANDING UNTIL September 30, 2021
DATE OF ISSUANCE 08/18/2020

I-CGC038593

*Eveland, William P
12790 Automobile Blvd
Clearwater, FL 33762*

*** Please cut out license along lines**



My Company

My Company Profile

Company Information

Company Name

Eveland Brothers, Inc.

Doing Business As (DBA)

Company ID

421760

Enrollment Date

06/10/2011

Employer ID Number

591526569

DUNS Number

005819669

Total Number of Employees

10 to 19

NAICS Code

236

Sector

Construction

Subsector

Construction of Buildings

[Edit Company Information](#)

Employer Category

Employer Category

Federal Contractor without FAR E-Verify Clause

[Edit Employer Category](#)

Company Locations

Hiring Sites



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
08/17/2021

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.

PRODUCER Brown & Brown of Florida, Inc. 2290 Lucien Way Suite 400 Maitland FL 32751	CONTACT NAME: Brandy Robbins PHONE (A/C, No, Ext): (407) 660-8282 E-MAIL ADDRESS: brobbins@bborlando.com PRODUCER CUSTOMER ID: 00003916	FAX (A/C, No): (407) 660-2012
	INSURER(S) AFFORDING COVERAGE	
INSURED Eveland Brothers, Inc 12790 Automobile Blvd Clearwater FL 33762-4719	INSURER A: American Zurich Insurance Co.	40142
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	


COVERAGES **CERTIFICATE NUMBER:** CP2012203873 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Various Jobsites of the Insured
Builders Risk Reporting Form *****Coverage Is Continuous Until Cancelled*****

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS		
	<input type="checkbox"/> PROPERTY					BUILDING	\$	
	<input type="checkbox"/> CAUSES OF LOSS					DEDUCTIBLES	PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC					BUILDING	BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD					CONTENTS	EXTRA EXPENSE	\$
	<input type="checkbox"/> SPECIAL						RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE						BLANKET BUILDING	\$
	<input type="checkbox"/> WIND						BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD						BLANKET BLDG & PP	\$
								\$
								\$
A	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY	12/01/2020	12/01/2021		<input checked="" type="checkbox"/> Any One Structure	\$ 1,500,000	
	<input type="checkbox"/> CAUSES OF LOSS	Builders Risk - Continuous				<input checked="" type="checkbox"/> All Covered Prop	\$ 5,000,000	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				<input checked="" type="checkbox"/> Temporary Storage	\$ 25,000	
	<input checked="" type="checkbox"/> Special Form	BR11040161				<input checked="" type="checkbox"/> Transit	\$ 25,000	
	<input type="checkbox"/> CRIME						\$	
	<input type="checkbox"/> TYPE OF POLICY						\$	
							\$	
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$	
							\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Please see 2nd page for additional information
RE: REplace Portal Gates 7-11 (PID#004351A)

CERTIFICATE HOLDER Pinellas County Board of County Commissioners 400 South Fort Harrison Avenue Clearwater FL 33756	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 

AGENCY CUSTOMER ID: 00003916

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Brown & Brown of Florida, Inc.		NAMED INSURED Eveland Brothers, Inc.	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 24 **FORM TITLE:** Certificate of Property Insurance

Builders Risk Reporting Form

Continuous until Cancelled

Deductibles:
 \$1,000 All Other Perils,
 3% Windstorm, Subject to \$1,000 Minimum

80% Coinsurance
 Standard Policy Terms
 Flood & Earth Movement Excluded

*Under the terms of the Builders Risk policy, the Insured agrees to report all starts and pay the appropriate premium to the carrier. The Insured must report all starts prior to the end of the following month.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/17/2021

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

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

PRODUCER Brown & Brown of Florida, Inc. 2290 Lucien Way Suite 400 Maitland FL 32751	CONTACT NAME: Brandy Robbins PHONE (A/C, No, Ext): (407) 660-8282 E-MAIL ADDRESS: brobbins@bborlando.com	FAX (A/C, No): (407) 660-2012
	INSURER(S) AFFORDING COVERAGE	
INSURED Eveland Brothers, Inc. 12790 Automobile Blvd Clearwater FL 33762-4719	INSURER A: Westfield Insurance Company	NAIC # 24112
	INSURER B: American Builders Ins. Co.	11240
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: CL2012225423

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 checked="" type="checkbox"/> LOC OTHER:			CWP 8316614	10/01/2020	10/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CWP 8316614	10/01/2020	10/01/2021	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 checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CWP 8316614	10/01/2020	10/01/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCV-0205129-05	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Inland Marine			CWP 8316614	10/01/2020	10/01/2021	Rented/Leased Equip. \$25,000

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

[Job #: 21-0585-CP-MJ Job Type: Bid]
 Replace Portal Gates 7-11 (PID#004351A)

CERTIFICATE HOLDER**CANCELLATION**

Pinellas County Board of County Commissioners
 400 South Fort Harrison Avenue

Clearwater

FL 33756

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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Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Eveland Brothers, Inc.
12790 Automobile Boulevard
Clearwater, FL 33762-4719

SURETY:

(Name, legal status and principal place of business)

Harco National Insurance Company
4200 Six Forks Rd, Suite 1400
Raleigh, NC 27609

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

OWNER:

(Name, legal status and address)

Pinellas County Board of County Commissioners
400 South Ft. Harrison
Clearwater, FL 33756

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

BOND AMOUNT: \$ 5%

Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

Replace Portal Gates 7-11 (PID#004351A) / Bid No. 21-0585-CP-MJ

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 2nd day of September, 2021



(Witness) William P. Eveland,
Secretary

Eveland Brothers, Inc.

(Principal)

(Seal)

By: 

(Title) Sheila M. Eveland, President

Harco National Insurance Company

(Surety)

(Seal)

By: 

(Title) Kevin Wojtowicz Attorney-in-Fact
& FL Licensed Agent

Bond # Bid Bond

POWER OF ATTORNEY
HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MARGARET A. SCHULZ, JESSICA P. RENO, KEVIN WOJTOWICZ, JOHN R. NEU, DANIEL F. OAKS

Miami Lakes, FL

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2020



STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook



Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2020, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 02, 2021

Irene Martins, Assistant Secretary

Section E - BID Submittal
St. Petersburg-Clearwater International Airport Terminal Improvements - Gates 7-11 - Exit Portal
ATTACHMENT NO. 1 TO THE BID FORM
Bid No. 21-0585-CP(MJ)

Division W - Bid Submittal Form - (Continued)						
	Pay Item No.	Description	Approx. Quantities	Unit	Unit Value (Dollars-Cents)	Extended Value (Dollars-Cents)
GENERAL CONDITIONS - BASE BID						
Section	00100	Mobilization	1	Lump Sum	\$3,200.00	\$6,200.00
Section	00100	Insurance and Bonds	1	Lump Sum	\$12,861.95	\$19,045.09
Section	00100	General Conditions and Mobilization for Base Bid - Special Notices thru Division 01	1	Lump Sum	\$40,950.00	\$47,850.00
Section	01500	Temporary Facilities and Controls / Barricades	1	Lump Sum	\$6,800.00	\$6,800.00
TERMINAL IMPROVEMENTS - GATES 7-11 EXIT PORTAL & RELATED WORK						
Section	01500-01100	Furnish & Install all work related to the Improvements including select Demolition, Improvements, Additions, Renovation and Completion of the required work to provide a new Gates 7-11 Exit Portal and related work (Complete) per Specifications Divisions – 01500 - 11000 and the Drawings.	1	Lump Sum	\$657,699.84	\$657,699.84
Section	1500's	Furnish & Install all work related to the Mechanical Systems – including select Demolition, Improvements, Additions, Renovations and Completion of the required work (Mechanical (M) &, Fire Protection(FP) Systems, and other M & FP work) to provide a new Gates 7-11 Exit Portal and related work (Complete) per Specification Division 1500 and the Drawings.	1	Lump Sum	\$28,421.59	\$28,421.59
Section	1600's	Furnish & Install all work related to the Electrical, Lighting, Low Voltage wiring, & Airport's Security System improvements and modifications for the new Exit Portal at Gates 7-11 (Complete), including select Demolition, Improvements, Additions, Renovations and Completion of the required work (PA, Fire Alarm, Security & Data Systems, and other Electrical work) - per Specifications Division 1600 and the Drawings for the . The security system modifications shall be provided by the Contractor for this project using the Airport's approved Security system vendor.	1	Lump Sum	\$38,281.60	\$38,281.60
UNIT PRICE SCHEDULE - REFERENCE SPECIFICATION SECTION 01270 "UNIT PRICES"						
Unit Price 1	Hydraulic-cement-based underlayment (as required for flooring installation). 1. Description: Hydraulic-cement-based underlayment installed in accordance with Division 3 Section "Hydraulic-Cement-Based Underlayment" And Division 9 Sections for flooring work. 2. Unit of Measurement: Cubic yard of hydraulic-cement-based underlayment installed for floor leveling under wood floor plywood substrate.		10 CY (or more)	Cubic Yard	\$5662.00/CY	
Unit Price 2	Fireproofing restoration at existing steel structure installed in accordance with Division 7 Section 07811 Sprayed Fire Resistive Materials		25 LBF (or more)	LBF	\$880.00/LBF	
UNSPECIFIED WORK (ALLOWANCE) - BASE BID - REFERENCE ITB SPECIFICATION SECTION - "UNSPECIFIED WORK (ALLOWANCE)"						
Section	999-0000	No. 999-0000-(1): Building Permit: Per each approved extra work task, for the Contractor's Building Permit only. (Upset limit - \$7,000)	1	Each	\$7,000.00	\$7,000.00
Section	999-0000	No. 999-0000-(2): IT and Security Tie-in and Integration into the Airport's existing IT Network and Security Network only. Per each approved extra work task. (Upset limit - \$8,000) All IT and Security work integral to the door hardware, the exit portal, or other elements required by the Contract Documents, shall remain the responsibility of the Contractor and remain in the Base Contractor Amount.	1	Each	\$8,000.00	\$8,000.00
Section	999-0000	No. 999-0000-(3): Owner-Directed Adjustment to Project Conditions. Per each approved extra work task. (Upset limit - \$35,000)	1	Each	\$35,000.00	\$35,000.00
TOTAL BASE BID						
(written out by hand)	Eight hundred fifty four thousand two hundred nintey eight DOLLARS & Twelve CENTS					\$854,298.12

Eveland Brothers, Inc

Name of Bidder/Contractor

Sheila Eveland

Signature of Officer