

# STATEMENT OF QUALIFICATIONS

All questions must be answered, and the data given must be clear and comprehensive. This statement must be notarized. Add separate sheets or attachments, as necessary.

1. Name of Contractor: David Sigler
2. Name of Business (if different than #1): South Shore Contracting
3. Form of Entity: \_\_\_\_\_
4. Permanent Main Office and Mailing addresses and pertinent contact information (phone, email, etc.):  
1763 Kings Ave., Brandon, FL 33511 (954-270-3175, anthony P@anglers.com)
5. Date Organized: 8/30/06
6. Where Organized: Riverview, FL
7. How many years have you been engaged in contractor work under your present name; also, state names and dates of previous business names, if any. 19
8. In the last five years, has "Contractor" ever been terminated from a contract or project? If so, explain situation.: NO
9. In the last five years, has Contractor ever been party to litigation related to the Contractor's work? If so, explain situation.: NO
10. List the most important contracts entered by the Contractor in the last year; identify contracting party and term of contract.: \_\_\_\_\_
11. List your key personnel available for this contract.: David Sigler  
The City of Madeira Beach reserves the right to request from finalist(s) the latest financial statements as well as to request such additional information as may be reasonably necessary to determine whether the Contractor should be awarded the service contract.

\_\_\_\_\_  
Authorized Signature

2/13/25  
Date Signed

## NOTARY

State of: Florida

County of: Hillsborough

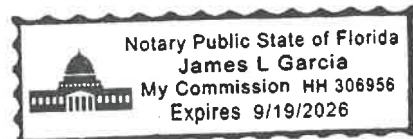
Sworn to and subscribed before me this 13 day of Feb, 2025

Personally Known  or Produced Identification \_\_\_\_\_  
(Specify Type of Identification)

Signature of Notary [Signature]

(seal)

My Commission Expires 9/19/26



## REFERENCES

Please include the below information for all three (3) references as required.

**Information below to be included for all three references in the proposal.**

Contact Name Ryan Day

Business Name Renaissance Maintenance Inc.

Business Address 6825 Hobson Valley Dr., Woodridge, IL 60517

Contact Phone 630-352-3282

Contact Email ryan@renaissancemaintenance.com

Project Description (describe): Backflow replacement, parking lot,  
doors, windows, electrical, painting

## INSURANCE REQUIREMENTS

Insurance shall be in such form as will protect the Contractor from all claims and liabilities for damages for bodily injury, including accidental death, and for property damage, which may arise from operations under this contract, whether such operations by himself or anyone directly or indirectly employed by Contractor.

The awarded firm must file with the City of Madeira Beach certificates of insurance prior to commencement of work evidencing the City as a certificate holder as additionally insured with the following minimum coverage:

- Public and Commercial Liability Insurance not less than \$1,000,000.00.
- Comprehensive General Liability Insurance of \$1,000,000.00 for each occurrence.
- Personal Injury for \$1,000,000.00 each occurrence.

Owner's and Consultant's Protective Liability.

- Bodily injury liability \$1,000,000.00 each occurrence
- Property damage liability \$1,000,000.00 each occurrence
- Full Workers Comprehensive Insurance is required by Florida Law for all people employed by the contractor to perform work on this project.

Automotive Liability (covering the operation, maintenance and all owned, non-owned and hired vehicles).

- Bodily injury liability \$1,000,000.00 each occurrence
- Property damage liability \$1,000,000.00 each occurrence

## REFERENCES

Please include the below information for all three (3) references as required.

**Information below to be included for all three references in the proposal.**

Contact Name Danielle Waymire

Business Name Daily Blends

Business Address 1991 St. Rd. 60, Valrico, FL 33594

Contact Phone 228-369-6649

Contact Email Dailyblendsfl@gmail.com

Project Description (describe): Commercial build-out of smoothie shop

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- Bodily injury liability \$1,000,000.00 each occurrence
- Property damage liability \$1,000,000.00 each occurrence

## REFERENCES

Please include the below information for all three (3) references as required.

**Information below to be included for all three references in the proposal.**

Contact Name Lea Orchard

Business Name Great Clips - Fishhawk

Business Address 5631 Circa Fishhawk Blvd., Lithia, FL 33547

Contact Phone 813-502-5980

Contact Email lea.orchard@greatclips.net

Project Description (describe): Commercial build-out of Great Clips

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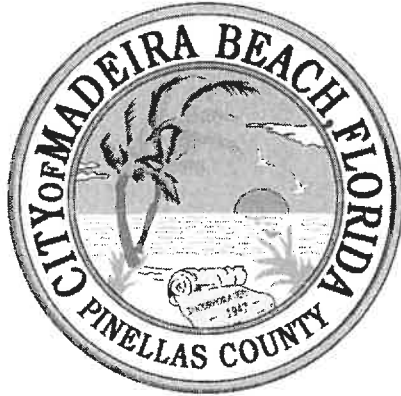
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PROPOSALS FORM



Name of "CONTRACTOR" Submitting Proposals South Shore Contracting

Name of Person Submitting Proposals Anthony Penn

**PROPOSER ACKNOWLEDGMENT**

"The undersigned hereby declares that he/she has informed himself/herself fully in regard to all conditions to the work to be done, and that he/she has examined the RFP and Specifications for the work and comments here to attached. The "CONTRACTOR" proposes and agrees, if this submission is accepted, to contract with the "CITY" of Madeira Beach to furnish all necessary materials, equipment, labor, and services necessary to complete the work covered by the RFP and Contract Documents for this Project. The "CONTRACTOR" agrees to accept in full compensation for each item the prices named in the schedules incorporated herein."

**BIDDER'S REPRESENTATIONS**

In submitting this Bid, Bidder represents that:

- A. Bidder has examined and carefully studied the Bidding Documents, the other related data identified in the Bidding Documents, and the following Addenda, receipt of which is hereby acknowledged.

Addendum No.	Addendum Date
_____	_____
_____	_____
_____	_____

- B. Bidder has visited the Site and become familiar with and is satisfied as to the general, local and Site conditions that may affect cost, progress, and performance of the Work.
- C. Bidder is familiar with and is satisfied as to all federal, state, and local Laws and Regulations that may affect cost, progress and performance of the Work.

- D. Bidder has carefully studied all: (1) reports of explorations and tests of subsurface conditions at the Site and all drawings of physical conditions in or relating to existing surface or subsurface structures at the Site.
- E. Bidder has obtained and carefully studied (or accepts the consequences for not doing so) all additional or supplementary examinations, investigations, explorations, tests, studies and data concerning conditions (surface, subsurface and Underground Facilities) at or contiguous to the Site which may affect cost, 19 progress, or performance of the Work or which relate to any aspect of the means, methods, techniques, sequences, and procedures of construction to be employed by Bidder, including applying the specific means, methods, techniques, sequences, and procedures of construction expressly required by the Bidding Documents to be employed by Bidder, and safety precautions and programs incident thereto.
- F. Bidder does not consider that any further examinations, investigations, explorations, tests, studies, or data are necessary for the determination of this Bid for performance of the Work at the price(s) bid and within the times and in accordance with the other terms and conditions of the Bidding Documents.
- G. Bidder is aware of the general nature of work to be performed by Owner and others at the Site that relates to the Work as indicated in the Bidding Documents.
- H. Bidder has correlated the information known to Bidder, information and observations obtained from visits to the Site, reports and drawings identified in the Bidding Documents, and all additional examinations, investigations, explorations, tests, studies, and data with the Bidding Documents.
- I. The Bidder has given Owner and Engineer written notice of all conflicts, errors, ambiguities, or discrepancies that Bidder has discovered in the Bidding Documents, and the written resolution thereof by Engineer is acceptable to Bidder.
- J. The Bidding Documents are generally sufficient to indicate and convey understanding of all terms and conditions for the performance of the Work for which this Bid is submitted.
- K. Bidder will submit written evidence of its authority to do business in the state where the Project is located not later than the date of its execution of the Agreement.

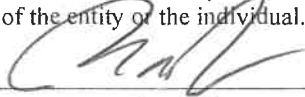
Signature 

Date 2/6/25

VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT ANY CONTRACT OR BUSINESS TRANSACTION SHALL PROVIDE FOR SUSPENSION OF PAYMENTS, OR TERMINATION, OR BOTH, IF THE CITY DETERMINES THAT:

- (1) Such person or entity has made false certification.
- (2) Such person or entity violates such certification by failing to carry out the requirements of sections (1), (2), (3), (4), (5), or (6) or subsection 3-101(7)(B); or
- (3) Such a number of employees of such person or entity have been convicted of violations occurring in the workplace as to indicate that such person or entity has failed to make a good faith effort to provide a drug free workplace as required by subsection 3-101(7)(B).

**Signatory Requirement.** In the case of a corporation, this affidavit shall be executed by the corporate president. In the case of a partnership, this affidavit shall be executed by the general partner(s). In the case of a business entity other than a partnership or a corporation, this affidavit shall be executed by an authorized agent of the entity or the individual.

  
Authorized Signature

Date Signed

2/13/25

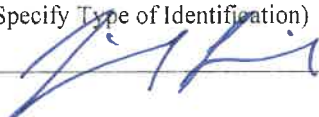
State of: Florida

County of: Hillsborough

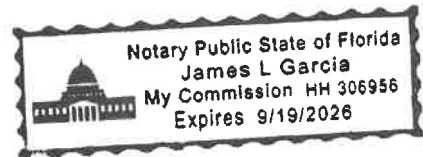
Sworn to and subscribed before me this 13 day of Feb, 2025

Personally Known  or Produced Identification \_\_\_\_\_

(Specify Type of Identification)

  
Signature of Notary

My Commission Expires 9/19/26







## HOLD HARMLESS AGREEMENT

The Contractor agrees to hold the City of Madeira Beach harmless against all claims for bodily injury, sickness, disease, death or personal injury or damage to property or loss of use resulting therefrom, arising out of the agreement, to the extent that such claims are attributable, in whole or in part, to a negligent act or omission by the Contractor.

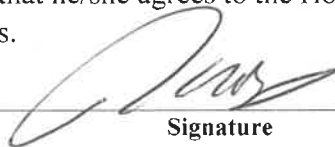
The Contractor shall purchase and maintain workers' compensation insurance for all workers' compensation insurance and employers' liability in accordance with Florida Statute Chapter 440.

The Contractor shall also purchase any other coverage required by law for the benefit of employees.

Required insurance shall be documented in Certificates of Insurance and shall be provided to the "CITY" representative requesting the service.

By signature upon this form the Contractor stipulates that he/she agrees to the Hold Harmless Agreement, and to abide by all insurance requirements.

David Sigler  
Contractor/ "CONTRACTOR"- Printed Name

  
Signature

Madiera Beach Recreation Center  
Project Name  
Interior hurricane repairs

2/6/25  
Date

**The effective date of this Hold Harmless Agreement shall be the duration of this project.**

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

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 the "CITY" of Madeira Beach

By David Sigler owner  
(Print individual's name and title)

for South Shore Contracting  
(Print name of entity submitting sworn statement)

whose business address is 1763 S. Kings Ave, Brandon, FL 33511 and (if applicable) its Federal Employer Identification Number (FEIN) is 43-210468.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a 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 a public entity crime; or
  - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
  - c. I understand that a "person" as defined in Paragraph 287.133(1)(e), **Florida Statutes**, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
  - d. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement (indicate which statement applies).
    - Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
    - The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime after July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted "CONTRACTOR" list. (Attach a copy of the final order)

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

[Signature]  
Authorized Signature  
2/13/25  
Date Signed

State of: Florida

County of: Hillsborough

Sworn to and subscribed before me this 13 day of Feb, 2025

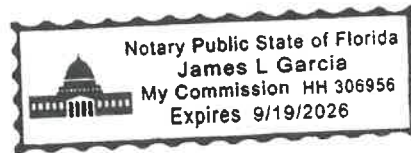
Personally Known X or Produced Identification \_\_\_\_\_

(Specify Type of Identification)

[Signature]  
Signature of Notary

My Commission Expires 9/19/26

(seal)



**This document must be completed and returned with your submission.**

# IMMIGRATION AFFIDAVIT CERTIFICATION

This Affidavit is required and should be signed, notarized by an authorized principal of the firm, and submitted with formal Invitations to Bid (ITB's) and Request for Proposals (RFP) submittals. Further, Consultants/Bidders are required to enroll in the E-Verify program, and provide acceptable evidence of their enrollment, at the time of the submission of the Consultant/Bidder's proposal. Acceptable evidence consists of a copy of the properly completed E-Verify Company Profile page or a copy of the fully executed E-Verify Memorandum of Understanding for the company. Failure to include this Affidavit and acceptable evidence of enrollment in the E-Verify program may deem the Consultant/Bidder's proposal as nonresponsive.

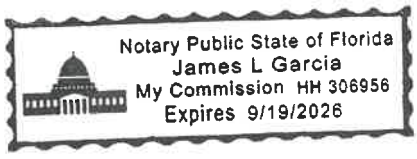
The City of Madeira Beach will not intentionally award City contracts to any Consultant who knowingly employs unauthorized workers, constituting a violation of the employment provision contained in 8 U.S.C. Section 1324 a(e) Section 274A(e) of the Immigration and Nationality Act ("INA"). The City of Madeira Beach may consider the employment by any Consultant of unauthorized aliens a violation of Section 274A (e) of the INA. Such Violation by the recipient of the Employment Provisions contained in Section 274A(e) of the INA shall be grounds for unilateral termination of the contract by the City of Madeira Beach.

Consultant attests that they are fully compliant with all applicable immigration laws (specifically to the 1986 Immigration Act and subsequent Amendment(s)) and agrees to comply with the provisions of the Memorandum of Understanding with E-Verify and to provide proof of enrollment in The Employment Eligibility Verification System (E-Verify), operated by the Department of Homeland Security in partnership with the Social Security Administration at the time of submission of the Consultant/Bidder's proposal.

Company Name: South Shore Contracting  
Print Name: David Sigler Title: owner  
Signature: [Signature] Date: \_\_\_\_\_  
State of: Florida  
County of: Hillsborough  
Sworn to and subscribed before me this 13 day of Feb, 2025

Personally Known  or Produced Identification \_\_\_\_\_  
(Specify Type of Identification)

[Signature]  
Signature of Notary  
My Commission Expires 9/19/26



(seal)

The signee of this affidavit guarantees, as evidenced by the affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made. This document must be completed and returned with your submission.



1763 S Kings Ave  
 Brandon FL 33511  
 (813) 964-3026,  
 Admin@southshore.contractors

# Estimate

<b>ESTIMATE #</b>	19395
<b>DATE</b>	02/13/2025

<b>CUSTOMER</b>	<b>SERVICE LOCATION</b>
Jay Hatch 300 Municipal Dr Madeira Beach, Florida, 33708-1916 (727) 392-0665 jhatch@madeirabeachfl.gov	300 Municipal Dr Madeira Beach, Florida, 33708-1916

<b>Reported issues or requested work</b>	Madeira Beach RFP 25-03 Madeira Beach Recreation Center Interior Hurricane Repairs
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<b>Estimate</b>	
<b>Description</b>	<b>Total</b>
<b>3113 CL General Construction / Drywall</b> Drywall Repairs  Provide all Labor and Materials to replace the removed drywall in the Assembly Room, Office 102, Director's Office, Deputy's Office, Game Room, Homework Room, Storage Room, Data Room, Janitors Room, Unisex Bathroom - Replace with new drywall 2' height - Texture to match existing finish	\$17,726.80
<b>3112 CL General Construction / Painting</b> General Construction / Painting  Provide all Labor and Materials to Repaint 6,696sf of 9' walls and 4,756sf of 13' walls  New GWB Walls at flood replacement - Prep area for painting - Apply 1 coat of SW 200 Primer  Existing GWB Walls - Apply 1 coat of SW 200 Eggshell - Colors to match existing	\$10,270.00
* Excludes, Floors, Doors, Frames, Base, Window Frames, Restrooms, ACT Ceilings and Exterior	

**3112 CL General Construction / Painting**  
General Construction / Painting - Alternative

\$1,820.00

Painted Frames 20 each

- Sand
- Prime
- Caulk
- Apply 2 coats SW WB Urethane Semi Gloss Enamel

**3114 CL General Construction / Renovations**  
Flooring

\$18,436.39

Provide all Labor and Materials to Replace 2,963 sf of Commercial Vinyl Shaw Terrain II 20 Mil Flooring

- Prep floor to receive new flooring 2,963sf
- Apply Pressure sensitive adhesive
- Install 2,963sf of Shaw Terrain II 20 Mil 0453V-00564 SHADE Flooring
- Install Schluter Brushed Stainless Steel Transitions
- Install 720LF of Cove Base Black 4"

**PICTURES**

**CUSTOMER MESSAGE**

**Estimate Total: \$48,253.19**

The above estimate is for completing the job as described above. It is based on our current evaluation of the job and does not include material price increases or additional labor and materials which may be required should unforeseen problems arise after work has begun. A 50% Down Payment will be required at job acceptance. South Shore Contracting will outline and document any additional work along with any added associated costs, should additional work be required.

## **Payment Schedule:**

A 50% Down Payment Invoice will be generated once the Estimate is approved and signed by all parties. Any and all Work, Purchase Orders, Estimate Revisions, etc., will be delayed until the down payment is received and deposited. The down payment will cover material cost for the initial, approved Estimate, Mobilization and any fees and/or permitting requirements. Progress Payments will be generated by percentage of Phase completion and delivered to the Client, via email, on the 10th day of every month. This Progress billing will be for work performed, including Change Orders, the previous month and will be due upon receipt. The last 10% of the Contract Sum will be held as Project Retention, and billed at the completion of the project and will also be due upon receipt.

## **Estimating Change Requests:**

Changes in scope and updates in the final layout and design are all part of this industry and while we are continuously striving to please our clients in any way possible, multiple update requests and changes can also be extremely time consuming for our designers and estimators. For this reason, we will happily meet with clients for the initial examination and discussion resulting in the initial estimate, and be available for (2) two more update requests that could result in Change Orders and/or modification of the original, approved Estimate. However, requests submitted after the (3) three that are included in the Contract Sum could result in a Change Order for the requested update and include the hourly rate and time spent for our Design and Estimating team to complete the requested update.

## **Change Order Process:**

A Change Order is a written order to the Contractor signed by the Client, Architect (if appropriate) and the Contractor issued after the execution of the Contract, authorizing a change in the Work or an adjustment in the Contract Sum or the Contract Time. The Contract Sum and the Contract Time may be changed ONLY by a Change Order. A Change Order signed by the Contractor indicates their agreement therewith, including the adjustment in the Contract Sum or the Contract Time. A Proposed Change Order (PCO) is a written request submitted to the Client by either the Architect or Contractor requesting a change to the contract price and/or schedule. Payment for changes in the Work will only be made after a Change Order is signed and executed by the Client, Contractor and Architect (if appropriate). A 50% Down Payment, due upon receipt, may be required by Contractor depending on purchases and/or materials required to complete the requested change in scope. The Force Majeure Clause is also valid, and if effect, for Change Order requests relating to material purchasing and the ability of the Contractor and/or Client to purchase and physically receive material required for the change in Work.

## **Force Majeure Clause:**

In no event shall either party be responsible or liable for any failure or delay in the performance of its obligations hereunder arising out of or caused by, directly or indirectly, forces beyond its control, including, without limitations, strikes, work stoppages, accidents, acts of war or terrorism, civil or military disturbances, nuclear or natural catastrophes or acts of God, and interruptions, loss or malfunctions of utilities, communications or computer (software or hardware) services; it being understood that the Parties shall use reasonable efforts which are consistent with

accepted industry practices to resume performance as soon as practicable under the circumstances.

**Client Approval Signature**  
**Contracting Signature**

**South Shore**

Signed by:





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/13/2025

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).

<b>PRODUCER</b> Acisure Southeast Partners Insurance Services LLC 1317 Citizens Blvd Leesburg FL 34748	<b>CONTACT NAME:</b> Denise DeRemigio
	<b>PHONE (A/C, No, Ext):</b> 813-933-6691 <b>FAX (A/C, No):</b> 813-932-6287 <b>E-MAIL ADDRESS:</b> DDeremigio@Acisure.com
<b>INSURED</b> Anglers Residential Construction Inc. South Shore Contracting 1763 S Kings Ave., Brandon FL 33511	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
License#: BR-1796553      ANGLRES-01	<b>INSURER A:</b> Frank Winston Crum Insurance Company      11600 <b>INSURER B:</b> Auto-Owners Insurance Company      18988 <b>INSURER C:</b> Builders Mutual Insurance Company      10844 <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** 2111272335      **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		FGFL0020005805	9/21/2024	9/21/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		5237421500	12/22/2024	12/22/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N N / A	WCP109884400	6/6/2024	6/6/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

<b>CERTIFICATE HOLDER</b>  South Shore Contracting 1763 S Kings Ave	<b>CANCELLATION</b>  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 

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## Detail by Entity Name

Florida Profit Corporation

ANGLERS RESIDENTIAL CONSTRUCTION, INC.

### Filing Information

<b>Document Number</b>	P06000113851
<b>FEI/EIN Number</b>	43-2110468
<b>Date Filed</b>	08/30/2006
<b>State</b>	FL
<b>Status</b>	ACTIVE

### Principal Address

1763 South Kings Avenue  
Brandon, FL 33511

Changed: 04/02/2019

### Mailing Address

1763 South Kings Avenue  
Brandon, FL 33511

Changed: 04/02/2019

### Registered Agent Name & Address

SIGLER, DAVID M  
11705 BOYETTE RD.,  
SUITE 402  
RIVERVIEW, FL 33569

Address Changed: 08/27/2007

### Officer/Director Detail

#### **Name & Address**

Title President

SIGLER, DAVID M  
1763 South Kings Avenue  
Brandon, FL 33511

### Annual Reports

<b>Report Year</b>	<b>Filed Date</b>
--------------------	-------------------

2022	01/31/2022
2023	01/26/2023
2024	04/01/2024

#### **Document Images**

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<a href="#">09/03/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/07/2007 -- Officer Resignation</a>	<a href="#">View image in PDF format</a>
<a href="#">09/27/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/31/2006 -- Domestic Profit</a>	<a href="#">View image in PDF format</a>

2024 - 2025 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT

EXPIRES SEPTEMBER 30, 2025

OCC. CODE  
260.026000 OFFICE

BUSINESS SOUTH SHORE CONTRACTING  
1763 SOUTH KINGS AVENUE  
BRANDON, FL 33511

NAME  
MAILING  
ADDRESS

SOUTH SHORE CONTRACTING  
1763 SOUTH KINGS AVENUE  
BRANDON, FL 33511

Paid 23-0-533760  
07/05/2024 30.00

# BUSINESS TAX RECEIPT

HAS HEREBY PAID A PRIVILEGE TAX TO ENGAGE  
IN BUSINESS, PROFESSION, OR OCCUPATION SPECIFIED HEREON

NANCY C MILLAN, TAX COLLECTOR  
813-635-5200

THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

ACCOUNT NO.
53461
RENEWAL

Receipt Fee	30.00
Hazardous Waste Surcharge	0.00
Law Library Fee	0.00

# 2024 - 2025

2024 - 2025 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT

EXPIRES SEPTEMBER 30, 2025

OCC. CODE  
090.010000 GENERAL CONTRACTOR

BUSINESS DAVID M SIGLER/ANGLERS RESIDENTIAL  
CONSTRUCTION, INC.  
SOUTH SHORE CONTRACTING  
1763 S KINGS AVE

NAME  
MAILING  
ADDRESS

DAVID MATTHEW SIGLER  
1763 S KINGS AVE  
BRANDON, FL 33511

Paid 23-0-543115  
07/10/2024 58.00

# BUSINESS TAX RECEIPT

HAS HEREBY PAID A PRIVILEGE TAX TO ENGAGE  
IN BUSINESS, PROFESSION, OR OCCUPATION SPECIFIED HEREON

NANCY C MILLAN, TAX COLLECTOR  
813-635-5200

THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

ACCOUNT NO.
237580
RENEWAL

Receipt Fee	18.00
Hazardous Waste Surcharge	40.00
Law Library Fee	0.00

CGC1515695

# 2024 - 2025

1 Employees

EXHIBIT A  
PUBLIC CONTRACTING AND ENVIRONMENTAL CRIMES CERTIFICATION

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

This sworn statement is submitted to the CITY OF MADEIRA BEACH by David Sigler / owner  
[print individual's name and title]

for South Shore Contracting  
[print name of entity submitting sworn statement]

whose business address is: 1763 S. Kings Ave, Brandon, FL 33511

and Federal Employer Identification Number (FEIN) is 43-2110468, if the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: 262-67-8568

I understand that no person or entity shall be awarded or receive a City contract for public improvements, procurement of goods or services (including professional services) or a City lease, franchise, concession, or management agreement, or shall receive a grant of City monies unless such person or entity has submitted a written certification to the City that it has not:

1. been convicted of bribery or attempting to bribe a public officer or employee of the city, the State of Florida, or any other public entity, including, but not limited to the Government of the United States, any state, or any local government authority in the United States, in that officer's or employee's official capacity; or
2. been convicted of an agreement or collusion among bidders or prospective bidders in restraint of freedom of competition, by agreement to bid a fixed price, or otherwise; or
3. been convicted of a violation of an environmental law that, in the sole opinion of the City's Project Manager, reflects negatively upon the ability of the person or entity to conduct business in a responsible manner; or
4. made an admission of guilt of such conduct described in items (1), (2) or (3) above, which is a matter of record, but has not been prosecuted for such conduct, or has made an admission of guilt of such conduct, which is a matter of record, pursuant to formal prosecution. An admission of guilt shall be construed to include a plea of nolo contendere; or
5. where an officer, official, agent or employee of a business entity has been convicted of or has admitted guilt to any of the crimes set forth above on behalf of such and entity and pursuant to the direction or authorization of an official thereof (including the person committing the offense, if he is an official of the business entity), the business shall be chargeable with the conduct herein. above set forth. A business entity shall be chargeable with the conduct of an affiliated entity, whether wholly owned, partially owned, or one which has common ownership or a common Board of Directors. For purposes of this Form, business entities are affiliated if, directly or indirectly, one business entity controls or has the power to control another business entity, or if an individual or group of individuals controls or has the power to control both entities. Indicia of control shall include, without limitation, interlocking management or ownership, identity of interests among family members, shared organization of a business entity following the ineligibility of a business entity under this Article, or using substantially the same management, ownership, or principles as the ineligible entity.

Any person or entity who claims that this Article is inapplicable to him/her/it because a conviction or judgment has been reversed by a court of competent jurisdiction, shall prove the same with documentation satisfactory to the City Manager. Upon presentation of such satisfactory proof, the person or entity shall be allowed to contract with the City.

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CITY IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT ANY CONTRACT OR BUSINESS TRANSACTION SHALL PROVIDE FOR SUSPENSION OF PAYMENTS, OR TERMINATION, OR BOTH, IF THE CONTRACTING OFFICER OR THE CITY ADMINISTRATOR DETERMINES THAT SUCH PERSON OR ENTITY HAS MADE FALSE CERTIFICATION.

Signatory Requirement. In the case of a corporation, this affidavit shall be executed by the corporate president. In the case of a partnership, this affidavit shall be executed by the general partner(s). In the case of a business entity other than a partnership or a corporation, this affidavit

EXHIBIT B  
DRUG FREE WORKPLACE CERTIFICATION

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

This sworn statement is submitted to the City of Madeira Beach by David Sigler  
[print individual's name and title]

for South Shore Contracting [print name of entity submitting sworn statement]

whose business address is: 1763 S. Kings Ave., Brandon, FL 33511 and (if applicable) its Federal Employer Identification Number (FEIN) is 43-2110468 (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: 260-67-6866)

I understand that no person or entity shall be awarded or receive a City contract for public improvements, procurement of goods or services (including professional services) or a City lease, franchise, concession, or management agreement, or shall receive a grant of City monies unless such person or entity has submitted a written certification to the City that it will provide a drug free workplace by:

Providing a written statement to each employee notifying such employee that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance as defined by §893.02(4), Florida Statutes, as the same may be amended from time to time, in the person's or entity's workplace is prohibited specifying the actions that will be taken against employees for violation of such prohibition. Such written statement shall inform employees about:

- (i) the dangers of drug abuse in the workplace.
  - (ii) the person's or entity's policy of maintaining a drug-free environment at all its workplaces, including but not limited to all locations where employees perform any task relating to any portion of such contract, business transaction or grant.
  - (iii) any available drug counseling, rehabilitation, and employee assistance programs; and
  - (iv) the penalties that may be imposed upon employees for drug abuse violations.
- (2) Requiring the employee to sign a copy of such written statement to acknowledge his or her receipt of same and advice as to the specifics of such policy. Such person or entity shall retain the statements signed by its employees. Such person or entity shall also post in a prominent place at all of its workplaces a written statement of its policy containing the foregoing elements (i) through (iv).
- (3) Notifying the employee in the statement required by subsection (1) that as a condition of employment the employee will:
- (i) abide by the terms of the statement; and
  - (ii) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such a conviction.
- (4) Notifying the City within ten (10) days after receiving notice under subsection (3) from an employee or otherwise receiving actual notice of such conviction.
- (5) Imposing appropriate personnel action against such employee up to and including termination; or requiring such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.
- (6) Making a good faith effort to continue to maintain a drug free workplace through implementation of sections (1) through (5) stated above.

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CITY OF MADEIRA BEACH IS

shall be executed by an authorized agent of the entity or the individual.

[Signature]  
Authorized Signature

Date Signed 2/13/25

State of: Florida

County of: Hillsborough

Sworn to and subscribed before me this 13 day of Feb, 2025

Personally Known X or Produced Identification \_\_\_\_\_

(Specify Type of Identification)

[Signature] Signature of Notary

My Commission Expires 9/19/26

