

Vendor Compliance  
Check List



<b>Vendor: Weekley Asphalt Paving, Inc.</b>  <b>FEIN: 59-0753039</b>	<b>Does Vendor appear on the following:</b>	
<a href="#">Florida Convicted Vendor List</a>	Yes <input type="checkbox"/>	No X
<a href="#">Florida Suspended Contractors</a>	Yes <input type="checkbox"/>	No X
<a href="#">Scrutinized Companies</a>	Yes <input type="checkbox"/>	No X
<a href="#">State of Florida Corporations (Sun Biz)</a>	Yes X	No <input type="checkbox"/>
Valid Certificate of Insurance	Yes X	No <input type="checkbox"/>
Verified by: C. Portocarrero	Date: Tuesday, June 29, 2021	

## Vendor Compliance Check List

### Convicted Vendor List

The Department of Management Services maintains "a list of the names and addresses of those who have been disqualified from the public contracting and purchasing process" under [section 287.133, Florida Statutes](#).

Vendor Name	Agency of Origin	Effective Date	Expiration Date	Final Order
Calixte, Jacques A. (Haitian American Association Against Cancer, Inc.)	DOH	10/25/18	10/25/21	<a href="#">Final Order - Calixte, Jacques A. (Haitian American Association Against Cancer, Inc.)</a> (📎 1.71 MB)

Updated 1/25/21

### Suspended Vendor List

The Department of Management Services maintains a list of vendors that have been removed from the Vendor List "for failing to fulfill any of its duties specified in a contract with the State," in accordance with [Rule 60A-1.006\(2\), Florida Administrative Code](#).

Vendor Name/Address	Agency of Origin	Effective Date	Notice of Default
Building Maintenance of America, LLC d/b/a Florida Building Maintenance 333 North Falkenburg Road #A117 Tampa, FL 33619	DMS	07/02/14	<a href="#">Notice of Default - Building Maintenance of America, LLC d/b/a Florida Building Maintenance</a> (📎 575.81 KB)
Club Tex, Inc. 2025 Broadway, Suite #15G New York, NY 10023	DOC	01/24/19	<a href="#">Notice of Default - Club Tex, Inc.</a> (📎 111.75 KB)
Correctional Consultants, LLC P.O. Box 515 Chattahoochee, FL 32324	DOC	12/10/19	<a href="#">Notice of Default - Correctional Consultants, LLC</a> (📎 85.95 KB)
iColor Printing and Mailing, Inc. 22873 Lockness Avenue Torrance, CA 90501	DEP	02/20/12	<a href="#">Notice of Default - iColor Printing and Mailing, Inc.</a> (📎 320.17 KB)
Visual Image Design Firm, LLC 6845 Narcoossee Road, Suite 59 Orlando, FL 32822	DOH	06/25/15	<a href="#">Notice of Default - Visual Image Design Firm, LLC</a> (📎 1.78 MB)

Updated 12/10/19

## Vendor Compliance Check List

June 17, 2021

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Prohibited Investments (Scrutinized Companies)	Scrutinized Country	Country of Incorporation	Initial Appearance on Scrutinized List	Full Divestment
Societe Metallurgique D'imiter	Sudan	Morocco	November 9, 2010	Yes
Territorial Generating Company No 1	Iran	Russia	June 4, 2019	Yes
<b># of Prohibited Investments</b>	<b>78</b>	-	-	

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 186570

**Entity Name:** WEEKLEY ASPHALT PAVING, INC.

**Current Principal Place of Business:**

20701 STIRLING ROAD  
PEMBROKE PINES, FL 33332

**Current Mailing Address:**

20701 STIRLING ROAD  
PEMBROKE PINES, FL 33332 US

**FEI Number:** 59-0753039

**Name and Address of Current Registered Agent:**

WEEKLEY, WAYNE D  
20701 STIRLING ROAD  
PEMBROKE PINES, FL 33332 US

**Certificate of Status Desired:** Yes

**FILED**  
**Feb 18, 2021**  
**Secretary of State**  
**8189080891CC**

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	ST	Title	P
Name	WEEKLEY, WAYNE D	Name	WEEKLEY, DANIEL D
Address	20106 S. W. 54TH PLACE	Address	5321 SW 199TH AVE
City-State-Zip:	PEMBROKE PINES FL 33332	City-State-Zip:	FORT LAUDERDALE FL 33332
Title	VP, ASST. SECRETARY, ASST. TREASURER		
Name	WEEKLEY, TROY L		
Address	4931 SW 198TH TERRACE		
City-State-Zip:	FT. LAUDERDALE FL 33332		

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/20/2022

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).

<b>PRODUCER</b> Commercial Lines - (305) 443-4886 USI Insurance Services LLC 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133	<b>CONTACT NAME:</b> Francys Tolon <b>PHONE (A/C, No, Ext):</b> 786.785.1126 <b>E-MAIL ADDRESS:</b> francys.tolon@usi.com	<b>FAX (A/C, No):</b> 7862649232
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Weekley Asphalt Paving, Inc. 20701 Stirling Road Pembroke Pines FL 33332	<b>INSURER A:</b> Old Republic Insurance Company	<b>NAIC #</b> 24147
	<b>INSURER B:</b> Certain Underwriters at Lloyds of London	
	<b>INSURER C:</b> AGCS Marine Insurance Company	22837
	<b>INSURER D:</b> Axis Surplus Insurance Company	26620
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 15547541**REVISION NUMBER:** See below

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	MWZY 312426 22	3/1/2022	3/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			MWTB 312425 22	3/1/2022	3/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			SCX1011422	3/1/2022	3/1/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	<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 Y	N/A	MWC 312427 22	3/1/2022	3/1/2023	<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
C	Leased & Rented Equipment			MXI93071287	3/1/2022	3/1/2023	L&R Equipment \$200,000 Deductible \$5,000

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

City of Cooper City its employees, directors, officers, agents, independent contractors, successors and assigns, and other authorized representatives are listed as additional insured to the extent of the contractual obligation assumed by the proposer.

Waiver of subrogation in favor of certificate holder applies with respects to the general liability and workers compensation coverage.

**CERTIFICATE HOLDER**

City of Cooper City  
 9090 SW 50th Place  
 Cooper City, FL 33328

**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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ACORD 25 (2016/03)

(This certificate replaces certificate# 15547059 issued on 5/17/2022)

# Certificate of Insurance (Con't)

## OTHER Coverage

INSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD SUBR	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMIT
D	Excess Liability			P00100078246701	3/1/2022	3/1/2023	3,000,000 Each Occurrence 3,000,000 Aggregate