

LEVY
COUNTY

COMMISSION

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_010-DEVELOPMENT DEPARTMENT OFFICE RENOVATIONS

**DUE DATE AND TIME: 4/22/2024, 2:00 P.M.,
Est.**

LAST DAY FOR QUESTIONS: 4/12/24, 4:00 P.M., Est.

SUMMARY OF SCOPE: Levy County is seeking services of a qualified Licensed Certified Building or General Contractor to renovate an existing building located at 320 Mongo Street, Bronson, FL 32621, owned by Levy County Government into offices for the Levy County Development Department.

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 the 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** (optional, but refer to note below)

CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM

CONTRACT EXCEPTION FORM

VENDOR INFORMATION FORM

W9

CERTIFICATE OF INSURANCE - TO PROVIDE PROOF OF INSURANCE COVERAGES AS NOTED IN SUBSECTION 12

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: International Construction Mangament

Services, Inc.

Name:

Address:

Edward Keith Lemmon

9413 NW 143rd ST, Alachua, FL 32615

Mailing Address (if Different):

Email Address (Required):

icmsalachuafi@gmail.com

Telephone: (352)274-3006,(352)258-6737

FEIN: 65-0557568

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:

DATE SUBMITTED:

4/25/24

With
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THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

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**, **Specifications**, **Contract Documents**, any addenda that may have been issued, and **any** other documentation for **ITB_2024_010**, Development Department Office Renovations. **Total bid price shall constitute the cost portion of the determination of bid award.**

Total **bid price** shall include **all necessary items and equipment that meets the Scope of Work and all requirements therefor contained in this Invitation to Bid:**

Item	Description	Qty.	Total Price
1	Renovation of a 6,000 gross square foot Office Building , in Bronson, Florida	1	\$

Total Price
1,284,730.20

Total **Bid in Words:**

Time for completion:

279

Days

Bid shall be firm for the contract period. Please list any substitutions (if any), on a separate page.

Name of **Business:**

International Construction Management Services, Inc.

Contact Person:

Edward Keith Lemmon

Email Address:

icmsalachuaf@gmail.com/ keithlemmon@aol.com

Phone Number : (352) 274-3006/ (352) 258-6737

Date: 4/25/24

Authorized Signature:

**Witt
Lonians**

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

Levy County Board of County Commissioners
Edward Keith Lemmon
International Construction Management Services, Inc.

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 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)

State of

"Florida

County of Alachua

Sworn to (or **affirmed**) and subscribed **before me** by means of **physical presence** or online **notarization**,
this

^{as}
22 day of
April

2024, by Keith

m

(title) for CMS Inc

driver

Personally **known** OR Produced Identification

Query

Quang

Phan

(Signature) **Notary Public**

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

My **Commission expires**

03/10/26

Lemmen

license

(name),

(name of bidder) (type of **identification**).

(SEAL)

QUANG PHAM Notary Public

7978

State of Florida Comm#
HH238913
Expires 3/10/2026

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

24-ITB_2024_010 - DEVELOPMENT DEPARTMENT OFFICE RENOVATIONS

I, Edward Keith Lemmon

NON-COLLUSION AFFIDAVIT

of the County of

Alachua

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

1. I **am** Edward Keith Lemmon
of the firm of International Construction Mangement Services, 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.**

(Signature of Proposer
Representative)

4/25/24

(Date)

State of

Florida

as
22 day of April

VP

County of
Alachua

Sworn to (or **affirmed**) and **subscribed before me** by
means of

2024, by Ed court
(title) for ICMS

physical presence or online notarization,
this

Lemmen

(name),

(name of bidder)

(type of identification).

nc

Personally known OR **Produced** Identification

driver_license

Queny

Quang

Phim

(Signature) Notary **Public**

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

My Commission
expires 03/10/26

FLORIDA

ASSOCIATION

QUANG PHAM Notary Public

(SEAL)

NOTARY

SINCE

1978

**State of Florida Comm#
HH238913**

Expires 3/10/2026

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

25 ITB 2024_010 - DEVELOPMENT DEPARTMENT OFFICE RENOVATIONS

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 (please **check one**):

INDIVIDUAL

PARTNERSHIP

CORPORATION

JOINT VENTURE

LLC

Firm Name:

INTERNATIONAL CONSTRUCTION MANGEMENT SERVICES, INC.

Home Office Address:

9413 NW 143RD ST

City, State, Zip: __ ALACHUA, FL
32615

Address (Servicing Levy County if Different from Above):

Name/Title of Levy County Representative:

Alicia Tretheway

Email: tretheway-ali@levycounty.org

Telephone: (352) 486-5218

Signature:

Fax:

Date: 4/25/24

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

As addenda are considered binding as if contained in the original Invitation to Bid, it is critical each Bidder acknowledge receipt of same. The submittal may be considered void if receipt of addendum is not acknowledged.

Receipt of Addenda Acknowledged:

Addendum No. 1

Dated 4/17/24

Addendum No. 2

Dated 4/18/24

Addendum No. 3

Addendum No.

Dated 4/22/24

Dated

Signature

Signature Lit Forgion Signature fuith Famou

Signature

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26-ITB 2024_010-DEVELOPMENT DEPARTMENT OFFICE RENOVATIONS

DRUG-FREE WORKPLACE FORM

The undersigned Bidder in accordance with Section 287.087, Florida Statutes hereby certifies that the Bidder International Construction Mangement Services, 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.**
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:

Signature:

Edward Keith Lemmon

**Ruith
Famion**

Title: Vice President

Date: 4/25/24

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

27-ITB_2024_010-DEVELOPMENT DEPARTMENT OFFICE RENOVATIONS

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:**

None

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: N

Signature :

Burth
Frisu

Printed Name:

Edward Keith Lemmon

Bidder Name:

International Construction Management Services, Inc.

4/25/23

Date:

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

28-ITB_2024_010-DEVELOPMENT DEPARTMENT OFFICE RENOVATIONS

CONTRACT EXCEPTION FORM

Any bidder **who requires/requests revision(s) to the Form of Contract (contained in Section III of this ITB) must submit this completed Contract Exception Form during the Question portion of the ITB process. The County is under no obligation to grant any exceptions and proposals that are contingent on exceptions to the Contract being granted will not be accepted. If an exception is rejected by the County and the bidder subsequently submits a**

bid, the bidder 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:

None

Explain the specific revision(s) that are being requested (such as, delete the provision or modify it to state.....)

Printed Name: Edward Keith Lemmon

Signature:

Bidder Name:

Date:

**With
Samirau**

International Construction Services, Inc.

4/25/24

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

29-ITB_2024_010-DEVELOPMENT DEPARTMENT OFFICE RENOVATIONS

VENDOR INFORMATION FORM

DATE:

4/25/24

COMPANY NAME:

International Construction Management Services, Inc.

PHYSICAL ADDRESS:

9413 NW 143rd Street

MAILING ADDRESS:

CITY: Alachua

TELEPHONE NUMBER: (352)258-6737

FAX NUMBER:

TOLL FREE NUMBER:

EMAIL:

icmsalachuaf@gmail.com

FEID NUMBER:

CONTACT PERSON:

STATE: FL

65-0557568

OR SSN:

Edward Keith Lemmon

TITLE: Vice President

CONTACT NUMBER: (352) 258-6737

ZIP:

32615

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.

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

30-ITB_2024_010-DEVELOPMENT DEPARTMENT OFFICE RENOVATIONS

Form

W-9

(Rev. December 2011)
Department of the Treasury

Request for Taxpayer Identification Number and Certification

Name (as shown on your income tax return)

International Construction Management Services

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

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

Print or type

See Specific Instructions on page 2.

Individual/sole proprietor

C Corporation Xs
Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S-S corporation, P=partnership) ▶

Other (see instructions) I

Address (number, street, and apt. or suite no.)

9413 NW 143rd ST

City, state, and ZIP code

Alachua, FL 32615

List account number(s) here (optional)

Part I

Taxpayer Identification Number (TIN)

Requester's name and address (optional)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II

Certification

Under penalties of perjury, I certify that:

Social security number

Employer identification number

05 5 7 5 6 8

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).

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 on page 4](#).

Sign

Signature of

Here

U.S. person

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (**TIN**) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting **it** (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a **U.S.** trade or business is not subject to the withholding tax on foreign partners' share of **effectively connected income**.

Date ►

4-25-24

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

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

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7). **Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to **pay** a withholding tax on any foreign partners' share of income **from** such business. Further, in certain **cases** where a Form **W-9** has **not** been received, a partnership is required to presume that a partner is a foreign person, and **pay** the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. **status** and avoid withholding on your share of partnership income.

Cat. No. 10231X

Form W-9 (Rev. 12-2011)

OF THE
STATE OF

OF

FLORI

GOD
WE
TRUST

Ron DeSantis, Governor

STATE OF FLORIDA

Melanie S. Griffin, Secretary

Florida

dbpr

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

**CON
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BOA
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THE
BUILDING
CONTRACTOR
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CERTIFIED UNDER
THE
PROVISIONS OF
CHAPTER 489,
FLORIDA
STATUTES

C

LEMMON,
EDWARD
WARD
KEI

TH

INTERNATIONAL
CONSTRUCTION
MANAGEMENT
SERVICES INC
9413
N.W. 143
STREET

ALACHUA
FL 32615

**LICENSE
NUMBER:
CBC
1259
328**

**EXPIRATION
DATE:**

**AUGUST
31, 2024**

Always
verify
licenses
online at
MyFlorida
License.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.

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000006740

Entity Name: INTERNATIONAL CONSTRUCTION MANAGEMENT
SERVICES, INC.

Current Principal Place of Business:

9413 N.W. 143 STREET
ALACHUA, FL 32615

Current Mailing Address:

9413 N.W. 143 STREET
ALACHUA, FL 32615

FEI Number: 65-0557568

Name and Address of Current Registered Agent:

LEMMON, EDWARD K
9413 N.W. 143 STREET
ALACHUA, FL 32615 US

FILED Mar 20, 2024
Secretary of State
0161615989CC

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title
V

Name
LEMMON, EDWARD K

Address
9413 N.W. 143 STREET

City-State Zip:
ALACHUA FL 32615

Address

City-State-Zip: ALACHUA FL 32615

Title

T

Name

LEMMON, MARIO R

9413 N.W. 143 STREET

Title

P

Name

LEMMON, AMANDA E

Address

9413 N.W. 143 STREET

City-State-Zip: ALACHUA FL 32615

Title

Name

Address

City-State-Zip:

S

LEMMON, MARCO A

9413 N.W. 143 STREET

ALACHUA FL 32615

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: MARCO LEMMON

Electronic Signature of Signing Officer/Director Detail

SECRETARY

03/20/2024

Date

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/22/2024

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:

Donna Van Auken

King Insurance Partners, LLC

643 SW 4th Ave Suite 210

PHONE (A/C, No, Ext): E-MAIL ADDRESS:

(888) 377-0420

donna.vanauken@king-insurance.com

FAX
(A/C, No):

Gainesville

INSURED

FL 32601

INSURER(S) AFFORDING COVERAGE Southern Owners Insurance Co

INSURER A:

INSURER B:

International Construction Management Services, Inc

INSURER C:

dba ICMS

INSURER D:

9413 Nw 143Rd St

INSURER E:

Alachua

FL 32615-7687

CL243648365

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

ADDL SUBR **INS**
WVD

POLICY NUMBER

POLICY EFF POLICY EXP (MM/DD/YYYY)
| (MM/DD/YYYY)

TYPE OF INSURANCE

COMMERCIAL GENERAL LIABILITY

CLAIMS-MADE

OCCUR

A

GEN'L AGGREGATE LIMIT APPLIES PER:

POLICY

OTHER: PRO-
JECT

AUTOMOBILE LIABILITY

LOC

ANY AUTO
OWNED
AUTOS ONLY HIRED
AUTOS ONLY
SCHEDULED AUTOS
NON-OWNED AUTOS ONLY

UMBRELLA LIAB

OCCUR

EXCESS LIAB

CLAIMS-MADE

DED RETENTION S

**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

N/A

78126579

LIMITS

EACH OCCURRENCE DAMAGE TO
RENTED PREMISES (Ea occurrence)

MED EXP (Any one person)

\$ 1,000,000

\$ 50,000

\$ 5,000

03/30/2024 03/30/2025

PERSONAL & ADV INJURY

\$ 1,000,000

GENERAL AGGREGATE

\$ 2,000,000

PRODUCTS - COMP/OP AGG

\$ 2,000,000

\$

COMBINED SINGLE LIMIT (Ea
accident)

\$

BODILY INJURY (Per person)

\$

BODILY INJURY (Per accident)

\$

PROPERTY DAMAGE

\$

(Per accident)

\$

EACH OCCURRENCE

\$

AGGREGATE

		\$
		\$
PER		
STATUTE		
	OTH-ER	
		\$
E.L. EACH ACCIDENT		
E.L. DISEASE - EA EMPLOYEE S		
		\$
E.L. DISEASE POLICY LIMIT		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Levy County Board of County Commissioners and BFB&S Architects are listed as Additional Insureds with respects to the General Liability

CERTIFICATE HOLDER

Levy County Board of County Commissioners
310 School Street

Bronson

ACORD 25 (2016/03)

FL 32621

NAIC #
10190

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

**Maboch
суби**

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Agency Code

12-0350-00

Policy Number

122322-78126579

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - AUTOMATIC STATUS FOR OTHER

PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II - Who Is An Insured is amended to

include as an additional insured:

1. Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
2. Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1. above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf:
in the performance of your ongoing operations

for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law;
and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such

additional insured. A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

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

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
 - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
 - b. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of, or the failure to render, any professional architectural, engineering or surveying services.

2. "Bodily injury" or "property damage" occurring after:
 - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
 - b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or

CG 20 38 04 13

Insurance Services Office, Inc., 2012

Page 1 of 2

Agency Code

12-0350-00

subcontractor engaged in performing operations for a principal as a part of the same project.

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

The most we will pay on behalf of the additional insured is the amount of insurance:

Policy Number

1. Required by the contract or agreement described in Paragraph **A.1.**; or
2. Available under the applicable Limits of Insurance

ance shown in the Declarations; whichever is less.

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

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Insurance Services Office, Inc., 2012

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STATEMENT OF NON-SUBMITTAL

Levy County

Board of County Commissioners

310 School Street

Bronson, FL 32621

(352) 486-5218

If you do not intend to submit a response to the Invitation to Bid, please return this form to the above address immediately or fax to (352) 486-5167. If this statement is not completed and returned, your company may be deleted from the Levy County list for this service.

We the undersigned have declined to submit a response on the INVITATION TO BID FOR DEVELOPMENT DEPARTMENT OFFICE RENOVATIONS for the following reason(s):

Remarks:

Insufficient time to respond to the Invitation to Bid

We do not offer this service

Our **schedule would not permit** us to perform

Unable to meet bond/insurance requirements

Unable to meet bid specifications or scope of anticipated services

Specifications are unclear (explain below)

Remove us from your vendors' list for this service

Other (specify below)

Company Name:

Contact Person:

Signature:

Telephone:

Date:

Email:

**4-ITB_2024_010- DEVELOPMENT DEPARTMENT OFFICE RENOVATIONS
PARTI-SCOPE OF WORK**

ITB_2024_010

DEVELOPMENT DEPARTMENT OFFICE RENOVATIONS

1. SUMMARY OF WORK: The **Levy County Board of County Commissioners** is **seeking the services of a qualified**

Licensed Certified Building or General Contractor to renovate an existing building located at 320 Mongo Street, Bronson, FL 32621, owned by Levy County Government into offices for the Levy County

Development

Department.

2. GENERAL SCOPE OF LABOR: The work of Project is defined by the Contract Documents and consists of the following:

- a. **Renovation of a 6,000 gross square foot office building. The work will include interior demolition, Interior buildout with non-load bearing metal studs with drywall, hollow metal doors and frames, wood doors, plastic laminate cabinets and interior finishes. The work will include electrical, mechanical and plumbing systems renovations.**
- b. All work shall be performed in accordance with Part V-Contract Documents/Specifications.

END OF PART I

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/16/2023

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
GIGA Solutions, Inc.
101 Plaza Real South
Ste 201
Boca Raton FL 33432

INSURED
Advantage Personnel Resources Inc.
4907 NW 43rd Street Suite B
Gainesville FL 32606

CONTACT
NAME:
PHONE
(A/C, No, Ext): 888-581-0807
E-MAIL
ADDRESS:
certs@gigasolves.com

FAX
(A/C, No): 954-252-4426

INSURER(S) AFFORDING COVERAGE

INSURER A: Normandy Insurance Company Inc

NAIC #
13012

INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER: 656087983

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

A

TYPE OF INSURANCE

COMMERCIAL GENERAL LIABILITY

CLAIMS-MADE

OCCUR

ADDL SUBR
INSD WVD

POLICY NUMBER

POLICY EFF POLICY EXP (MM/DD/YYYY)
(MM/DD/YYYY)

EACH OCCURRENCE DAMAGE TO
RENTED PREMISES (Ea
occurrence)

MED EXP (Any one person)

LIMITS

69

\$

69

\$

\$

GEN'L AGGREGATE LIMIT APPLIES PER:

POLICY

PRO-JECT

LOC

PERSONAL & ADV INJURY

GENERAL AGGREGATE

PRODUCTS - COMP/OP AGG

\$

\$

\$

\$

OWNED
OTHER:

AUTOMOBILE LIABILITY

ANY AUTO

AUTOS ONLY HIRED
AUTOS ONLY

SCHEDULED AUTOS
NON-OWNED AUTOS
ONLY

COMBINED SINGLE LIMIT (Ea accident)

\$

BODILY INJURY (Per person) \$

BODILY INJURY (Per accident) \$

PROPERTY DAMAGE \$

(Per accident) \$

EACH OCCURRENCE \$

AGGREGATE \$

AGGREGATE \$

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UMBRELLA LIAB

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EXCESS LIAB

CLAIMS-MADE

DED

RETENTION \$

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

(Mandatory in NH)

If yes, describe under

DESCRIPTION OF OPERATIONS below

NHFL0068892023

5/8/2023

X 5/8/2024

PER STATUTE

Y/N

N/A

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) Coverage provided for all leased employees but not subcontractors of International Construction Management Services Location coverage effective 5/8/2023.

CERTIFICATE HOLDER

Levy County Building Department
622 E. Hathaway Ave
Bronson FL 32621

ACORD 25 (2016/03)

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

Carler Busick

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