

Blizzard Air Conditioning LLC

Bid Contact **Roberto Villaverde**
info@blizzardairfl.com
Ph 305-699-8868

Address **12201 SW 128TH CT UNIT 107**
MIAMI, FL 33186

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch. Docs
IFB-4756-22-WV--01-01	Form 3 - Bid Form	Supplier Product Code:	First Offer - \$228,250.00	1 / lump sum	\$228,250.00 Y

Supplier Total **\$228,250.00**

Blizzard Air Conditioning LLCItem: **Form 3 - Bid Form****Attachments**

SUMMARY OF QUALIFICATIONS.pdf

BID IFB-4756-22-WV SUBMITTED.pdf

Bid Bond.pdf

BLIZZARD

AIR CONDITIONING

Miramar office: 7971 Riviera Blvd Suite 205 Miramar FL 33023
Miami-Dade Office: 12201 SW 128CT Miami, FL 33186

Blizzard Air Conditioning, LLC
Roberto Villaverde/President
TEL 305-699-8868
FAX 786-732-4073
Info@blizzardairfl.com

Contents

SUMMARY OF QUALIFICATIONS 3

Corporate Structure 3

EXPERIENCE..... 9

 Rule 24x7x365:..... 9

 Some of our projects:..... 10

 Company Data:..... 10

REFERENCES 10

LIST OF EQUIPMENT AVAILABLE 19

 TOOLS..... 19

 VEHICLES 20

Questions 20

SUMMARY OF QUALIFICATIONS

Blizzard Air Conditioning LLC is a State Certified Contractor and insured company serving the South Florida Area providing high quality and reliable service to our customers. We offer diversity of services such as maintenance, repair and new installation of heating, ventilation, and air conditioning (HVAC). We are licensed and qualified to do it all, from simple Commercial to industrial unlimited work.

Blizzard Air Conditioning LLC covers all the services in an accurate and effective way. Always doing our best to offer quality and complete satisfaction in everything we do. We are more than a company you can depend on; we are the company you can trust.

Corporate Structure

-Miami-Dade Office location (Principal Address):

12201 SW 128CT
UNIT#107
Miami, FL 33186

- Miramar Location:

7971 Riviera Blvd
Suite 205
Miramar FL 33023

Roberto Villaverde
President/ Owner

Alexandra Gantus
Office Manager

Larissa Gantus
Executive Assistant

Marlon Lopez
Estimating/ Project
Manager

Juan Calderon
Sales and assistant Project
Manager

Luis Acosta
Foreman

Raul Bertoli
HVAC Supervisor

Carlos de La Barca
Rodriguez
Foreman

Mauricio Rivera
HVAC Technician

Jose Luis Rosas
Warehouse
Manager

-Roberto Villaverde/ President-Owner:

*Business License Holder HVAC Contractor Class A

*EPA Certificate.

*10 hrs Osha Certificate.

*12 years Of experience.

*Planning and Strategy.

*Finance and Accounting Analyzing.

*Compliance and Legal Responsibilities Supervisor.

*Hire and employ staff.

*Develop strategic plans.

*Keeping track of all expenses and profits.

*Major corporate decisions.

*Managing the overall operations and resources.

*Decision Maker.

*Supervisor of field operations.

*Technician schedule planer.

*Supervising administrative staff and dividing responsibilities to ensure performance.

-Alexandra Gantus/ Office Manager:

- *Marketing and Sales.
- *Social Media Marketing.
- *Certifications Compliance.
- *Insurance Compliance.
- *Employees and Human Resources.
- *Bookkeeping.
- *Email Management.
- *Maintains office services by organizing office operations and procedures.
- *Preparing payroll.
- *Controlling correspondence.
- *Designing filing systems.
- *Assigning and monitoring clerical functions.
- *Public Relations.

-Larissa Gantus/ Executive Assistant:

- *Customer Service Duties.
- *Employees and Human Resources.
- *Data Entry.
- *Administrative Task.
- *Reviewing and approving supply requisitions.
- *Email Management.
- *Answer phone calls.
- *Attention to detail and problem-solving skills.
- *Estimating Assistance.
- *Preparing reports.
- *Filing and organizing documents.

*Managing executive calendar and set up meetings.

-Marlon Lopez/ Estimating Department:

- *Developing and estimating.
- *Perform evaluation of bids and provide the pricing in a timely manner.
- *Analytical skills and attention to detail.
- *speaking and writing skills.
- *Develop cost estimates and coordinate proposals for assigned estimating projects.
- *Manage multiple bids.
- *Monitor and ensure bid format meet clients standards.
- *Participate pre and post bid meetings as required

-Juan Calderon / Sales and Assistant Project Manager:

- *Work directly with project managers to help implement project goals
- *Assign duties to staff to implement project goals, as needed
- *Oversee variable aspects of projects and provide direct assistance to ensure timely project execution
- *Overview project goals and ensure project goals are achievable
- *Liaise with project lead and other project managers to maintain project schedule and efficacy
- *Assist with procuring materials and other items necessary for completing project goals
- *Review project implementation and gather data on project execution
- *Coordinate with project managers and other project leads following project execution

-Luis Acosta /Foreman:

- *EPA Certificate.
- *install, maintain, and repair indoor air quality systems, such as air conditioners.
- *Performing warranty services and emergency repairs.

- *installing, maintaining, and repairing ventilation and air conditioning systems and equipment.
- *Identifying maintenance risks on equipment.
- *Diagnosing electrical and mechanical faults for HVAC systems.
- *Cleaning, adjusting and repairing systems, and performing warranty services.
- *Performing emergency repairs promptly and efficiently.
- *Providing technical direction and on-the-job training.
- *Keeping daily logs and records of all maintenance functions.
- *Ensuring compliance with appliance standards and with Occupational Health and Safety Act.
- *Complying with service standards, work instructions and customers' requirements.
- *Assisting with customers' queries.

-Raul Bertoli Vega/ HVAC Supervisor:

- *EPA Certificate.
- *Associate in HVAC Technology Certificate
- *install, maintain and repair indoor air quality systems, such as air conditioners.
- *Performing warranty services and emergency repairs.
- *installing, maintaining and repairing ventilation and air conditioning systems and equipment.
- *Identifying maintenance risks on equipment.
- *Diagnosing electrical and mechanical faults for HVAC systems.
- *Cleaning, adjusting, and repairing systems, and performing warranty services.
- *Performing emergency repairs promptly and efficiently.
- *Providing technical direction and on-the-job training.
- *Keeping daily logs and records of all maintenance functions.
- *Ensuring compliance with appliance standards and with Occupational Health and Safety Act.
- *Complying with service standards, work instructions and customers' requirements.
- *Assisting with customers' queries.

-Carlos de la Barca Rodriguez HVAC Supervisor:

- *EPA Certificate

- *install, maintain and repair indoor air quality systems, such as air conditioners.
- *Performing warranty services and emergency repairs.
- *installing, maintaining and repairing ventilation and air conditioning systems and equipment.
- *Identifying maintenance risks on equipment.
- *Diagnosing electrical and mechanical faults for HVAC systems.
- *Cleaning, adjusting and repairing systems, and performing warranty services.
- *Performing emergency repairs promptly and efficiently.
- *Providing technical direction and on-the-job training.
- *Keeping daily logs and records of all maintenance functions.
- *Ensuring compliance with appliance standards and with Occupational Health and Safety Act.
- *Complying with service standards, work instructions and customers' requirements.
- *Assisting with customers' queries.

-Mauricio Rivera/ HVAC Technician

- *EPA Certificate.
- *HVAC Technician Associate student.
- *install, maintain, and repair indoor air quality systems, such as air conditioners.
- *Performing warranty services and emergency repairs.
- *installing, maintaining, and repairing ventilation and air conditioning systems and equipment.
- *Identifying maintenance risks on equipment.
- *Diagnosing electrical and mechanical faults for HVAC systems.
- *Cleaning, adjusting, and repairing systems, and performing warranty services.
- *Performing emergency repairs promptly and efficiently.
- *Providing technical direction and on-the-job training.
- *Keeping daily logs and records of all maintenance functions.
- *Ensuring compliance with appliance standards and with Occupational Health and Safety Act.
- *Complying with service standards, work instructions and customers' requirements.
- *Assisting with customers' queries.

-Jose Luis Rosas/ Warehouse Manager:

- *Forklift License.
- *Audit and report inventory while making recommendations on which items to order and restock
- *Manage warehouse associates, monitoring work and ensuring the safe use of warehouse equipment
- *Establish warehouse practices and protocols to achieve an efficient warehouse
- *Monitor workplace performance and lead training initiatives to improve employees
- *Keep up-to-date on the latest federal and state safety regulations

EXPERIENCE.

Blizzard Air Conditioning is an HVAC Company providing services with Healthcare experience (UMH, Jackson Hospital, Broward Health, VA Hospital, etc) and Commercial experience (MDCPS, BCPS, MIA Airport, Children's and Family Department, WASD, Etc.).

Blizzard Air Conditioning has a professionally trained Personnel.

We have all the insurance requirements, and we are certified as Small Business with Miami-Dade County, Miami-Dade Public Schools, Broward County, Broward County Public Schools, Broward College, etc.

We have experience and knowledge to perform work requested.

We have a rule that help us to always be a responsible contractor:

Rule 24x7x365:

24x7x365 support is a kind of support that Blizzard Air Conditioning, LLC has available throughout the day, 7 days a week and 365 days a year.

This simply means that the technicians are available all the time, all the days.

To provide support, our method is the following:

- We make sure that the shifts of the Technicians are well Coordinated.
- A phone number is available with the technician in charge 24/7.
- The technician in charge of the Service will be available and on hold at nights, weekends, etc. ready to attend the emergency if is the case.

Some of our projects:

- Miami-Dade County Public Schools: HVAC and controls.
Repairs replace supply and or install Chillers, duct Work,
VFDS, etc. Eric Rodriguez (786)-441-3405.
- University of Miami: Various Maintenances, repairs, new installs.
Wilfredo Zayas (305)-965-6274
- MIA Airport: RPQ# MDADHVACA-010 Emergency Maintenance
Construction services HVAC. Silvia Perez (305)-869-4782
- Jackson Health Hospital: Variety of HVAC Services, Installs, repairs.
Abbas Isakh (305)-585-6710
- Broward Health: Variety of HVAC Services, Installs, repairs.
David Stockton (561)756-0311
- Broward County: Bioclimatic Air cleaner Maintenance and Service.
Carlos Balladares (954)357-5230

Company Data:

- Unlimited Air Conditioning Contractor License “A” CAC1818510.
- Liability, Automobile and Workers Compensation Insured.
- Bond: \$1,500,000.00 single contract \$3,000,000.00 aggregate.
- Duns# 03-810-7852.
- EIN # 46-3873155.
- NAICS: 238220 HVAC (heating, ventilation, and air-conditioning) contractors

REFERENCES

Project Name	A/C Unit Replacement for Chartwells Kitchen
Address of project	8400 West Cypress Dr Pembroke Pines, FL 33025

Project Type	Installation
Brief scope of project	-Replacement Two 20 ton A/C Units and One 5 Ton Split System. -Duct work, exhaust fans, refrigerant lines, grilles, VFD, smoke detectors, Louvers, Test and Balance, etc.
Completion Date	April,2020
Project Value	\$311,167.47
Company Name	City of Pembroke Pines
Address of Company	601 City Center Way 3rd Floor Pembroke Pines, FL 33025
Contact name and title	Dayana Castellon/ Project Manager
Contact Email Address	dcastellon@ppines.com
Contact Phone Number	954-518-9064

Project Name	Mailman Center HVAC Upgrades
Address of project	1601 NW 12th Ave Mailman Center 10000S1 Miami, FL 33136-1005
Project Type	Installation
Brief scope of project	HVAC Upgrades/ Install Two (2) custom TEMTROL medium pressure air handling units.
Completion Date	12/15/2020
Project Value	\$155,345.96
Company Name	University of Miami Health Center
Address of Company	1400 N 12th ST Miami, FL 33136
w	Thomas Plummer
Contact Email Address	tap89@med.miami.edu
Contact Phone Number	305-243-4227

Project Name	North Hialeah Elementary
Address of project	4251 E 5 AVE HIALEAH, FL 33013
Project Type	Installation

Brief scope of project	<ul style="list-style-type: none"> -Installation of a York Chiller. -Disconnect electrical equipment feed from air cooled chiller -Ensure controls are salvage labeled and reconnected. -Disconnect chilled water piping at selected point from chiller. -Replace all existing thermometers and pressure gauges add wells as needed. -Replace isolation valves and flanges on chilled water supply and return lines. Supply & Install emergency tie in taps for temporary chiller. -Connect chilled water piping to new chiller.
Completion Date	10/06/2020
Project Value	\$19,410.00
Company Name	Miami-Dade County Public Schools
Address of Company	MDCPS Maintenance Service Center #1 12525 NW 28 Avenue Miami, Florida 33167
Contact name and title	Eric Rodriguez
Contact Email Address	EROD@DADESCHOOLS.NET
Contact Phone Number	305-995-7821

Project Name	AHU 263 Replace Blower Wheel
Address of project	1611 NW 12th AVE MIAMI, FL 33136
Project Type	Installation
Brief scope of project	For replacement of blower wheel and housing assembly, shaft, bearings, & pulley and new chilled water coil at ahu #263 dtc roof.
Completion Date	02/15/2021
Project Value	\$53,942.00
Company Name	Jackson Health System
Address of Company	1100 NW 20th Street MIAMI FL 33127
Contact name and title	Kevin Guhl
Contact Email Address	kevin.guhl@jhsmiami.org
Contact Phone Number	305-585-7829
Purchase Order	16958670-0-EMER

Project Name	(VFD) and blower wheel assembly installation
Address of project	1611 NW 12th AVE MIAMI, FL 33136

Project Type	Installation
Brief scope of project	Replacement of variable frequency drive (vfd) and blower wheel assembly at ahu#16 at west wing 4 th , floor mechanical room.
Completion Date	01/05/2021
Project Value	\$28,793.00
Company Name	Jackson Health System
Address of Company	1100 NW 20th Street MIAMI FL 33127
Contact name and title	Kevin Guhl
Contact Email Address	kevin.guhl@jhsmiami.org
Contact Phone Number	305-585-7829
Purchase Order	16923117-0-EMER

Project Name	HVAC Unit Replacements – Multiple Locations
Address of project	-Westwind Lakes Park 6805 SW 152 AVE, Miami, FL 33193 -Naranja Park 14150 SW 264 Street, Miami, FL 33032 -Colonial Drive Park 10750 SW 156 Terrace, Miami, FL 33157 -SGT Joseph Delancy Park 14450 Boggs drive, Miami, FL 33176
Project Type	Installation
Brief scope of project	Remove and dispose of the existing HVAC units; and replace with new HVAC units.
Completion Date	11/16/2020
Project Value	\$68,002.00
Company Name	Miami-Dade County Parks, Recreation, and Open Spaces Construction and Maintenance Division
Address of Company	11395 SW 79th Street Miami, FL 33173
Contact name and title	Rebecca Moore, Clerk 3
Contact Email Address	Rebecca.Moore2@miamidade.gov
Contact Phone Number	(305) 596-4460 x5001206
Purchase Order	POPR2004682

Project Name	Lawton Middle School
Address of project	8190 NW 197 ST MIAMIA, FL 33015

Project Type	Installation
Brief scope of project	-Replacement of EHPA ventilation Fan's supply and install Exhaust/supply fans for building 2 & 3. -Bldg#2 room #214 exhaust Fans 10-11 & 12-11. Supply fan 310, Damper with actuator along with Rusted duct work -Bldg.#2 room 311 fresh air supply fan 6-11 & 25 Feet of ductwork
Completion Date	03/15/2021
Project Value	\$38,721.00
Company Name	Miami-Dade County Public Schools
Address of Company	MDCPS Maintenance Service Center #1 12525 NW 28 Avenue Miami, Florida 33167
Contact name and title	Eric Rodriguez
Contact Email Address	EROD@DADESCHOOLS.NET
Contact Phone Number	305-995-7821
Purchase Order	9000329057

Project Name	Fan Coil Replacement Allen Hall
Address of project	18101 UM Allen Hall
Project Type	Replacement
Brief scope of project	Provide Labor and Materials to Install 20 (Twenty) Fan Coils.
Completion Date	12/15/2020
Project Value	\$58,900.00
Company Name	Williams Furnace Company
Contact name	Monte Kartchner
Contact Email Address	Monte_kartchner@wfc-fc.com
Contact Phone Number	424-217-0108

Project Name	Sibley Hubert O Elementary
Address of project	255 NW 115 ST Miami FL 33168
Project Type	Installation

Brief scope of project	-Supply and Install two new C TI certified low 304 all stainless-steel induced Draft, counter-flow cooling Tower. Towers are to have stand-alone controls for variable Speed drives including bypass.
Project Value	\$116,500.00
Company Name	Miami-Dade County Public Schools
Address of Company	MDCPS Maintenance Service Center #1 12525 NW 28 Avenue Miami, Florida 33167
Contact name and title	Eric Rodriguez
Contact Email Address	EROD@DADESCHOOLS.NET
Contact Phone Number	305-995-7821
Purchase Order	9000329547

Project Name	Seminole middle School
Address of project	6200 SW 16th Street Plantation, FL 33317
Project Type	Installation
Brief scope of project	Provide all labor and materials to install Four (4) new Condenser Coils With Coating Replacement for RTU#3
Completion Date	12/02/2020
Project Value	\$28,291.00
Company Name	School Board of Broward County
Address of Company	7720 West Oakland Park Boulevard, Suite 323 Sunrise, FL 33351
Contact name and title	Jim Tillman Hvac foreman
Contact Email Address	james.tillman@browardschools.com
Contact Phone Number	754-321-1458
Purchase Order	6621000132

Project Name	Sieron Building 1ST Floor COVID Operation
Address of project	1400 NW 12th ST Miami, FL 33136
Project Type	Installation

Brief scope of project	Provide and install exhaust ductwork for 14 new Hepa Air scrubbers, provide 14 new 18x18 return grilles with filters for the air scrubber wooden enclosure, provide and install 3 new bipolar ionization systems, provide and install 3 GPS IMeasures, provide, and install 2 new Steril-Aire UV lights, relocate existing thermostat from suite 114 to suite 115.
Completion Date	08/31/2020
Project Value	\$33,858.00
Company Name	University of Miami Health Center
Address of Company	1400 N 12th ST Miami, FL 33136
Contact name and title	Bill Severin
Contact Email Address	BSeverin@med.miami.edu
Purchase Order	PO-0000341762

Project Name	Jackson Health System
Address of project	19590 Old Cutler Rd
Project Type	Fan coils
Brief scope of project	Installation of 72 new horizontal Fan Coils.
Completion Date	04/22/2022
Project Value	\$199,321.00
Company Name	Jackson Health
Contact name	Jaime Cruz
Contact Email Address	786-531-0923/ Cruz, Jaime E <jaime.cruz@jhsmiami.org>
Purchase Order	Purchase Order: 17072847-0-EMER

Project Name	Edison Plaza
Address of project	200 NW 55 th Street
Project Type	New installation
Brief scope of project	Installation of a new 12.5 Ton AHU and Condensing Unit.
Completion Date	05/31/2017
Project Value	\$19,500.00

Company Name	Miami-Dade County
Address of Company	111 NW 1 ST Miami, FL 33128
Contact name and title	Melissa Nichols
Contact Email Address	mnichol@miamidade.gov
Contact Phone Number	305-757-3487

Project Name	Repair Smoke Exhaust System
	3700 NW 151 ST OpaLocka
Project Type	Installation
Brief scope of project	Provide and Install a Loren Cook Exhaust Fan System, ducts supply registers of the fan were replaced, the supply grills were cleaned.
Completion Date	07/28/2017
Project Value	\$8,250.00
Company Name	Miami-Dade Water and Sewer Department
Address of Company	3071 SW 38 Ave Miami, FL 33146
Contact name and title	Jerry Del Amo / Project Manager
Contact Email Address	Gerardo.delamo@miamidade.gov
Contact Phone Number	786-229-0463

Project Name	Imperial Restaurant
Address of project	9010 S Dadeland Blvd Miami, FL 33156
Project Type	Installation
Brief scope of project	Installation of a Heat Pump Unit, Supply and return grills, etc.
Completion Date	11/01/2017.
Project Value	\$23,640.00
Company Name	OHS Constructions
Address of Company	7950 NW 53 rd St Suite 337 Miami, FL 33166
Contact name and title	Oscar Rodriguez / President
Contact Email Address	oscar@ohsconstructions.com
Contact Phone Number	786-218-1956

Project Name	Bioclimatic Aircleaner Service
Address of project	5301 SW 31 St Avenue Fort Lauderdale, FL 33312
Project Type	Maintenance

Brief scope of project	Bioclimatic Aircleaner Maintenance and Service.
Completion Date	Recurring since 2017
Project Value	\$1700.00 quarterly
Company Name	Broward County Purchasing Division
Address of Company	115 S. Andrews Avenue Room 212 Ft. Lauderdale, FL 33301
Contact name and title	Chris Boden / Contract Admin.
Contact Email Address	chboden@broward.org
Contact Phone Number	954-357-5255

Project Name	Arcola Lakes Library
Address of project	8240 NW 7 Ave Miami, FL 33150
Project Type	Replacement of Condensing Coils.
Brief scope of project	Replacement of two Condensing Coils on a existing TRANE Chiller 60 Ton.
Completion Date	10/10/2017
Project Value	\$34,090.00
Company Name	Miami-Dade County
Address of Company	111 NW 1 st Miami, FL 33128
Contact name and title	Jesus Sanchez / Library Facilities Maintenance Manager
Contact Email Address	sanchezj@mdpls.org
Contact Phone Number	305-480-1707

Project Name	Modern Health Concepts
Address of project	1125 North Dixie Highway Lake Worth, Florida 33460
Project Type	New Construction
Brief scope of project	Provide and Install a 3 Ton Unit, relocate a 5 Ton unit, Grills, Exhaust Fans and duct work.
Completion Date	11/16/2017

Project Value	\$57,354.00
Company Name	R.D Johnson Construction, INC.
Address of Company	15800 Brothers Court Unit 8 Fort Myers, FL 33912
Contact name and title	Aaron Harder /Project Manager
Contact Email Address	a.harder@RDJ.Construction
Contact Phone Number	239-489-0930

Project Name	Parkway Elementary
Address of project	1320 NW 188 ST Miami, FL 33169
Project Type	Installation
Brief scope of project	Installation -Provided and Installed a 20 Ton Rheem Split system (six pack bldg.) -With 20KW electric heater. -New solenoid, dryer core, t-stat and sight glass.
Completion Date	09/12/2018
Project Value	\$22,879.00
Company Name	MDCPS
Address of Company	1450 NE 2 nd Ave Miami, FL 33132
Contact name and title	Eric Rodriguez
Contact Email Address	hotrod@dadeschool.net
Contact Phone Number	305-995-7822

LIST OF EQUIPMENT AVAILABLE

TOOLS

- Genie lift.
- Forklift.
- Propress Tool.
- Megapress Tool.
- Welding Machine.
- Magnet Drills.
- Power Tools (Hammer drills, Impact drills,etc)
- Winches.
- Pro Winch.

- Vacuum Pump.
- Recovery Machine.
- Heavy Duty baring Puller, Among Others.

VEHICLES

No.	MAKE	MODEL	YEAR
1	chevy	EXPRESS	2014
2	chevy	EXPRESS	2005
3	chevy	EXPRESS	2004
4	chevy	EXPRESS	2008
5	Chevy	GMC	2006
6	Nissan	NV Cargo	2019

Questions

The Contractor must answer and/or address the following questions in their response to this solicitation.

A. What action will your company take to address current supply chain issues for the materials used in this contract?

We have a good relationship with multiple supplies houses and manufacturers.

B. Can you provide a backup plan?

Yes

FORM 1

SUBMITTAL CHECKLIST FORM

The items below are required components of your solicitation response in order for your bid/proposal/submittal to be consider responsive and responsible. Please complete and submit this submittal checklist form as the cover page of your submittal with all of the items below in the order listed.

Please indicated Yes or No in the "Submitted (Yes/No)" column below to indicated which required components were provided with your submittal.

Submitted (Yes/No)	Required Bid Components
Yes	This Submittal Checklist Form completed and included as the cover page of your submittal.
Yes	A Table of Contents that clearly identifies each section and page number of your submittal.
Yes	Information and/or documentation that addresses and/or meets the requirements outlined in Section III – Scope of Work/Services, including any procedural or technical enhancements/innovations which do not materially deviate from the objectives or required content of the Scope of Work/Services. <i>P.d.f attached</i>
Yes	<p>Forms (Completed)</p> <ul style="list-style-type: none"> Form 1 Submittal Checklist Form Form 2 Acknowledgement and Signature Page Form 3 Bid Form Form 4 Vendor Reference Form Form 5 Hold Harmless and Indemnity Clause Form 6 Non-Collusion Affidavit Form 7 Sworn Statement... Public Entity Crimes Form 8 Certifications Regarding Debarment... Form 9 Drug-Free Workplace Program Form 10 Solicitation, Giving, and Acceptance... Form 11 W-9 (Request for Taxpayer Identification) Form 12 (Not Applicable) Form 13 Bid Guaranty Form Form 14 List of Subcontractors
Yes	Certificate(s) of insurance that meet the requirements of Section 2.21
Yes	Proof of State of Florida Sunbiz Registration

This checklist is only a guide, please read the entire solicitation to ensure that your submission includes all required information and documentation.

FORM 2

ACKNOWLEDGMENT AND SIGNATURE PAGE

This form must be completed and submitted by the date and the time of bid opening.

Legal Company Name (include d/b/a if applicable): Blizzard Air Conditioning, LLC

If Corporation - Date Incorporated/Organized: 07/09/2013 Federal Tax Identification Number: 46-3873155

State Incorporated/Organized: Florida

Company Operating Address: 12201 SW 128th CT unit#107

City: Miami State: FL Zip Code: 33186

Remittance Address (if different from ordering address):

City: _____ State: _____ Zip Code: _____

Company Contact Person: Roberto Villaverde Email Address: info@blizzardairfl.com

Phone Number (include area code): 305-699-8868 Fax Number (include area code): 786-732-4073

Company's Internet Web Address: www.blizzardairfl.com

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER CERTIFIES ACCEPTANCE OF THE TERMS, CONDITIONS, SPECIFICATIONS, ATTACHMENTS AND ANY ADDENDA. THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER/PROPOSER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR THE PERIOD OF TIME STATED IN THE SOLICITATION.

Bidder/Proposer's Authorized Representative's Signature: _____ Date: 11-15-22

Type or Print Name: Roberto Villaverde

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE BID/PROPOSAL NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID/PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.

FORM 3

BID FORM

The City is seeking bids/proposals from qualified vendors for the items listed below in accordance with the terms, conditions, and specifications contained in this solicitation.

Estimated quantities listed are for information and tabulation purposes only. No warranty or guarantee of quantities needed is given or implied. It is understood that the Contractor will furnish the City's needs as they arise.

Washington Park Community Center
5199 Pembroke Road, Hollywood, FL 33021

Item #	Item					Quantity	Unit	Unit Price	Percentage Markup
1	3 TON	CARRIER	PACKAGE	50ES-A36-30TP	Or City approved equal	1	1	\$5,000.00	15%
2	3 TON	CARRIER	PACKAGE	50ES-A36-30TP	Or City approved equal	1	1	\$ 5,000.00	15%
3	3 TON	American Standard	PACKAGE	TSC036	Or City approved equal	1	1	\$5,000.00	15%
4	4 TON	TRANE	PACKAGE	TCD049	Or City approved equal	1	1	\$6,000.00	15%
5	5 TON	TRANE	SPLIT SYSTEM	TWE065	Or City approved equal	1	1	\$6,000.00	15%
6	20 TON	CARRIER	PACKAGE	50TCD24	Or City approved equal	1	1	\$40,000.00	15%
7	20 TON	CARRIER	PACKAGE	50TCD24	Or City approved equal	1	1	\$40,000.00	15%
8	Remove and replace all exterior duct work for the two 20 ton units, labeled as item 6 and 7.							\$28,000.00	15%

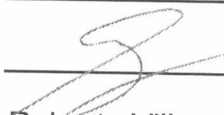
Other

Item #	Item	Unit Price
9	Permitting	\$ 18,000.00
10	Pre-installation and Post- installation Test and Balance	\$ 7,000.00
11	Labor	\$ 48,000.00

Grand Total Bid Price (numerical): (with mark up percentage included) **\$ 228,250.00**

GRAND TOTAL BID PRICE (in words): Two Hundred Twenty Eight Thousand Two Hundred Fifty with zero cents

Company Name Blizzard Air Conditioning, LLC

Authorized Signature 

Print Name Roberto Villaverde

Title President

Date 11/15/2022

FORM 4 VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-4756-22-W HVAC REPLACEMENT AT WASHINGTON PARK
 Reference for: Blizzard Air Conditioning, LLC

Organization/Firm Name providing reference: MDCPS
 Organization/Firm Contact Name: Javier Iturria Title: Coordinator I
 Email: 319107@dadeschools.net Phone: 305-995-4303
 Name of Referenced Project: Holmes El Chiller replacement Contract No: P.O. Number: 9000356601
 Date Services were provided: 2022 Project Amount: \$26,950.00
 Referenced Vendor's role in Project: ☒ Prime Vendor ☐ Subcontractor/ Subconsultant
 Would you use the Vendor again? ☐ Yes ☐ No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):

Holmes ELEM, Provide All Materials, Labor and Equipment, to remove and replace Air Cooled Chiller, installation which will provide a fully functional A/C Air Cooled Chiller, providing comfort cooling to designated area.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

Excellent Service and all projects completed within budget

****THIS SECTION FOR CITY USE ONLY****

Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	

FORM 4 VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-4756-22-WV_HVAC_Replacement_at_Washington_Park_Community_Center
Reference for: Blizzard Air Conditioning, LLC

Organization/Firm Name providing reference: Florida Department of Children and Families

Organization/Firm Contact Name: Caridad Fernandez Title: Government Operations Consultant II Southern Region
Email: caridad.fernandez@myflfamilies.com Phone: 305-510-7426
Name of Referenced Project: Cottage #3 Replace Condensing Unit and Air Handler Unit. Contract No: B8D9E
Date Services were provided: 2021 Project Amount: \$19,405.00
Referenced Vendor's role in Project: ☒ Prime Vendor ☐ Subcontractor/ Subconsultant
Would you use the Vendor again? ☐ Yes ☐ No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
- Provide labor and material to install a 15 Ton Carrier Condensing and Air Handler Unit.
- Installation consist in disconnecting and reconnecting duct, electrical, drain line and refrigeration lines.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

Their workmanship, quality, and knowledge is among the very best. I highly recommend Blizzard. Please feel free to contact me.

****THIS SECTION FOR CITY USE ONLY****

Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:		Title:			
	Department:		Date:			

FORM 4 VENDOR REFERENCE FORM

City of Hollywood Solicitation #: Bid IFB-4756-22-WV HVAC Replacement at Washington Park Community Center
 Reference for: Blizzard Air Conditioning, LLC

Organization/Firm Name providing reference: Public Housing and Community Development
 Organization/Firm Contact Name: ANAELY RODRIGUEZ Title: Assistant AMP Administrator
 Email: anaely.rodriguez@miamidade.gov Phone: _____
 Name of Referenced Project: Ward Towers Contract No: P.O 0000006277
 Date Services were provided: 2021 Project Amount: \$44,700.00
 Referenced Vendor's role in Project: ☒ Prime Vendor ☐ Subcontractor/ Subconsultant
 Would you use the Vendor again? ☒ Yes ☐ No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
Ward Towers 3rd and 4th Floor Units replacement. 1st, 2nd and 5th floor units troubleshooting and repairs.
Provide labor and material to install Two(2) 10 Ton Condensing and Air Handler Unit. One for 3rd and One for 4th floor.
Installation consist in disconnect and reconnect duct, electrical drain line and refrigeration lines.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

**** THIS SECTION FOR CITY USE ONLY ****					
Verified via:	Email:	<input checked="" type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:
Verified by:	Name:	Anaely Rodriguez		Title:	AMP Asst Administrator
	Department:	Public Housing		Date:	11-14-22

FORM 4 VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-4756-22-WV_HVAC_Replacement_at_Washington_Park_Community_Center
 Reference for: Blizzard Air Conditioning, LLC

Organization/Firm Name providing reference: MDCPS
 Organization/Firm Contact Name: MICHAEL J IANNIELLO Title: COORDINATOR I / CONSTRUCTION
 Email: 169600@dadeschools.net Phone: Cel/305-572-3961
 Name of Referenced Project: INSTALL ONE 25 TON TRANE ROOF Contract No: P.O. Number: 9000351004
JRE LEE CTR LOC #2861
 Date Services were provided: 03/24/2022 Project Amount: \$5843.00
 Referenced Vendor's role in Project: ☒ Prime Vendor ☐ Subcontractor/ Subconsultant
 Would you use the Vendor again? ☐ Yes ☐ No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):

JRE Lee -Café AC unit 25 ton trane package unit

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

I would recommend Blizzard Air Conditioning to anyone who has serious commercial air conditioning projects to be done, from chiller installs to small domestic projects , they are always on time and ahead of schedule , I would highly recommend them.

****THIS SECTION FOR CITY USE ONLY****

Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	

FORM 5

HOLD HARMLESS AND INDEMNITY CLAUSE

Blizzard Air Conditioning, LLC Roberto Villaverde

(Company Name and Authorized Signature, Print Name)

the contractor, shall indemnify, defend and hold harmless the City of Hollywood, its elected and appointed officials, employees and agents for any and all suits, actions, legal or administrative proceedings, claims, damage, liabilities, interest, attorney's fees, costs of any kind whether arising prior to the start of activities or following the completion or acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or omission, fault or negligence whether active or passive by the contractor, or anyone acting under its direction, control, or on its behalf in connection with or incident to its performance of the contract.

Signature

Blizzard Air Conditioning, LLC

Name of Company

Roberto Villaverde

Printed Name

President

Title

FORM 6

NON-COLLUSION AFFIDAVIT

STATE OF: Florida

COUNTY OF: Miami Dade, being first duly sworn, deposes and says that:

- (1) He/she is President of Blizzard A/C, the Proposer that has submitted the attached Proposal.
- (2) He/she has been fully informed regarding the preparation and contents of the attached Proposal and of all pertinent circumstances regarding such Proposal;
- (3) Such Proposal is genuine and is not a collusion or sham Proposal;
- (4) Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contractor for which the attached Proposal has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices, profit or cost element of the Proposal price or the Proposal price of any other Proposer, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- (5) The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Signature

Blizzard Air Conditioning, LLC

Name of Company

Roberto Villaverde

Printed Name

President

Title



LARISSA T. GANTUS ARENAS
Commission # HH 305512
Expires December 26, 2026

[Handwritten Signature]

FORM 7

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

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

1. This form statement is submitted to the City of Hollywood by Roberto Villaverde/President for Blizzard Air Conditioning, LLC
(Print individual's name and title) (Print name of entity submitting sworn statement) whose
business address is 12201 SW 128th CT unit#107, Miami FL 33186
and if applicable its Federal Employer Identification Number (FEIN) is 46-3873155. If the
entity has no FEIN, include the Social Security Number of the individual signing this sworn
statement.

2. I understand that "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 with the United States, including, but not limited to, any bid, proposal,
reply, or contract for goods or services, any lease for real property, or any contract for the
construction or repair of a public building or public work, involving antitrust, fraud, theft,
bribery, collusion, racketeering, conspiracy, or material misinterpretation.
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 an
adjudication of guilt, in an 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 "Affiliate," as defined in paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of a public entity crime, or
 2. An entity under the control of any natural person who is active in the management of the
entity and who has been convicted of a public entity crime. The term "affiliate" includes
those officers, directors, executives, partners, shareholders, employees, members, and
agents who are active in the management of an affiliate. The ownership by one person of
shares constituting a controlling interest in another person, or a pooling of equipment or
income among persons when not for fair market value under an arm's length agreement,
shall be a prima facie case that one person controls another person. A person who
knowingly enters into a joint venture with a person who has been convicted of a public
entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that "person," as defined in Paragraph 287.133(1)(e), Florida Statutes, means any
natural person or any 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 let
by a public entity, or which otherwise transacts or applies to transact business with a public
entity. The term "person" includes those officers, executives, partners, shareholders,
employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

☒ Neither the entity submitting sworn statement, nor any of its officers, director, 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, 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, but the Final Order entered by the Hearing Officer in a subsequent proceeding before a Hearing Officer of the State of the State of Florida,

Division of Administrative Hearings, determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor 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 THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017 FLORIDA STATUTES FOR A CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(Signature)

Sworn to and subscribed before me this 15th day of November, 2022.

Personally known personally known

Or produced identification _____ Notary Public-State of Florida

personally known my commission expires 12/26/2026

(Type of identification)



LARISSA T. GANTUS ARENAS
Commission # HH 305512
Expires December 26, 2026

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

Larissa T. Gantus Arenas

FORM 8

CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

Applicant Name and Address:

Blizzard Air Conditioning, LLC

12201 SW 128th CT unit#107, Miami FL 33186

Application Number and/or Project Name:

IFB-4756-22-WV

Applicant IRS/Vendor Number: 46-3873155

Signature

Roberto Villaverde

Printed Name

Blizzard Air Conditioning, LLC

President

Name of Company

Title

FORM 9

DRUG-FREE WORKPLACE PROGRAM

IDENTICAL TIE PROPOSALS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie proposals will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, 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 employee 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 States 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 these requirements.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Signature

Blizzard Air Conditioning, LLC

Name of Company

Roberto Villaverde

Printed Name

President

Title

FORM 10

SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. "No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, local government attorney, or candidate would be influenced thereby." The term "public officer" includes "any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

The City of Hollywood/Hollywood CRA policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City/CRA does business.

The State of Florida definition of "gifts" includes the following:

- Real property or its use,
- Tangible or intangible personal property, or its use,
- A preferential rate or terms on a debt, loan, goods, or services,
- Forgiveness of indebtedness,
- Transportation, lodging, or parking,
- Food or beverage,
- Membership dues,
- Entrance fees, admission fees, or tickets to events, performances, or facilities,
- Plants, flowers or floral arrangements
- Services provided by persons pursuant to a professional license or certificate.
- Other personal services for which a fee is normally charged by the person providing the services.
- Any other similar service or thing having an attributable value not already provided for in this section.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.

Signature

Roberto Villaverde

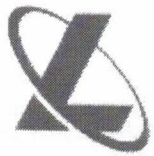
Printed Name

Blizzard Air Conditioning, LLC

President

Name of Company

Title



LEXON SURETY
GROUP

City of Hollywood, Florida

IFB-4756-22-WV

March 12, 2021

Re: Blizzard Air Conditioning LLC

To Whom It May Concern:

This letter will serve to confirm that we are the bonding company for **Blizzard Air Conditioning LLC** and they are a valued client of Lexon Insurance Company. We are willing to support them on single jobs up to **\$1,500,000.00** and a **3,000,000.00** aggregate program.

As always, the company reserves the right to perform our normal underwriting at the time of any bond request including, without limitation, prior review and approval of relevant contract documents, bond forms and project financing. The company assumes no liability if for any reason we do not execute any bonds requested.

Lexon Insurance Company is U.S. Treasury Department listed (Department Circular 570) and is A+ Rated by A.M. Best Company.

If we can provide any further assurance, please do not hesitate to call upon us.

Sincerely,

Lexon Insurance Company

Odalis Cabrera
Attorney-In-Fact

LX- 9014-

Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that **LEXON INSURANCE COMPANY**, a Texas Corporation, with its statutory home office in Austin, Texas, does hereby constitute and appoint: Christine Harris, Marina M. Ramil, Odalis Cabrera its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **LEXON INSURANCE COMPANY** on the 1st day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$5,000,000.00, Five Million Dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Assistant Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **LEXON INSURANCE COMPANY** has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 22nd day of June, 2018.

LEXON INSURANCE COMPANY



BY

Brian Beggs
President

ACKNOWLEDGEMENT

On this 22nd day of June, 2018, before me, personally came Brian Beggs to me known, who be duly sworn, did depose and say that he is the President of **LEXON INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



AMY TAYLOR
Notary Public- State of Tennessee
Davidson County
My Commission Expires 5-9-2023

BY

Amy Taylor
Notary Public

CERTIFICATE

I, the undersigned, Assistant Secretary of **LEXON INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the forgoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Seal at Mount Juliet, Tennessee this 12th Day of March, 2021.



BY

Andrew Smith
Assistant Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

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

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check **only one** of the following seven boxes.

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

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

☒ **Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ►

12201 SW 128th CT unit#107

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

Miami, FL 33186
6 City, state, and ZIP code

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

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Employer Identification number									
4	6	-	3	8	7	3	1	5	5
Social security number									

or

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here
Signature of U.S. person ►

Date ► 11/14/2022

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an

information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

Form 14

LIST OF SUBCONTRACTORS

The Respondent shall list below the name and address of each Subcontractor who will perform work under this Contract, and shall also list the portion of the work which will be done by such Subcontractor. After the opening of Submittals, changes or substitutions will be allowed with written approval of the City of Hollywood. Subcontractors must be properly licensed.

	Work to be Performed	Subcontractor's Name / Address
1.	N/A	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

NOTE: Attach additional sheets if required.

- END OF SECTION -

AMENDMENT NUMBER 1 TO THE BID DOCUMENTSAmendment Date: **October 20, 2022**

tel: 954.921.3410

fax: 954.921.3405

**BID DOCUMENT: IFB-4756-22-WV
HVAC REPLACEMENT AT WASHINGTON PARK COMMUNITY CENTER**

A. This Amendment shall be considered part of the bid documents for the above-mentioned project as though it had been issued at the same time and shall be incorporated integrally therewith. Where provisions of the following supplementary data differ from those of the original bid documents, this Amendment shall govern and take precedence. BIDDERS MUST SIGN THE AMENDMENT AND SUBMIT IT WITH THEIR BIDS.

B. Bidders are hereby notified that they shall make any necessary adjustments in their estimates as a result of this Amendment. It will be construed that each bidder's proposal is submitted with full knowledge of all modifications and supplemental data specified herein.

Except as described below, the original bid document remains unchanged.

1. FORM 3 – BID FORM

- a. Item # 2, 3, 4, 6 and 7: Unit information has been updated per observations made at the pre-bid site visit. Updated Bid Form is included in this addendum
 - i. Item 2: 3 ton unit
 - ii. Item 3: 3 ton unit, American Standard
 - iii. Item 4: 4 ton unit, TCD049
 - iv. Item 6: 50TCD24
 - v. Item 7: 50TCD24
- b. Additional line item added to the Bid Form: "Remove and replace all exterior duct work for the two 20 ton units, labeled as item 6 and 7."

**BIDDER MUST ACKNOWLEDGE THIS AMENDMENT BY SIGNING BELOW
AND ATTACHING THE SIGNED AMENDMENT TO THE BID FORM:**

Company Name Blizzard Air Conditioning, LLCContact Person Roberto Villaverde

Signature _____

Date 11/14/2022

2600 Hollywood Boulevard
P.O. Box 229045
Hollywood, Florida
33022-9045

hollywoodfl.org
p. 41



CERTIFICATE OF LIABILITY INSURANCE

City of Hollywood, Florida

IFB 4756-22-WV

DATE (MM/DD/YYYY)

11/15/2022

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 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 The Villa Group LLC 1317 Edgewater Dr Ste 1987 Orlando, FL 328041	CONTACT NAME: Jeannette Perez PHONE (A/C, Mo, Ext): 407-349-4477 FAX (A/C, No): Email: Jeannette@villagroupins.com														
INSURED Blizzard Air Conditioning, LLC 12201 Sw 128th Ct Unit 107 Miami, FL 33186	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: AIX Specialty Insurance Company</td><td>12833</td></tr><tr><td>INSURER B: Infinity Assurance Insurance Company</td><td>39497</td></tr><tr><td>INSURER C: AIX Specialty Insurance Company</td><td>12833</td></tr><tr><td>INSURER D: AmTrust Insurance Company</td><td>15954</td></tr><tr><td>INSURER E: GuideOne National Insurance Company</td><td>14167</td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: AIX Specialty Insurance Company	12833	INSURER B: Infinity Assurance Insurance Company	39497	INSURER C: AIX Specialty Insurance Company	12833	INSURER D: AmTrust Insurance Company	15954	INSURER E: GuideOne National Insurance Company	14167	INSURER F:	
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INSURER E: GuideOne National Insurance Company	14167														
INSURER F:															

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		X X	L1N-9964249-00	05/02/2022	05/02/2023	MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
B	AUTOMOBILE LIABILITY					
	<input checked="" type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
			509-82002-9615-0010	05/15/2022	05/15/2023	\$
C	UMBRELLA LIAB					
	<input checked="" type="checkbox"/> EXCESS LIAB					EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> OCCUR					AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE					\$
	DED RETENTION \$		L1N9964250-00	05/02/2022	05/02/2023	\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				WC STATUTORY LIMITS OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$ 1,000,000
		X	WC4098406	05/13/2022	05/13/2023	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Pollution & Environment Liability					
			ENV562009806-00	05/02/2022	05/02/2023	Policy Aggregate \$2,000,000 Each conditional Limit \$1,000,000

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

Air Conditioning Service & Repair

Air Condition systems or Equipment-Dealers, Distributors and installation, service or repair

CANCELLATION**CERTIFICATE HOLDER**

City of Hollywood
Washington Park Community Center
5199 Pembroke Road
Hollywood, FL 33021

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

Jeannette Perez

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The ACORD name and logo are registered marks of ACORD

BidSync

11/16/2022

p. 42

State of Florida

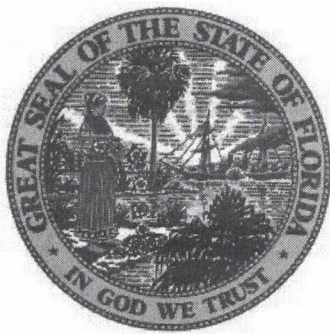
Department of State

I certify from the records of this office that BLIZZARD AIR CONDITIONING LLC is a limited liability company organized under the laws of the State of Florida, filed on July 9, 2013, effective July 9, 2013.

The document number of this limited liability company is L13000097286.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on January 6, 2022, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Sixth day of January, 2022*



Randy R. Lee
Secretary of State

Tracking Number: 5629799536CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

Form 13**Bid Guaranty Form**

(Construction)

Bond# AIC0000377978

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS:

That we Blizzard Air Conditioning LLC, as Principal, and Arch Insurance Company, as

Surety, are held and firmly bound unto the City of Hollywood in the sum of _____

Five Percent of Bid Amount ----- Dollars (\$ 5% of Bid Amount

of the United States, amounting to 5% of the total SOLICITATION Price, for the payment of said sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the principal has submitted the accompanying SOLICITATION, dated November 15, 2022 for

HVAC Replacement at Washington Park Community Center.
IFB# 4756-22-WV

SOLICITATION-

NOW, THEREFORE, if the principal shall not withdraw said SOLICITATION within 90 days after date of the same and shall within ten days after the prescribed forms are presented to him for signature, enter into a written contract with the CITY, in accordance with the SOLICITATION as accepted, and give bond with good and sufficient surety or sureties, and provide the necessary Insurance Certificates as may be required for the faithful performance and proper fulfillment of such Contract, then this obligation shall be null and void.

Approved SOLICITATION Bond

In the event of the withdrawal of said SOLICITATION within the specified period, or the failure to enter into such contract and give such bond and insurance within the specified time, the principal and the surety shall pay to the City of Hollywood the difference between the amount specified in said SOLICITATION and such larger amount for which the City of Hollywood may in good faith contract with another party to perform the work and/or supply the materials covered by said SOLICITATION.

IN WITNESS WHEREOF, the above bound parties have executed this statement under their several seals this 15th

day of November, 2022, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

WHEN THE PRINCIPAL IS AN INDIVIDUAL:

Signed, sealed and delivered in the presence of:

Witness

Signature of Individual

Address

Printed Name of Individual

Witness

Address

Approved SOLICITATION Bond

WHEN THE PRINCIPAL IS A CORPORATION:

Attest:

Secretary_____
Blizzard Air Conditioning LLC
Name of Corporation_____
12201 SW 128 Ct., Unit# 107
Business Address

Miami, FL 33186By: _____
(Affix Corporate Seal)_____
Roberto Villaverde
Printed Name_____
MGRM
Official TitleCERTIFICATE AS TO CORPORATE PRINCIPAL

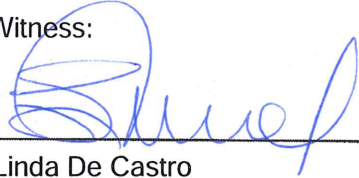
I, _____, certify that I am the secretary of the Corporation named as Principal in the attached bond; that _____ who signed the said bond on behalf of the Principal, was then _____ of said Corporation; that I know his signature, and his signature thereto is genuine and that said bond was duly signed, sealed and attested for and on behalf of said Corporation by authority of its governing body.

(SEAL)
Secretary

Approved SOLICITATION Bond

TO BE EXECUTED BY CORPORATE SURETY:

Witness:



Linda De Castro

Arch Insurance CompanyCorporate Surety
Harborside 3, 210 Hudson Street, Suite 300Business Address
Jersey City, NJ 07311BY: 

(Affix Corporate Seal)

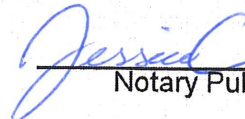
Odalis CabreraAttorney-in-Fact
Security Bond Associates, Inc.

Name of Local Agency

10131 SW 40th StreetBusiness AddressMiami, FL 33165

STATE OF FLORIDA

Before me, a Notary Public, duly commissioned, qualified and acting, personally appeared,
Odalis Cabrera to me well known, who being by me first duly sworn upon
 oath says that he is the attorney-in-fact for the Arch Insurance Company and
 that he has been authorized by Arch Insurance Company to execute the forgoing
 bond on behalf of the CONTRACTOR named therein in favor of the City of Hollywood, Florida.
 Subscribed and sworn to before me this 15th day of November, 2022.



Jessica Calderon
 Notary Public, State of Florida

My Commission Expires:

- END OF SECTION-



JESSICA CALDERON
 Notary Public
 State of Florida
 Comm# HH322585
 Expires 10/17/2026

AIC 0000377978

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for Note, Loan, Letter of Credit, Currency Rate, Interest Rate or Residential Value Guarantees.

POWER OF ATTORNEY**Know All Persons By These Presents:**

That the Arch Insurance Company, a corporation organized and existing under the laws of the State of Missouri, having its principal administrative office in Jersey City, New Jersey (hereinafter referred to as the "Company") does hereby appoint:

Christine M. Reed Harris, Marina M. Ramil and Odalis Cabrera of Miami, FL (EACH)

its true and lawful Attorney(s)-in-Fact, to make, execute, seal, and deliver from the date of issuance of this power for and on its behalf as surety, and as its act and deed: Any and all bonds, undertakings, recognizances and other surety obligations, in the penal sum not exceeding Ninety Million Dollars (\$90,000,000.00). This authority does not permit the same obligation to be split into two or more bonds in order to bring each such bond within the dollar limit of authority as set forth herein.

The execution of such bonds, undertakings, recognizances and other surety obligations in pursuance of these presents shall be as binding upon the said Company as fully and amply to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal administrative office in Jersey City, New Jersey.

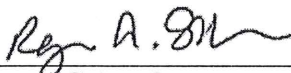
This Power of Attorney is executed by authority of resolutions adopted by unanimous consent of the Board of Directors of the Company on December 10, 2020, true and accurate copies of which are hereinafter set forth and are hereby certified to by the undersigned Secretary as being in full force and effect:

"VOTED, That the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, or the Secretary shall have the power and authority to appoint agents and attorneys-in-fact, and to authorize them subject to the limitations set forth in their respective powers of attorney, to execute on behalf of the Company, and attach the seal of the Company thereto, bonds, undertakings, recognizances and other surety obligations obligatory in the nature thereof, and any such officers of the Company may appoint agents for acceptance of process."

This Power of Attorney is signed, sealed and certified by facsimile under and by authority of the following resolution adopted by the unanimous consent of the Board of Directors of the Company on December 10, 2020:

VOTED, That the signature of the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, and the signature of the Secretary, the seal of the Company, and certifications by the Secretary, may be affixed by facsimile on any power of attorney or bond executed pursuant to the resolution adopted by the Board of Directors on December 10, 2020, and any such power so executed, sealed and certified with respect to any bond or undertaking to which it is attached, shall continue to be valid and binding upon the Company. **In Testimony Whereof**, the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this 22nd day of July, 2022.

Attested and Certified


Regan A. Shulman, Secretary

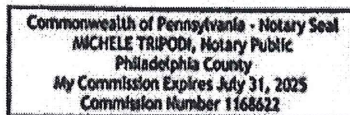
STATE OF PENNSYLVANIA SS
COUNTY OF PHILADELPHIA SS

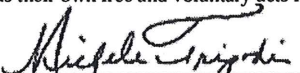


Arch Insurance Company


Stephen C. Ruschak, Executive Vice President

I, Michele Tripodi, a Notary Public, do hereby certify that Regan A. Shulman and Stephen C. Ruschak personally known to me to be the same persons whose names are respectively as Secretary and Executive Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.

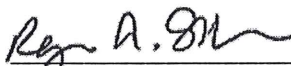



Michele Tripodi, Notary Public
My commission expires 07/31/2025

CERTIFICATION

I, Regan A. Shulman, Secretary of the Arch Insurance Company, do hereby certify that the attached **Power of Attorney dated July 22, 2022** on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said Stephen C. Ruschak, who executed the Power of Attorney as Executive Vice President, was on the date of execution of the attached Power of Attorney the duly elected Executive Vice President of the Arch Insurance Company.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 15th day of November, 2022.


Regan A. Shulman, Secretary

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:

Arch Insurance - Surety Division
3 Parkway, Suite 1500
Philadelphia, PA 19102



To verify the authenticity of this Power of Attorney, please contact Arch Insurance Company at SuretyAuthentic@archinsurance.com
Please refer to the above named Attorney-in-Fact and the details of the bond to which the power is attached.