

PROPOSAL FORM

ORIGINAL

BID NO. 2023-01, Public Works Compound Phase 2

City's Designated Representative (regarding this Bid Package): Kim Thomas, Executive Assistant, at (904) 297-7500 ext. 3320 or kthomas@greencovesprings.com.

The undersigned, hereinafter called the Bidder, declares that the only persons or parties interested in this Bid are those named herein, that this Bid is, in all respects, fair and without fraud, that it is made without collusion with any official of the City of Green Cove Springs, and that the Bid is made without any connection or collusion with any person submitting another Bid for the requested item(s).

Bidder declares and accepts the responsibility for providing the City with all relevant documentation or information to afford the evaluation of their proposal. Further, Bidder understands and accepts that the City reserves the right to base its analysis and award recommendation solely upon the information provided by the Bidder at the time of the bid opening. Additional request for explanations or information shall not be made unless the City deems that such requirements are necessary to facilitate in the evaluation and/or selection of the lowest responsive and responsible bid.

Bidder declares that any deviations are explained on the sheet labeled "Clarifications and Exceptions" and is enclosed within this bid package.

BIDDER: Thomas May Construction Company

ADDRESS: 310 College Drive

Orange Park, Florida 32065

Bidder's Representative (authorized to bind the Bidder and/or Business/Company to the terms, Specifications, and proposed prices of the bid):

Keith R. Ward President (904) 272-4808

(Name) (Title) (Phone Number)

Bidder's Signature: 

ADDENDA

The Bidder hereby acknowledges receipt of Addenda No. 1, 2, 3 pertaining to Bid No. 2023-01.

Thomas May Construction Company

PRICES SET FORTH ARE FIRM FOR A PERIOD OF 60 DAYS AFTER BID OPENING AND ARE NOT SUBJECT TO PRICE ADJUSTMENT. BIDDERS RESPONDING AGREE TO ALL CONDITIONS, SPECIFICATIONS AND TERMS AS DESCRIBED IN THE BID DOCUMENTS.

BIDDERS RESPONDING AGREE TO ALL CONDITIONS, SPECIFICATIONS AND TERMS AS DESCRIBED IN THESE BID DOCUMENTS.

*REFER TO THE **SPECIAL INSTRUCTIONS** OF THE BIDDING DOCUMENTS TO VERIFY THE CORRECT METHOD TO COMPLETING THIS FORM.

Please Use Provided Table

Bid Price	
Base Bid Lump Sum Price (labor, materials, equipment, taxes, freight, etc.)	\$ <u>710,450.00</u> SEVEN HUNDRED TEN THOUSAND, FOUR HUNDRED & FIFTY DOLLARS AND ZERO CENTS
Sliding Gate Allowance:	\$ <u>15,000.00</u> FIFTEEN THOUSAND DOLLARS AND ZERO CENTS
TOTAL BID (ITEM A + ITEM B):	\$ <u>725,450.00</u> SEVEN HUNDRED TWENTY-FIVE THOUSAND, FOUR HUNDRED & FIFTY DOLLARS AND ZERO CENTS

TITLE: Public Works Compound Phase 2

CLARIFICATIONS AND EXCEPTIONS

Bidder hereby agrees that the material, equipment or service offered will meet all the requirements of the specifications in this bid unless deviations from them are clearly indicated on this form below. An authorized representative must sign the Clarifications and Exceptions Form. An explanation must be made for each item in which an exception is taken, giving in detail the extent of the exception and the reason for which it is taken.


Vendor/Contractor Signature Keith R. Ward 03/09/2023
Date

Thomas May Construction Company

Non-Bidder's Response

Should for any reason the vendor/contractor receiving this Bid Invitation package decline to make a proposal please assist us by completing the information requested below and returning it to:

City Hall
Attn: Kim Thomas
321 Walnut Street
Green Cove Springs, FL 32043

Please be sure "**NO BID**" and **Bid No 2023-01**, clearly shown on the package of this Bid Invitation are clearly shown on the outside of the envelope.

We are not responding to this Bid Invitation for the following reason(s).

1. We do not provide the nature of products or services requested in this bid. _____
2. We are unable to meet the Specifications requested in the bid. _____
3. We are unable to comply with other terms of this Bid Invitation. _____
*Please provide details: _____

N/A

4. The bid was too restrictive. _____
5. The bid was not sufficiently clear. _____

Other comments: _____

Vendor/Contractor: _____

Address: _____

Phone: _____

THOMAS MAY CONSTRUCTION COMPANY

AFFIRMATIVE ACTION PLAN

POLICY STATEMENT

It is the policy of Thomas May Construction Company that disadvantaged businesses shall have the maximum opportunity to participate as subcontractors and suppliers on all contracts awarded by the City of Green Cove Springs.

All applicable federal, state and local laws and regulations, including but not limited to the Executive Order 11246 and its amendments including 11375 and 12086; the Rehabilitation Act of 1973; the Vietnam Era Veterans Readjustment Assistance Act of 1975; Title IX of the Education Amendments of 1972; Civil Rights Act of 1964; Equal Pay Act of 1963; Age Discrimination Act of 1975; Immigration Reform and Control Act of 1986; Public Law 95-507; the Americans with Disabilities Act; 41 CFR Part 60 and any additions or amendments, shall apply to all contracts entered into between the City of Green Cove Springs and Thomas May Construction Company. Subcontractors and/or suppliers to the Thomas May Construction Company will also be bound by these requirements.

Thomas May Construction Company, and its subcontractors shall take all necessary and reasonable steps in accordance with Executive Orders 11246 and 11375, to ensure that disadvantaged businesses have the maximum opportunity to compete and perform work contracted with the City of Green Cove Springs.

Thomas May Construction Company, and its subcontractors shall not discriminate on the basis of race, color, religion, national origin, handicap, or sex in the administration of the contracts with the City of Green Cove Springs. Such action will include, but will not be limited to the following:

employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff, or termination; rates of pay or other forms of compensation. Our company agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this non-discrimination clause.

Implementing our Affirmative Action Plan will satisfy compliance with the above requirements.

Thomas May Construction Company has appointed an Equal Employment Opportunity (EEO) Officer to develop, implement, and monitor our Affirmative Action Plan. The EEO Officer will be responsible for disseminating this policy statement throughout our Construction Company and to disadvantaged controlled businesses. The EEO Officer shall report all data to a designated Liaison Officer. The Liaison Officer will submit all records, reports and documents required, and shall maintain such records for a period not less than three years, or as directed by any specific contractual requirement.

The following individuals have been assigned as the Equal Employment Opportunity Officer and Liaison Officer for our company, with the responsibility for implementing the Company's affirmative action program in accordance with all requirements

Equal Employment Opportunity Officer
Keith R. Ward
President
310 College Drive
Orange Park, Florida 32065

Liaison Officer
Brenda Rau
Office Administrator
310 College Drive
Orange Park, Florida 32065

I. DESIGNATION OF EQUAL EMPLOYMENT OPPORTUNITY OFFICER

Thomas May Construction Company will aggressively recruit disadvantaged businesses as subcontractors and suppliers for all contracts with the City of Green Cove Springs. The company has appointed an EEO Officer to develop and maintain this Affirmative Action Plan in accordance with the requirements of Executive Orders 11246 and 11375.

- A. The EEO Officer will have primary responsibility for developing, maintaining, and monitoring the company's utilization of disadvantaged subcontractors.
- B. The EEO Officer shall aggressively solicit bids from disadvantaged business subcontractors for all City of Green Cove Springs contracts.
- C. The EEO Officer shall abide by all applicable laws and regulations governing hiring practices. He shall comply with all requirements of Section Three of the Housing and Urban Development Act of 1968.
- D. The EEO Officer shall target the project area for the purpose of job training and employment.
- E. The EEO Officer shall solicit business concerns from the area including the entire Clay County region, for the purposes of awarding contracts.
- F. The EEO Officer shall secure the cooperation and compliance of contractors, subcontractors, and Unions in implementing this affirmative action plan.

II. DESIGNATION OF LIAISON OFFICER

- A. The Liaison Officer will submit all records, reports, and documents required by the department, and shall maintain such records for a period not less than three years, or as directed by any specific contractual requirement of the department.
- B. The Liaison Officer shall implement all approved recommendations given by the EEO Officer.

III. AFFIRMATIVE ACTION METHODS

In order to formulate a realistic Affirmative Action Plan, Thomas May Construction Company has identified the following known barriers for participation by disadvantaged subcontractors, before describing its proposed affirmative action methods.

- A. Lack of qualified disadvantaged subcontractors in our specific geographical areas of work.
- B. Lack of certified disadvantaged subcontractors who seek to perform Clay County work.
- C. Lack of interest in performing Clay County work.
- D. Lack of response when requested to bid.
- E. Limited knowledge of the City of Green Cove Springs plans and specifications to prepare a responsible bid.

In view of the barriers to disadvantaged businesses stated above, it shall be the policy of the Thomas May Construction Company to provide maximum opportunity by utilizing the following affirmative action methods to ensure participation on contracts with the City of Green Cove Springs. Thomas May Construction Company shall:

- A. Provide written notice including, but not limited to our Invitation to Bid form, to a reasonable number of specific DBE subcontractors in all areas of work to be subcontracted by the company.
- B. Advertise requirements in minority focused media including, but not limited to, community organizations, public and private institutions, YMCA, YWCA, Chamber of Commerce, and other associations, concerning subcontract and employment opportunities with the company.
- C. Select portions of the work to be performed by DBE's in order to increase the likelihood of meeting contract goals (including, where appropriate, breaking down contracts into economically feasible units to facilitate DBE participation).
- D. Provide adequate information about the plans, specifications, and requirements of the contract, not rejecting subcontractors without sound reasons based on a thorough investigation of their capabilities.
- E. Waive requirements of performance bonds where it is practical to do so.
- F. Attend pre-bid meetings to apprise disadvantaged subcontractors of opportunities with the company.
- G. Follow up on initial solicitations of interest to DBE contractors to

determine with certainty whether the company is interested in the subcontract opportunity.

- H. Continue on-the-job training with new hires and/or participation in training programs for the area (NEFBA Apprenticeship Program), which include minorities and women.
- I. Encourage current minority and female employees to recruit other minority personnel.

Thomas May Construction Company understands that this list of affirmative action methods are not exhaustive and will include additional approaches after having established familiarity with the disadvantaged subcontracting community and/or determined the stated approaches to be ineffective.

IV. IMPLEMENTATION

On contracts with specific DBE goals, Thomas May Construction Company will make every effort to meet contract goals as stated by utilizing its affirmative action methods. On projects with no specific goals, the company will, as an expression of good faith, seek to utilize DBE subcontractors where work is to be subcontracted.

V. REPORTING

The Thomas May Construction Company shall keep and maintain such records as are necessary to determine the company's compliance with its Affirmative Action Plan.

The company will design and maintain its record keeping system to indicate:

- A. The number of DBE subcontractors and suppliers used by the company, identifying the items of work, materials and services provided.
- B. The efforts and progress being made in obtaining DBE subcontractors through local and community sources.
- C. Documentation of all contracts, to include correspondence, telephone calls, newspaper advertisements, etc., to obtain DBE participation on all City of Green Cove Springs Projects.

Thomas May Construction Company shall maintain its current Equal Employment Opportunity records including, but not limited to:

- A. Log of Applicants
- B. New Hire Listing
- C. New Hire Veterans Listing
- D. Minority Listing

- E. Workforce Roster
- F. Terminated Employee Listing

**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 OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to The City Of Green Cove Springs
(print name of the public entity)
by Keith R. Ward, President
(print individual's name and title)
for Thomas May Construction Company
(print name of entity submitting sworn statement)
whose business address is 310 College Drive
Orange Park, Florida 32065

and (if applicable) its Federal Employer Identification Number (FEIN) is 59-2520445
(If the entity has no FEIN, include the Social Security Number of the Individual signing this sworn statement: N/A.)

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 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 or any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
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 jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as described in paragraph 287.133(1)(a), Florida Statute, 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 affiliate.
 - c. 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.

d. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **Indicate which statement**

X applies:

-----Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any 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.

_____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 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 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THOROUGH 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.

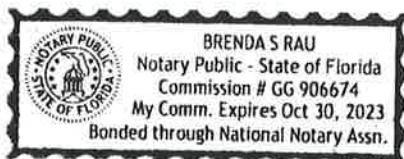

Signature **Keith R. Ward**

Sworn to and subscribed before me this 2nd day of March, 20 23

Personally know: X Title: President

OR produced identification _____ Notary Public -State of Florida

N/A My commission expires October 30, 2023
(Type of identification)




Printed typed or stamped commissioned name of notary pu
Brenda S. Rau

Thomas May Construction Company

DRUG-FREE WORKPLACE COMPLIANCE FORM

In order to have a drug-free workplace program, a business shall abide as follows:

The undersigned vendor/contractor in accordance with Florida Statue 287.087 hereby certifies that Thomas May Construction Co. (name of business) does:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the company's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees or drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in item 1, above.
4. In the statement specified in item 1, notify the employees that as a condition of working on the commodities or contractual services which are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to any violation of Chapter 1893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require 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 convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that,

Keith R. Ward President

Thomas May Construction Company (name of business), fully
complies/does not comply with the above requirements.


Vendor/Contractor Signature Keith R. Ward

03/09/2023

Date

REFERENCES

Thomas May

The following are client/customer references for whom **Construction Company** (Bidder) has provided products and/or services within the past year similar to those requested in this Bid Invitation. The City of Green Cove Springs may contact the listed references to request such information as it may deem appropriate relative to our company's and its representative's services, professionalism, integrity, reputation, competency and charges. We encourage these references to use complete candor in providing such information to the City of Green Cove Springs to use in its evaluation of our proposal.

Client/Customer	E- Mail Address	Phone No.	Contact Person
St. Johns Co. Board of Co. Commissioners	plaw@sjcfl.us	(904) 209-0417	Pat Law
City of St Augustine Beach	btredik@cityofsab.org	(904) 471-1119	William J. Tredik
City of Fernandina Beach	cgeorge@fbfl.org	(904) 310-3421	Charles George
Nassau County School Board	bunchje@nassau.k12.fl.us	(904) 225-5343	Jeffrey L. Bunch
Clay County School Board	david.kramer@myoneclay.net	(904) 336-6849	David Kramer

Additional References & Experience on Attached Spreadsheets per Item "D" in Bid Evaluation List

Below are names, addresses, phone numbers and contact persons (if applicable) of professional or trade association (or similar organization) in which we are a member in good standing. The City of Green Cove Springs is encouraged to verify out status with the following.

Northeast Florida Builders Association
6747 Southpoint Pkwy., Jacksonville, FL. 32216 **Jessie Spradley (904) 294-0213**

Clay County Development Authority
1845 Town Center Blvd. #410, Fleming Island, FL. 32003 **Josh Cockrell (803) 917-2420**

Thomas May Construction Company

Submitting Respondent

 **03/09/2023**
 Signature Keith R. Ward Date



310 College Drive
Orange Park, Florida 32065
(904) 272-4808
Fax (904) 272-4957

GENERAL CONTRACTOR
CGC027983 & CGC1530108
ROOFING CONTRACTOR
CCC1333915

ADDITIONAL QUALIFICATION REQUIREMENTS

REFERENCE LIST

Per your specifications for the enclosed bid, we are including references from projects completed.

Point of Contact	Contact Numbers	Projects
Phyllis Thorpe St. Johns County 2750 Industry Center Road St. Augustine, FL. 32084	(904) 209-0150 (904) 209-0151 Fax pthorpe@sjcfl.us	West Augustine New Community Center District Park, Offices, Olympic-size Pool St. Augustine Amphitheatre & Arboretum NW Annex Tax Office Renovation Open-Sided Pole Barns Multiple Locations
Dean Scott R. Dean Scott, Architect 126 West Adams St. #602 Jacksonville, FL. 32202	(904) 598-0072 (904) 598-0450 Fax dscott@rdeanscott.com	Hibernia Baptist Church Sanctuary, Kirkland Residence Smart House & Handicapped-Accessible Pool Park Av. Dermatology
Jeffery Marks Clay Co. School Board 900 Walnut St. Green Cove Springs, FL. 32043	(904) 336-6821 (904) 336-6522 Fax Jeffery.marks@myoneclay.net	Fleming Island High AICE Testing Facility Coppergate New Elementary School "V" CCSD Operations Building 1 West End Renovation Clay Co Schools District Office Renovation Clay Co Schools Re-Roof Portables County-wide CCSD Front Entrance Security Control Access County-wide
Scott Augustine St Johns County Board of County Commissioners	(904) 209-0107 (904) 209-0109 Fax saugustine@sjcfl.us	SJC Mussallem Beachfront Parking Phase 2 SJC Fire Rescue Administration Building Fence Installation SJC Doug Crane Park Dock & Parking Lot/Sitework SJC Ocean Hammock Phase II Parking Lot/Sitework
Jeffrey Bunch Nassau Co. School Board 86334 Goodbread Rd. Yulee, FL. 32097	(904) 225-5343 (904) 225-0094 Fax bunchje@nassau.k12.fl.us	Fernandina Beach Middle School Remodel Yulee Primary School Yulee Elementary School Callahan Intermediate School Multiple Sitework Projects New Wildlight Elementary Phase I & Phase II Addition Yulee Middle School Addition
William Hagan Hagan Ace Hardware	(904) 272-1414 (904) 272-1939 Fax bhagan@haganace.com	Hagan Ace Hardware of MacClenny Hagan Ace Hardware - Mandarin Hagan Ace Hardware - Orange Park Remodel Hagan Ace Hardware - St. Augustine
Dave Loper Clay Electric Cooperative, Inc. P.O. Box 308 Keystone Heights, FL. 32656	(352) 473-8000 (352) 473-1361 dloper@clayelectric.com	Clay Electric New Headquarters Clay Electric Call Center Clay Electric Access Control at Card Reader Stations

ITEM "D"

EVIDENCE OF JOB EXPERIENCE

GC Division

Owner	Project	Point of Contact Information	Contract Price	Dates of Project	% of Work by TMC
Challenge Enterprises of North Florida	Challenge Enterprises Office Suite Renovations	Fisher / Koppenhafer, P.A. (907) 367-0077 Kope@fkaid.com	\$475,430 \$547,394 Owner Change Orders & Direct Purchases	03/05/2020 11/01/2020	34%
Slate Real Estate	Slate Real Estate Tenant Build-out Durbin Pavilion Drive #101 Duval County	Brian Boatright Architect (904) 413-8028	\$261,025 \$278,352 Owner Change Orders	04/08/2021 08/19/2021	23%
Nassau County School Board	Yulee Middle School Classroom Addition to Existing School	Dean Scott - Architect (904) 598-0072 Jeffrey Bunch - Nassau County bunchje@nassau.k12.fl.us	\$9,463,900 \$7,353,797 Direct Purchase Project	09/06/2021 02/28/2023	16%
School District of Clay County	Orange Park High School Front Entrance Renovation Orange Park, FL.	Erik Kasper - Architect (904) 683-9201 Jeffery Marks - Clay County (904) 336-6821 Jeffery.marks@myoneclay.net	\$999,619 \$1,303,279 Owner Change Orders	06/01/2022 01/10/2023	24%
School District of Clay County	Orange Park High School Stadium Renovation Orange Park, FL.	Erik Kasper - Architect (904) 683-9201 Jeffery Marks - Clay County (904) 336-6821 Jeffery.marks@myoneclay.net	\$2,438,722 \$2,447,390 Owner Change Orders	07/07/2022 04/06/2023	12%
School District of Clay County	Ridgeview High School Restroom Renovations Buildings #5, #6 & #7	Kasper Architects Erik Kasper (904) 683-9201	\$383,500 \$396,325 Owner Change Orders	05/19/2022 09/09/2022	26%
City of Fernandina Beach County	Amelia River Waterfront Stabilization Project Parking Lots C & D Fernandina Beach	Charles George City Engineer (904) 310-3421	\$2,435,584 \$2,468,944 Owner Change Orders	08/21/2021 05/31/2022	8%
St. Johns County Board of County Commissioners	Construction of (8) Pole Barns in Multiple Locations in St. Johns County	Phyllis Thorpe - Project Manager (904) 209-0150	\$72,000 Task Order #26	03/16/2021 04/07/2021	12%
St. Johns County Board of County Commissioners	Mussallem Beach Park Parking Lot Construction	Scott Augustine - Project Manager (904) 484-4101 saugustine@sjcfl.us	\$200,000 \$203,113 Task Order #39	05/18/2022 09/23/2022	15%
School District of Clay County	Coppergate Elementary School Control Booth (Sound Booth) Remodel	Jeffery Marks - Clay County (904) 336-6821 Jeffery.marks@myoneclay.net	\$75,000	12/03/2021 02/28/2022	34%
Nassau County School Board	Wildlight Elementary School Phase II Classroom Building Addition	R. Dean Scott, Architect, Inc. (904) 598-0072	\$6,197,000 \$4,879,874 Direct Purchase Project	08/03/2020 10/31/2021	11%

EVIDENCE OF JOB EXPERIENCE

Owner	Project	Point of Contact Information	Contract Price	Dates of Project	% of Work by TMC
St. Johns County Board of County Commissioners	St. Johns County Fire Rescue Administration Building Fencing	Patrick Law - Project Manager plaw@sjcfl.us	\$199,746	05/12/2022 09/07/2022	11%
Duval County Public Schools	Wolfson High School #224 Field Houses Renovations & Additions	Bhide & Hall Architects, Inc. (904) 264-1919	\$416,462 \$413,088	06/10/2020 04/29/2021	30%
St. Johns County Board of County Commissioners	SJC Building Services Renovations & Acoustical Panels Permit Center	Patrick Law - Project Manager plaw@sjcfl.us	\$124,300 \$127,770 Task Order #25	08/24/2020 03/10/2021	29%
Nassau County Board of County Commissioners	Nassau County Animal Services Cattery Addition	Gillette & Associates (904) 261-8819	\$227,650	05/26/2020 11/11/2020	36%
School District of Clay County	Clay County School Board District Office Operations Building #1 West End Renovation & Remodel	Brian Boatright Architect (904) 413-8028	\$199,500 \$226,112 Owner Change Orders	07/16/2020 11/25/2020	40%
Nassau County School Board	Callahan Intermediate School Parent Pickup Lane Extension	Mittauer & Associates (904) 278-0030	\$548,000 \$705,220 Owner Change Orders	06/01/2020 08/21/2020	27%
Nassau County School Board	Callahan Intermediate School Emergency Repairs Phase II	Jeffrey Bunch - Project Manager (904) 225-5343 bunchje@nassau.k12.fl.us	\$459,025 \$466,525 Owner Change Orders	04/06/2020 06/04/2020	15%
Nassau County School Board	Callahan Intermediate School Emergency Storm Drain & Asphalt Pavement Repairs	Jeffrey Bunch - Project Manager (904) 225-5343 bunchje@nassau.k12.fl.us	\$236,540 \$243,115	03/04/2020 04/02/2020	31%

ITEM "D" EVIDENCE OF EXPERIENCE

THOMAS MAY CONSTRUCTION COMPANY

Additional Completed Construction Projects in 2021

Orange Park High School Ceiling / Lighting Cafeteria 2300 Kingsley Avenue Orange Park, FL. 32073	Clay County School District 915 Walnut Street Green Cove Springs, FL 32043 Bryce Ellis /Michael Kemp 904-336-6850	Jeffery Marks Project Manager Facilities 904-336-6850 jeffery.marks@myoneclay.net	\$143,412 Continuing Services Contract Task Order #20/21-01 Master #18-MCC-THO-09215	11/02/21 11/16/21
Fernandina Beach High School Pirates Baseball Exercise Room 435 Citrona Drive Fernandina Beach, FL. 32034	Nassau County School Board 1201 Atlantic Avenue Fernandina Beach, FL. 32034 Jeffrey Bunch bunchje@nassau.k12.fl.us	Jeffrey Bunch - Director of Facilities NCSB 904-225-5343 bunchje@nassau.k12.fl.us	\$121,860 Continuing Services Contract	09/10/21 12/15/21
Orange Park Sheriff Substation Retrofit 212 Blanding Blvd. Orange Park, FL. 32073 Hurricane Wind Retrofit	Clay County Board of County Commissioners 477 Houston Street Green Cove Springs, FL. 32043	Alyssa Hamilton Purchasing 904-278-3766	\$233,120 Competitive Bid Change Order for Damaged Wood Replacement	09/02/21 12/21/21
Yulee Middle School Four (4) Buildings Roofing Under BBG Contracting 85439 Miner Road Yulee, FL. 32097	BBG Contracting Group, Inc. 10562 New Kings Road Jacksonville, FL. 32219	Blake McCrea 904-766-5800 Jeffrey Bunch - Director of Facilities NCSB 904-225-5343	\$86,077 Competitive Bid as Sub One Change Order Replace Damaged Wood	09/15/21 10/13/21
Orange Park High School Building #12 Shop Ceiling Insulation Repairs / Renovations 2300 Kingsley Avenue Orange Park, FL. 32073	Clay County School District 915 Walnut Street Green Cove Springs, FL 32043 Bryce Ellis /Michael Kemp 904-336-6850	Jeffery Marks Project Manager Facilities 904-336-6850	\$114,750 Continuing Services Contract Task Order #20/21-01 Master #18-MCC-THO-09215	09/16/21 10/30/21
Clay County School District Re-Roofing 37 Portable Classrooms and Misc. Buildings County-Wide 900 Walnut Street Green Cove Springs, FL. 32043	Clay County School District 915 Walnut Street Green Cove Springs, FL 32043 Bryce Ellis /Michael Kemp 904-336-6850	Mike Griffiths Project Manager Facilities 904-336-6850 Phil Hans 904-336-6835 Dir of Maintenance	\$147,733 Hard Bid #18-MA-315 3 Change Orders For Damaged Wood	02/19/21 09/29/21

ITEM "D" EVIDENCE OF EXPERIENCE

THOMAS MAY CONSTRUCTION COMPANY

Additional Completed Construction Projects in 2021

Clay County School District Security Entrance Access Control 900 Walnut Street Green Cove Springs, FL. 32043 Wilkinson Elem, Lake Asbury Jr High, Lake Asbury Elem, GCS Jr High, Clay Hill Elem, Keystone Heights Elementary Renovation to 6 Existing Structures	Clay County School District 915 Walnut Street Green Cove Springs, FL 32043 Bryce Ellis/Michael Kemp 904-336-6850	Jeffery Marks Project Manager Facilities 904-336-6850	\$10,550 \$29,350 \$9,295 \$9,350 \$8,620 \$13,895 Contractor Continuing Services Agreement Master# 18-MCC-THO-09215	Varied per Campus Varied per Campus
Clay County School District District Operations Building #1 Roofing 925 Center Street Green Cove Springs, FL. 32043	Clay County School District 915 Walnut Street Green Cove Springs, FL 32043 Bryce Ellis/Michael Kemp 904-336-6850	Jeffery Marks Project Manager Facilities 904-336-6850	\$54,500 Task Order #c-27-20/21 Contractor Continuing Services Agreement Master #18-MA-315	05/24/21 06/10/21
Clay County School District Security Entrance Access Control 900 Walnut Street Green Cove Springs, FL. 32043 Fleming Island High, Fleming Island Elem, Thunderbolt Elem, Coppergate Elem, Rideout Elem, Swimming Pen Creek Elem, Paterson Elementary Renovation to 7 Existing Structures	Clay County School District 915 Walnut Street Green Cove Springs, FL 32043 Bryce Ellis/Michael Kemp 904-336-6850	Jeffery Marks Project Manager Facilities 904-336-6850	\$20,580 \$14,930 \$18,500 \$13,740 \$13,525 \$21,050 \$12,610 Contractor Continuing Services Agreement Master# 18-MCC-THO-09215	Varied per Campus Varied per Campus
Springcrest Elementary School 1419 Walker Av. SW Live Oak, FL. 32064 Construction of a Covered Play Area	Suwannee County School Board 1740 Ohio Avenue South Live Oak, FL. 32064	Ethan Butts - Director of Facilities 386-249-1178	\$69,250 Bid #21-202 No Change Orders	04/13/21 06/07/21
Clay County School District Security Entrance Access Control 900 Walnut Street Green Cove Springs, FL. 32043 Orange Park Jr High, Lakeside Jr High, Clay High, Montclair Elem, CE Bennett Elm Keystone High, Doctors Inlet Elem, Bannerman Learning Center Renovation to Existing Structure	Clay County School District 915 Walnut Street Green Cove Springs, FL 32043 Bryce Ellis/Michael Kemp 904-336-6850	Jeffery Marks Project Manager Facilities 904-336-6850	\$83,550 \$83,245 \$102,936 \$112,850 \$108,650 \$146,000 \$110,650 \$111,250 Contractor Continuing Services Agreement Master# 18-MCC-THO-09215	Varied per Campus Varied per Campus

ITEM "D" EVIDENCE OF EXPERIENCE

THOMAS MAY CONSTRUCTION COMPANY

Additional Completed Construction Projects in 2021

Slate Real Estate Tenant Build-Out 45 Durbin Pavilion Dr., #101 Jacksonville, FL. 32259 Interior Build-out	Cole Slate Durbin Park Pavilion, LLC 1301 Riverplace Blvd. #1900 Jacksonville, FL. 32207	Brian Boatright - Architect 904-413-8028	\$278,002 Negotiated Contract Owner Change Orders - Additions	04/08/21 08/19/21
St. Johns County Construction of Eight (8) Pole Barns in Various Locations Throughout County	St. Johns County Purchasing Board of County Commissioners 500 San Sebastian View St. Augustine, FL. 32084	Phyllis Thorpe 904-209-0150	\$72,000 Continuing Services Task Order #26	03/16/21 04/07/21
St. Johns County Construction of Sidewalks & ADA Parking at Butler Park East 5860 A1A South, St. Augustine, FL. 32080	St. Johns County Purchasing Board of County Commissioners 500 San Sebastian View St. Augustine, FL. 32084	Phyllis Thorpe 904-209-0150	\$68,950 Continuing Services Task Order #27 No Change Orders	02/22/21 03/22/21
St. Johns County Remodel Existing Restrooms/Changing Rooms at Butler Park East 5860 A1A South, St. Augustine, FL. 32080	St. Johns County Purchasing Board of County Commissioners 500 San Sebastian View St. Augustine, FL. 32084	Phyllis Thorpe 904-209-0150	\$79,905 Continuing Services Task Order #28 One Change Order	03/04/21 05/19/21
Tower Hill Insurance Building Roofing 1479 SW 74th Dr. Gainesville, FL 32607 Concept Co Headquarters Roofing 1449 SW 74th Dr. Gainesville, FL. 32607	Theory Construction 3324 University Ave., PMB 151 Gainesville, FL. 32607	Todd Higgins - Project Manager 352-333-3233	\$42,336 \$40,395 Competitive Bid One Change Orders Add Flashing	03/29/21 05/17/21 06/14/21 08/17/21
Yulee Middle School Four (4) Buildings Roofing Under BBG Contracting 85439 Miner Road Yulee, FL. 32097	BBG Contracting Group, Inc. 10562 New Kings Road Jacksonville, FL. 32219	Blake McCrea 904-766-5800 Jeffrey Bunch - Director of Facilities NCSB 904-225-5343	\$177,623 Competitive Bid One Change Order Replace Damaged Wood	06/21/21 08/01/21

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. Thomas May Construction Company		
2 Business name/disregarded entity name, if different from above		
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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► 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. <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. 310 College Drive	Requester's name and address (optional)	
6 City, state, and ZIP code Orange Park, Florida 32065		
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								
			-			-		
or								
Employer identification number								
5	9	-	2	5	2	0	4	4 5

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 ► 03/02/2023
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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.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

WARD, NIKOLE SHARI

THOMAS MAY CONSTRUCTION COMPANY
310 COLLEGE DRIVE
ORANGE PARK FL 32065

LICENSE NUMBER: CGC1530108

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

MAY, THOMAS A

THOMAS MAY CONSTRUCTION CO
310 COLLEGE DR
ORANGE PARK FL 32065-7653

LICENSE NUMBER: CGC027983

EXPIRATION DATE: AUGUST 31, 2024

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE ROOFING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

WARD, NIKOLE SHARI

THOMAS MAY CONSTRUCTION COMPANY
310 COLLEGE RD
ORANGE PARK FL 32065

LICENSE NUMBER: CCC1333915

EXPIRATION DATE: AUGUST 31, 2024

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE UNDERGROUND UTILITY & EXCAVATION CO HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

MAY, THOMAS A

THOMAS MAY CONSTRUCTION COMPANY
310 COLLEGE DRIVE
ORANGE PARK FL 32065

LICENSE NUMBER: CUC057064

EXPIRATION DATE: AUGUST 31, 2024

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE UNDERGROUND UTILITY & EXCAVATION CO HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



WARD, NIKOLE SHARI

THOMAS MAY CONSTRUCTION COMPANY
310 COLLEGE DR
ORANGE PARK FL 32065

LICENSE NUMBER: CUC1225944

EXPIRATION DATE: AUGUST 31, 2024

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THOMMAY-01

DCASSADY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/1/2023

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 Insuramerica of Florida, Inc. 4348 Southpoint Blvd Ste 200 Jacksonville, FL 32216	CONTACT NAME: Debbie Cassady, CIC, AAI	
	PHONE (A/C, No, Ext): (904) 596-0346 FAX (A/C, No): (904) 296-1888	
	E-MAIL ADDRESS: dcassady@insuramerica-fl.com	
INSURED Thomas May Construction Company 310 College Drive Orange Park, FL 32065	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Upland Specialty Insurance Company	16988
	INSURER B: Auto-Owners Insurance Company	18988
	INSURER C: Ategrity Specialty Insurance Company	16427
	INSURER D: Builders Mutual Insurance Company	10844
	INSURER E: Navigators Insurance Company	42307
	INSURER F: American Zurich Insurance Company	40142

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		USPCL0044123	3/1/2023	3/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Empl. Benefits \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			5219252800	3/1/2023	3/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			01-P-XL-P70002546-0	3/1/2023	3/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCP106339103	3/1/2023	3/1/2024	<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
E	Pollution Liability			SF23ECPU00143NC	3/1/2023	3/1/2024	1,000,000
F				EC13462660	3/1/2023	3/1/2024	Leased/Rented 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The General Liability policy includes blanket additional insured, including completed operations, primary/non-contributory and waiver of subrogation endorsements, all when required by written contract or agreement. The Automobile Liability policy includes blanket additional insured, waiver of subrogation endorsements, all when required by written contract or agreement. The Workers Compensation policy includes attached blanket waiver of subrogation, when required by written contract or agreement.

CERTIFICATE HOLDER

CANCELLATION

City of Green Cove Springs
321 Walnut Street
Green Cove Springs, FL 32043

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any person or organization when you have agreed in a written and executed contract, prior to an "occurrence", that such person or organization be added as an additional insured on your policy.	All locations and completed operations for which you have agreed in a written and executed contract prior to an "occurrence."
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person or organization when you have agreed in a written and executed contract, prior to an "occurrence", that such person or organization be added as an additional insured on your policy.	All locations and completed operations for which you have agreed in a written and executed contract prior to an "occurrence."
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – LESSOR OF LEASED EQUIPMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization you have agreed in a written and executed contract, prior to an "occurrence", that such person or organization be added as an additional insured on your policy.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s).

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other Commercial General Liability insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other Commercial General Liability insurance;
and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other Commercial General Liability insurance available to the additional insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
ELECTRONIC DATA LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

Name Of Person(s) Or Organization(s):

Any person or organization you have agreed in a written and executed contract, prior to an "occurrence", that you would provide such person or organization a waiver of transfer of rights of recovery against others to us on your policy.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT – SUBJECT TO A MAXIMUM AGGREGATE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designated Construction Project(s):

All construction projects for which you have agreed in writing in a contract, prior to an occurrence that causes "bodily injury", "property damage" or "personal and advertising injury", to provide project specific limits.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A.** For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Section I – Coverage **A**, and for all medical expenses caused by accidents under Section I – Coverage **C**, which can be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:
1. A separate Designated Construction Project General Aggregate Limit applies to each designated construction project, and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.
 2. The Designated Construction Project General Aggregate Limit is the most we will pay for the sum of all damages under Coverage **A**, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard", and for medical expenses under Coverage **C** regardless of the number of:
 - a. Insureds;
 - b. Claims made or "suits" brought; or
 - c. Persons or organizations making claims or bringing "suits".
 3. Any payments made under Coverage **A** for damages or under Coverage **C** for medical expenses shall reduce the Designated Construction Project General Aggregate Limit for that designated construction project. Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Designated Construction Project General Aggregate Limit for any other designated construction project shown in the Schedule above.
 4. The limits shown in the Declarations for Each Occurrence, Damage To Premises Rented To You and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Designated Construction Project General Aggregate Limit.
 5. All payments under this endorsement are subject to a Maximum Aggregate Limit of:
\$5,000,000
The Maximum Aggregate Limit is the most we will pay under this endorsement regardless of the number of Designated Construction Project General Aggregate Limits.

B. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Section I – Coverage **A**, and for all medical expenses caused by accidents under Section I – Coverage **C**, which cannot be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:

1. Any payments made under Coverage **A** for damages or under Coverage **C** for medical expenses shall reduce the amount available under the General Aggregate Limit or the Products-completed Operations Aggregate Limit, whichever is applicable; and
2. Such payments shall not reduce any Designated Construction Project General Aggregate Limit.

C. When coverage for liability arising out of the "products-completed operations hazard" is provided, any payments for damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard" will reduce the Products-completed Operations Aggregate Limit, and not reduce the General Aggregate Limit nor the Designated Construction Project General Aggregate Limit.

D. If the applicable designated construction project has been abandoned, delayed, or abandoned and then restarted, or if the authorized contracting parties deviate from plans, blueprints, designs, specifications or timetables, the project will still be deemed to be the same construction project.

E. The provisions of Section III – Limits Of Insurance not otherwise modified by this endorsement shall continue to apply as stipulated.

58504 (1-15)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE - BLANKET COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO POLICY

SECTION II - COVERED AUTOS LIABILITY COVERAGE is amended. The following provision is added. Any person or organization is an **insured** for Covered Autos Liability Coverage, but only to the extent that

person or organization qualifies as an **insured** under **SECTION II - COVERED AUTOS LIABILITY COVERAGE, A. COVERAGE, 1. Who Is An Insured.**

All other policy terms and conditions apply.

58504 (1-15)

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Page 1 of 1

58583 (1-15)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF OUR RIGHT TO RECOVER PAYMENTS (WAIVER OF SUBROGATION) - BLANKET

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO POLICY

SECTION V CONDITIONS, A. LOSS CONDITIONS is amended. **5. Our Right to Recover Payments** is deleted and replaced by the following condition.

5. Our Right to Recover Payments

If **we** make a payment under this policy and the person to or for whom payment is made has a right to recover damages from another, **we** will be entitled to that right. That person shall do everything necessary to transfer that right to **us** and do nothing to prejudice it.

However, **we** waive **our** right to recover payments made for **bodily injury** or **property damage**:

- a. Covered by the policy; and
- b. Arising out of the operation of **autos** covered by the policy, in accordance with the terms and conditions of a written contract between **you** and such person or entity

only if such rights have been waived by the written contract prior to the **accident** or **loss** which caused the **bodily injury** or **property damage**.

All other policy terms and conditions apply.

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WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

BLANKET WAIVER OF SUBROGATION

ANY PERSON OR ORGANIZATION THAT IS REQUIRED BY WRITTEN CONTRACT

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any person or organization when you have agreed in a written and executed contract, prior to an "occurrence", that such person or organization be added as an additional insured on your policy.	All locations and completed operations for which you have agreed in a written and executed contract prior to an "occurrence."
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person or organization when you have agreed in a written and executed contract, prior to an "occurrence", that such person or organization be added as an additional insured on your policy.	All locations and completed operations for which you have agreed in a written and executed contract prior to an "occurrence."
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other Commercial General Liability insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other Commercial General Liability insurance;
and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other Commercial General Liability insurance available to the additional insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
ELECTRONIC DATA LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

Name Of Person(s) Or Organization(s):

Any person or organization you have agreed in a written and executed contract, prior to an "occurrence", that you would provide such person or organization a waiver of transfer of rights of recovery against others to us on your policy.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions**:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
7/6/2022

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

AGENCY Insuramerica of Florida, Inc. 4348 Southpoint Blvd Ste 200 Jacksonville, FL 32216		PHONE (A/C, No, Ext): (904) 332-8585	COMPANY American Zurich Insurance Co	
FAX (A/C, No): (904) 296-1888		E-MAIL ADDRESS: info@insuramerica-fl.com		
CODE: AGENCY CUSTOMER ID #: THOMMAY-01		SUB CODE:		
INSURED Thomas May Construction Company 310 College Drive Orange Park, FL 32065		LOAN NUMBER		POLICY NUMBER EC78621153
		EFFECTIVE DATE 6/1/2022	EXPIRATION DATE 6/1/2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Reporting Form - See Special Condition Section Below

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

SPECIAL

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Builders Risk - Any One structure - Joisted Masonry or Better	\$10,000,000	
Builders Risk - Any One Structure - Frame	\$5,000,000	
All Covered Property	\$10,000,000	
Deductible - All Other Perils		5,000
Named Storm Deductible - Frame, Joisted Masonry & Non-Combustible - Percentage Deductible		3
Named Storm Deductible - Masonry Non-Combustible - Percentage Deductible		1
Named Storm - Frame, Joisted Masonry & Non-Combustible - Minimum Deductible		25,000
Named Storm - Non-Combustible & Masonry Non-Combustible - Minimum Deductible		10,000

REMARKS (Including Special Conditions)

Special Conditions:
3% Windstorm Deductible.

Description of Projects: New construction and non-structural renovations of various commercial projects including office buildings, hospitals, schools, shopping centers, condominiums, etc. Excludes coverage for the existing structures & exclude the following types of projects: piers, wharfs, docks, tunnels, dams, oil & gas & power generation.

Description of Project Sites: Various locations in the State of Florida, Projects must be located within 1,000 feet of an operable fire hydrants and within five SEE ATTACHED ACORD 101

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.

ADDITIONAL INTEREST

NAME AND ADDRESS For Informational Purposes Only	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	MORTGAGEE		
	LOAN #		
	AUTHORIZED REPRESENTATIVE 		