

BID SUMMARY
(MUST PRECEDE ALL BID DOCUMENTS)

Anderson Columbia Co., Inc.

P.O. Box 1829, Lake City, FL. 32056 * 871 NW Guerdon Street, Lake City, FL. 32056 386.752.7585 Ext. 224

BIDDER NAME, ADDRESS AND PHONE NUMBER

DESCRIPTION OF PROJECTS:

The project will consist of widening and resurfacing existing lanes on CR 345 from US 27 to US 129. Includes excavation, base widening construction, earthwork, asphalt paving, culvert replacement, minor drainage, updated signs and pavement markings and grassing all disturbed areas.

DATE & TIME BID DUE IN DEMANDSTAR: November 20, 2023, 2:00 P.M.

DATE & TIME OF E-BID OPENING: November 20, 2023, 2:00 P.M.

PLACE OF BID OPENING: LEVY COUNTY GOVERNMENT CENTER
310 SCHOOL STREET
BRONSON, FLORIDA 32621

TOTAL BASE BID AMOUNT IN FIGURES: \$1,564,078.80
TOTAL BASE BID AMOUNT IN WORDS: ONE MILLION FIVE HUNDRED SIXTY-FOUR THOUSAND SEVENTY-EIGHT AND 80/100 DOLLARS

BIDDER COMPANY NAME (PRINT OR TYPE)

Anderson Columbia Co., Inc.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE

AUTHORIZED COMPANY REPRESENTATIVE (PRINT OR TYPE)

E. Tony Williams Jr., Vice President

DATE COMPLETED: 11-20-23

IMPORTANT:

THIS BID SUMMARY MUST BE COMPLETED AND MUST PRECEDE ALL BIDDER PROPOSAL DOCUMENTS

***ALTERNATE BIDS TO BE SUBMITTED ON NEXT PAGE WHEN APPLICABLE**

BID FORM

The undersigned, as bidder, hereby declares that they have examined the contract documents and informed themselves fully in regard to all conditions pertaining to the work to be done; has examined the specifications for the work and other contract documents relative thereto; and satisfied themselves relative to the work to be performed.

The bidder agrees, if this bid is accepted, to contract with the Levy County Board of County Commissioners to furnish everything necessary to complete the work covered by this bid and other contract documents for the Levy County Board of County Commissioners. The Contractor assumes full responsibility for all quantities used in their bid. The contractor shall coordinate their construction with all proposed utilities on the site.

ADDENDUM	
NUMBER	DATE SENT
1 (One)	10/30/23

BID TOTAL FOR CR 347 RESURFACING
\$1,564,078.80

ONE MILLION FIVE HUNDRED SIXTY-FOUR THOUSAND SEVENTY-EIGHT AND 80/100 DOLLARS

LEVY C-345 (WIDENING AND RESURFACING)

SR 500 to US Highway 129 Length = 2.37 miles

Financial Project ID: 443407-1 NFPS Project No. L220622LBC

Pay Item No.	Pay Item Description	Quantity	Units	Unit Price	Total Cost
101-1	Mobilization	1	LS	219,152.96	219,152.96
101-2	Maintenance of Traffic	1	LS	149,578.84	149,578.84
104-10-3	Sediment Barrier	3000	LF	4.45	13,350.00
110-1-1	Clearing and Grubbing	5.7	AC	6,376.72	36,347.30
110-4-10	Removal of Existing Concrete	15	SY	270.61	4,059.15
110-7-1	Mailbox F&I	7	EA	566.82	3,967.74
120-1	Regular Excavation	2107	CY	15.75	33,185.25
120-6	Embankment	693	CY	44.23	30,651.39
121-70	Flowable Fill	23	CY	383.62	8,823.26
285-708	Optional Base Group 08	7008	SY	20.36	142,682.88
286-1	Turnout Construction	1023	SY	40.02	40,940.46
327-70-6	Milling Existing Asphalt 1.5"	25014	SY	2.93	73,291.02
334-1-13	Superpave Asphalt Concrete, Traffic C (Structural Course)	3922	TN	161.53	633,520.66
430 175 115	Pipe Culvert, Optional Round, 15" CD	240	LF	89.25	21,420.00
430-175-124	Pipe Culvert, Optional Round, 24" CD	10	LF	431.16	4,311.60
430-982-123	Mitered End Section, Round, 15" CD	12	EA	1,640.57	19,686.84
430-982-129	Mitered End Section, Round, 24" CD	2	EA	1,658.37	3,316.74
546-71-1	Raised Rumble Strips	12	EA	1,027.08	12,324.96
570-1-1	Performance Turf	27793	SY	0.36	10,005.48
570-1-2	Performance Turf, Sod	9754	SY	2.42	23,604.68
700-1-11	Single Post Sign (Less than 12 SF)	16	EA	543.75	8,700.00
700-1-60	Single Post Sign, Remove	17	EA	60.42	1,027.14
700-13-15	Retro Reflective Sign Strips	11	EA	102.71	1,129.81
700-142-111	Enhanced Highway Sign Assembly, Solar, F&I w/Beacon	4	EA	10,270.	79,41,083.16
705-10-2	Object markers, Type 2	8	EA	78.54	628.32
706-1-3	Retro Reflective Pavement Markers	311	EA	6.34	1,971.74
710-90	Painted Pavement Markings, Standard, White, Solid, 6"	4.69	GM	3,020.82	14,167.65
710-90	Painted Pavement Markings, Standard, Yellow, Solid, 6"	2.04	GM	3,020.82	6,162.47
710-90	Painted Pavement Markings, Standard, Yellow, Skip, 6"	1.74	GM	1,449.99	2,522.98
710-90	Painted Pavement Markings, Standard, White, Solid, 24"	204	LF	12.08	2,464.32
GRAND TOTAL				\$	1,564,078.80

ALL ITEMS MAY BE INCREASED, DECREASED, OR OMITTED AS DIRECTED BY THE ENGINEER.

ALL MATERIALS AND CONSTRUCTION SHALL CONFORM TO BOTH THE REQUIREMENTS OF THE LATEST FDOT STANDARD SPECIFICATIONS FOR ROAD AND BRIDGE CONSTRUCTION AND THE LATEST FDOT DESIGN STANDARDS.

ALL INCIDENTAL WORK INCLUDED IN THESE ITEMS

ALL UNIT PRICE AND TOTAL SPACES MUST BE FILLED IN TO CORRELATE WITH EACH ITEM

Note: Contractors shall be in compliance with chapter 489, Florida statutes, and licensure requirements.

Florida construction industries licensing board certification:

E. Tony Williams Jr.

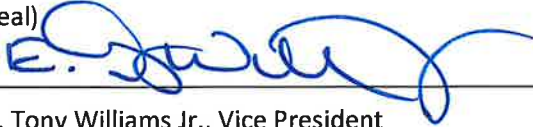
CGC 060909

(Name of holder)

(Certificate no.)

In witness whereof, the bidder has hereunto set their signature and affixed their seal this 20th day
01 November _____, 2023.

(seal)



By:

E. Tony Williams Jr., Vice President

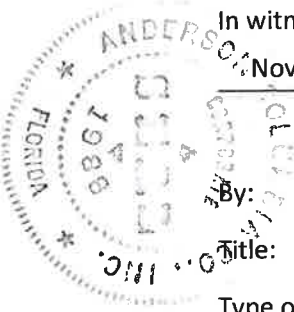
Title:

Type or print name of firm: Anderson Columbia Co., Inc.

Address: P.O. Box 1829 * 871 NW Guerdon Street, Lake City FL. 32056

Contact person: E. Tony Williams Jr., Vice President Telephone No.: 386.623.0454

Fax No.: 386.755.9132



BID SUBMISSION CHECKLIST

- Bid Summary Page
- Bid Form
- Public Entity Crime Statement
- Failure to Perform Questionnaire
- References
- Copies of Applicable Business & Professional Licenses
- Proof of Insurance
- E-Verify Form
- Non-Collusion Affidavit
- Any other documents in accordance with specifications
- Submission online at www.DemandStar.com

END OF BID FORM

Failure to Perform Questionnaire

Name of Company: Anderson Columbia Co., Inc.

1. Has the company been involved in any litigation within the last (5) five years for failure to perform?

Yes: _____ No: X

If yes, explain:

2. Has a bond company or other insurance been utilized to complete a project for the company within the last (5) five years?

Yes: _____ No: X

If yes, explain:

PUBLIC ENTITY CRIME STATEMENT

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

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

1. This sworn statement is submitted to Levy County Board of County Commissioners
(Print name of public entity)
by E. Tony Williams Jr., Vice President
(Print individual's name and title)
for Anderson Columbia Co., Inc.
(print name of entity submitting sworn statement)
whose business address is: P.O. Box 1829 * 871 NW Guerdon Street, Lake City FL. 32056

And (if applicable) its Federal Employer Identification Number (FEIN) is 59-2871935
(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn
statement: _____.)

2. I understand that a "public entity crime" as defined in paragraph 287.133 (1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract of goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133 (a) (b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), **Florida Statutes**, means:
 - 1) A predecessor or successor of a person convicted of a public entity crime; or
 - 2) 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 management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), **Florida Statutes**, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or

applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

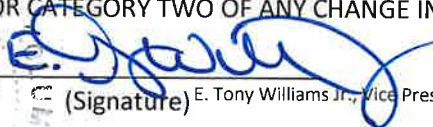
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Indicate which statement applies.)**

X 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 the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **(Attach a copy of the final order.)**

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


(Signature) E. Tony Williams Jr., Vice President

Sworn to and subscribed before me this 20th day of November , 20 23

Personally known xxx

OR Produced identification

Notary Public – State of Florida

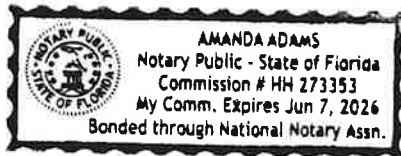
My commission expires June 7th 2026

(Type of identification)



(Printed, typed or stamped (Amanda Adams)
commissioned name of notary public)

Form PUR 7068 (Rev. 06/18/92)
PUBLIC.ENT



E-Verify Form

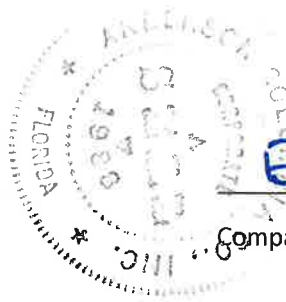
Please Reply to: Amanda Adams

Company/Entity: Anderson Columbia Co., Inc.

Bid Number: ITB_2024_2009

Project Description: CR 345 WIDENING AND RESURFACING

The Company acknowledges and agrees to utilize the U. S. Department of Homeland Security's E-verify system in accordance with the terms governing use of the system, for the purpose of confirming the employment eligibility of all employees, subcontractors or persons utilized by the Company while undertaking work within Levy County.




E. Tony Williams Jr., Vice President
Company Representative. Title

11-20-2023
Date

Please complete and submit this form with all your bid documents.

NON-COLLUSION AFFIDAVIT

I, E. Tony Williams Jr., Vice President of the County of Columbia

According to law on my oath, and under penalty of perjury, depose and say that:

1. I am Vice President of the firm of Anderson Columbia Co., Inc. providing that I executed the said bid with full authority to do so.
2. This response has been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to qualifications or responses of any other responder to induce any other person, partnership or corporation to submit, or not to submit, a response for the purpose of restricting competition;
3. The statements contained in this affidavit are true and correct, and made with full knowledge that Levy County relies upon the truth of the statements contained in this affidavit in awarding contracts for any services resulting from this ITB for said project.

E. Tony Williams Jr.
E. Tony Williams Jr., Vice President

(Signature of Proposer Representative) November 20th 2023 (Date)

State of Florida

County of Columbia

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 20th day of November, 2023, by E. Tony Williams Jr. (name), as Vice President (title) for Anderson Columbia Co., Inc. (name of bidder) Personally known OR Produced Identification (type of identification).

A. Adams

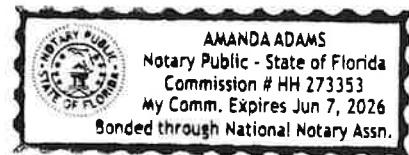
(Signature) Notary Public

(SEAL)

Amanda Adams

(Printed, typed or stamped commissioned name of notary public)

My Commission expires June 7th 2026





Levy County Board of County Commissioners
Procurement Department
310 School Street
P.O. Box 310
Bronson, FL 32621
Phone: 352-486-5218

Addendum 1: ITB_2024_009
Issued: October 30, 2023
Pages: 1

Signature: *Alicia Trethewey*

Proposers shall acknowledge receipt of this Addendum on their submittal.

Questions/Clarifications:

1. Is there an estimated budget or value you were willing or able to share with me at this time?
 - a. The Construction Grand Funding for this project is \$1,289,718.
2. Have start date and end dates for the actual work on the project been established yet?
 - a. These dates will be set once the project has been awarded to a contractor and the Notice to Proceed has been issued.
3. Are there any Union Requirements?
 - a. No Union requirements.

REFERENCES

1. Company name Columbia County Board of County Commissioners

Address P.O. Box 1529, Lake City, FL 32056

Contact Name Mr. Krauss- County Manager

Contact Phone or e-mail 386-755-4100

Short description of project CR 242 West
Milling and resurfacing, highway signing, pavement markings, performance turf, etc.
2. Company name Dixie County Board of County Commissioners

Address P.O. Drawer 2600, Cross City, FL. 32628

Contact Name Duane Cannon- County Manager

Contact Phone or e-mail 352-498-1206

Short description of project CR 351A from CR 251 North to CR 351 South.
Clearing & Grubbing, Base work, paving, drainage improvements, turnout construction, guardrail, signing, grassing and Pavement Markings.
3. Company name Hamilton County Board of County Commissioners

Address 207 NE First St. Jasper, FL. 32052

Contact Name Louie Goodin

Contact Phone or e-mail 386-798-6639

Short description of project SR 55th Drive and US 129 Modifications
Reconstruct SW 55th DR. & 107th Ave; Construction approx 1400' of additional turn lanes on US 129 with paved Shoulders, clearing and grubbing, basework, earthwork, milling, paving, signs, pavement markings and grassing.

Ron DeSantis, Governor



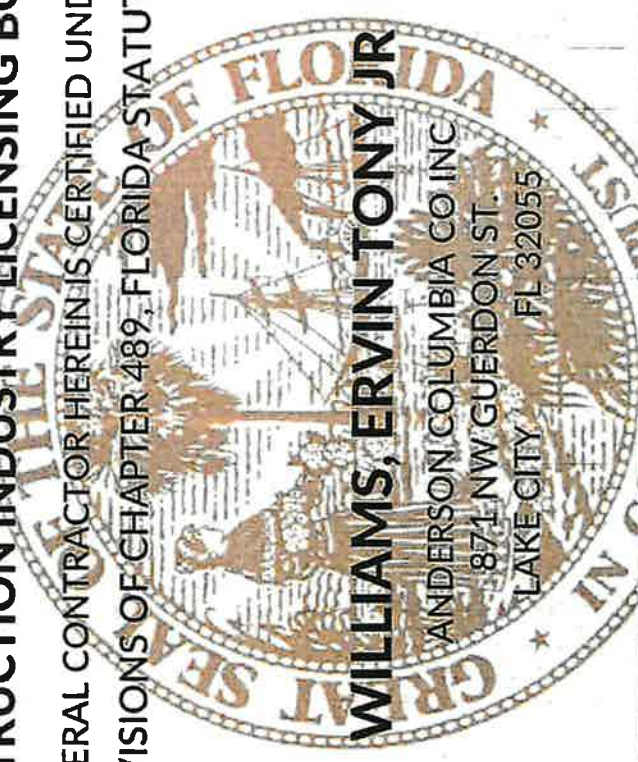
Melanie S. Griffin, Secretary



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



WILLIAMS, ERVIN TONY JR

ANDERSON COLUMBIA CO INC
871 NW GUERDON ST.
LAKE CITY FL 32055

LICENSE NUMBER: CGC060909

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

Local Business Tax Renewal

Account Number	New Business Date	Local Business Tax Year		
1031	7/26/1989	2023		
Business Address ANDERSON COLUMBIA CO INC 571 NW GUERDON ST LAKE CITY FL 32055		Mailing Address ANDERSON COLUMBIA CO INC PO BOX 1829 LAKE CITY FL 32056		
Units 145	Status ACTIVE ACCOUNT			
Occupation BUSINESS TAX RECEIPT				
		<table border="1"> <tr> <td>Local Business Tax Fee</td> <td>\$30.00</td> </tr> </table>	Local Business Tax Fee	\$30.00
Local Business Tax Fee	\$30.00			
Date Paid	Receipt	Amount Paid		
7/10/2023	1507662.0002	\$30.00		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/24/2023

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 PentaRisk Associates of Georgia 1870 The Exchange SW Suite 100 Atlanta GA 30339	CONTACT NAME: Robyn Byrd PHONE (A/C, No., Ext): 404-809-2551 E-MAIL ADDRESS: rbyrd@pentarisk.com		FAX (A/C, No.): 404-809-2531													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Liberty Mutual Fire Insurance Company</td> <td>23035</td> </tr> <tr> <td>INSURER B : RSUI Indemnity Company</td> <td>22314</td> </tr> <tr> <td>INSURER C : Safety National Casualty Corporation</td> <td>15105</td> </tr> <tr> <td>INSURER D : Indemnity National Insurance Company</td> <td>18468</td> </tr> <tr> <td>INSURER E : Endurance American Specialty Insurance Company</td> <td>41718</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Liberty Mutual Fire Insurance Company	23035	INSURER B : RSUI Indemnity Company	22314	INSURER C : Safety National Casualty Corporation	15105	INSURER D : Indemnity National Insurance Company	18468	INSURER E : Endurance American Specialty Insurance Company	41718	INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #															
INSURER A : Liberty Mutual Fire Insurance Company	23035															
INSURER B : RSUI Indemnity Company	22314															
INSURER C : Safety National Casualty Corporation	15105															
INSURER D : Indemnity National Insurance Company	18468															
INSURER E : Endurance American Specialty Insurance Company	41718															
INSURER F :																
INSURED Anderson Columbia Co., Inc. P.O. Box 1829 Lake City FL 32056	ANDECOL-02															

COVERAGES

CERTIFICATE NUMBER: 367200387

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	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"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	TB2-651-289907-103	5/1/2023	5/1/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	AS2-651-289907-083	5/1/2023	5/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B D E	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	NHA102116 XS0001222 23 EXC30000098107	5/1/2023 5/1/2023 5/1/2023	5/1/2024 5/1/2024 5/1/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	SP 4066411	4/1/2023	4/1/2024	<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

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

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Anderson Columbia Co., Inc.
871 NW Guerdon St.
Lake City, FL 32056

OWNER:

(Name, legal status and address)

Levy County Board of County Commissioners
P.O. Box 310
Bronson, FL 32621

SURETY:

(Name, legal status and principal place of business)

Travelers Casualty and Surety Company of America /
Berkshire Hathaway Specialty Insurance Company

One Tower Square / 1314 Douglas Street, Suite 1400
Hartford / Omaha, CT / NE 06183 / 68102-1944

Mailing Address for Notices

Same as above

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

BOND AMOUNT: 5% Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

CR 345 (NE 30 AVE) from SR 500 (US 27 Alt) to US Highway 129; 443407-1 (NFPS PROJECT IF L220622LBC)
ITB 2024 009

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 20th day of November, 2023.

(Witness)


Amanda Adams


(Witness) Amy Scott

Anderson Columbia Co., Inc.

(Principal)

(Seal)

By:

(Title)

E. Tony Williams Jr., Vice President

Travelers Casualty and Surety Company of America / Berkshire Hathaway Specialty Insurance Company

(Surety)

(Seal)

By:

(Title) Kevin R. Wojtowicz, Attorney-in-Fact



**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **KEVIN R WOJTOWICZ** of **ST PETERSBURG**, Florida, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, 2021.



State of Connecticut

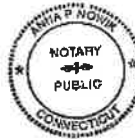
City of Hartford ss.

By: 
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, 2021, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, 2026




Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **20th** day of **November**, 2023




Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.**



Power Of Attorney

BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY NATIONAL INDEMNITY COMPANY / NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Know all men by these presents, that BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY, a corporation existing under and by virtue of the laws of the State of Nebraska and having an office at One Lincoln Street, 23rd Floor, Boston, Massachusetts 02111, NATIONAL INDEMNITY COMPANY, a corporation existing under and by virtue of the laws of the State of Nebraska and having an office at 3024 Harney Street, Omaha, Nebraska 68131 and NATIONAL LIABILITY & FIRE INSURANCE COMPANY, a corporation existing under and by virtue of the laws of the State of Connecticut and having an office at 100 First Stamford Place, Stamford, Connecticut 06902 (hereinafter collectively the "Companies"), pursuant to and by the authority granted as set forth herein, do hereby name, constitute and appoint: Kevin R. Wojtowicz, 1000 Central Avenue, Suite 200 of the city of St. Petersburg, State of Florida, their true and lawful attorney(s)-in-fact to make, execute, seal, acknowledge, and deliver, for and on their behalf as surety and as their act and deed, any and all undertakings, bonds, or other such writings obligatory in the nature thereof, in pursuance of these presents, the execution of which shall be as binding upon the Companies as if it has been duly signed and executed by their regularly elected officers in their own proper persons. This authority for the Attorney-in-Fact shall be limited to the execution of the attached bond(s) or other such writings obligatory in the nature thereof.

In witness whereof, this Power of Attorney has been subscribed by an authorized officer of the Companies, and the corporate seals of the Companies have been affixed hereto this date of August 24, 2023. This Power of Attorney is made and executed pursuant to and by authority of the Bylaws, Resolutions of the Board of Directors, and other Authorizations of BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY, NATIONAL INDEMNITY COMPANY and NATIONAL LIABILITY & FIRE INSURANCE COMPANY, which are in full force and effect, each reading as appears on the back page of this Power of Attorney, respectively. The following seals of the Companies and signatures by an authorized officer of the Company may be affixed by facsimile or digital format, which shall be deemed the equivalent of and constitute the written signature of such officer of the Companies and original seals of the Companies for all purposes regarding this Power of Attorney, including satisfaction of any signature and seal requirements on any and all undertakings, bonds, or other such writings obligatory in the nature thereof, to which this Power of Attorney applies.

BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY,

NATIONAL INDEMNITY COMPANY, NATIONAL LIABILITY & FIRE INSURANCE COMPANY,

[Signature of David Fields]

[Signature of David Fields]

By: David Fields, Executive Vice President

By: David Fields, Vice President



NOTARY State of Massachusetts, County of Suffolk, ss: On this 24th day of August, 2023, before me appeared David Fields, Executive Vice President of BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY and Vice President of NATIONAL INDEMNITY COMPANY and NATIONAL LIABILITY & FIRE INSURANCE COMPANY, who being duly sworn, says that his capacity is as designated above for such Companies; that he knows the corporate seals of the Companies; that the seals affixed to the foregoing instrument are such corporate seals; that they were affixed by order of the board of directors or other governing body of said Companies pursuant to its Bylaws, Resolutions and other Authorizations, and that he signed said instrument in that capacity of said Companies.

[Notary Seal]



[Signature of John C. Skinner] Notary Public

I, Ralph Tortorella, the undersigned, Officer of BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY, NATIONAL INDEMNITY COMPANY and NATIONAL LIABILITY & FIRE INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies which is in full force and effect and has not been revoked. IN TESTIMONY WHEREOF, see hereunto affixed the seals of said Companies this November 20, 2023.



[Signature of Ralph Tortorella] Ralph Tortorella, Officer

To verify the authenticity of this Power of Attorney please contact us at: BHSI Surety Department, Berkshire Hathaway Specialty Insurance Company, One Lincoln Street, 23rd Floor Boston, MA 02111 | (770) 625-2516 or by email at Jennifer.Porter@bhspecialty.com THIS POWER OF ATTORNEY IS VOID IF ALTERED To notify us of a claim please contact us on our 24-hour toll free number at (855) 453-9675, via email at claimsnotice@bhspecialty.com, via fax to (617) 507-8259, or via mail.