

ATTACHMENT A
(Page 1 of 5)

City of Cooper City, Florida

Bid Form

(5 pages)

**RESURFACING POOL & TENNIS CENTER POOL
ITB 2022-1-PW**

Bids Due: Thursday, January 13, 2022

For information, contact the Purchasing Division:

The Purchasing Division
954-433-4300 Ext. 297
Purchasing@CooperCityFL.org

Release Date: Thursday, December 16, 2021

Submitted by: American Pool and Patio LLC
(Company name)

PLEASE RETURN ONLY THIS BID FORM (5 PAGES) AND THE REQUIRED ATTACHMENTS.

ATTACHMENT A
(Page 2 of 5)

Project: RESURFACING POOL & TENNIS CENTER POOL
Contract Identification: ITB 2022-1-PW
Bids submitted to: Office of the City Clerk
City of Cooper City
9090 SW 50th Place
Cooper City, Florida, 33328

1. The undersigned BIDDER proposes and agrees, if this Bid is accepted, to enter into an agreement with City in the form included in the contract documents to perform and furnish all work as specified or indicated in the contract documents for the contract price and within the contract time indicated in this bid and in accordance with the other terms and conditions of the contract documents.
2. Bidder accepts all of the terms and conditions of the advertisement of Invitation to Bid and Instruction to Bidders including, without limitation, those dealing with the Bid requirements. This Bid will remain in full force for 120 days from the date of the bid opening. Bidder will sign and submit an agreement with the Bonds within 15 days after the City's Notice of Award.
3. In submitting this Bid, Bidder represents, as more fully set forth in the Agreement that:
 - a. Bidder has examined copies of all plans, and bidding documents, contract specifications and instruction to bidders.
 - b. Bidder has familiarized itself with the nature and extent of the Contract Documents, work site, locality, local conditions and the laws and regulations that in any manner may affect the cost, progress, performance or furnishing of the work.
 - c. Bidder has studied carefully all reports and drawings of the project and the physical conditions of the project site areas and accepts the extent of the technical data contained in such reports and drawings upon which Bidder is entitled to rely.
 - d. Bidder has correlated the results of their studies and reviews, observations, investigations, explorations, tests, and studies with the terms and conditions of the contract documents.
 - e. Bidder has given City written notice of all conflicts, errors or discrepancies that is has discovered in these documents and the written resolution thereof by City is acceptable to Bidder.
 - f. This Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporate and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Bidder has not directly or indirectly induced or solicited any other Bidder to submit a false Bid, and Bidder has not sought by collusion to obtain for itself any advantage over any other Bidder or the City.
4. Bid Copies
ONE (1) ORIGINAL, TWO (2) COPIES and ONE (1) ELECTRONIC COPY (Flash Drive) of the Bid should be submitted to the City of Cooper City, City Hall, 9090 SW 50th Place, Cooper City, Florida 33328, to the attention of the Office of the City Clerk. If by US mail, Bids shall be submitted to 9090 SW 50 Place, Cooper City, Florida 33328.
5. Addenda, Additional Information-Contact with City Staff
Any addenda or answers to written questions supplied by the City to participating Bidders become part of this Invitation to Bid and the resulting contract. The Bid Form shall be signed by an authorized company representative dated and returned with the proposal Bid.

No negotiations, decisions or actions shall be initiated or executed by the Bidder as result of any discussions with any City employee. Only those communications which are in writing from the City may be considered as a duly authorized expression. Also, only communications from bidder that are signed and in writing will be recognized by the City as duly authorized expressions on behalf of the bidder.

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Specific questions related to the Scope of Services requested shall be directed in writing to the City of Cooper City Purchasing Division. Questions must be emailed to **Purchasing@CooperCityFL.org**, who may respond in kind with copies to all Bidders. **The deadline for submission of questions is 5:00PM, Thursday, January 6, 2022.**

The successful bidder shall be required to execute a City contract covering the scope of services to be provided and setting forth the duties, rights and responsibilities of the parties. This contract must be executed by the successful bidder prior to recommendation of award and presentation to the City Commission.

6. Summary of Documents to be submitted with Bid

	Bid Form
	Reference Form ✓
	Public Entity Crimes (PEC) Form ✓
	ADA Affidavit ✓
	Business Entity Affidavit ✓
	Bidder's Foreign (Non-Florida) Corporate Statement (If applicable) <i>N/A</i>
	W-9, Request for Taxpayer Identification Number •
	Proof of Workers Compensation Insurance or Exemption •
	Proof of Liability Insurance •
	Ownership Disclosure Affidavit ✓
	Drug-Free Workplace Certificate ✓
	Employee Background Verification Affidavit ✓
	Scrutinized Companies Affidavit ✓
	Non-Conflict of Interest Statement ✓
	E-Verify Form ✓

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ATTACHMENT A
(Page 4 of 5)

Bidder's Contact Information

Name of Company: AMERICAN POOL and Patio, LLC dba
Address: Beach O Rama, LLC
1281 SW 1st Way, DEERFIELD BEACH, FL 33441
Type of Business: Swimming pool repairs and service
Company's Website: _____

Authorized Signatory Contact: NICHOLAS RAGONESE
Title: OWNER
Tel: 954-4274200 Mobile: _____
Email Address (Required): NICK@RAGONESEGROUP.COM

Primary Contact: Eloza Avendano
Title: Bookkeeper
Tel: 954-4274200 Mobile: 305-6806636
Email Address (Required): accounting@ragonesegroup.com

Additional Contact & Title: _____
Tel: _____ Mobile: _____
Email Address (Required): _____

Remit to Address: _____
Remit to Contact: Name: _____ Tel: _____

ATTACHMENT A
(Page 5 of 5)

PRICING SHEET

GRAND TOTAL FOR THIS PROJECT: \$ 88,650.00

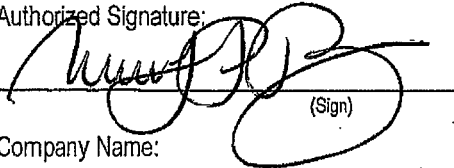
GRAND TOTAL IN WORDS: Eighty Eight Thousand Six Hundred and Fifty dollars ands/00

N.B. Delamination of plaster removal is limited to 15% of the total surface area and limited to up to one layer. Any additional removal is billed at \$2.00 per square foot.

Submitted by:

NICHOLAS RAGONESE
(Print)

Authorized Signature:


(Sign)

Company Name:

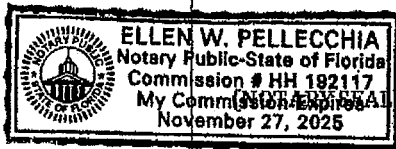
AMERICAN POOL and Patio, Inc


Date:

1/11/22

STATE: FLORIDA
COUNTY: Broward

Sworn to (or affirmed) and subscribed before me this 11 day of Jan, 2022 by: Nicholas Ragonese
Name of person making statement




Signature of Notary Public - State of Florida
Ellen W. Pellecchia
Name of Notary Typed, Printed, or Stamped

Personally Known OR Produced Identification
Type of Identification Produced _____

**ATTACHMENT B
REFERENCES**

All references shall be from entities/companies regularly engaged in the business of providing the goods and/or services as described in this solicitation. CITY OF COOPER CITY STAFF SHALL NOT BE USED AS A CLIENT REFERENCE.

1. ENTITY/COMPANY NAME: School Board Broward County
ADDRESS: 610 NE 13th Avenue, Pompano Beach, FL 33060
CONTACT NAME: Dawn Turner
CONTACT'S TITLE: Clerk Specialist
TELEPHONE: 754-3211202
E-MAIL (REQUIRED): dawn.turner@browardschools.com
CONTRACT PERIOD: FROM: _____ TO: _____

2. ENTITY/COMPANY NAME: City of Pembroke Pines
ADDRESS: 601 City Center Way, Pembroke Pines, FL 33025
CONTACT NAME: Greg Groselle
CONTACT'S TITLE: Aquatic Coordinator
TELEPHONE: 954-392-9159
E-MAIL (REQUIRED): Ggroselle@ppines.com
CONTRACT PERIOD: FROM: _____ TO: _____

3. ENTITY/COMPANY NAME: West Construction
ADDRESS: 820 N 4th St, Lantana FL 33462
CONTACT NAME: Matthew West
CONTACT'S TITLE: Project Supervisor
TELEPHONE: 561-588 2027
E-MAIL (REQUIRED): estimating@westconstructioninc.net
CONTRACT PERIOD: FROM: _____ TO: _____

This page shall be completed IN FULL and submitted with your bid.

ATTACHMENT C
(Page 1 of 2)

**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A
NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to the CITY OF COOPER CITY, FLORIDA

by: Nicholas RAGONESE, Owner

for: AMERICAN POOL AND PATIO LLC
(print individual's name and title)
(print name of entity submitting sworn statement)

whose business address is: 1281 SW 1st Way, Deerfield Beach, FL 33441

and (if applicable) its Federal Employer Identification Number (FEIN) is: 01-5538507

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____ - _____).

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentations.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

- a) A predecessor or successor of a person convicted of a public entity crime; or
- b) An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

ATTACHMENT C
(Page 2 of 2)

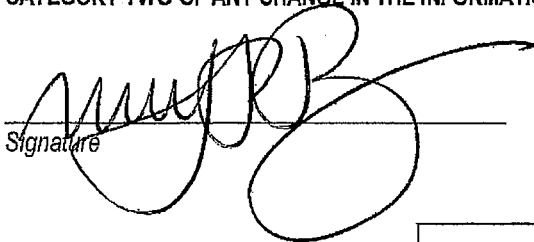
6. Based on information and belief, the statement that I have marked below is true in relation to the entity submitting this sworn statement. (Indicate which statement applies).

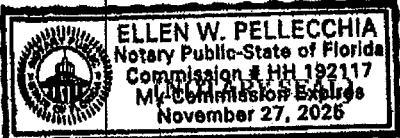
Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, not any affiliate of the entity, has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

This entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Signature 

STATE: FLORIDA
COUNTY: <u>Broward</u>
Sworn to (or affirmed) and subscribed before me this <u>11</u> day of <u>January</u> , 2022 by: <u>Nicholas Roganes</u> <small>Name of person making statement</small>

<u>Ellen W. Pellecchia</u> <small>Signature of Notary Public - State of Florida</small>
<u>Ellen W. Pellecchia</u> <small>Name of Notary Typed, Printed, or Stamped</small>
Personally Known <input checked="" type="checkbox"/> OR Produced Identification <input type="checkbox"/>
Type of Identification Produced _____

ATTACHMENT D

**AMERICANS WITH DISABILITIES ACT (ADA)
DISABILITY NONDISCRIMINATION STATEMENT**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL
AUTHORIZED TO ADMINISTER OATHS.

This sworn statement is submitted to the CITY OF COOPER CITY, FLORIDA

by: NICHOLAS PAGOSE
(print individual's name and title)

for: AMERICAN POOL AND PATIO LLC
(print name of entity submitting sworn statement)

whose business address is: 1281 SW 1ST WAY DEERFIELD BEACH, FL 33441

and (if applicable) its Federal Employer Identification Number (FEIN) is: 01-5538507
(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____)

I, being duly first sworn state:
That the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any subcontractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 USC 1210112213 and 47 USC Sections 225 and 661 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Section 553.501-553.513, Florida Statutes:

The Rehabilitation Act of 1973, 229 USC Section 794;
The Federal Transit Act, as amended 49 USC Section 1612;
The Fair Housing Act as amended 42 USC Section 3601-3631.

Nicholas Pagose
Signature

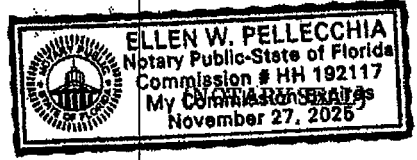
STATE: FLORIDA
COUNTY: Broward

Sworn to (or affirmed) and subscribed before me this 11 day of January, 2022 by: Nicholas Pagose
Name of person making statement

Ellen W. Pellecchia
Signature of Notary Public - State of Florida

Ellen W. Pellecchia
Name of Notary Typed, Printed, or Stamped

Personally Known OR Produced Identification
Type of Identification Produced _____



ATTACHMENT E

BUSINESS ENTITY AFFIDAVIT

I, NICHOLAS RAGONESE, being first duly sworn state:

The full legal name and business address of the person(s) or entity proposing to contract or transact business with the City of Cooper City ("City") are (Post Office addresses are not acceptable), as follows:

81-5538507
Federal Employer Identification Number (FEIN) (If none, Social Security Number)

AMERICAN POOL AND PATIO LLC
Name of Entity, Individual, Partners or Corporation

AMERICAN POOL and PATIO LLC DBA BEACH ORAMA LLC
Doing Business As (If same as above, leave blank)

1281 SW 7th way Deerfield Beach FL 33441
Street Address Suite City State

Florida 12/05/2016
State and Date of Incorporation:

[Signature]
Signature of Affiant
NICHOLAS RAGONESE
Print Name

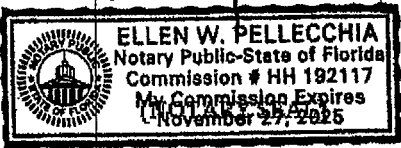
1/11/22
Date

STATE: FLORIDA
COUNTY: Broward

Sworn to (or affirmed) and subscribed before me this 11 day of January, 2022, by: Nicholas Ragonese
Name of person making statement

[Signature]
Signature of Notary Public - State of Florida
Ellen W. Pellecchia
Name of Notary Typed, Printed, or Stamped

Personally Known OR Produced Identification
Type of Identification Produced _____



ATTACHMENT F

FOREIGN (NON-FLORIDA) CORPORATION MUST COMPLETE THIS FORM
DEPARTMENT OF STATE CORPORATE CHARTER NO. _____

If your corporation is exempt from the requirements of Section 607.1501, Florida Statutes, **YOU MUST CHECK BELOW** the reason(s) for the exemption. Please contact the Department of State, Division of Corporations at (850) 245-6051 for assistance with corporate registration or exemptions. 607.1501 Authority of foreign corporation to transact business required.

- (1) A foreign corporation may not transact business in this state until it obtains a certificate of authority form the Department of State.
- (2) The following activities, among others, do not constitute transacting business within the meaning of subsection one (1):
- (a) Maintaining, defending, or settling any proceedings.
 - (b) Holding meetings of the board of directors or shareholders or carrying on other activities concerning internal corporate affairs.
 - (c) Maintaining bank accounts.
 - (d) Maintaining officers of agencies for the transfer, exchange, and registration of the corporation's own securities or maintaining trustees or depositories with respect to those securities.
 - (e) Selling through independent contractors.
 - (f) Soliciting or obtaining orders, whether by mail or through employees, agents or otherwise, if the orders
 - (g) Creating or acquiring indebtedness, mortgages, and security interests in real or personal property.
 - (h) Securing or collecting debts or enforcing mortgages and security interests in property securing the debts.
 - (i) Transacting business in interstate commerce.
 - (j) Conducting an isolated transaction that is completed within 30 days and that is not one in the course of repeated transactions of a like nature.
 - (k) Owning and controlling a subsidiary corporation incorporated in or transacting business within this state or voting the stock of any corporation which it has lawfully acquired.
 - (l) Owning a limited partnership interest in a limited partnership that is doing business within this state, unless such limited partner manages or controls the partnership or exercises the powers and duties of a general partner.
 - (m) Owning, without more, real or personal property.

The list of activities of subsection (2) is not exhaustive.

- (3) This section has no application to the question of whether any foreign corporation is subject to service of process and suit in this state under any law of this state.

Please check one of the following if your firm is **NOT** a corporation:

- (I) Partnership, Joint Venture, Estate or Trust
(II) Sole Proprieties of Self Employed

NOTE: This sheet **MUST** be enclosed with your bid if you claim an exemption or have checked I or II above, your firm will be considered a corporation and subject to all requirements listed herein.

SIGNATURE OF AUTHORIZED AGENT OF PROPOSER

BIDDER'S LEGAL NAME

N/A.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. AMERICAN POOL LLC	
2 Business name/disregarded entity name, if different from above AMERICAN POOL LLC DBA BEACH ORAMA, LLC	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ S <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 1281 SW 1ST WAY	Requester's name and address (optional)
6 City, state, and ZIP code DEERFIELD BEACH, FL, 33441	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																					
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Employer identification number																					
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 01/10/22
------------------	----------------------------	------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/10/2022

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).

PRODUCER Triton Insurance Group 100 N State Road 7 Unit 304 Margate FL 33063	CONTACT NAME: Triton Global PHONE (A/C, No, Ext): (866) 400-7674 100 FAX (A/C, No): (866) 657-3678 E-MAIL ADDRESS: quote@tritonagency.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Evanston Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: Progressive Insurance Company</td> <td>02962</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: Evanston Insurance Company		INSURER B: Progressive Insurance Company	02962	INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
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INSURER E:														
INSURER F:														
INSURED American Pool & Patio LLC, DBA: Beach O' Rama 1281 SW 1ST WAY DEERFIELD BEACH FL 33441														

COVERAGES

CERTIFICATE NUMBER: CL2192417009

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			3AA519399	11/05/2021	11/05/2022	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 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			03945167-0	08/10/2021	08/10/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

The city of Cooper City as an additional insured.

CERTIFICATE HOLDER**CANCELLATION**

City of Cooper City 9090 Southwest 50th Place Cooper City FL 33328	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/10/2022

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).

PRODUCER Pelican Insurance Agency 499 NW 70th Ave Ste 204 Plantation, FL 33317	CONTACT NAME Sam Jacks
	PHONE (A/C, No, Ext): 954 583-5444
E-MAIL ADDRESS: reception@pelicaninsurance.net	
INSURER(S) AFFORDING COVERAGE	
INSURER A: AmGuard Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

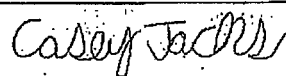
American Pool & Patio, LLC, & Beach-O-Rama
1281 SW 1ST WAY
Deerfield Beach, FL 33441

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	NHFL0114762021	1/25/2021	1/25/2022	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00

The City of Cooper City added as an additional insured.

CERTIFICATE HOLDER City of Cooper City 9090 Southwest 50th Place Cooper City, Florida 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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WU


ATTACHMENT I

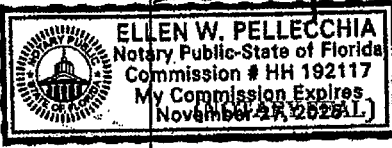
OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contact or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who holds directly or indirectly five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full legal name and address shall be provided for each trustee and each beneficiary. All such names and addresses are (Post Office addresses are not acceptable), as follows:

<u>Full Legal Name</u>	<u>Address</u>	<u>Ownership</u>
<u>NICHOLAS D. RAGONESE, 1599 SW 6th CT, Boca Raton, FL 33486</u>		
		<u>100%</u>
		<u>%</u>
		<u>%</u>

2. The full legal names and business address of any other individual (other than subcontractors, materialmen, suppliers, laborers, or lenders) who have, or will have, any interest (legal, equitable, beneficial or otherwise) in the contract or business transaction with the City are (Post Office addresses are not acceptable), as follows:


Signature of Affiant
NICHOLAS RAGONESE
Print Name
1/11/22
Date

	STATE: <u>FLORIDA</u> COUNTY: <u>Broward</u> Sworn to (or affirmed) and subscribed before me this <u>11</u> day of <u>January</u> , 20 <u>22</u> by: <u>Nicholas Ragonesse</u> <small>Name of person making statement</small> <u>Ellen W. Pellecchia</u> <small>Signature of Notary Public - State of Florida</small> <u>Ellen W. Pellecchia</u> <small>Name of Notary Typed, Printed, or Stamped</small> Personally Known <input checked="" type="checkbox"/> OR Produced Identification <input type="checkbox"/> Type of Identification Produced _____
---	---

ATTACHMENT J

DRUG FREE WORKPLACE CERTIFICATE

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that, (print or type name of firm)

AMERICAN POOL and PATIO, LLC

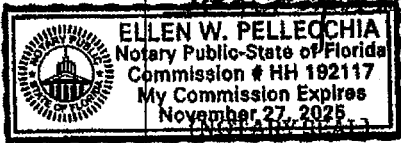
- Publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions that will be taken against violations of such prohibition.
- Informs employees about the dangers of drug abuse in the work place, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, pleas of guilty or nolo contendere to, any violation of Chapter 1893, or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the work place, no later than five (5) days after such conviction, and requires employees to sign copies of such written (*) statement to acknowledge their receipt.
- Imposes a sanction on, or requires the 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.
- Makes a good faith effort to continue to maintain a drug free work place through the implementation of the drug free workplace program.

"As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein".

Nicholas Ragrese
Signature of Affiant

NICHOLAS RAGRESE
Print Name

1/11/22
Date



STATE: FLORIDA
COUNTY: Broward

Sworn to (or affirmed) and subscribed before me this 11 day of January 2022 by: Nicholas Ragrese
Name of person making statement

Ellen W. Pellecchia
Signature of Notary Public - State of Florida

Ellen W. Pellecchia
Name of Notary Typed, Printed, or Stamped

Personally Known OR Produced Identification

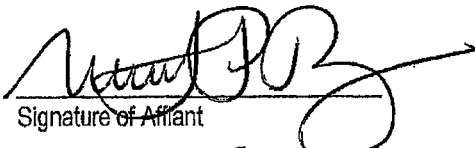
Type of Identification Produced _____

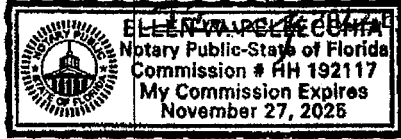
ATTACHMENT K

EMPLOYEE BACKGROUND VERIFICATION AFFIDAVIT

I, NICHOLAS RAGONESE of AMERICAN POOL and Pato LLC, attest that all personnel used in
(Print Name) (Company Name)

the performance of this work have had a criminal background check with a passing grade and have been drug tested with a passing grade and are legally documented to work in the United States.


Signature of Affiant
NICHOLAS RAGONESE
Print Name
1/11/22
Date

STATE: <u>FLORIDA</u>
COUNTY: <u>Broward</u>
Sworn to (or affirmed) and subscribed before me this <u>11</u> day of
 <u>Nicholas Ragonesse</u> Name of person making statement
<u>Ellen W. Pellecchi</u> Signature of Notary Public - State of Florida
<u>Ellen W. Pellecchi</u> Name of Notary Typed, Printed, or Stamped
Personally Known <input checked="" type="checkbox"/> OR Produced Identification <input type="checkbox"/>
Type of Identification Produced _____

ATTACHMENT L

SCRUTINIZED COMPANIES AFFIDAVIT

Certification pursuant to Florida Statute § 287.135 and § 215.473

I, NICHOLAS RAGONESI, on behalf of AMERICAN POOL and PATIO LLC
Print Name and Title Company Name

certify that AMERICAN POOL and PATIO LLC does not:
Company Name

1. Participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel List; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Syria.

Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and

2) Contracting with companies, for goods or services over \$1,000,000.00 that are on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, created pursuant to s. 215.473, or are engaged in business operations in Syria.

As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled "Contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

AMERICAN POOL and PATIO LLC
COMPANY NAME

NICHOLAS RAGONESI
PRINT NAME

OWNER
TITLE

[Signature]
SIGNATURE

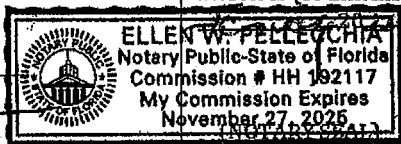
STATE: FLORIDA
COUNTY: Broward

Sworn to (or affirmed) and subscribed before me this 11 day of November 2022 by: Nicholas Ragonesi
Name of person making statement

[Signature]
Signature of Notary Public - State of Florida

Ellen W. Pellecchia
Name of Notary Typed, Printed, or Stamped

Personally Known OR Produced Identification
Type of Identification Produced _____



ATTACHMENT M

NON-CONFLICT OF INTEREST STATEMENT

- A. A. I am the OWNER of AMERICAN POOL and Patio LLC with a
(Insert Title) (Insert Company Name)
local office in Broward County and principal office in Same.
- B. The entity hereby submits a proposal/offer in response to **ITB 2022-1-PW**,
- C. The AFFIANT has made diligent inquiry and provided the information in this statement affidavit based upon its full knowledge.
- D. The AFFIANT states that only one submittal for this solicitation has been submitted and tendered by the appropriate date and time and that said above stated entity has no financial interest in other entities submitting a proposal for the work contemplated hereby.
- E. Neither the AFFIANT nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion or collusive activity, or otherwise taken any action which in any way restricts or restrains the competitive nature of this solicitation, including but not limited to the prior discussion of terms, conditions, pricing, or other offer parameters required by this solicitation.
- F. Neither the entity nor its affiliates, nor anyone associated with them, is presently suspended or otherwise prohibited from participation in this solicitation or any contract to follow thereafter by any government entity.
- G. Neither the entity nor its affiliates, nor anyone associated with them, have any potential conflict of interest because and due to any other clients, contracts, or property interests in this solicitation or the resulting project.
- H. I hereby also certify that no member of the entity's ownership or management or staff has a vested interest in any City Division/Department/Office.
- I. I certify that no member of the entity's ownership or management is presently applying, actively seeking, or has been selected for an elected position within City of Cooper City government.
- J. In the event that a conflict of interest is identified in the provision of services, I, the undersigned, will immediately notify the City in writing.

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in this attachment is true and correct at the time of submission.

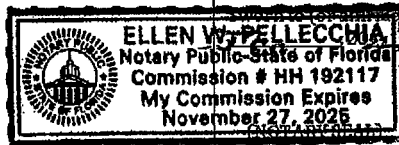
Nicholas Ragone
Signature of Affiant
NICHOLAS RAGONESE, OWNER
Printed Name & Title of Affiant

11/11/22
Date

STATE: FLORIDA
COUNTY: Broward

and subscribed before me this 11 day of November 2022 by: Nicholas Ragone
Name of person making statement
Ellen W. Pellecchia
Signature of Notary Public - State of Florida
Ellen W. Pellecchia
Name of Notary Typed, Printed, or Stamped

Personally Known OR Produced Identification
Type of Identification Produced _____



ATTACHMENT N
(Page 1 of 2)

E-VERIFY FORM UNDER SECTION 448.095, FLORIDA STATUTES

TO BE RETURNED WITH PROPOSAL

Project Name:

Resurfacing Pool and tennis Center Pool

Project No.:

ITB 2022-1-PW

1. Definitions:

"Contractor" means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration. "Contractor" includes, but is not limited to, a vendor or consultant.

"Subcontractor" means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.

"E-Verify system" means an Internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees.

2. Effective January 1, 2021, Contractors, shall register with and use the E-verify system in order to verify the work authorization status of all newly hired employees. Contractor shall register for and utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:

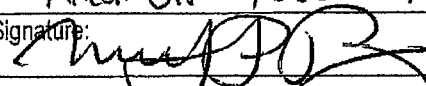
- a) All persons employed by a Contractor to perform employment duties within Florida during the term of the contract; and
- b) All persons (including sub vendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with the City of Cooper City. The Contractor acknowledges and agrees that registration and use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with the City of Cooper City; and
- c) Should vendor become the successful Contractor awarded for the above-named project, by entering into the contract, the Contractor shall comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility," as amended from time to time. This includes, but is not limited to registration and utilization of the E-Verify System to verify the work authorization status of all newly hired employees. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.

3. Contract Termination

- a) If the City has a good faith belief that a person or entity with which it is contracting has knowingly violated s. 448.09 (1) Fla. Stat., the contract shall be terminated.
- b) If the City has a good faith belief that a subcontractor knowingly violated s. 448.095 (2), but the Contractor otherwise complied with s. 448.095 (2) Fla. Stat., shall promptly notify the Contractor and order the Contractor to immediately terminate the contract with the subcontractor.
- c) A contract terminated under subparagraph a) or b) is not a breach of contract and may not be considered as such.

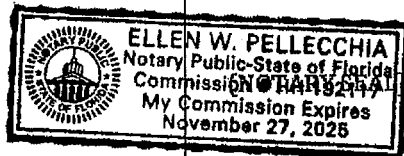
ATTACHMENT N
(Page 2 of 2)

- d) Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination.
- e) If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

Company Name:	AMERICAN POOL and Patio LLC
Authorized Signature:	
Print Name:	NICHOLAS RAGOCSE
Title:	OWNER
Date:	1/11/22
Phone:	954-4274200

STATE: FLORIDA
COUNTY: Broward

Sworn to (or affirmed) and subscribed before me this 11 day of January 2022 by: Nicholas Ragocse
Name of person making statement



Ellen W. Pellecchia
Signature of Notary Public - State of Florida

Ellen W. Pellecchia
Name of Notary Typed, Printed, or Stamped

Personally Known OR Produced Identification

Type of Identification Produced _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/10/2022

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).

PRODUCER Triton Insurance Group 100 N State Road 7 Unit 304 Margate FL 33083	CONTACT NAME: Triton Global PHONE (A/C, No, Ext): (866) 400-7674 100 FAX (A/C, No): (866) 657-3678 E-MAIL ADDRESS: quote@tritonagency.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance Company INSURER B: Progressive Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Amerloan Pool & Patio LLC, DBA: Beach O' Rama 1281 SW 1ST WAY DEERFIELD BEACH FL 33441	

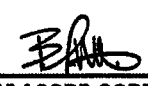
COVERAGES **CERTIFICATE NUMBER:** CL2192417009 **REVISION NUMBER:**

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 INSP / 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		3AA519399	11/05/2021	11/05/2022	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
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		03945167-0	08/10/2021	08/10/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	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)

The city of Cooper City as an additional insured.

CERTIFICATE HOLDER City of Cooper City 9090 Southwest 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/10/2022

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).

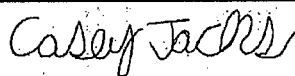
PRODUCER Pelican Insurance Agency 499 NW 70th Ave Ste 204 Plantation, FL 33317	CONTACT NAME: Sam Jacks
	PHONE (A/C, No, Ext): 954 583-5444 FAX (A/C, No): 954 583-2820 E-MAIL ADDRESS: reception@pelicaninsurance.net
American Pool & Patio, LLC, & Beach-O-Rama 1281 SW 1 ST WAY Deerfield Beach, FL 33441	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: AmGuard Insurance Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

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	
	COMMERCIAL GENERAL LIABILITY <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:	N	N				EACH OCCURRENCE	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
A	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	NHFL0114762021	1/25/2021	1/25/2022	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00	

The City of Cooper City added as an additional insured.

CERTIFICATE HOLDER City of Cooper City 9090 Southwest 50th Place Cooper City, Florida 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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WU

Reliable Pool Contractors, Inc.
American Pool and Patio, LLC
Beach-O-Rama, LLC
CPC 053892

CONTACT INFO: 1281 SW 1st Way Deerfield Beach, FL 33441
954-427-4200 954-571-4278fax
Email: info@reliable-pool.com

Commercial Referral List

1. LOTSPEICH COMPANY, INC.
Contact: Jim Mandich 305-624-7777
SURFCOMBER HOTEL, 1717 Collins Ave Miami Bch, FL
2. KRAUSE-ANDERSON CONSTRUCTION COMPANY
Contact: Rick Bromstrod 612-332-7281
MICCOSUKEE RESORT, 500 SW 177 Avenue Miami
3. JJW CONSTRUCTION COMPANY, Ft Lauderdale, FL
Contact: Thomas Walsh 954-970-0211
HAMPTON INN, 1455 Yamato Road Boca Raton, FL
COMFORT INN, 1221 Hypoluxo Rd, Lantana, FL
HAMPTON INN, Gateway Blvd, Boynton Beach, FL
HAMPTON INN, RCA Blvd, Palm Beach Gardens, FL
HAMPTON INN, Vista Parkway, West Palm Beach, FL
HAMPTON INN, Natura Blvd, Deerfield Beach, FL
HAMPTON INN, West Palm Beach Airport, FL
HAMPTON INN, Wellington Greens, Wellington, FL
VILLAS AT POSITANTO, Hollywood, FL
HYATT PLACE, Lake Mary, FL
TOWN PLACE SUITES, Boynton Beach, FL
4. JWR CONSTRUCTION SERVICES, INC
Contact: Bill Gallo 954-480-2800
ADVENTURE BAY DAYCARE FACILITY:
Plantation
Coconut Creek
Miramar
DEERCREEK TENNIS FACILITY, Club House Pool
KING'S POINT NATATORIUM, Delray Beach

5. OAKRIDGE HOTEL LIMITED
Contact: Michael Thomas 305-538-2405
SPRINGHILL SUITES, 151 SW 18 Court Dania, FL 33004
6. MIAMI YACHT CLUB, 1001 MacArthur Causeway Miami, FL 33132
Club House Pool at the bay on Watson Island
7. COLLECTIVE CONSTRUCTION & DESIGN, INC.
NEMO HOTEL, 100 Collins Avenue Miami Beach, FL 33139
8. GROUPE PACIFIC INTERNATIONAL CONSTRUCTION
Contact: Alfredo Silva 305-216-3899
THE COURTS AT SOUTH BEACH, Washington Ave, Miami Bch FL
THE COSMOPOLITIAN, Washington Avenue, Miami Beach FL
BRICKELL ON THE RIVER, Brickell Avenue, Miami FL
9. COASTAL CONSTRUCTION, INC.-HOTEL DIVISION
Contact: Tom Murphy 305-559-4900
HAMPTON INN, Red Road Miami, FL
RENAISSANCE INN, Ft. Lauderdale, FL
MARRIOTT HOTEL, South Beach, Miami, FL
WYNDHAM RESORT, South Beach, Miami, FL
10. COASTAL HOMES OF SOUTH FLORIDA, INC.
Contact: Sean Murphy 305-559-4900
DEERING BAY ESTATES, Coral Gables, FL
11. WPM CONSTRUCTION-Indiana
Contact: Terry Rogers 954-693-9952
RENAISSANCE HOTEL Plantation, FL
12. RADISSON HOTEL-Key West, FL
Replacement of Existing Pool
13. SMITHERS CONSTRUCTION, INC.
Contact: Jim Gulden 479-587-1099
SALT PONDS, Key West, FL
ISANDER RESORT, Islamorada, FL
14. VALLEY CREST, INC.
Contact: William Leathers 407-296-7100
GRAND LUCAYN PHASE I, Freeport, Bahamas
GRAND LUCAYN PHASE II, Freeport, Bahamas
TREASURE CAY RESORT, Abaco, Bahamas

15. WESTIN HOTELS & RESORT
Contact: Sharon Zamojski 954-602-8780
THE DIPLOMAT RESORT & SPA, Hollywood, FL

16. SEAWOOD BUILDERS-CATALFUMO CONSTRUCTION, INC.
Contact: Ed Masi 954-421-4200
TAMARAC AQUATIC FACILITY, Tamarac, FL,
CENTRAL BROWARD REGIONAL PARK
AQUATIC FACILITY, Ft. Lauderdale, FL
BROWARD COUNTY TY PARK
CAST AWAY ISLAND POOL, Hollywood, FL
AVENTURA MARINA ALL PHASES, Aventura, FL
THE CLUB AT HENDRICKS ISLE, Ft. Lauderdale, FL
HYATT PLACE, Miami Springs, FL
FLAGLER STATION RESIDENCE INN, Miami, FL
RESIDENCE INN DORAL, Doral FL
COMFORT SUITES, Dania Beach, FL

17. DICK CORPORATION CONSTRUCTION COMPANY
Contact: Ron Cortez 954-568-4633
JACKSON TOWERS, Ft. Lauderdale, FL

18. TURNER CONSTRUCTION, INC.-HOTEL DIVISION
Contact: Doug Colletti 786-621-9000
COURTYARD MARRIOT, Dadeland, FL

19. DiPompeo Construction Company –South Florida
Contact: John DiPompeo Jr. 954-917-5252
Broward School Board-Nova High School, Davie, FL
Broward School Board-Northeast High School, F. Lauderdale, FL
City of Coral Gable-Venetian Pool Renovation
CB SMITH PARK, Pembroke Pines, FL

20. WCI COMMUNITIES –South Florida
Contact:
OCEANSIDE CONDO, Pompano Beach, FL

21. KELLOGG & KIMSEY
Contact: Mike Milligan 941-927-7700
LA FITNESS POOL & SPA, Lake Worth, FL
LA FITNESS POOL & SPA, St. Petersburg, FL
LA FITNESS POOL & SPA, Lake Worth, FL
LA FITNESS POOL & SPA, Fort Lauderdale, FL

22. The School Board of Broward County
Contact: Mr. Gregory T. Boardman 754-321-1620
Nova High School, Davie, FL
Northeast High School, Oakland Park, FL
Fort Lauderdale High School, Ft. Lauderdale, FL 33301
23. U.S. NAVY
Contact: Anthony J. Chiello 305-293-2555
Naval Air Station, Key West, FL
A. Equipment Room Modification (2009)
B. VGB & DOH Pool Facility Compliance Report (2010)
C. Main Drain VGB Compliance retro Fit (2011)
24. JOHN MORIARTY & ASSOCIATES
Contact: John Grimaldi 954-658-2136
CORDOBA II Pool & Fountain-Doral, FL
APOGEE-Recreation Pool-Hollywood, FL
APOGEE-Roof Top Pool-Hollywood, FL
MY BRICKEL-Roof Top Pool/Spa-Miami, FL
25. OCEAN CLUB OF FLORIDA
Contact: Tim Haggas 561-290-9491
Beach Club Pool
A. Complete re-engineering of mechanical system
B. 100% Energy Star compliant equipment modification
C. Geo-thermal heating system installation
D. Saline Sanitization System
26. ST. ANDREWS CLUB-A1A Delray Beach, FL
Contact: Geoffrey Hume 561-266-5712
CLUB HOUSE POOL-New Construction (2008)
GEO-THERMAL HEATING SYSTEM (2010)
27. THE CITY OF BOCA RATON-Parks & Recreation
Contact: David Dovell 561-315-5032
RAQUET CLUB - Competition Pool Equipment Replacement
MEADOWS PARK – Equipment & Leak Repairs
28. THE CITY OF MIRAMAR Parks & Recreation
Contact: David BETANCOURT 786-525-9940
VIZCAYA PARK – Splash Pad
BUCCANEER PARK– Splash Pad

29. MIAMI-METRO DADE COUNTY - Parks & Recreation
Contact: Brantley Tate 786-518-5042
WESTWIND LAKES PARK – Splash pad & Wet Area Playground
WEST PERRINE AQUATIC FACILITY –Water play Activity Pool
WEST PERRINE AQUATIC FACILITY –Waterslide Pool
OAK GROVE PARK –Exercise and Activity Pool
OAK GROVE PARK –Splash Pad
30. MBR CONSTRUCTION - Parks & Recreation
Contact: Mike Boss 954-444-7141
STRANAHAN HIGH SCHOOL – Complete Pool Remodel
FLAMINGO PARK-SUNRISE –Splash Pad
WATERSEEDGE PARK –TAMARAC –Splash Pad
31. LUNACON CONSTRUCTION - Parks & Recreation
Contact: Javier Juarbe -787-405-6255
MIAMI SPRINGS AQUATIC FACILITU – Water Activity & Slide Pool
SOUTH DADE AQUATIC FACILITY –Water Activity & Slide Pool
32. WEST CONSTRUCTION
Contact: Matthew West -561-588-2027
CITY OF PARKLAND LIBERTY PARK – Water Park Splash Pad
NORWOOD PARK AQUATIC FACILITY – Pool Remodel
CURTIS PARK CITY OF MIAMI – New Community Center Pool
WELLEBY PARK CITY OF SUNRISE – Water Park Splash Pad

