County of Levy
Procurement
-, -
310 School Street, Suite 112, Bronson, FL 32621

[ROGERS ROOFING CORP] RESPONSE DOCUMENT REPORT

ITB No. ITB_2026_10

Roof - Department of Public Safety

RESPONSE DEADLINE: July 17, 2026 at 10:00 am

Report Generated: Friday, July 17, 2026

Rogers Roofing corp Response

CONTACT INFORMATION

Company:
Rogers Roofing corp

Email:
dennis@rogersroofingcorp.com

Contact:
Dennis Rogers

Address:
5590 N Silk Terrace
Dunnellon, FL 34433

Phone:
(727) 288-7090

Website:
rogersroofingcorp.com

Submission Date:
Jul 14, 2026 10:16 AM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1
Confirmed Jul 4, 2026 9:18 AM by Dennis Rogers

Addendum #2
Confirmed Jul 4, 2026 9:18 AM by Dennis Rogers

Addendum #3
Confirmed Jul 14, 2026 10:12 AM by Dennis Rogers

QUESTIONNAIRE

1. Bid Proposal*
319_Mongo_updated_proposal.pdf

2. Is Bidder a small or minority business, women's business enterprise, or labor surplus area firm? *
No

3. Sworn Statement on Public Entity Crime*
Please download the below documents, complete, and upload.

- SWORN_STATEMENT_ON_PUBLIC_E...

sworn_statement.pdf

4. Non-Collusion Affidavit*
Please download the below documents, complete, and upload.

- NON-COLLUSION.pdf

non_conclusion.pdf

5. Drug-Free Workplace Certification*

Please download the below documents, complete, and upload.

- DRUG-FREE_WORKPLACE_FORM.pdf

drug_free.pdf

6. Anti-Human Trafficking Affidavit*

Please download the below documents, complete, and upload.

- ANTI-HUMAN_TRAFFICKING_AFFI...

anti_human_trafficking.pdf

7. Foreign Country of Concern Affidavit

Please download the below documents, complete, and upload.

- Foreign_Country_of_Concern_...

foreign_country_concern.pdf

8. Do you have any conflicts of interest?*

No

9. Certificates of Insurance*

AS PROOF OF INSURANCE COVERAGES REQUIRED IN SECTION INSURANCE REQUIREMENTS

Orlando_Housing_Authority-_Purchasing_Department.pdf
Orlando_Housing_Authority-Purchasing_Dept..pdf
Orlando_Housing_Authority-Purchasing_Dept._Rogers_Roofing_Corp._dba_Profession_main_certificate_2025-202_6-12-2026_1625529343.pdf

10. Evidence that the bidder is qualified to transact business in the State of Florida*
Upload your SunBiz Registration here.

sunbiz.pdf

11. Copies of any current licenses or certifications required*
2.pdf
SHINGLE_MASTER_PRO_CREDENTIAL_ROOFING_COMPANY.png

12. Will you be using subcontractors?*
No

13. W-9 Copy*
w9.pdf

14. Bid Bonds*
bid_bond_complete.pdf

15. Contract Exception Form
Please download the below documents, complete, and upload.

- CONTRACT_EXCEPTION_FORM.pdf

contractor_exception.pdf
5_STAR_SFD.pdf
RPG_SureStart-Warranty.pdf

ROGERS ROOFING CORP/DBA PROFESSIONAL ROOF SYSTEMS
ROOFING-SHEET METAL-CONTRACTORS
4670 54th Ave. N. St. Petersburg, Fl. 33714
(727)-235-0799- (800)-869-9411
www.professionalroofsystems.com
Est. 1998
"WHERE QUALITY COUNTS"
State License # CCC 1330563

DRUG FREE WORKPLACE **BONDED & INSURED**

24 HOUR EMERGENCY REPAIR SERVICE

PROPOSAL/CONTRACT

Name**: Levy County Fl.**	Phone:	Date: **July 10,2026**
Address: Public **Safety Building 319 Mongo Street**	City, Zip: Bronson**, Fl**	Job Location:

PROPOSAL WIL CONSIST OF:

1.) Completely remove and dispose of old roofing and related materials to deck.
2.) Re-nail decking with 8-D ring shank nails to bring up Florida wind and building codes.
3.) Install Self Adhered Peel N Stick underlayment!
4.) Install 6-inch eave metal per manufacturers specifications.
5.) Install new flashing where needed and new valley flashing.
6.) Install new soil pipe flashings, GRV vents.
7.) Install new CTR Swift starter shingles vents.
8.) Install New CertainTeed Landmark Lifetime Architectural Shingle_____
9.) Install CTR Shadow Hip & Ridge cap.
10.) Landscaping and property will be protected with tarps and/or plywood.
11.) Gutters will be cleaned and washed out at job completion.
12.) Any wood replacement is $100.00 per sheet of plywood and other wood to be replaced at $5.75 per foot.
13.) Clean up and haul away all debris relating to roof replacement and dispose of it in appropriate landfill/ recycling center.

WARRANTY
5-year workmanship warranty
Limited Lifetime Shingle Warranty

PRICE …… 35,000.00

Payment due as Follows: Upon completion of work.

Acceptance of estimate: The foregoing, terms, specifications, and conditions are satisfactory and the same are hereby accepted and agree upon and you are hereby authorized to execute the same.

Professional Roof Systems, Inc. Authorized signature: ___**Dennis Rogers**_____ Date: **December 06,2021**___
Note this proposal may be withdrawn by us for any reason after **30**days.

Property owner's signature: _____Date: _____

Property owner's signature: _____Date: _____IT IS THE HOMEOWNER'S RESPONSIBILITY TO NOTIFY CONTRACTOR OF OPEN CEILINGS. Homeowners grant access to roofs through driveways or yards. ALL INVOICES DUE AND PAYABLE UPON COMPLETION OF WORK. Payment not received at this time will be considered delinquent and an 11/2% interest charge per month will be assessed (18% per annum.) Any Legal Fees incurred by the seller in the execution of this contract to be paid by purchaser. Credit card to add 2.75% processing fees.
Not responsible for material suppliers

SWORN STATEMENT ON PUBLIC ENTITY CRIME

Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes

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 Rogers Roofing Corp/Professional Roof Systems.com
   By Dennis Rogers/ President
   (Print individual name and title)
   For Rogers Roofing Corp/Professional Roof Systems
   (Print name of entity submitting statements)
   Whose business address is 5590 N Silk Terrace Dunnellon Fl 34433
   and if applicable whose Federal Employer Identification Number (FEIN) is 59-3502191.
   If the entity has no FEIN, include 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)(a), Florida Statutes, mean violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any proposal or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "convection" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without 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:
   a. A predecessor or successor of a person convicted of public entity crime; or
   b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which proposals or applies to proposal 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, 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 a relation to the entity submitting this sworn statement. (Please indicate which statement 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, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

☐ 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 within the past 36 months AND (Please indicate which additional statement applies).

☐ The entity submitting the 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 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 within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest place the entity submitting this sworn statement on the convicted vendor list. (Attached is 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 THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT IA M REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

_____

(Signature)

State of FLORIDA

County of Citrus

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 10 day of July, 2026, by Dennis Rogers (name), as President (title) for Rogers Roofing Corp/Professional Roof Systems (name of proposer)

Personally known ☐ OR Produced Identification ☒ Florida Driver License (type of identification).

_____

(Signature) Notary Public (SEAL)

My Commission expires HH778586

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

NOTARY PUBLIC STATE OF FLORIDA

JOANN ROGERS
Commission # HH 778586
Expires June 18, 2030

NON-COLLUSION AFFIDAVIT

I, Dennis Rogers of the County of Citrus

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

1. I am President of the firm of Rogers Roofing Corp/Professional roof Systems providing that I executed the said proposal 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.

(Signature of Proposer Representative) 07-10-2026 (Date)

State of Florida

County of Citrus

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 10 day of July, 2026, by Dennis Rogers (name), as President (title) for Rogers Roofing Corp (name of proposer)

Personally known ☐ OR Produced Identification ☒ Fl Driver License (type of identification).

(Signature) Notary Public (SEAL)

Jo Ann M Rogers

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

My Commission expires June 15 2030

JOANN ROGERS
Commission # HH 778586
Expires June 15, 2030

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

DRUG-FREE WORKPLACE FORM

The undersigned Bidder in accordance with Section 287.087, Florida Statutes hereby certifies that the Bidder Rogers Roofing Corp/ Professional Roof Systems (name of firm or individual) does:

1. Publish a statement notifying employees that the unlawful manufacture, distributions, 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 business'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 for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, 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 893 or of any controlled substance law of the United State 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 so 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 this firm complies fully with the above requirements.

Name of Bidder: Dennis Rogers

Signature: _____

Title: President

Date: 07-10-2026

ANTI-HUMAN TRAFFICKING AFFIDAVIT

DIRECTIONS: *All nongovernmental entities that are or potentially will be contracting, renewing or extending contracts with Levy County, must have an officer or representative fully execute this affidavit. Note, this is a mandatory requirement of s 787.06(13), Florida Statutes effective July 1, 2024.*

I Dennis Rogers (insert name) as President (insert title) on behalf of Rogers Roofing Corp (insert entity name) under penalty of perjury hereby attest as follows:

1. I am over 21 years of age and have personal knowledge of the matters set forth in this affidavit.
2. Rogers Roofing Corp (insert entity name) does not use coercion for labor or services as defined in s. 787.06(2)(a), Florida Statutes.
3. More particularly, Rogers Roofing Corp (insert entity name) does not participate in any of the following actions:

    a. Using or threatening to use physical force against any person;
    b. Restraining, isolating or confining or threatening to restrain, isolate or confine any person without lawful authority and against her or his will;
    c. Using lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt or the length and nature of the labor or services are not respectively limited and defined;
    d. Destroying, concealing, removing, confiscating, withholding, or possessing any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
    e. Causing or threatening to cause financial harm to any person;
    f. Enticing or luring any person by fraud or deceit; or
    g. Providing a controlled substance as outlined in Schedule I or Schedule II of s. 893.03, Florida Statutes to any person for the purpose of exploitation of that person.

FURTHER AFFIANT SAYETH NAUGHT.

Dennis Rogers
Printed Name:
Title:
Nongovernmental entity:
Date:

STATE OF Florida
COUNTY OF Citrus

SWORN TO AND SUBSCRIBED before me ____ in person or _____ remote notarization by Dennis Rogers as President on behalf of Rogers Roofing Corp/Professional Roof Systems, who is personally known to me or who produced Florida Drivers License as identification this 10 day of July, 2026.

JOANN ROGERS
Commission # HH 778586
Expires June 15, 2030

(Notary Seal) Notary Public

EXHIBIT B

FOREIGN COUNTRY OF CONCERN AFFIDAVIT

DIRECTIONS: All nongovernmental entities that are or potentially will be contracting, renewing or extending contracts with Levy County, must have an officer or representative fully execute this affidavit. Note, this is a mandatory requirement of s 287.138, Florida Statutes, for all entities that may have access to individuals' personal identifying information.

I Dennis Rogers (insert name) as President (insert title) on behalf of Rogers Roofing Corp/Professional Roof Systems (insert entity name) under penalty of perjury hereby attest as follows:

1. I am over 21 years of age and have personal knowledge of the matters set forth in this affidavit.
2. I certify that Rogers Roofing Corp (insert entity name) ("Vendor"):

a. Is not owned by the government of a foreign country of concern;

b. A government of a foreign country of concern does not have a controlling interest in Vendor; and

c. Is not organized under the laws of nor have its principal place of business in a foreign country of concern.

3. For purposes of this Affidavit, "Foreign Country of Concern" means the People's Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People's Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolás Maduro, or the Syrian Arab Republic, including any agency of or any other entity of significant control of such foreign country of concern.

FURTHER AFFIANT SAYETH NAUGHT.

Dennis Rogers

Printed Name:

Title: President

Nongovernmental entity:

Date: July 10,2026

STATE OF Florida

COUNTY OF Citrus

SWORN TO AND SUBSCRIBED before me xx in person or _____ remote notarization by Dennis Rogers as President on behalf of Rogers Roofing Corp/Professional Roof Systems, who is personally known to me or who produced Florida Drivers License as identification this 10 day of July, 2026.

JOANN ROGERS
Commission # HH 778588
Expires June 15, 2030

Notary Public

(Notary Seal)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/08/2026

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	CONTACT NAME: Kimberly Sue Millen	
Heritage Insurance, Inc PO BOX 9 388 Hwy 40 W Inglis FL 34449	PHONE (A/C, No, Ext): (352) 447-2276	FAX (A/C, No): (352) 447-0472
	E-MAIL ADDRESS: heritageinskim@gmail.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : AUTO OWNERS INS CO	18988
INSURED Rogers Roofing Corp Dba 5590 N Silk Ter DUNNELLON FL 34433-6365	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	☒ ANY AUTO						BODILY INJURY (Per person)	$
A	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS			4303782800	10/03/2025	10/03/2026	BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
							pip	$ 10,000
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

roofing

CERTIFICATE HOLDER

Orlando Housing Authority- Purchasing Department
390 Bumby Avenue
Orlando FL 32803

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/12/2026

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.

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PRODUCER Affordable Contractors Insurance, LLC 8501 N Scottsdale Rd Suite 270 Paradise Valley AZ 85253	**CONTACT NAME:** Sean O'Keefe **PHONE (A/C, No, Ext):** (888) 652-4513 **FAX (A/C, No):** (888) 274-7438 **E-MAIL ADDRESS:** info@acisaves.com
INSURED Rogers Roofing Corp dba Professional Roof Systems PO BOX 375 Holder FL 34445	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** SIRIUSPOINT SPECIALTY INS CORP / 16820 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

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	[X] **COMMERCIAL GENERAL LIABILITY** [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	X	X	ISCSP000015618	05/02/2026	05/02/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

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

HOLDER NAMED ADDITIONAL INSURED & COVERAGES APPLY IN FLORIDA

Qualifying Individual Dennis Eugene Rogers per license #CCC1330563

CERTIFICATE HOLDER

Orlando Housing Authority-Purchasing Dept.
390 N Bumby Ave.
Orlando, FL 32803
USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/12/2026

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PRODUCER Construction Pros Insurance LLC PO Box 186 San Antonio FL 33576	**CONTACT NAME:** **PHONE (A/C, No, Ext):** 800-685-0027 **FAX (A/C, No):** 813-659-5480 **E-MAIL ADDRESS:** office@constructionprosins.com
	INSURER(S) AFFORDING COVERAGE / **NAIC #** **INSURER A :** American Interstate Insurance Company / 31895
INSURED PROFROO-01 Rogers Roofing Corp. dba Professional Roof Systems Inc. dba Professional Roof Systems Inc 4670 54th Ave N Saint Petersburg FL 33714	**INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1625529343 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	N	N				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **Y / N** ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		AVWCFL3308802024	10/3/2025	10/3/2026	☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

Qualifying Individual Dennis Eugene Rogers per license #CCC1330563

Please review named insured's policies referenced in this document for complete list of all applicable coverage's, limits, endorsements, exclusions, deductibles, and their respective terms and conditions they contain.

CERTIFICATE HOLDER

Orlando Housing Authority-Purchasing Dept.
390 N Bumby Ave.
Orlando Fl 32803
USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

2026 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2026
Secretary of State

DOCUMENT# P98000026117

1709200733CC

Entity Name: ROGERS ROOFING CORP.

Current Principal Place of Business:

4670 54TH AVE N
ST PETERSBURG, FL 33714

Current Mailing Address:

PO BOX 375
HOLDER, FL 34445 US

FEI Number: 59-3502191

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROGERS ROOFING CORP.
4639 HAINES ROAD N
ST. PETERSBURG, FL 33714 US

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

SIGNATURE: DENNIS ROGERS 03/07/2026

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRES
Name	ROGERS, DENNIS
Address	PO BOX 375
City-State-Zip:	HOLDER FL 34445

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS ROGERS PRESIDENT 03/07/2026

Electronic Signature of Signing Officer/Director Detail — Date

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CCC1330563 ISSUED: 05/12/2026
CERTIFIED ROOFING CONTRACTOR
ROGERS, DENNIS EUGENE
PROFESSIONAL ROOF SYSTEMS

Signature
LICENSED UNDER CHAPTER 489, FLORIDA STATUTES
EXPIRATION DATE: AUGUST 31, 2028

Ron DeSantis, Governor Melanie S. Griffin, Secretary

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER: CCC1330563 **EXPIRATION DATE: AUGUST 31, 2028**

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

ROGERS, DENNIS EUGENE
PROFESSIONAL ROOF SYSTEMS
4670 54th Av 4670 54TH AVE N
SAINT PETERSBURG FL 33714

ISSUED: 05/12/2026

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.

ShingleMaster™ PRO
Credentialed Roofing Company

This is to certify that

Professional Roof Systems Inc

is hereby recognized as a ShingleMaster™ PRO and therefore can offer the CertainTeed SureStart™ PLUS 3-STAR and 4-STAR Coverage warranty extensions.

This company has earned ShingleMaster™ PRO status by fulfilling all program requirements across the categories of Business, Education, and Partnership. The ShingleMaster™ PRO roofing company credential is subject to review at any time and is valid through the date entered, subject to the terms and conditions of the credential.

BUSINESS ✓ EDUCATION ✓ PARTNERSHIP ✓

Valid through: 01/31/2027

Meredith Hafer-Sears
Director — Contractor Engagement

certainteed
SAINT-GOBAIN

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

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.
Rogers Roofing Corp.

2 Business name/disregarded entity name, if different from above
Professional Roof Systems

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.

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions
4670 54th Ave. N.

Requester's name and address (optional)

6 City, state, and ZIP code
St. Petersburg Florifs 33714

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
59 - 3502152

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 ▶ 5-19-25

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.*

Bond Number:

BID BOND

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned Principal and Surety are held and firmly bound unto

LEVY COUNTY BOARD OF COUNTY COMMISSIONERS, 310 SCHOOL ST BRONSON, FL

As Obligee in the penal sum of – **Five Percent (5%)** – of the total amount bid, the payment of which the Principal and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, by these presents.

WHEREAS, the Principal has submitted a bid for

ITB_2026_10 - Roof - Department of Public Safety
Removal and replacement of the existing roofing system at the Public Safety Building at the Government Center (319 Mongo Street, Bronson, FL)

NOW THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, then this obligation shall be null and void, otherwise to remain in full force and effect. Provided, however, that if the Principal's bid would otherwise be declared non-responsive by the Obligee solely because the wording in this bond varies from that which is specified in the call for bids, then this document is hereby amended to include the wording so specified.

SIGNED, SEALED AND DATED THIS **7th** DAY OF **July** , 20**26** .

PRINCIPAL:
Rogers Roofing Corp dba Professional Roof Systems

By: _____

SURETY:
Endurance American Insurance Company

By: Gary T. Eastman
Gary T. Eastman , Attorney in Fact

SOMPO INTERNATIONAL
INSURANCE

POWER OF ATTORNEY

14574

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation, a Delaware corporation ('EAC'), Endurance American Insurance Company, a Delaware corporation ('EAIC'), Lexon Insurance Company, a Texas corporation ('LIC'), and/or Bond Safeguard Insurance Company, a South Dakota corporation ('BSIC'), each,** a "Company" and collectively, **"Sompo International,"** do hereby constitute and appoint: **Gary Eastman**
as true and lawful Attorney(s)-In-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **One Hundred Million ($100,000,000.00)**

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the board of directors of each Company by unanimous written consent effective the 30th day of March, 2023 for BSIC and LIC and the 17th day of May, 2023 for EAC and EAIC, a copy of which appears below under the heading entitled "Certificate".

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the board of directors of each Company by unanimous written consent effective the 30th day of March, 2023 for BSIC and LIC and the 17th day of May, 2023 for EAC and EAIC and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 25th day of May, 2023.

Endurance Assurance Corporation

By:
Richard Appel; SVP & Senior Counsel

Endurance American Insurance Company

By:
Richard Appel; SVP & Senior Counsel

Lexon Insurance Company

By:
Richard Appel; SVP & Senior Counsel

Bond Safeguard Insurance Company

By:
Richard Appel; SVP & Senior Counsel

ACKNOWLEDGEMENT

On this 25th day of May, 2023, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/they is an officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By:
Amy Taylor, Notary Public – My Commission Expires 3/9/27

CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the board of directors of each Company by unanimous written consent effective the 30th day of March, 2023 for BSIC and LIC and the 17th day of May, 2023 for EAC and EAIC and said resolutions have not since been revoked, amended or modified:
   "RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: RICHARD M. APPEL, MATTHEW E. CURRAN, MARGARET HYLAND, SHARON L. SIMS, CHRISTOPHER L. SPARRO,
   and be it further
   RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds,
   undertakings or obligations in surety or co-surety for and on behalf of the Company."
3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 7th day of July, 20 26

By: Daniel S. Lurie, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

No coverage is provided by this Notice nor can it be construed to replace any provisions of any surety bond or other surety coverage provided. This Notice provides information concerning possible impact on your surety coverage due to directives issued by OFAC. **Please read this Notice carefully.**
The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website – https://www.treasury.gov/resource-center/sanctions/SDN-List.
In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com
Telephone: 615-553-9500 Mailing Address: Sompo International; 12890 Lebanon Road; Mount Juliet, TN 37122-2870

CONTRACT EXCEPTION FORM

Any proposer who requires/requests revision(s) to the Form of Contract (contained in Part 3 of this RFP) must submit this completed Contract Exception Form **during the Question portion of the RFP process**. The County is under no obligation to grant any exceptions and any proposal submitted that is contingent on exceptions to the Contract being granted will not be accepted. If an exception is rejected by the County and the proposer subsequently submits a proposal, the proposer is deemed to have waived their request for a Contract exception.

Request for Revision to Form of Contract
Identify the specific Contract provision(s) that Proposer takes exception to:
SEE ATTACHED CONDITIONALLY CERTIFICATED
Explain the specific revision(s) that are being requested (such as, delete the provision or modify it to state…)

Signature: _____

Printed Name of Authorized Signatory: Dennis Rogers

Name of Proposer: Dennis Rogers

Date: 07-10-2026

IF PROPOSER HAS ANY QUESTIONS, THIS FORM MUST BE COMPLETED AND SUBMITTED BEFORE THE QUESTION PERIOD DEADLINE

SureStart™ PLUS Certificate

5-STAR Coverage

– Extends standard SureStart duration and coverage to 50 years
– Fully transferrable once for 15 years
– Covers materials, labor, tear-off and disposal for 50 years after installation
– Covers the contractor's workmanship for 25 years

The components of the Integrity Roof System™, manufactured by CertainTeed, on the property below, are covered by SureStart PLUS protection. In case of a warranty claim, contact CertainTeed Roofing, Technical Services, 1400 Union Meeting Road, Blue Bell, PA 19422, telephone: (800) 345-1145. (See actual warranty for terms and conditions of standard SureStart warranty.)

Date of Registration: **1/15/xx**

Property Owner(s): **John Doe**

Property Address: **123 Anywhere Road, Anytown, PA 11123**

Shingle Name: **GRAND MANOR**

Squares of Shingle Installed: **25**

Date of Installation Completion: **1/1/xx**

Expiration of SureStart PLUS Coverage: **1/1/20xx**

Flintlastic® System Installed (if applicable): **N/A**

Flintlastic Squares Installed: **N/A**

Expiration of SureStart PLUS coverage on Flintlastic System: **N/A**

Thank you for your recent purchase of one of the fine products from CertainTeed Roofing. Since 1904, CertainTeed has been producing quality roofing products that provide long-lasting beauty and protection. For over 100 years, the basis for our name, "Quality made certain, satisfaction guaranteed," has been our ongoing philosophy and CertainTeed supports its products with the strongest warranty protection available.

CertainTeed SureStart Plus

Upgraded 130 mph Wind Warranty Available¥
Extended Transferable Coverage£

	3-STAR Coverage	4-STAR Coverage	5-STAR Coverage
Lifetime Shingles	20 years	50 years†	50 years‡
Non-Prorated Coverage	✔	✔	✔
Materials & Labor	✔	✔	✔
Tear-off	✔	✔	✔
Disposal		✔	✔
Workmanship			✔§

NOTE: XT™ 30 shingles carry 10 years with 3-STAR, 20 years with 4-STAR and 25 years with 5-STAR coverege including the features as indicated above.

SureStart™ PLUS extends the duration and coverage of standard SureStart protection for the installed CertainTeed roofing products. For all other warranty features refer to CertainTeed's Limited Asphalt Shingle Warranty in place at the time your shingles were installed (obtain a copy by calling 800-782-8777 or visit www.certainteed.com)

¥ ***130 mph wind warranty*** *available on lifetime products when special application methods are used:*

£ ***Fully transferable*** *for 10 years with 3-STAR Coverage, 12 years with 4-STAR Coverage, and 15 years with 5-STAR Coverage; refer to CertainTeed's limited warranty for details on transfers.*

† *Applies to single-family detached houses. Duration for all other types of structures is limited to 25 years.*

‡ *Applies to single-family detached houses. Duration for all other types of structures is limited to 30 years.*

§ *Workmanship is covered for 25 years.*

Why only CertainTeed gives you the confidence of SureStart and SureStart PLUS.

We can offer this extensive coverage because all CertainTeed roofing products are crafted with quality materials, advanced manufacturing methods and a standard of excellence. That means problems rarely occur.

But just in case a defect arises during the critical early years, CertainTeed protects you with SureStart or SureStart PLUS as follows:

- Coverage of 100% of the cost of shingles to repair or replace defective shingles.
- Coverage of the cost of labor to repair the defective shingles or apply new shingles to replace defective shingles.
- Non-prorated coverage throughout SureStart or SureStart PLUS protection periods.
- Transferable from the original property owner/consumer to the first subsequent owner.
- See the Limited Asphalt Shingle Warranty for details.

ASK ABOUT ALL OF OUR OTHER CERTAINTEED PRODUCTS AND SYSTEMS:
ROOFING • SIDING • TRIM • WINDOWS • DECKING • RAILING • FENCE
INSULATION • GYPSUM • CEILINGS • FOUNDATIONS • PIPE

CertainTeed Corporation
P.O. Box 860
Valley Forge, PA 19482

Professional: 800-233-8990
Consumer: 800-782-8777
www.certainteed.com
http://blog.certainteed.com

SAINT-GOBAIN

CertainTeed

SureStart™

Strong protection in the early years

The CertainTeed Shingle Warranty that gives you coverage when you need it most.

CertainTeed SAINT-GOBAIN

SureStart™ and SureStart™ PLUS are 100% coverage…even labor

Only CertainTeed enhances your shingle warranty with the total assurance of SureStart™

CertainTeed offers a full line of shingles with warranty durations ranging from 20 years to lifetime limited for your assurance over the long term. Yet CertainTeed's exclusive SureStart™ protection offers even more. SureStart provides the best coverage you can get in the vital early years after your new roof has been installed. Here's how SureStart is different from any other coverage. In case of manufacturing defects in CertainTeed shingles during the applicable period, SureStart protection covers…

100% of materials

All shingles required to repair or replace the defective product will be provided free. No exceptions.

100% of labor

All labor required to repair defective shingles or apply new shingles to replace the defective shingles will be paid by CertainTeed, based on local fair market value for labor. Costs of flashings, metal work, tear-off and disposal are included for Grand Manor™, Carriage House™, Presidential Shake™ TL (& AR), Landmark™ TL (& AR), Presidential Shake™ (& AR), Presidential Shake™ (Impact Resistant), Presidential Solaris™, Highland Slate™, Highland Slate™ (Impact Resistant), Landmark™ Premium, Landmark™ Pro, Landmark™ Solaris and Independence™.

Without prorating the cost

Replacement coverage of material and labor is not prorated or otherwise reduced during the applicable SureStart period. The SureStart terms are effective for 3, 5 or 10 years based on the shingle (see SureStart chart).

And SureStart protection can be transferred!

The CertainTeed warranty with SureStart protection can be transferred from the original consumer to the subsequent property owner during the SureStart period for the remaining duration of the warranty.

SureStart PLUS Extended Warranty Protection for added peace of mind

When you choose an Integrity Roof System™ installed by a contractor who holds advanced credentials from CertainTeed, you have the opportunity to obtain additional levels of SureStart coverage. The chart on the back shows the benefits of each warranty extension option.

How can we help?

For additional information or to locate a contractor with CertainTeed credentials, call CertainTeed at 800-782-8777 or visit our website at www.certainteed.com.

SureStart coverage details

Product	Warranty Period	SureStart Period
Grand Manor™	Lifetime[A]	10 years
Carriage House™	Lifetime[A]	10 years
Presidential Shake™ TL (& AR)	Lifetime[A]	10 years
Presidential Solaris™	Lifetime[A]	10 years
Landmark™ TL (& AR)	Lifetime[A]	10 years
Presidential Shake™ (& AR) (& Impact Resistant)*	Lifetime[A]	10 years
Landmark™ Pro/Architect 80	Lifetime[A]	10 years
Landmark™ Premium (& AR)	Lifetime[A]	10 years
Highland Slate™ (& Impact Resistant)*	Lifetime[A]	10 years
Landmark™ Solaris (& IR)*	Lifetime[A]	10 years
Independence™	Lifetime[A]	10 years
Landmark™ (& AR)	Lifetime[B]	10 years
Landmark™ IR*	Lifetime[B]	10 years
Hatteras®	Lifetime[B]	10 years
XT™ 30 (& AR) (& Impact Resistant)*	30 years	5 years
XT™ 25 (& AR)	25 years	5 years
CT 20	20 years	3 years

A .The Lifetime Warranty period is only available to individual homeowners. The warranty period for these shingles installed on premises not used by individual homeowners as their residence is limited to 50 years and the SureStart period is 10 years following the installation of the shingles. Roof tear-off, metal work, flashing and disposal expense, incurred during repair or replacement are covered or reimbursed by this Limited Warranty. Limited Warranty transferees during the SureStart period are limited to a 50-year warranty period (see section titled "Transfers During the SureStart Period" for details).

B. The Lifetime Warranty period is only available to individual homeowners. The warranty period for these shingles installed on premises not used by individual homeowners as their residence is limited to 40 years and the SureStart period is 5 years following the installation of the shingles. Limited Warranty transferees during the SureStart period are limited to a 40-year warranty period (see section titled "Transfers During the SureStart Period" for details).

* CertainTeed's Landmark™ IR and Impact Resistant (IR) versions of Presidential Shake™, Highland Slate™, Landmark Solaris™, and XT™30 shingles comply with UL 2218 Impact Resistance of Prepared Roof Covering Materials test criteria at time of manufacture.