



City of Forest Park  
Procurement

745 Forest Parkway, Forest Park, GA 30297

[BENSON LANDSCAPING & LAWN MAINTENANCE, LLC] RESPONSE DOCUMENT REPORT

RFQ No. 2025-RFQ-016

Outdoor Gun Range Project

RESPONSE DEADLINE: May 13, 2025 at 2:00 pm

Report Generated: Wednesday, June 4, 2025

Benson Landscaping & Lawn Maintenance, LLC Response

CONTACT INFORMATION

**Company:**

Benson Landscaping & Lawn Maintenance, LLC

**Email:**

patrick@bensonlawns.com

**Contact:**

Patrick Benson

**Address:**

Po Box 971  
Hampton, GA 30228

**Phone:**

(678) 272-6187

**Website:**

[www.bensonlawns.com](http://www.bensonlawns.com)

**Submission Date:**

May 10, 2025 2:01 PM (Eastern Time)

## ADDENDA CONFIRMATION

Addendum #1

*Confirmed May 6, 2025 12:49 PM by Patrick Benson*

Addendum #2

*Confirmed May 6, 2025 12:49 PM by Patrick Benson*

## QUESTIONNAIRE

**1. Are you a Forest Park, GA vendor?\***

*Pass*

Yes

**2. Reference Form\***

*Pass*

Please download the below documents, complete, and upload.

- [Reference Check Form.pdf](#)

Reference\_Check\_Form-2.pdf

**3. Illegal Immigration Reform and Enforcement Act Form\***

*Pass*

Please download the below documents, complete, and upload.

- [Illegal Immigration Reform ...](#)

Illegal\_Immigration\_Reform\_and\_Enforcement\_Act\_Forms.pdf

**4. Certificate of Liability Insurance - Minimum \$1M coverage \***

*Pass*

Please upload a certificate of liability insurance and list the City of Forest Park as a holder.

GL\_ACORD\_CityOfForestPark\_05\_08\_2025\_P100022892-2719389303256.PDF

**PRICE TABLES**

**PRICING TABLE**

The City reserves the right to award by line item or total lump sum.

Line Item	Description	Unit of Measure	Unit Cost
1	Relocation of existing Dirt Berm to the new designated area, per the SOW and pictures provided.	Lump Sum	\$56,000.00
2	Removal of existing chain link fence and trees located in the relocation areas for the Dirt Berm, per the SOW and pictures provided.	Lump Sum	\$23,800.00
3	Removal of existing interior chain link fence located in the parking area for the installation of a L-shaped barrier wall, per SOW and pictures provided.	Lump Sum	\$9,550.00
4	Installation of a L-shaped Barrier Wall, per SOW and pictures provided.	Lump Sum	\$24,880.00

## Reference Form and Reference Check Release Statement

**List below at least three (3) references, including company name, contract period, contact name, email address, telephone numbers and project name of individuals who can verify your experience and ability to perform the type of service listed in the solicitation.**

<b>Company Name</b> TCI All Services	<b>Contract Period</b>
<b>Contact Person Name and Title</b> Waylon Tillman	<b>Telephone Number (include area code)</b> 770-714-3266
<b>Email Address</b> tcisiteservices@gmail.com	
<b>Project Name</b> AT&T Dirt Haul	

<b>Company Name</b> S&L Contractors	<b>Contract Period</b>
<b>Contact Person Name and Title</b> Shawn Hendricks	<b>Telephone Number (include area code)</b> 770-826-3436
<b>Email Address</b> celsenterprisellc@gmail.com	
<b>Project Name</b> Publix Dirt Haul	

<b>Company Name</b> RL Carriers	<b>Contract Period</b>
<b>Contact Person Name and Title</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	<b>Telephone Number (include area code)</b> (800) 543-5589
<b>Email Address</b> facilities@rlcarriers.com	
<b>Project Name</b> Rock Install	

## REFERENCE CHECK RELEASE STATEMENT

**You are authorized to contact the references provided above for purposes of this RFQ.**

**Signed** Patrick Benson **Title** Owner  
**(Authorized Signature of Proposer)**

**Company Name** Benson Landscaping **Date** 5-06-2025

**INSTRUCTIONS TO OFFERORS:**

**All Offerors must comply with the Illegal Immigration Reform and Enforcement Act, O.C.G.A. §13-10-90, et seq. (IIREA).** IIREA was formerly known as the Georgia Security and Immigration Compliance Act or GSICA. Offerors must familiarize themselves with IIREA and are solely responsible for ensuring compliance. Offerors must not rely on these instructions for that purpose. The instructions are offered only as a convenience to assist Offerors in complying with the requirements of the City's procurement process and the terms of this solicitation document.

1. The attached Contractor Affidavit (Form 1) must be filled out COMPLETELY and submitted with the RFB.
2. The Contractor Affidavit must contain an active Federal Work Authorization User ID Number, also known as an E-Verify Company ID Number or E-Verify Number, and Date of Authorization (mm/dd/yyyy). **Please Note: The E-Verify Company ID Number is not a Tax ID Number, Social Security Number or formal contract number.**
3. If the Offeror is a Joint Venture and the Joint Venture has an EIN, one Contractor Affidavit must be completed by the Joint Venture and it must include the E-Verify Company ID Number issued to the Joint Venture. Each business participating in the Joint Venture does not need to submit a separate Contractor Affidavit.
4. If the Offeror is a Joint Venture and the Joint Venture does not have an EIN, each business participating in the Joint Venture must complete and submit its own Contractor Affidavit. The Contractor Affidavit must include the participating business's E-Verify Company ID Number.
5. All Contractor Affidavits must be executed by an authorized representative of the entity named in the Affidavit.
6. **All Contractor Affidavits must be sworn, signed and dated in the physical presence of a notary public. The signature dates for both the authorized representative and notary public must be the same.**
7. \*Subcontractor and sub-subcontractor affidavits are not required at the time of RFB submission but will be required at contract execution phase or in accordance with the timelines set forth in IIREA.
8. **Offeror's failure to comply with the above instructions may result in the Offeror being deemed non-responsive.**

<sup>1</sup> O.C.G.A. § 13-10-91, as amended

**Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)**

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A. § 13-

10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows: **(a)** the Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program; **(b)** the Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof; **(c)** the Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof; **(d)** the Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract; **(e)** the Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c); **(f)** the Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and **(g)** Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

2685607

Federal Work Authorization User Identification Number Date of Authorization (mm/dd/yyyy)

Benson Landscaping & Lawn Maintenance,

LLC

Name of Contractor (Legal Name of Offeror)

Name of Project/Solicitation Number

Benson Landscaping

Name of Public Employer

**I hereby declare under penalty of perjury that the foregoing is true and correct.**

Executed on 05, 06, 20<sup>2</sup><sub>5</sub> in Hampton (City), GA (State).

Cherish Benson

Signature of Authorized Officer or Agent

Cherish Benson Office manager

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE DAY OF ,20.

NOTARY PUBLIC

My Commission Expires:

***\*The signature dates for both the authorized representative and notary public must be the same.***

**Required Submittal (FORM 2b)**

**Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)**

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm, or corporation which is engaged in the physical performance of services under a contract with (name of contractor) on behalf of (name of public employer) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five (5) business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number    Date of Authorization (*mm/dd/yyyy*)

\_\_\_\_\_  
Name of Subcontractor (*Legal Name*)

\_\_\_\_\_  
Name of Project/Solicitation Number

\_\_\_\_\_  
Name of Public Employer

**I hereby declare under penalty of perjury that the foregoing is true and correct.**

Executed on \_\_\_\_\_, \_\_\_, 20\_\_ in \_\_\_\_\_(City), \_\_\_\_\_(State).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

***\*The signature dates for both the authorized representative and notary public must be the same.***



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/08/2025

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> Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> (888) 202-3007 <b>E-MAIL ADDRESS:</b> contact@hiscox.com <b>FAX (A/C. No):</b>
<b>INSURED</b> Benson Landscaping and Lawn Maintenance LLC Po Box 971 HAMPTON, GA 30228	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hiscox Insurance Company Inc <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 10200

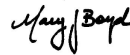
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			P100.022.892.8	01/02/2025	01/02/2026	EACH OCCURRENCE \$ 2,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 2,000,000				
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ S/T Gen. 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> <b>EXCESS LIAB</b> DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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**

City Of Forest Park	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 

© 1988-2015 ACORD CORPORATION. All rights reserved.