


<b>SUBMIT TO:</b>  PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS 400 S. FT. HARRISON AVENUE ANNEX BUILDING – 6 <sup>TH</sup> FLOOR CLEARWATER, FL 33756	  <b>INVITATION TO BID</b>	<b>BID NUMBER: 145-0487-CP(DF)</b>
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<b>ISSUE DATE:</b> September 18, 2015	<b>TITLE:</b> Exterior Lighting System Upgrade – WE Dunn WRF (PID No. 002476A/2153)
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**SUBMITTAL DUE: October 20, 2015 @ 3:00 P.M.**

AND MAY NOT BE WITHDRAWN FOR 120 DAYS FROM DATE LISTED ABOVE.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	<b>NON-MANDATORY SITE VISIT</b> September 28, 2015 at 9:00 AM William E. Dunn Water Reclamation Facility - Administration Building 4100 Dunn Drive Palm Harbor, Florida 34683
<b>DEADLINE FOR WRITTEN QUESTIONS:</b> October 9, 2015 by 3:00 P.M.	<b>SUBMIT QUESTIONS TO:</b> David Fechter AT dfechter@pinellascounty.org Phone: 727-464-3154 Fax: 727-464-3925

Engineering Estimate \$819,594.00  Plans Prepared by: HDR, Inc.  Engineer/Project Manager is: Thomas Menke, Engineering	<p style="text-align: center;"><b>THE MISSION OF PINELLAS COUNTY</b></p> 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.	 <b>JOSEPH LAURO,</b> CPPO/CPPB Director of Purchasing
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**NOTE: BIDS ARE TO BE SUBMITTED IN DUPLICATE. THIS FORM MUST BE RETURNED WITH YOUR BID**

Awards of bids for construction services with an engineering estimate in excess of \$100,000 will only be made to Bidders who have pre-qualified with Pinellas County for Electrical type category construction, or those that are prequalified by the Florida Department of Transportation (FDOT) in an equivalent category, in the amount that equals or exceeds their bid. Only those bids from Bidders that meet the pre-qualification requirements from either Pinellas County or FDOT prior to a bid opening will be considered.

BIDDER MUST COMPLETE THE FOLLOWING

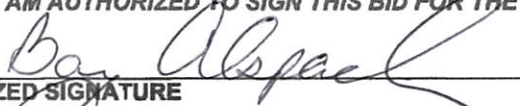
Bidders are cautioned that the policy of the Board of County Commissioners, Pinellas County, is to accept the lowest responsible bid received meeting Specifications. No changes requested by a Bidder due to an error in pricing will be considered after bid opening date as advertised. By signing this proposal form Bidders are attesting to their awareness of this policy and are agreeing to all other bid terms and conditions including all insurance requirements.

PAYMENT TERMS: \_\_\_% \_\_\_DAYS, NET PER F.S. 218.735

Alspach Construction & Electric Co., Inc. <b>BIDDER (COMPANY NAME):</b>	Alspach Construction & Electric Co., Inc. D/B/A
4020 West Cayuga Street Mailing Address	Tampa, FL 33614 City, State Zip
barry@alspachconstruct.com Company Email Address	813-354-8530                      813-354-8531 Phone                                      Fax
Alspach Construction & Electric Co., Inc. Remit To Name (as Shown on Company Invoice)	Barry Alspach/President/barry@alspachconstruct.com Printed Contact Representative/Title/Email

Proper Corporate Identity is needed when you submit your bid, especially how your firm is registered with the Florida Division of Corporations. Please visit [www.sunbiz.org](http://www.sunbiz.org) for this information. It is essential to return a copy of your W-9 with your bid. Thank you.

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

 <b>AUTHORIZED SIGNATURE</b>	Barry Alspach, President <b>PRINT NAME &amp; TITLE</b>
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*We, the above signed, hereby declare that no person or persons, firm or corporation, other than the above signed, are interested in this proposal, as principals, and this Proposal is made without collusion with any person, firm or corporation, and we have carefully to our full satisfaction examined the Special Provisions and form of Agreement and Bond, together with approved Plans and Specifications for the above described Project, and we have made a full examination of the location of the proposed Work and source of supply of materials, and we hereby agree to furnish all necessary labor, equipment, and materials, fully understanding that quantities shown herewith are approximate only, and we will fully complete all necessary Work in accordance with Plans and Specifications and requirements under the terms of the Design Professional/Engineer, within the Agreement Amount and Agreement Period specified in this Proposal for the following unit values.*

**SECTION E – BID SUBMITTAL FORM**

**SECTION E -BID SUBMITTAL FORM:**

**Bid Title: Exterior Lighting System Upgrades WE Dunn WRF (PID No. 002476A/2153)**

**Bid Number: 145-0487-CP(DF)**

(Schedule of Values)

**NO CHANGES SHALL BE MADE TO THE PAY ITEM QUANTITIES CONTAINED HEREIN.  
ANY CORRECTIONS TO BIDDER ENTRIES SHALL BE MADE IN INK AND SHALL BE INITIALED BY BIDDER.**

Item	Description	Unit of Measure	Approximate Quantities	Unit Price	Extended Total
1.	Mobilization/Demobilization	LS	1	\$	\$ 33,000
2.	Exterior Lighting System Upgrades	LS	1	\$	\$ 512,318
3.	Contingency				\$119,214.00
<b>TOTAL BID</b>					<b>\$ 664,532</b>

**Reduce Completion Time Incentive**

The County may be interested in optional pricing if the project can be completed in less time. Bidders at an option may provide alternate cost for expediting the project completion time. All other terms and conditions shall remain the same. This information may be used to determine award.

Reduction in Consecutive Calendar Days To Period of Agreement on Page 16 Item 2	Lump Sum Cost Increase	Lump Sum Cost Decrease
30	\$	\$
60	\$	\$
90	\$	\$

SECTION E - BID SUBMITTAL FORM

W9

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)  
**Alspach Construction & Electric Co., 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.)  
**4020 West Cayuga Street**  
City, state, and ZIP code  
**Tampa, FL 33614**

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.

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

Social security number  
or  
Employer identification number  
**59:2604160**

**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 ▶ *Bo Alspach* Date ▶ **October 9, 2015**

\*Instructions to Form W-9 available upon request.

Detach on the perforation

**Section 19.071(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**

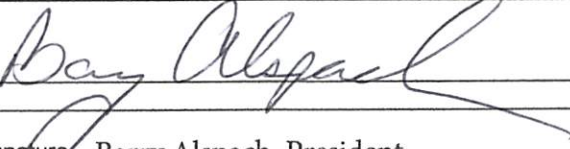
**ELECTRONIC PAYMENT (EPAYABLES):**

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](http://www.pinellascounty.org/purchase).

Company Name Alspach Construction & Electric Co., Inc.  
Signature   
Printed Signature Barry Alspach, President

**SECTION E – BID SUBMITTAL FORM**

**BID SUBMITTAL OFFICERS FORM**

**BID TITLE: Exterior Lighting System Upgrades WE Dunn WRF (PID No. 002476A/2153)**

**BID NUMBER: 145-0487-CP(DF)**

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:

4020 West Cayuga Street, Tampa, FL 33614

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

<b>PRESIDENT</b>	<u>Barry Alspach</u>	<b>ADDRESS:</b>
	Printed Name	<u>4020 West Cayuga Street</u> <u>Tampa, FL 33614</u>

<b>SECRETARY</b>	<u>Marlene Alspach</u>	<b>ADDRESS:</b>
	Printed Name	<u>4020 West Cayuga Street</u> <u>Tampa, FL 33614</u>

<b>TREASURER</b>	<u>Marlene Alspach</u>	<b>ADDRESS:</b>
	Printed Name	<u>4020 West Cayuga Street, Tampa, FL 33614</u>

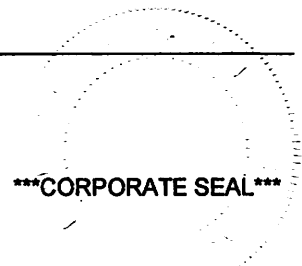
**SECTION E - BID SUBMITTAL FORM**

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

Alspach Construction & Electric Co., Inc.  
Corporation Name

By

Barry Alspach  
President



*Barry Alspach*  
Qualifying Agent  
CBC044701 and EC0002854  
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

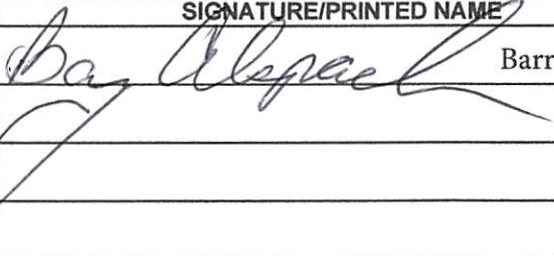
**SECTION F ADDENDA ACKNOWLEDGEMENT FORM**

**SECTION F - ADDENDA ACKNOWLEDGEMENT FORM:**

**Bid Title: Exterior Lighting System Upgrades WE Dunn WRF (PID No. 002476A/2153)**

**Bid No: 145-0487-CP(DF)**

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

ADDENDUM NO.	SIGNATURE/PRINTED NAME	DATE RECEIVED
1	 Barry Alspach	October 12, 2015

**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](http://www.pinellascounty.org/purchase/Current%20Bids1.htm) , listed under category 'Current Bids'.

# Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

## Bid Bond

### CONTRACTOR:

(Name, legal status and address)

Alspach Construction & Electric Company, Inc.  
4020 West Cayuga Street  
Tampa, FL 33614

### SURETY:

(Name, legal status and principal place of business)

Developers Surety and Indemnity Company  
P. O. Box 19725  
Irvine, CA 92623

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

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

### OWNER:

(Name, legal status and address)

Pinellas County Board of County Commissioners  
400 S. Fort Harrison Avenue  
Clearwater, FL 33756

BOND AMOUNT: \$ 5%

Five Percent of Amount Bid

### PROJECT:

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

Exterior Lighting System Upgrades - WE Dunn WRF (PID No. 002476A/2153), Bid No. 145-0487-CP(DF)

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 15th day of October, 2015

  
(Witness)

Alspach Construction & Electric Company, Inc.  
(Principal) (Seal)

By:   
(Title)

Developers Surety and Indemnity Company  
(Surety) (Seal)

By:   
(Title) Kevin R. Wojtowicz Attorney-in-Fact

  
(Witness) Rita Lazarides



**POWER OF ATTORNEY FOR  
DEVELOPERS SURETY AND INDEMNITY COMPANY  
INDEMNITY COMPANY OF CALIFORNIA  
PO Box 19725, IRVINE, CA 92623 (949) 263-3300**

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint:

\*\*\*John R. Neu, Brett M. Rosenhaus, Kevin R. Wojtowicz, Daniel F. Oaks, Charles J. Nielson, Charles D. Nielson, David R. Turcios, Michael A. Gentile, jointly or severally\*\*\*

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008.

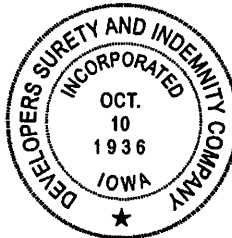
RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship; and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this January 29, 2015.

By: *Daniel Young*  
Daniel Young, Senior Vice-President

By: *Mark Lansdon*  
Mark Lansdon, Vice-President



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Orange

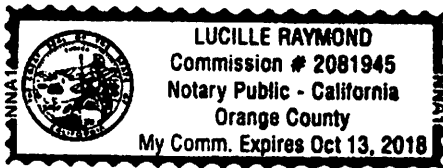
On January 29, 2015 before me, Lucille Raymond, Notary Public  
Date Here Insert Name and Title of the Officer  
personally appeared Daniel Young and Mark Lansdon  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature *Lucille Raymond*  
Lucille Raymond, Notary Public



Place Notary Seal Above

**CERTIFICATE**

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolutions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this 15th day of October, 2015.

By: *Cassie J. Bernisford*  
Cassie J. Bernisford, Assistant Secretary



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/09/2015

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

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

<b>PRODUCER</b> AB Capital Group, LLC 1408 N Westshore Blvd. #708 Tampa FL 33607		<b>CONTACT NAME:</b> Aaron Weber <b>PHONE (A/C, No, Ext):</b> (813) 262-0059 <b>E-MAIL ADDRESS:</b> aaron@abcapitalgroup.com		<b>FAX (A/C, No):</b> (813) 288-9520
		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> ALLIED INSURANCE COMPANY		
		<b>INSURER B:</b>		
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

**COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ACP3007292515	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ACP3007292515	10/01/2015	10/01/2016	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ACP3007292515	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER CANCELLATION**

Pinellas County Board of County Commissioners 400 S. Ft. Harrison Ave Annex Building - 6th Floor 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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10/09/2015

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

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

<b>PRODUCER</b> Doug Jones c/o Artex Risk Solutions, Inc. 8800 E. Chaparral Rd, Suite 230 Scottsdale, AZ 85250	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C No. Ext):</b> (480) 951-4177	<b>FAX (A/C, No):</b> (480) 951-4266
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> American Zurich Insurance Company		40142
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**    **CERTIFICATE NUMBER:** 15FL075769446    **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <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 \$ \$
	<b>AUTOMOBILE LIABILITY</b>  <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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$								EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below				Y/N	WC 29-38-687-13	06/01/2015	06/01/2016	<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
	<b>Location Coverage Period:</b>						06/01/2015	06/01/2016	<b>Client#</b> 10426-1

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Coverage is provided for only those co-employees of, but not subcontractors to:  
**ALSPACH CO. INC. dba: Alspach Construction & Electric Company, Inc.**  
**4020 WEST CAYUGA ST.**  
**TAMPA, FL 33614**

<b>CERTIFICATE HOLDER</b>  Pinellas County Board of Commissioners 400 S. Ft. Harrison Ave Annex Building-6th Floor Clearwater, FL 33756	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
ELECTRICAL CONTRACTORS LICENSING BOARD



<b>LICENSE NUMBER</b>	
EC0002854	

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

ALSPACH, BARRY LEE  
ALSPACH CONSTRUCTION & ELECTRIC CO INC  
4020 W CAYUGA ST  
TAMPA FL 33614



ISSUED: 06/16/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406160001200

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



<b>LICENSE NUMBER</b>	
CBC044701	

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

ALSPACH, BARRY LEE  
ALSPACH CONST& ELECTRIC CO INC  
4020 WEST CAYUGA STREET  
TAMPA FL 33614



ISSUED: 06/17/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406170000692



PINELLAS COUNTY CONSTRUCTION  
LICENSING BOARD

THIS CERTIFIES THAT Barry L Alspach  
DBA Alspach Construction & Electric Co Inc

STATE CERT # I-EC0002854  
HAS FILED HIS/HER LICENSE AND PROOF OF REQUIRED  
LIABILITY AND WORKERS' COMPENSATION  
INSURANCE WITH THIS BOARD.

IN GOOD STANDING UNTIL September 30, 2016  
DATE OF ISSUANCE 06/03/2015

**I-EC0002854**

*Alspach, Barry L  
4020 W Cayuga Street  
Tampa, FL 33614*

**\* Please cut out license along lines**



PINELLAS COUNTY CONSTRUCTION  
LICENSING BOARD

THIS CERTIFIES THAT Barry Alspach  
DBA Alspach Construction & Electric Co Inc

STATE CERT # I-CBC044701  
HAS FILED HIS/HER LICENSE AND PROOF OF REQUIRED  
LIABILITY AND WORKERS' COMPENSATION  
INSURANCE WITH THIS BOARD.

IN GOOD STANDING UNTIL September 30, 2016  
DATE OF ISSUANCE 06/03/2015

**I-CBC044701**

*Alspach, Barry  
Post Office Box 151959  
Tampa, FL 336984-1959*

**\* Please cut out license along lines**



PINELLAS COUNTY CONSTRUCTION  
LICENSING BOARD

THIS CERTIFIES THAT Barry Alspach  
DBA Alspach Const & Electric Co Inc

STATE CERT # I-CAC054092  
HAS FILED HIS/HER LICENSE AND PROOF OF REQUIRED  
LIABILITY AND WORKERS' COMPENSATION  
INSURANCE WITH THIS BOARD.

IN GOOD STANDING UNTIL September 30, 2016  
DATE OF ISSUANCE 06/03/2015

**I-CAC054092**

*Alspach, Barry  
Post Office Box 151959  
Tampa, FL 33684-1959*

**\* Please cut out license along lines**