

LEVY COUNTY BOARD OF COUNTY COMMISSIONERS

PROCUREMENT DEPARTMENT

P.O. BOX 310

BRONSON, FL 32621

PHONE: (352) 486-5218 EXT. 2

FAX: (352) 486-5167

EMAIL: TRETHEWAY-ALI@LEVYCOUNTY.ORG

COVER PAGE

ITB_2024_003 - PAINT STRIPING AND MARKING SERVICES

LAST DAY FOR QUESTIONS: 8/23/23, 4:00 P.M. EST

DUE DATE AND TIME: 8/30/23, 2:00 P.M., EST

SUMMARY OF SCOPE: Levy County is seeking bids from firms or companies who can provide Paint Striping and Marking Services for the fiscal year 2024 beginning on October 1, 2023 and ending September 30, 2024.

SUBMITTAL OF BID: Levy County only accepts electronic submittals through "E-Bidding" on the DemandStar platform www.DemandStar.com. In order to submit a bid in response to this solicitation the bidder must be registered with DemandStar.

For questions relating to this Bid, contact Ali Tretheway, Procurement Coordinator at tretheway-ali@levycounty.org.

ITEMS THAT MUST BE INCLUDED WITH BID: Submitting an incomplete document may deem the bid non-responsive, causing rejection. Please check each box for each item submitted with bid. Prior to submitting my bid, I have verified that all forms are attached and are considered as part of my bid:

- ✓ COVER PAGE
- ☑ ATTACHMENT "1" BID PRICING FORM
- ✓ SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM
- ☑ NON-COLLUSION AFFIDAVIT FORM
- ☑ BID SIGNATURE FORM
- ☑ DRUG-FREE WORKPLACE FORM
- ☑ CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM
- ☑ VENDOR INFORMATION FORM
- **☑** W9
- CERTIFICATE OF INSURABILITY AS NOTED IN PART 2, SUBSECTION 2.11
- $ec{f \omega}$ EVIDENCE THAT THE BIDDER IS QUALIFIED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
- ☑ COPIES OF ANY APPLICABLE AND CURRENT LICENSE OR CERTIFICATIONS REQUIRED

Company Name: Jenkins Painting Inc.								
Name: Richie Morehouse								
Address: 5551 NW 60th STREET, CHIEFLAND, FL. 32626								
Mailing Address (if Different): SAME								
Email Address (Required): Richie.morehouse@jenkinspaintinginc.com								
Telephone: (352) 493 - 4021 (office) (352) 221-2666 (cell) FEIN: 59-1911968								
By signing the form, I acknowledge I have read and understand, and my firm complies with all General Conditions and requirements set forth herein:								
SIGNATURE OF AUTHORIZED REPRESENTATIVE: Signature Of Authorized Representative:								
DATE SUBMITTED: 8/10/2023								

ATTACHMENT 1 BID PRICING FORM

The undersigned, as bidder, does hereby declare that he/she has read the Invitation to Bid, Scope of Work, Intent and General Information, General Conditions, Bid Form and Required and Optional Forms, any addenda that may have been issued, and any other documentation for ITB_2024_003, Paint Striping and Marking Services. All bid prices shall be all inclusive.

Each Bidder shall state the unit price for each item.

1.	Messages Painted:		
	a. STOP Messages		\$ _130.00
	b. School Messages		\$ 200.00
	c. STOP Ahead		\$ 250.00
2.	Symbols Painted:		
	a. Railroad Symbol		\$ \$225.00
	 Railroad envelope at Railroad Crossing 	g	\$ _4,000.00
3.	Directional Arrow Painted:		\$ 45.00
4.	Linear Feet Painted or Gross Miles Painted:	Linear Feet Price	Gross Miles Price
	a. 24" Stop Bars	\$ 4.50	\$ _23,760.00
	b. 4" Edge Line	\$195	\$ 1,029.60
	c. 4" Skip Yellow	\$195	\$ 1,029.60
	d. 4" Solid Yellow	\$195	\$ 1,029.60
	e. 6" Edge Line	\$195	\$ 1,029.60
	f. 6" Skip Yellow	\$195	\$ 1,029.60
	g. 6" Solid Yellow	\$195	\$ 1,029.60
5.	Crosswalk Linear Feet Painted:		
	a. 12" Crosswalk	\$ _ 3.00	
	b. 24" Crosswalk	\$ _4.50	

Bid prices shall be firm for the Contract period (October 1, 2023, through September 30, 2024). Please list any substitutions (if any), on a separate page.

Name of Business: _	Jenkins Painting Inc.	
Contact Person:	Richie Morehouse	
Email Address: Richi	e.morehouse@jenkinspaintinginc.com	
Date:	8/10/2023	
Authorized Signatur	e: Richi Moreluna	

ATTACHMENT "2" PRICING 13-ITB_2024_003

Due to the rising cost associated with everything we do in the Striping business Jenkins Painting has also had to make adjustments to our prices. Therefor we have added a Daily Minimum of \$2,500.00.

If we do enough work in our day to reach a total of \$2,500.00 there is nothing owed. If we do not then there will be an additional charge owed to total \$2,500.00 per day. We have also added a Mobilization Charge to each day to cover the follow truck that Places cones on the wet stripes and also puts up WET PAINT AHEAD (Warning Signs) So that the public is aware of what is happening on the roadway. Mobilization cost will be \$500.00 per day.

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

SWORN STATEMENT ON PUBLIC ENTITY CRIME

Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes on Public Entity Crime

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 toLevy Couny Board of County Commissioners
	By Richie Morehouse Operations Manager (Print this individuals name and title)
	(Print this individuals name and title)
	For Venkins Painting Inc.
	(Print name of entity submitting statements)
	Whose business address is 5551 NW 60th STREET , CHIEFLAND , FL. 32626
	and if applicable whose Federal Employer Identification Number (FEIN) is
	and the second s
	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 bid 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 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, 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).	ř				
	☑ 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 affiliation 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 affiliat the entity has been charged with and convicted of a public entity crime within the past 36 months AND (Pleatindicate which additional statement applies).	e of				
☐ The entity submitting the sworn statement, or one or more of its officers, directors, executives, pare 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 corpublic entity crime within the past 36 months. However, there has been a subsequent proceeding before Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Officer determined that it was not in the public interest place the entity submitting this sworn statem convicted vendor list. (Attached is a copy of the final order).						
IDENTI DECEM WHICH ENTER	RSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY FIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO EVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT IA M REQUIRED TO INFORM THE PUBLIC ENTITY PRIORING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDATES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.	0,				
(Signat	ure)					
State	of Florida					
Count	y ofLevy					
Sworn	to (or affirmed) and subscribed before me by means of \square physical presence or \square online notarization, this day of, 20, by Richie Morehouse (nar	me),				
-	Operations Manager (title) for Jenkins Painting Inc. (name of bid					
£	Wally known OR Produced Identification (type of identification BERTA ALEJOS-JENKINS Commission # HH 302633 Expires June 7, 2026 (SEAL)	ition				
(Printe	ed, typed or stamped commissioned name of notary public)					

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

My Commission expires ____ June 7 2026

NON-COLLUSION AFFIDAVIT

I,Richie Morehouse	of the County of	Levy
According to law on my oath, and under penalt	y of perjury, depose and say th	nat:
I am Operations Manager / Estimator	of the firm of	Jenkins Painting Inc.
providing that I executed the said bid v		
This response has been arrived at independent of the second of the	pendently without collusion, co	onsultation, communication or agreement
for the nurnose of restricting competit	ion, as to any matter relating to	o 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 affida	wit are true and correct, and m	nade with full knowledge that Levy County
rolling upon the truth of the statements	contained in this affidavit in a	warding contracts for any services resulting
from this ITB for said project.		
	Ç	10/2023
Bichit Moubase		110/2023
(Signature of Proposer Representative)	(Date)	
(Signature of Proposer Representative)	,	
State of Florida		
Country of Levy		
County ofLevy		
Sworn to (or affirmed) and subscribed before	me by means of V physical pro	esence or online notarization, this
(0th day of ugut 20	Richie More	house (name),
as Operations Manager / Estimator (title) for	Jenkins Painting Inc.	
Personally known OR Produced Identification	on \square	(type of identification)
Personally known (v) OR Produced Identification	,	
Detta Clip - Juli		note the second
	BERTA ALEJOS-JENKINS	(SEAL)
(Signature) Notary Public	Commission # HH 302633	(
Deita Heirs- Venkin	Expires June 7, 2026	
	af nataminishia)	Section (Section (Sec
(Printed, typed or stamped commissioned nar	ne of notary public)	
My Commission expires June 7 2026		

BID SIGNATURE FORM

The undersigned attests to his/her authority to submit this bid and to bind the entity/firm herein named to perform in accordance with an agreement entered into with the County, if the entity/firm is awarded the agreement by the County. The undersigned further certifies that he/she has read the entire Invitation to Bid package, and any other documentation relating to the Invitation to Bid, and that this bid is submitted with full knowledge and understanding of the requirements and time constraints noted herein, and that the prices bid herein are guaranteed for a period of ninety (90) days following the due date for bids.

Type of Organization (p	lease check one):						
		☐ INDIVIDUAL ☐ PARTNERSHIP ☑ CORPORATION ☐ JOINT VENTURE ☐ LLC					
Firm Name:	Jenkins Painting Inc.			***************************************			Marie San
	5551 NW 60th STREET						
City, State, Zip:	Chiefland, Fl. 32626		***************************************				Management of Management
Address (Servicing Lev	y County if Different from	1 Above):					
	unty Representative:		Tore ha	se	10 per	ations	Manage
	norehouse@jenkinspaintingi 4021 (office) (352) 2			N.A.			
Signature:	che Minh	Dat	e: <i>8</i>	/10/	1202	3	
Is Bidder a small or mi	nority business, women's	s business enterprise	, or labor su	rplus area	a firm? ☑	Yes 🗆 No	
As addenda are considereceipt of same. The s	dered binding as if contain Submittal may be conside	ned in the original In- red void if receipt of	vitation to B addendum	Bid, it is cr is not ack	itical each nowledge	ı Bidder ack d.	nowledge
Receipt of Addenda A	cknowledged:						
Addendum No	Dated						
Addendum No	Dated	Signature _					
Addendum No.	Dated	_ Signature					
Addendum No	Dated	Signature	***************************************			***************************************	***************************************

DRUG-FREE WORKPLACE FORM

The undersigned Bidder in accordance with Section 287.087, Florida Statutes hereby certifies that the Bidder

Jenkins Painting Inc. (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.
- 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:	Jenkins Painting Inc. / Richie Morehouse
	Biche Montace
Signature:	Dun 1010m
Title:	Operations Manager / Estimator
Title.	6/11/2003
Date:	8/10/2023

Type text here

CONFLICT OF INTEREST DISCLOSURE STATEMENT

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All bidders must disclose with their bids whether any officer, director, employee or agent is also an officer or an employee of the Board of County Commissioners. All bidders must disclose whether any officer, partner, director or proprietor is the spouse or child of one of the members of the Board of County Commissioners. All bidders must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches or affiliates. All bidders must also disclose the name of any employee, agent lobbyist, previous employee of the Board, or other person, who has received or will receive compensation of any kind in connection with the response to this ITB. All bidders are also required to include a disclosure statement of any potential conflict of interest that the bidder may have due to other clients, contracts, or interest associated with the performance of services under this ITB and any resulting agreement. Use additional sheets if necessary.

Names of Officer, Director, Employee or Agent that is also an Employee of the Board:	
Names of Officer, Partner, Director or Proprietor who is spouse or child of Board Member:	
Names of County Officer or Employee that owns five percent (5%) or more in Bidders Firm:	
Names of applicable person(s) who have received compensation:	
Description of potential conflict(s) with other clients, contracts or interests:	
None of the above applicable: ✓ Signature:	ADDITION 1
Date: 8/10/2023	

VENDOR INFORMATION FORM DATE: 8/10/2023 COMPANY NAME: _____ Jenkins Painting Inc. PHYSICAL ADDRESS: ____ 5551 NW 60th STREET , CHIEFLAND , FL. 32626 5551 NW 60th Street MAILING ADDRESS: ____ CITY: _____ Chiefland _____ STATE: ____ Florida **ZIP:** 32626 **TELEPHONE NUMBER:** (352) 493 - 4021 (office) (352) 221 - 2666 (cell) N.A. FAX NUMBER: N.A. TOLL FREE NUMBER: _____ EMAIL: Richie.morehouse@jenkinspaintinginc.com OR SSN: _____ FEID NUMBER: ____59-1911968 CONTACT PERSON: Richie Morehouse TITLE: Operations Manager / Estimator CONTACT NUMBER: ______(352)221-2666

The information requested above is necessary to update our files or to add your name to the County's vendor list. You are a vital part of the operation of Levy County and we want to thank you for your support. The information on this form will allow us to pay you for the goods and/or services we have received in a timely manner and give us the ability to contact the necessary person in case there is a problem or question in processing.

W9 FORM

(On following Page)

(Rev October 2018) Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

interna	Revenue Service	Go to www.irs.gov/FormW9 for insti		mation.						
	Step	on your income tax return. Name is required on this line, do hance Lenleins Lidd	not leave this line blank.	managai na raya ing Karanga (namara a sa						
page 3	2 Business name/	2 Business name disregarded entity name. Id flerent from above								
	3 Check appropria following seven t	4 Exemptions (codes apply only to certain entities, not individuals, see instructions on page 3).								
oe.	Individual/soli single-membi	Exempt payee code (if any)								
Print or type. Specific Instructions on	Note: Check LLC if the LLC another LLC is disregarder									
00	Other (see ins	structions) >			(Applies to accounts maintained outside: he U.S.)					
See Sp	5551	r street and apt or suite no. See instructions NW WOTH ST.			Commissioners					
	6 City state and	and, Fl. 32626	Cou	inty (Ommissioners					
	F List according 1307	sector to a following.								
Pa	Taxpa	yer Identification Number (TIN)		-						
Ento	your TINI in the an	propriate how. The TIN provided must match the name	e given on line 1 to avoid	Social se	curity number					
hante	un withholding En	r individuals, this is generally your social security num prietor, or disregarded entity, see the instructions for f	ider (55N). However, for a							
resid	ent alien, sole prop	prietor, or disregarded entity, see the instructions for oper identification number (EiN). If you do not have a r	umber, see How to get a							
TIN.	iater			or	commence of the contract of th					
Note	: If the account is	in more than one name, see the instructions for line 1	Also see What Name and	Employer	identification number					
Num	ber To Give the Re	quester for guidelines on whose number to enter.		59	-1911968					
Pa	Certif	ication	Althorace Maybe, the face of company to the conditions of the cond		The second secon					
Und	er penalties of peril	ury. I certify that:								
			per (or I am waiting for a numb	per to be is	sued to me); and					
2 la Si	im not subject to b ervice (IRS) that I a b longer subject to	ackup withholding because: (a) I am exempt from bac m subject to backup withholding as a result of a failul backup withholding, and								
3 18	am a U.S. citizen o	other U.S. person (defined below); and								
4 T	ne FATCA code(s)	entered on this form (if any) indicating that I am exem	pt from FATCA reporting is co	rrect.						
you	have failed to report	ns. You must cross out item 2 above if you have been not all interest and dividends on your tax return. For real estiment of secured property, cancellation of debt, contribut dividends, you are not required to sign the certification.	ions to an individual retirement	arrangemen	of (iRA) and generally payments					
Sig	n Signature o	bli X 1 mild	Date ▶	8	14/23					
Ge	eneral Inst	ructions	 Form 1099-DIV (dividend funds) 	ls. includin	g those from stocks or mutual					
note	ed	to the Internal Revenue Code unless otherwise	proceeds)		ncome, prizes, awards, or gross					
rela	ted to Form W-9 at	i. For the latest information about developments and its instructions, such as legislation enacted and to www.irs.gov/FormW9	Form 1099-B (stock or m transactions by brokers)							
after they were published, go to www.irs.gov/FormW9. • Form 1099-S (proceeds from real estate transaction)										
	rpose of Fo			 Form 1099-K (merchant card and third party network transactions) Form 1098 (home mortgage interest), 1098-E (student loan interest). 						
An i	individual or entity	(Form W-9 requester) who is required to file an	Form 1098 (nome mortging) 1098-T (tuition)	age mieres	y, resure (stockin loan interes);					

information return with the INS must obtain your correct taxpayor 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-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/10/2023

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(les) 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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER CONTACT Cheryl Boland, CIC, AAI											
Nature Coast Insurance, Inc					DUONE (050) 400 0505						93-0402
P.O. Box 1520					FAIC, No. Extt: (352) 493-2565 (A/C, No): (352) 493-0402 E-MAIL abdress: cheryl@naturecoastinsurance.com						provident of the part of the p
						INSURER(S) AFFORDING COVERAGE NAIC #					
Chi	fland			FL 32644	INSLIDE	INSURER A : Southern Owners Insurance 1019					
INSURED					INSURER A:						18988
Jenkins Painting Inc					INSURE	Deldesfa	eld Employers I	nsurance Co			10701
	5551 NW 60th St					NG.					
					INSURE						
	Chiefland			FL 32626-6620	INSURE			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
CO		TIEIC	ATE	NUMBER: CL235332248	INSURE	:R F :		REVISION NUM	DED.		
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IN	DICATED. NOTWITHSTANDING ANY REQUI	REME	NT, TE	ERM OR CONDITION OF ANY	CONTR	ACT OR OTHER	R DOCUMENT V	WITH RESPECT TO	WHICH TH		
	ERTIFICATE MAY BE ISSUED OR MAY PERTA CLUSIONS AND CONDITIONS OF SUCH PO							OBJECT TO ALL TE	HE TERMS,		
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP		LIMITS		
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	CDAIMS-MADE Z OCCUR							PREMISES (Ea occu		10.00	
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	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$ 2,000	
	POLICY JECT LOC							PRODUCTS - COMP		\$ 2,000	7,000
	OTHER: AUTOMOBILE LIABILITY	-	-					COMBINED SINGLE		s 1,000	000
	X ANY AUTO							(Ea accident)			7,000
В	OWNED SCHEDULED			9543539202		01/01/2023	01/01/2024	BODILY INJURY (Pe		\$	
	AUTOS ONLY AUTOS NON-OWNED			3343333202		01/01/2023	01/01/2024	BODILY INJURY (Pe	· Parl	\$	
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	DED RETENTION \$ 10,000 WORKERS COMPENSATION	-	-					2 d DED 12		\$	
	AND EMPLOYERS' LIABILITY Y/N							× PER STATUTE	✓ OTH- ER		
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		830-55469		05/01/2023	05/01/2024	E.L. EACH ACCIDEN	IT .	\$ 1,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E		\$ 1,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$ 1,000	0,000
		1	}						1		
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLI					ttached if more sp	pace is required)				
Insu	red Operations: Street Or Road Paving Or I	Repay	ing, S	urfacing Or Resurfacing Or S	craping						1
)
CEF	TIFICATE HOLDER				CANC	ELLATION					
								SCRIBED POLICIE NOTICE WILL BE			BEFORE
	Levy County BOCC							PROVISIONS.	PELIVERE	אווע	
	PO Box 310										
					AUTHORIZED REPRESENTATIVE						
	Bronson			FL 32621			7	They Colan			
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