

Bid Forms 00300

Contractors Name: Docks N Seawalls Inc.
Project Identification: Bid # 2024-01:
Police Department and Safety Services Boat Dock
Owner: CITY OF BELLE ISLE

- 1) The undersigned Bidder proposes and agrees, if this Bid is accepted, to enter into an Agreement with the City in the form included in this document to complete all work as specified or indicated in the Project Manual for the Contract Price and within the Contract Time indicated in this Bid and in accordance with the document.
- 2) The Bidder certifies that they have investigated the requirements to do business in the jurisdiction where the project is located and that they are either qualified to do business or will obtain such pre-qualification before the award of the contract.
- 3) The Bidder accepts all the terms and conditions in this document, including, without limitation, those dealing with the disposition of Bid Security (if applicable). This Bid will remain open for 60 days after the day of the Bid Opening. The Bidder will sign the Agreement and other documents required by the Contract Documents within ten days after the City's Notice of Award date.
- 4) In submitting this Bid, the Bidder represents, as more fully set forth in the Agreement, that:
 - a) The Bidder has examined copies of all Contract Documents and the following addenda:
Date: 3/5/2024 Number: 1
 - b) The Bidder has examined the site and locality where the work is to be performed and the conditions affecting the cost, progress, or performance of the work and has made such independent investigations as the Bidder deems necessary.
 - c) This Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm, or corporation or solicited any other Bidder to submit a false or sham Bid, and the Bidder has not sought by collusion to obtain for themselves any advantage over any other Bidder or over the City.
- 5) BIDDER will complete the Work for the following option:
 - Option 1: The bidder will provide a bid per Scope of Work Section 01100.

We Docks N Seawalls, Inc.
have carefully examined the specifications and propose to provide the complete installation of material ADA handicapped accessible ramp and new boat dock at E Wallace Street ROW, including permitting and constructing a new two-slip boat dock.

Complete Project Base Bid as specified Lump Sum:

Option 1: \$ 354,225.00

The undersigned hereby declares that they have carefully examined the sites listed on the bid form and will complete the Two Boat Slip Dock for Law Enforcement and Safety Services according to the specifications.

The terms used in this Bid were submitted to the City of Belle Isle on the 12TH of MARCH, 2024.

By: R. Valle
Individual's Name - Signature

RAFAEL A. VALLE
Individual's Name - Printed

doing business as DOCKS N SEAWALLS, INC. (business name)

Business Address: 4409 HOFFNER AVE #339

Business Phone No.: 321 202 0478

Business Fax No.: N/A

Email: RAFAEL@DOCKSNSEAWALLS.COM

Communications to the BIDDER concerning this Bid shall be addressed to:

Mailing Address: 4409 HOFFNER AVE. #339

Street Address: 4409 HOFFNER AVE. #339

City, State, and Zip: ORLANDO, FL 32800 12

Telephone No.: 321 202 0478

Fax No.: N/A

Email: RAFAEL@DOCKSNSEAWALLS.COM

**It is understood that the City of Belle Isle reserves the right to accept or reject any or all bids not deemed in the City's best interest as determined by the City.*

Drug-Free Workplace Certification Section 00300

Identical or "Tie" Bids:

Preference shall be given to businesses with drug-free workplace programs. Whenever two or more proposals that are equal in respect to price, quality, and service are received by the State or by any political subdivision for procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. To have a drug-free workplace program, a business shall:

- 1) Publish and pass out to each employee a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace.
- 2) Inform employees about the dangers of drug abuse in the workplace and the penalties that may be imposed upon employees for drug abuse violations.
- 3) Inform employees that the employer must be notified of a violation occurring in the workplace no later than five (5) calendar days after a conviction.
- 4) Impose sanctions on or require satisfactory participation in a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
- 5) Implement this section and Make a good-faith effort to maintain a drug-free workplace.

Rafael A. Valle 3/12/24
Name (signature) Date

RAFAEL A. VALLE
Name (printed)

PRESIDENT
Title

Public Entity Crimes – Sworn Statement Section 00300

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with a public entity, and may not transact business with any public entity in excess of a period of 36 months from the date of being placed on the convicted vendor list.

Pursuant to Section 287.134(2) (a), Florida Statutes, an entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid on a contract to provide any goods or services to a public entity.

This sworn statement by RAFAEL A. VALLE, PRESIDENT
Name and title of business representative

who is authorized to represent DOCKS N SEAWALLS, INC.
Business name

hereby specifies that neither the entity submitting this statement nor any officers, directors, executives, partners, employees, shareholders who are active in the management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

[Signature]
Signature

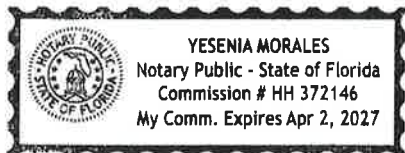
3/12/2024
Date

STATE OF FLORIDA
COUNTY OF ORANGE

Personally appeared before me, the undersigned authority, on this 12 day of Feb, 2024.

[Signature]
Notary Public

Apr 2, 2024
Commission Date





Vista Construction Team, Inc.

March 12, 2024

Rafael Valle
dba Docks N Seawalls, Inc.

REFERENCE LIST:

Southern Pine Lumber Company
6125 Hansel Ave
Orlando, FL 32809
Contact: Jay Weidner, Manager (407) 251-1900

Touchless Cover
10150 Central Port Dr
Orlando, FL 32824
Contact: Andreas Runzler, General Manager (407) 679-2217

Aluminum Boat Cradles
825 S Central Ave
Umatilla, FL 32784
Contact: Christy Hottinger, Owner (352) 669-3355

Streamline Permitting
1002 Fort Mason Dr
Eustis, FL 32726
Contact: Sheila Cichra, President (352) 602-7766

Docks N Seawalls, Inc.
4409 Hoffner Ave. Suite 339, Orlando, FL 32812
Phone; 321-202-0478



VISTCON-01

DHELTON

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 08/23/2017

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 Signature Insurance Group LLC 1920 Boothe Circle Suite 150 Longwood, FL 32750	CONTACT NAME: Dawn Helton PHONE (A/C, No, Ext): (407) 477-5855 FAX (A/C, No): (407) 477-5856 E-MAIL ADDRESS: dawn.helton@SIG.insure <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : United States Fire Insurance Company</td> <td>21113</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : United States Fire Insurance Company	21113	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURED Vista Construction Team Inc. dba Docks N Seawalls 4409 Hoffner Avenue, Ste 339 Orlando, FL 32812															

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		861-1021962	01/08/2017	01/08/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000								
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<table style="width: 100%;"> <tr> <td style="text-align: center;">PER STATUTE</td> <td style="text-align: center;">OT-HER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	PER STATUTE	OT-HER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Ref: Perkins Street Boat Ramp

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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	E-MAIL ADDRESS: dawn.helton@SIG.insure
INSURED Hoffner Marine LLC & Vista Construction Team, Inc. d/b/a Docks N Seawalls, Inc. 4409 Hoffner Ave Ste 405 Orlando, FL 32812	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : AmTrust North America 25011
	INSURER B :
	INSURER C :
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