



"Building for a better 2morrow"

Licensed, Bonded & Insured
CGC-1517064



GENERAL CONTRACTORS
&
CONSTRUCTION
MANAGEMENT

CITY OF PAHOKEE

RFP 2022-01
PHASE I
REPLACEMENT
&
INSTALLATION OF
NEW SIDEWALKS

207 Begonia Drive
Pahokee, FL 33476

INTRO PACKET



P.O. Box 1420 • Belle Glade, FL 33430
Phone (561) 992-0306 • Fax (561) 992-0308
Email: 2-SBW@2-SBW.com
Website: www.2-sbw.com



September 8, 2022

Re: 2 SBW & Associates, Inc. Introductory Portfolio
Via Email: cityclerk@cityofpahokee.com

Dear City of Pahokee Bid Review Committee,

Please allow this opportunity for us to introduce you to our firm and the services that we provide. We look forward to a healthy/prosperous working relationship with you and the City.

2 SBW & Associates, Inc. is the only privately-owned Minority and Small Business Enterprise General Contractor and Construction Management firm located in Western Palm Beach County, Florida. Our company has been in operation since 2007 and is comprised of licensed and insured General and Building Contractors. Our agency consists of professional, diverse, knowledgeable, efficient and highly qualified management and support staff with over thirty years of professional industry experience.

2 SBW & Associates Inc. offers every trade in the construction industry and provides our clientele with an exemplary level of services. Our level of expertise includes, but is not limited to, Commercial, Education K-12, Colleges/Universities, Municipalities and Residential construction. Our trade specialties are demolition, acoustical ceilings, rough carpentry, painting, window/door installation, interior/exterior framing and pre/post construction cleaning.

In constructing our projects, we provide cost feasibility, environment-friendly designs, energy efficiency and neighborhood compatibility. We complete all of our projects within budget and on time. We assure that all key project personnel has the appropriate licenses, registrations and certifications as required by regulating governances and project specifications. Our professionalism and dedication to our clientele are the qualities that truly validate us most. At 2 SBW & Associates, Inc., it is not just about getting the job done right and on time, but most importantly, it is about making the entire process hassle-free and elevate the experience.

2 SBW & Associates, Inc., takes pride in our commitment to comply with all HUD, federal, state and local laws, regulations and building codes. We are proud to be a fully compliant Section 3 qualified General Contractor that is committed to hiring locally. When contracted for a project, we make sure that 30% of our aggregate number of new hires is comprised of residents from the local community, enabling them to re-invest in their community stimulating their local economy.

As we build for a better 2morrow, we are committed to developing mutually beneficial business relationships, making positive community investments and bridging gaps, enabling us to better serve our clients' needs and collectively ensuring opportunities for a better 2morrow.

We thank you for allowing us to acclimate you to our firm. We also appreciate the opportunity to assist you in your upcoming sidewalk project. We simply want to say, "Thank You"!

With Appreciation,

James L. Walker
James L. Walker, President

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Email: 2-SBW@2-SBW.com
Website: www.2-sbw.com



CAPABILITY STATEMENT

CORPORATE OVERVIEW

2 SBW & Associates, Inc.(S-Corporation) has been in operation since 2007 and is headquartered in Belle Glade, Florida with field offices in Rivera Beach and Okeechobee, Florida. 2 SBW & Associates, Inc. has bonding capacity.

SERVICES

2 SBW & Associates, Inc is a privately-owned General Contractor and Construction Management company located in Western Palm Beach County. 2 SBW & Associates, Inc is comprised of licensed, bonded, insured and experienced General and Building Contractors. The company encompasses a professional and experienced workforce with over thirty (30) years of professional experience.

2 SBW & Associates, Inc. specializes in Design Build, Turnkey, K-12, University/College, Municipal, Commercial, Residential Industrial, Disaster Relief and Wind Mitigation Construction and Renovations, Estimating and Analysis, Demolition, Construction and Project Management.

TRADE SPECIALTIES

Acoustical Ceilings, Carpentry, Demolition, Painting, Roof, Sidewalk Installation, Interior Framing and Exterior Framing, Pre/Post Construction Cleaning

DUNS

003207136

PRIMARY NAICS CODES

23611C, 236115, 236116, 236117, 236118, 236220

CLIENTELE

Bank of America
City of Labelle
City of West Palm Beach
Palm Beach County Dept. of Economic Sustainability
Haagen Dazs
Palm Beach County Housing Authority
Townstar /Subway

Bank of Belle Glade
City of South Bay
State of Florida Dept. of Children & Families
GEO Group, Inc.
Lutheran Services of Florida
Palm Beach County School Board
Ballpark of the Palm Beaches

PAST PERFORMANCE

Amelia Gardens (Infrastructure)
GEO Correctional Facility Metal Building
Pahokee Housing Authority
Sellew Excel Charter School
South Bay Villas Rehabilitation Phase I
Rosenwald Elementary School

City of South Bay Commerce Center
HUD Housing
Palm Beach Outlets
South Bay Infill Housing
Timber Trace Elementary School
Watson B. Duncan Middle School

CERTIFICATIONS

State Certified General/Building Contractor
Certified Section 3
City of West Palm Beach (SBE)
South Florida Water Management (SBE)

State of Florida Office of Supplier Diversity (M/WBE)
Broward County School District (M/WBE)
Palm Beach County O.E.B.O (SMBE)
Palm Beach County School District (M/WBE-SBE)

AFFILIATIONS

Associated General Contractors of America (FECC)
Better Business Bureau (A+ Accredited Business)

Building Trades Association
Black Chamber of Commerce of Palm Beach County

"Building for a better 2morrow"

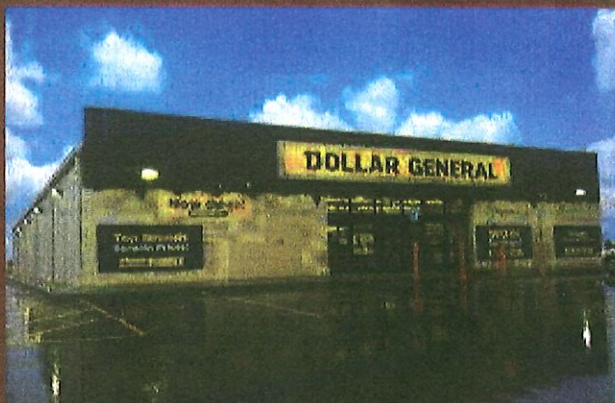
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2-SBW PROJECT PORTFOLIO



SERVICES

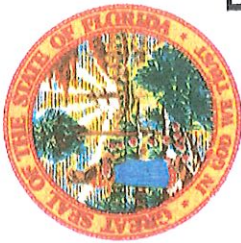
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TRADE SPECIALTIES

Acoustical Ceilings, Carpentry, Demolition, Painting, Roof, Sidewalk Installation, Interior Framing and Exterior Framing, and Pre/Post Construction Cleaning.

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 CGC-1517064



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD
THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

WALKER, JAVIN L

'2' SBW & ASSOCIATES INC

P. O. BOX 1420

BELLE GLADE FL 33430

LICENSE NUMBER: CGC1517064

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

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



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
Serving you.

P.O. Box 3353, West Palm Beach, FL 33402-3353
www.pbctax.com Tel: (561) 355-2264

****LOCATED AT****

155 US HWY 27 SOUTH
SOUTH BAY, FL 33493

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
23-0051 GENERAL CONTRACTOR	WALKER JAVIN L	CGC: 517064	U22.268597 - 04/01/22	\$3.00	B47148920

This document is valid only when receipted by the Tax Collector's Office.

2 SBW & ASSOCIATES INC
2 SBW & ASSOCIATES INC
PO BOX 1420
BELLE GLADE, FL 33430

STATE OF FLORIDA
PALM BEACH COUNTY
2021/2022 LOCAL BUSINESS TAX RECEIPT

LBTR Number: 201469026
EXPIRES: SEPTEMBER 30, 2022

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and MUST be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/8/2022

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 Acentria Insurance- Coral Springs 3775 NW 124 Avenue Coral Springs FL 33065		CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 954-731-5566 E-MAIL ADDRESS: wfr.certificates@acentria.com FAX (A/C, No): 954-731-8436	
INSURED 2 SBW & Associates Inc P.O. Box 1420 Belle Glade FL 33430		INSURER(S) AFFORDING COVERAGE INSURER A: Progressive Express Insurance Company INSURER B: National Builders Insurance Company INSURER C: American Builders Insurance Company INSURER D: INSURER E: INSURER F:	
		NAIC # 1C193 16632 11240	

COVERAGES**CERTIFICATE NUMBER:** 110942288**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		GLP 0242321 06	6/19/2022	6/19/2023	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 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTO'S <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTO'S ONLY	Y		08501397	3/19/2022	3/19/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB-0242323-05	6/19/2022	6/19/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	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	WCV 0073279 13	10/20/2021	10/20/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Reference: Project Name: Phase I of Replacement & Installation of New Sidewalks / City's Project #: RFP 2022-01

City of Pahokee is included as additional insured with regards to the General Liability and Auto Liability Coverage shown above if required by written contract subject to the terms, conditions, and exclusions of the policy.

CERTIFICATE HOLDER**CANCELLATION**

City of Pahokee
207 Begonia Drive
Pahokee FL 33476

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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PROGRESSIVE
PO BOX 94739
CLEVELAND, OH 44101

Policy Holder:
2 SBW & Associates Inc
PO Box 1420
Belle Glade, FL 33430

The attached endorsements listed below applies to policy number: 08501397

Form 2366 (02/11) Blanket Additional Insured Endorsement
Form 2367 (06/10) Blanket Waiver of Subrogation Endorsement

Endorsement effective: March 19, 2022

Endorsements listed above are effective until policy cancellation date. Fees will be waived on your current policy term.

Blanket Additional Insured Endorsement

This endorsement modifies insurance provided by the Commercial Auto Policy, Motor Truck Cargo Legal Liability Coverage Endorsement, and/or Commercial General Liability Coverage Endorsement, as appears on the **declarations page**. All terms and conditions of the policy apply unless modified by this endorsement.

If you pay the fee for this Blanket Additional Insured Endorsement, we agree with you that any person or organization with whom you have executed a written agreement prior to any loss is added as an additional insured with respect to such liability coverage as is afforded by the policy, but this insurance applies to such additional insured only as a person or organization liable for your operations and then only to the extent of that liability. This endorsement does not apply to acts, omissions, products, work, or operations of the additional insured.

Regardless of the provisions of paragraph a. and b. of the "Other Insurance" clause of this policy, if the person or organization with whom you have executed a written agreement has other insurance under which it is the first named insured and that insurance also applies, then this insurance is primary to and non-contributory with that other insurance when the written contract or agreement between you and that person or organization, signed and executed by you before the bodily injury or property damage occurs and in effect during the policy period, requires this insurance to be primary and non-contributory.

In no way does this endorsement waive the "Other Insurance" clause of the policy, nor make this policy primary to third parties hired by the insured to perform work for the insured or on the insured's behalf.

ALL OTHER TERMS, LIMITS, AND PROVISIONS OF THE POLICY REMAIN UNCHANGED.

Blanket Waiver of Subrogation Endorsement

This endorsement modifies insurance provided by the Commercial Auto Policy, Motor Truck Cargo Legal Liability Coverage Endorsement, and/or Commercial General Liability Coverage Endorsement, as appears on the **declarations page**. All terms and conditions of the policy apply unless modified by this endorsement.

If you pay the fee for this Blanket Waiver of Subrogation Endorsement, we agree to waive any and all subrogation claims against any person or organization with whom a written waiver agreement has been executed by the named insured, as required by written contract, prior to the occurrence of any loss.

ALL OTHER TERMS, LIMITS AND PROVISIONS OF THE POLICY REMAIN UNCHANGED.

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL LIABILITY EXTRA COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

TABLE OF CONTENTS

Additions to SECTION I – COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY

1. Non-Owned Watercraft
2. Fire, Lightning, Explosion, Smoke, or Leakage from an Automatic Fire Protection System

Additions to SECTION I - SUPPLEMENTARY PAYMENTS - COVERAGES A AND B

1. Increased Limits for Bail Bonds
2. Increased Limit of Loss of Earnings

Additions to SECTION II – WHO IS AN INSURED

1. Additional Insured Status for Persons or Organizations Required by Written Contract or Agreement
2. Incidental Medical Malpractice
3. Newly Acquired or Formed Organizations

Additions to SECTION III – LIMITS OF INSURANCE

1. Damage to Premises Rented To You
2. Increased Medical Payments Limit
3. Additional Insured- Persons or Organizations Required by Written Contract or Agreement

Additions to SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS

1. Knowledge of Occurrence
2. Primary and Noncontributory
3. Transfer of Rights of Recovery
4. Liberalization
5. Unintentional Failure to Disclose

SECTION I – COVERAGES

COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY is revised as follows:

1. **Non-Owned Watercraft.** Paragraph 2. **Exclusions, g. Aircraft, Auto Or Watercraft** item (2) is deleted and replaced with the following:

- (2) A watercraft you do not own that is:
 - (a) Less than 51 feet long; and
 - (b) Not being used to carry persons or property for a charge;

2. **Property Damage Exclusion.** Paragraph 2. **Exclusions, j. Damage to Property** is revised by deleting the clause that states:

Paragraphs (1), (3) and (4) of this exclusion do not apply to "property damage" (other than damage by fire) to premises, including the contents of such premises, rented to you for a period of 7 or fewer consecutive days. A separate limit of insurance applies to Damage To Premises Rented To You as described in Section III - Limits Of Insurance.

and replacing it with:

Paragraphs (1), (3) and (4) of this exclusion do not apply to "property damage" (other than damage by fire, lightning, explosion, smoke or leakage from an automatic fire protection system) to premises, including the contents of such premises, rented to you for a period of 7 or fewer consecutive days. A separate limit of insurance applies to Damage To Premises Rented To You as described in Section III - Limits Of Insurance.

SUPPLEMENTARY PAYMENTS - COVERAGES A AND B is revised as follows:

3. **Increased Limits.** Paragraph 1.b. is deleted and replaced by the following, to provide that we will pay, with respect to any claim we investigate or settle, or any "suit" against an insured we defend:

- b. Up to \$2,500 for cost of bail bonds required because of motor vehicle accidents or traffic law violations arising out of the use of any motor vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

4. **Increased Limits.** Paragraph 1.d. is deleted and replaced by the following, to provide that we will pay, with respect to any claim we investigate or settle, or any "suit" against an insured we defend:

- d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$350 a day because of time off from work.

SECTION II -WHO IS AN INSURED - is revised as follows:

1. Additional insureds.

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:

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COMMERCIAL GENERAL LIABILITY

- (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 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:

- 1. Required by the contract or agreement described in Paragraph A.1.; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

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

2. **Incidental Medical Malpractice.** The following exception is added:

Paragraph 2.a.(1)(d) does not apply to your "employees" or "volunteer workers" who provide professional health care services on your behalf as a duly licensed:

- (i) Emergency Medical Technician; or
- (ii) Paramedic.

COMMERCIAL GENERAL LIABILITY

This exception does not apply if you are in the business or occupation of providing emergency medical or paramedic services.

3. Newly Acquired or Formed Organizations.

Paragraph 3.a. is deleted and replaced with the following:

- (a) Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier;

Paragraph 3.c. is deleted and replaced with the following:

- (b) Coverage A does not apply to "bodily injury" or "property damage" to "your product" that occurred before you acquired or formed the organization; and

SECTION III - LIMITS OF INSURANCE - The following is added for the purpose of this Endorsement:

The Limits of Insurance shown in the Declarations apply to the insurance provided by this endorsement, except the following limits, which are amended:

1. Damage To Premises Rented To You.

The limit for Damage to Premises Rented to You is amended to be the lesser of:

- (a) The Each Occurrence Limit shown in the Declarations; or
- (b) \$300,000.

2. Increased Medical Payments Limit.

Without increasing any applicable General Aggregate Limit or per occurrence Limit, the Medical Expense Limit in Coverage C is \$10,000 per person unless a greater amount is shown in the Declarations.

SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS - is revised as follows:

1. Knowledge of Occurrence. The following is added to Paragraph 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit.

When you or any other insured know or should know that there has been an "occurrence" or offense which may result in a claim or "suit" to which this insurance may apply, you must notify us as soon as practicable, and such duty to give us notice shall be deemed to have been triggered when facts sufficient to believe an "occurrence" or offense has occurred becomes known to:

- (1) You, if you are an individual;
- (2) A member or partner, if you are a partnership or joint venture;
- (3) A member or manager, if you are a limited liability company;
- (4) An "executive officer" or director, if you are an organization other than a partnership, joint venture or limited liability company;
- (5) A trustee, if you are a trust;
- (6) Your insurance manager;
- (7) Your legal representative if you die or dissolve;
- (8) Any person claiming coverage or seeking benefits under the policy; or
- (9) Any member, partner, manager, "executive officer", director, or trustee of any organization, limited liability company, corporation, partnership, joint venture or trust claiming coverage or seeking benefits under the policy.

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of
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COMMERCIAL GENERAL LIABILITY

2. **Primary and Noncontributory.** The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

3. **Transfer Of Rights Of Recovery.** The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us.**

We waive the rights of recovery we may have because of payments we make for injury or damages arising out of:

- (a) Your ongoing operations or "your work" done under a contract with a person or organization and included in the "products-completed operations hazard"; or
- (b) The ownership, maintenance or use of that part of a premise leased to you.

Our rights may not be waived except if waived in writing by us prior to the "occurrence" giving rise to the injury or damage for which we make payments under this Coverage. The insured must do nothing after the loss to impair or prejudice our rights and must do whatever we deem necessary to enable us to exercise our rights. At our request, the insured shall bring "suit" against liable parties or transfer those rights to us.

4. **Liberalization.** The following is added:

If we revise this version of this General Liability Extra Coverage Endorsement to provide more coverage without additional premium charges, this endorsement will automatically provide the revised coverage as of the day the revision is effective in the state in which you reside.

5. **Unintentional Failure to Disclose.** The following is added:

An unintentional failure to completely describe or unintentional error or omission in the description of any premises or operations intended by you to be covered by this Commercial General Liability Coverage Form will not invalidate coverage for those premises or operations. An unintentional error, omission or failure must be reported to us as soon as practical after it is discovered.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY AND ENDORSEMENTS REMAIN UNCHANGED.



...building for a better 2morrow

P.O. Box 1420
Belle Glade, FL 33430
O: 561.992-0306 E: proposals@2-sbw.com

DATE: September 8, 2022
PROPOSAL # 2022-250

PROPOSED TO:

City of Pahokee
207 Begonia Drive
Pahokee, FL 33476

PROPOSAL VALID UNTIL: September 28, 2022
PREPARED BY: 2 SBW

BID PROJECT:

City of Pahokee RFP 2022-01 Phase I-Replacement & Installation of New Sidewalks
Sections of Begonia Drive from Bacom Point Road to 3rd Street
Pahokee, FL 33476

COMMENTS OR SPECIAL INSTRU: This Proposal Is For Removal and Installation of 1,300 LF of Exterior Concrete Sidewalk(s) Located @ Sections of Begonia Drive from Bacom Point Road to 3rd Street, Pahokee, FL 33476 Scopes of Work Will Be Performed According To Florida Department of Transportation (FDOT) 2018 Standard Specifications As Referenced in RFP No. 2022-01	
DESCRIPTION	
<p>PREPARATIONS:</p> <p>Ideally All Sidewalk & Tree Removals Will Be Completed First. Followed by Preparation For Installation At All Locations/Sections. Followed By Density Compaction Tests, Inspections, and Concrete Cures At All Locations/Sections. Followed By Restoration At All Locations.</p> <p>Work Includes Removal of Grass, Stumps, and Other Materials to Prepare The Ground for Sidewalks Installation. All Form Work & Site Preparation Shall Be Conducted w/Minimum Impact and/or Damage to The Adjacent Properties.</p> <p>If Applicable, Removal & Disposal of Existing Trees As Indicated By The City. All Trees to Remain Shall Be Preserved.</p> <p>New Four and/or Six Inches Thick Sidewalks Shall Be Constructed In Accordance w/Section 522 of The FDOT - SSR&BC, Latest Edition & Other Requirements As Required.</p> <p>Any Disturbed Swale Areas Private Property (Including Driveways & Aprons) or Other Public Property Shall Be Re-Sodded & Graded Properly at The Contractor's Expense.</p>	
<p>EXTERIOR SIDEWALKS:</p> <p>Removal of 1,300 LF Existing Exterior Concrete Sidewalk(s)</p> <p>Includes Density Report</p> <p>Form New Sidewalk Area 1,300 LF 4" Thick and 4' Wide</p> <p>Pour & Level 1,300 LF New Concrete Sidewalk with 3,000 PSI Concrete w/Fiber</p> <p>Removal of All Form Boards</p> <p>Forms: Steel, Wood, or Other Suitable Material of Size & Strength to Resist Movement During Concrete Placement. Conforms to ACI 301</p> <p>Joints: Must Be Prescribed to Help Prevent Cracking Per FDOT Approved Supplier. Mix Design Certification Will Be Required Before The Unset to Any Work.</p> <p>All Sidewalks Shall Be A Minimum of Four (4" Inches Thick Except Across Driveways, Driveways Approached & First (5") Feet of Ramps Closet To Paved Roadways Where They Shall Be A Minimum of Six (6") Thick.</p>	

Licensed Insured General Contractors
CGC-1517064



CONCRETE FINISHING: Smooth Surface by Screeding & Floating. Producing A Uniformed Texture. Work Edges of Slab to A 1/2' Radius. Eliminate Tool Marks On Concrete Surface. Broom Finish After Excess Moisture Has Disappeared.	
INCLUSIONS: Removal of All Debris Affiliated w/Scope Permits	
EXCLUSIONS: Determination <i>dw</i>	
NOTES: All Material Is Guaranteed To Be As Specified. All Work To Be completed In A Workmanlike Manner According To Standard Practices. Any Alteration or Deviation From Above Specification Involving Extra Costa, Will Be Executed Only Upon Written Order & Will Become An Extra Charge Over & Above This Proposal. All Are Agreements Contingent Upon Strikes, Accidents or Delays Beyond Our Control. Our Worker's Are Fully Covered By Workmen's Compensation Insurance.	
WARRANTY: One Year Labor Warrantly	
	TOTAL COST \$ 104,275.18

By Signing This Proposal You Agree To The Above Terms And Will Process Accordingly.

Signature: _____

Date: _____

Printed Name: _____

THANK YOU FOR THIS OPPORTUNITY! WE SEEK 2 ELEVATE YOUR EXPERIENCE!

Licensed Insured General Contractors

CGC-1517064

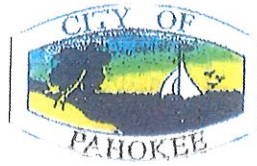


EXHIBIT "A"

RFP No. 2022-01

BID PROPOSAL FORM

Proposal of "2"SBW & Associates, Inc. to furnish all materials, equipment and labor and to perform all work in accordance with the Proposal Documents for: **Replacement and Installation of New Sidewalks in the City of Pahokee.**

TOTAL AMOUNT OF THE PROPOSAL:

\$ 104,275.18

Written Out: One Hundred and Four Thousand Two Hundred Seventy-Five Dollars
and 18/-00 Cents

Proposals shall include all sales taxes and other applicable fees. The undersigned Proposer has carefully examined the Documents and the site of the proposed work. The undersigned is familiar with the nature and extent of the work and any conditions that may in any manner affect the work to be done. The undersigned agrees to do all the work and furnish all materials call for by the Documents, in the manner prescribed therein and to the standards of quality and performance established by the City of Pahokee, for the total price designed in the spaces provided above.

Signature:

Javin L. Walker

Print Name:

President

September 8, 2022

Title:

Date:

155 US HWY 27S, South Bay, FL 33493 Mailing Address: P.O. Box 1420, Belle Glade, FL 33430
Address:

Office: (561) 992-0306

Estimating@2-sbw.com

Phone Number:

Email Address:

**** ATTACHED PROPOSED PROJECT SCHEDULE TO PROPOSAL FORM**

**** ATTACHED COST BREAKDOWN FOR EACH LOCATION WITH AND WITHOUT TREE REMOVAL**



EXHIBIT "B"

RFP No. 2022-01

COST BREAKDOWN

Street/Sidewalk Location	Linear Ft
Selected sections of Begonia Drive from Bacom Point Road to 3 rd Street	1300

One Hundred and Four Thousand Two Hundred Seventy-Five
TOTAL and 18/100 Cents \$ 104,275.18 \$



EXHIBIT "C"

RFP No. 2022-01

REGISTRATION FORM

Proposers should complete and return this form to the City Clerk's Office prior to 12:00pm EST, Tuesday, 6th September 2022 in order to receive any addenda(s) issued for this Request for Proposals.

It is the responsibility of the Proposer to ensure its receipt of all addenda items.

Name of Company: "2"SBW & Associates, Inc,

Contact Person: Darlin K. Pyrtle, Director of Operations

Mailing Address: P.O. Box 1420

City: Belle Glade State: Florida Zip: 33430

Phone Number (561) 992-6306 Fax Number: —

Email Address: Darlin@2-sbw.com

Preferred Method of Receipt Acknowledgement: Email ☒ or Fax ☐

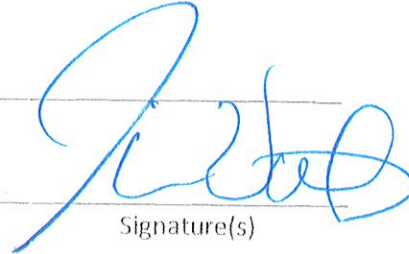


EXHIBIT "D"
RFP No. 2022-01

RESPONDENT INFORMATION PAGE

Company name: "2"SBW & Associates, Inc.

Authorized Signer(s): Javin L. Walker
Printed Name


Signature(s)

Title: President

Authorized Signer(s): _____
Printed Name Signature(s)

Title: _____

Company's Physical Address: 155 US HWY 27S

Company's City: South Bay State: FL Zip: 33493

Company's Telephone: (561) 992-0306 Company's Fax: —

Email Address: Estimating@2-sbw.com

Website (if applicable): www.2-sbw.com

Federal Identification Number: 65-0930953

This is a requirement for every Bidder/Respondent.



EXHIBIT "E"

RFP No. 2022-01

CONFIRMATION OF A DRUG-FREE WORKPLACE

In accordance with Section 237.087, Florida Statutes, whenever two or more Responses are equal with respect to price, quality, and service which are received by any political subdivisions for the procurement of commodities or contractual services, a proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. In order to have a drug-free workplace program, a business shall:

- (1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispersing, 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 proposal 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 proposal, 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 States or any state, violation occurring in the workplace no later than 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 this statement on behalf of "2"SBW & Associates, Inc.,

I certify that Javin L. Walker complies fully with the above requirements.

Authorized Representative's Signature

Date

September 8, 2022

Javin L. Walker

President

Printed Name:

Title:



Veronica A. Mobley
Veronica A. Mobley
HH 249513
04-05-2026

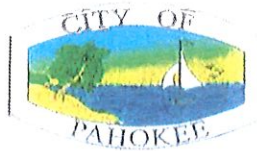


EXHIBIT "B"

RFP No. 2022-01

REFERENCES

List below or on an attached sheet similar past projects. Please provide the name, address and telephone numbers of organization, governmental or private, for whom you now are, or have within the past five (5) years provided similar services. (THIS FORM MAY BE COPIED).

REFERENCE #1

Name of Client: City of South Bay Sidewalk Removal & Installations

Address: 335 SW 2nd Avenue

Phone Number: (561) 996-6751 Fax: (561) 996-7950

Contact Person: Leondrae D. Camel Title: City Manager

Description of Services: Removal of existing sidewalks on the SW 6th Avenue Block and installation of new sidewalk.

Completed on Time: Yes ☒ No ☐ (if no) Explanation: _____

Completed within Budget Dollars: Yes ☒ No ☐ (if no) Explanation: _____

REFERENCE #2

Name of Client: Lutheran Services of Florida

Address: 3627 West Waters Avenue

Phone Number: (813) 508-8915 Fax: N/A

Contact Person: Justin Henry Title: Associate Vice President of Support Services

Description of Services: Removal and replacement of existing sidewalks and ramps at the Belle Glade Peppi Head Start Facility.

(References – Page 1 of 2)

Completed on Time: Yes ☒ No _____ (if no) Explanation: _____

Completed within Budget Dollars: Yes ☒ No _____ (if no) Explanation: _____

REFERENCE #3

Name of Client: Royal Palm Lake Apartments w/Robling Construction

Address: 1749 E. Main Street, Pahokee, FL 33476

Phone Number: (561) 510-4416 Fax: N/A

Contact Person: Jon Lowke Title: Vice President

Description of Services: Exterior and Interior Demolition

Completed on Time: Yes ☒ No _____ (if no) Explanation: _____

Completed within Budget Dollars: Yes ☒ No _____ (if no) Explanation: _____



(References -- Page 2 of 2)

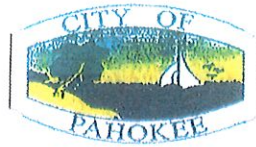


EXHIBIT "G"

RFP No. 2022-01

CAMPAIGN CONTRIBUTION STATEMENT

Completed By Vendor: Check which statement applies, fill in the requested information, if applicable and sign below.

☒ Neither the undersigned business nor any of its owners or officers contributed more than \$100,000 to the campaign of a sitting City Commission member. [If you checked this statement, you are done and may sign below in the designated area].

☐ The undersigned business or one or more of its owners or officers contributed more than \$100,000 to the campaign of a sitting City Commission member. All such contributions are listed below and on the attached sheet of paper (if more room is needed). [If you checked that statement, please complete the information requested below and sign in the designated area].

1. _____ contributed a total of \$ _____
to the campaign of City Commission member _____

2. _____ contributed a total of \$ _____
to the campaign of City Commission member _____

3. _____ contributed a total of \$ _____
to the campaign of City Commission member _____

4. _____ contributed a total of \$ _____
to the campaign of City Commission member _____

5. _____ contributed a total of \$ _____
to the campaign of City Commission member _____

I certify the above statements are true and correct to the best of my knowledge and I understand that false or inaccurate statement may result in the rejection of this bid/proposal/submittal or the immediate termination of any resulting agreement with the City of Pahokee

Signature: _____

Printed Name: Javin L. Walker

Title: President

Name of Business/Company: "2"SBW & Associates, Inc.

(Campaign Contribution Statement – Page 1 of 2)

Completed By Commissioner/Mayor: Check which statement applies, fill in the requested information, if applicable, and sign below in the designated area.

☐ Neither the above referenced business nor any of its owners or officers contributed more than \$100,000 to my campaign. [If you checked this statement, you are done and may sign below in the designated area].

☐ The above referenced business or one or more of its owners or officers contributed more than \$100,000 to my campaign. All such contributions are listed below and on the attached sheet of paper (if more room is needed). [If you checked that statement, please complete the information requested below and sign in the designated area].

_____ contributed a total of \$_____ to my campaign.

_____ contributed a total of \$_____ to my campaign.

_____ contributed a total of \$_____ to my campaign.

_____ contributed a total of \$_____ to my campaign.

I certify the above statements are true and correct to the best of my knowledge and I understand that false or inaccurate statement may result in the rejection of this bid/proposal/submittal or the immediate termination of any resulting agreement with the City of Pahokee.

Signature: _____

Printed Name: _____

Title: _____

Name of Business/Company: _____

FOR CITY CLERK'S USE ONLY.

THIS SECTION SHALL BE COMPLETED ONLY IF THERE IS A CAMPAIGN CONTRIBUTION LISTED ABOVE BY THE VENDOR OR COMMISSION MEMBER.

Applicable campaign contributions were disclosed in writing above, and prior to the award of the contract, the following statements were verbally made at the City Commission Meeting on the _____ day of _____, 2022.

Check all that apply.

_____ Commissioner/Mayor _____ verbally disclosed the campaign contributions set forth above.

_____ Vendor _____ verbally disclosed the campaign contributions set forth above.

(Campaign Contribution Statement – Page 2 of 2)

8. Has any CILB held by your firm and/or employee been suspended within the last five (5) years?
Yes _____ No X

If "yes" explain on a separate signed page, including the reason.

9. At any time in the last five (5) years has your firm been assessed and paid liquidated damages after completion of a project under a construction contract with either a public or private owner?
Yes _____ No X

If "yes", explain on a separate signed page, identifying all such projects by owner, owner's address and date of completion of the project, amount of liquidated damages assessed and all other information necessary to fully explain the assessment of liquidated damages.

10. In the last five (5) years has your firm or any firm with which any of your company's owners, officers or partners was associated, been debarred, disqualified, removed or otherwise prevented from bidding on or completing, any government agency or public works projects for any reason? Note: "Associated with" refers to another construction firm in which an owner, partner or officer of your firm held a similar position?
Yes _____ No X

If "yes", explain on a separate signed page. State whether the firm involved was the firm applying for qualification in this CILB or ANOTHER FIRM. Identify by name of the company, the name of the person within your firm who was associated with that company, the year of the event, the owner of the project and the basis for the action.

11. In the past five (5) years has any claim against your firm concerning your firm's work on a construction project been filed in court or arbitration?
Yes _____ No X

If "yes", on a separate signed page, identify the claim(s) by providing the project name, date of the claim, name of the claimant, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim (pending or if resolved, a brief description of the resolution).

12. In the last five (5) years has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?
Yes _____ No X

If "yes" explain on a separate signed page. Name of insurance carrier, the form of insurance and the year of refusal.

13. Does your firm have the ability to conduct business with three (3) City projects and three (3) projects outside the City contract on a concurrent basis?
Yes _____ No X

Javin L. Walker

Printed Name

[Signature]
Authorized Representative's Signature

President

Title

September 8, 2022

Date

(Narrative Questionnaire - page 2 of 2)



Veronica A. Mobley
Veronica A. Mobley
HH 249513
04-05-2026



BID Proposal #: 2022-250 City of Pahokee
RFP2022-01 PHASE I SIDEWALKS
207 Begonia Drive
Pahokee, Florida 33476

Page 2 of 2



2 SBW & Associates, Inc.

Printed on Thu Sep 8, 2022 at 4:06 pm EDT

BID Proposal #: 2022-250 City of Pahokee
RFP2022-01 PHASE I SIDEWALKS
207 Begonia Drive
Pahokee, Florida 33476

