



City of Hollywood  
Public Utilities  
Keith Moran, Director  
2600 Hollywood Boulevard, Hollywood, FL 33020

---

## PROPOSAL DOCUMENT REPORT

IFB No. IFB-057-23-JJ

McKinley Street Interceptor Ventilation & Tyler Street Conflict Box Revision

RESPONSE DEADLINE: April 26, 2023 at 3:00 pm

Report Generated: Monday, May 8, 2023

## Southeastern Engineering Contractors, Inc. Proposal

### CONTACT INFORMATION

**Company:**

Southeastern Engineering Contractors, Inc.

**Email:**

jc@southeasterneng.com

**Contact:**

Eduardo Dominguez

**Address:**

911 NW 209th Ave  
Suite 101  
Pembroke Pines, FL 33029

**Phone:**

N/A

**Website:**

N/A

**Submission Date:**

Apr 26, 2023 11:02 AM

## ADDENDA CONFIRMATION

Addendum #1

*Confirmed Apr 24, 2023 3:15 PM by Eduardo Dominguez*

Addendum #2

*Confirmed Apr 24, 2023 3:15 PM by Eduardo Dominguez*

## QUESTIONNAIRE

### 1. SUBMITTAL CHECKLIST CONFIRMATION\*

The items below are required components of your solicitation response in order for your bid/proposal/submittal to be considered responsive and responsible. Please confirm this submittal includes the following items in this checklist

- A. Forms and Certifications (Completed)
  - 1. This Submittal Checklist Confirmation
  - 2. Information Required from Bidders
  - 3. Bid Form (see [#PRICING \(BID FORM\)](#))
  - 4. Vendor Reference Form\*
  - 5. Hold Harmless and Indemnity Clause
  - 6. Non-Collusion Statement
  - 7. Sworn Statement...Public Entity Crimes
  - 8. Certifications Regarding Debarment
  - 9. Drug-Free Workplace Program
  - 10. Solicitation, Giving, and Acceptance

11. W-9 (Request for Taxpayer Identification)
12. Trench Safety Form
13. Bid Guaranty Form
14. List of Subcontractors
15. Certificate(s) of insurance that meet the requirements of the [#SPECIAL TERM AND CONDITIONS](#) section.
16. Proof of State of Florida Sunbiz Registration
17. Acknowledgement and Signature Questionnaire
18. Proposal Form

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

Confirmed

## 2. INFORMATION REQUIRED FROM BIDDERS\*

### GENERAL INFORMATION

The Bidder shall furnish the following information. Failure to comply with this requirement may cause its rejection. Additional sheets shall be attached as required.

- A. Contractor's License (attach copy):
  1. Primary Classification:
  2. Broward County License Number (attach copy):
- B. Number of years as a Contractor in construction work of the type involved in this Contract:
- C. List the names and titles of all officers of Contractor's firm:
- D. Name of person who inspected site or proposed work for your firm:

1. Name:
2. Date of Inspection:
- E. What is the last project of this nature you have completed?
- F. Have you ever failed to complete work awarded to you; if so, where and why?
- G. Name three individuals or corporations for which you have performed work and to which you refer:
- H. List the following information concerning all contracts on hand as of the date of submission of this proposal (in case of co-venture, list the information for all coventures).
  1. Name of Project
  2. City
  3. Total Contract Value
  4. Contracted Date of Completion
  5. % Completion to Date
- I. What equipment do you own that is available for the work?
- J. What equipment will you purchase for the proposed work?
- K. List at least three (3) similar projects completed within the last seven (7) years by the bidder and the proposed project manager. For purposes of this requirement, 'similar' projects shall be considered to include projects of similar size and scope as outlined in the Scope of Work/Services section. Include owner, project value, completion date, reference contact information, and brief project description. The determination of whether a project is sufficiently similar shall be at the sole discretion of the City and the Engineer.
- L. Name the Project Manager proposed for this project. Attach a copy of the project manager's resume.
- M. Information and/or documentation that addresses and/or meets the requirements outlined in the Scope of Work/Services section, including any procedural or technical enhancements/innovations which do not materially deviate from the objectives or required content of the Scope of Work/Services.

NOTE: If requested by CITY, the Bidder shall furnish a notarized financial statement, references and other information, sufficiently comprehensive to permit an appraisal of its current financial condition.

LBT\_Broward\_&\_Pembroke\_Pines.pdfProjects\_Under\_Construction\_03-09-23.pdfReferences\_.pdfGC.pdfSEC\_Broward\_Certificate\_of\_Competency\_2023.pdfList\_of\_Equipment.pdfCurrJCPerello2\_(2).docProject\_Experience\_5\_Years\_03-09-23.pdfSunbiz.pdf

### 3. PRICING (BID FORM)\*

I understand that I shall insert my pricing electronically in the [#PRICING \(BID FORM\)](#) section.

Confirmed

### 4. VENDOR REFERENCE FORM\*

Please download the below documents, complete, and upload.

- [Vendor Reference Form.pdf](#)

Form\_4\_Vendor\_Reference\_for\_Southeastern\_.pdf

### 5. HOLD HARMLESS AND INDEMNITY CLAUSE\*

I, an authorized representative, 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.

Confirmed

### 6. NON-COLLUSION STATEMENT\*

I, being first duly sworn, depose that:

- A. He/she is an authorized representative of the Company, the Proposer that has submitted the attached Proposal.
- B. He/she has been fully informed regarding the preparation and contents of the attached Proposal and of all pertinent circumstances regarding such Proposal;
- C. Such Proposal is genuine and is not a collusion or sham Proposal;
- D. 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
- E. 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.

Confirmed

#### **7. SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a) FLORIDA STATUTES ON PUBLIC ENTITY CRIMES\***

Please download the below documents, complete, and upload.

- [Sworn Statement Public Enti...](#)

Form\_7\_Sworn\_Statement\_Public\_Entity\_Crimes.pdf

#### **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.

Confirmed

#### **9. DRUG-FREE WORKPLACE PROGRAM\***

- A. 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.

Confirmed

#### **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.

Confirmed

#### **11. W9 FORM\***

Please download the below documents, complete, and upload.

- [Form 11 - W-9.pdf](#)

Form\_11.pdf

#### **12. TRENCH SAFETY\***

Please download the below documents, complete, and upload.

- [Form 12 - Trench Safety For...](#)

Form\_12.pdf

### 13. BID GUARANTY FORM\*

Please download the below documents, complete, and upload.

- [Form 13 - Bid Guaranty Form...](#)

Form\_13.pdf

### 14. LIST OF SUBCONTRACTORS\*

Please download the below documents, complete, and upload.

- [Form 14 - List of Subcontra...](#)

Form\_14.pdf

### 15. Certificate of Insurance\*

See requirements in the [#SPECIAL TERM AND CONDITIONS](#) section.

City-of-Hollywood\_Southeastern-En\_22-25-STD-2M\_9-23-2022\_1503440098\_1.pdf

### 16. PROOF OF SUNBIZ REGISTRATION\*

Enter company FEIN to be verified in Sunbiz

59-242-5850

[Click to Verify](#) *value will be copied to clipboard*

### 17. ACKNOWLEDGMENT AND SIGNATURE PAGE

IF CORPORATION - DATE INCORPORATED/ORGANIZED:\*

June 8, 1984

STATE INCORPORATED/ORGANIZED:\*

Florida

REMITTANCE ADDRESS\*

911 NW 209th Ave, Suite 101  
Pembroke Pines FL 33029

BIDDER/PROPOSER'S AUTHORIZED REPRESENTATIVE'S TYPED FULL NAME\*

Eduardo Dominguez

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.\*

Confirmed

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.\*

Confirmed

PROPOSAL FORM\*

Please download the below documents, complete, and upload.

- [Proposal Form.docx](#)

Proposal\_Form.pdf

**PRICE TABLES**

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	Mobilization and Demobilization (shall not exceed 7.5% of the sum of Bid Items No. 3 to No. 5).	1	Lump Sum	\$11,310.00	\$11,310.00
2	Maintenance of Traffic (3%)	1	Lump Sum	\$5,010.00	\$5,010.00
3	Record Drawings	1	Lump Sum	\$7,800.00	\$7,800.00
4	Prevention, Control & Abatement of Erosion & Water Pollution	1	Lump Sum	\$5,460.00	\$5,460.00
5	Demolish Existing 5' Sidewalk (Up to 25')	1	Lump Sum	\$500.00	\$500.00
6	Furnish & Install 8" Schedule 80 PVC (Up to 10' Depth)	75	Linear Foot	\$415.00	\$31,125.00
7	Manhole Tie-in	2	Each	\$3,510.00	\$7,020.00
8	40' Stand Pipe	2	Each	\$10,010.00	\$20,020.00
9	Furnish and Install Butterfly Valve and Valve Box	2	Each	\$2,970.00	\$5,940.00
10	Install 3' x 3' x 10' Concrete Pedestal 7' deep	2	Each	\$9,490.00	\$18,980.00
11	Install 3' x 3' x 5.5' Concrete Pedestal 5.5' deep	1	Each	\$5,590.00	\$5,590.00
12	Install 5' Wide Sidewalk (Up to 30')	1	Lump Sum	\$5,330.00	\$5,330.00

PROPOSAL DOCUMENT REPORT

IFB No. IFB-057-23-JJ

McKinley Street Interceptor Ventilation & Tyler Street Conflict Box Revision

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
13	Remove & Replace Existing Manhole and Ring with Bolted type	4	Lump Sum	\$2,925.00	\$11,700.00
14	Connect 4" PVC Ventilation Pipe between Sewered Sections of Conflict Box	1	Lump Sum	\$21,710.00	\$21,710.00
15	Connect & Install Ventilation Pipe from Conflict Box to Roundabout	1	Lump Sum	\$5,070.00	\$5,070.00
16	McKinley St. Asphalt Restoration	1	Lump Sum	\$9,100.00	\$9,100.00
17	McKinley St. Driveway Restoration	1	Lump Sum	\$1,600.00	\$1,600.00
18	McKinley St. Sod Restoration	1	Lump Sum	\$1,950.00	\$1,950.00
19	Tyler St. Asphalt & Brick Restoration	1	Lump Sum	\$3,640.00	\$3,640.00
20	Tyler St. Roundabout Concrete & Vegetation Restoration	1	Lump Sum	\$6,630.00	\$6,630.00
21	Undefined Conditions Allowance (Input \$15,000 in this line item)	1	Allowance	\$15,000.00	\$15,000.00
22	Consideration for Indemnification (Input \$10 in this line item)	1	Lump Sum	\$10.00	\$10.00
<b>TOTAL</b>					<b>\$200,495.00</b>

**BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

**VALID OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2023**

**DBA:** SOUTHEASTERN ENGINEERING  
**Business Name:** CONTRACTORS, INC.

**Receipt #:** 189-319371  
**Business Type:** ALL OTHER TYPES CONTRACTOR  
(GENERAL ENGINEERED  
CONSTRUCTION BUILDER )

**Owner Name:** EDUARDO DOMINGUEZ  
**Business Location:** 911 NW 209TH AVE STE 101  
PEMBROKE PINES  
**Business Phone:** 305-557-4226

**Business Opened:** 01/01/2021  
**State/County/Cert/Reg:** 93-1360  
**Exemption Code:**

Rooms                      Seats                      Employees                      Machines                      Professionals  
23

Tax Amount	For Vending Business Only				Collection Cost	Total Paid
	Number of Machines:		Vending Type:			
	Transfer Fee	NSF Fee	Penalty	Prior Years		
81.00	0.00	0.00	0.00	0.00	0.00	81.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

**THIS BECOMES A TAX RECEIPT  
WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

**Mailing Address:**

SOUTHEASTERN ENGINEERING CONTRACTO  
911 NW 209TH AVE STE 101  
PEMBROKE PINES, FL  
33029-2112

**Receipt #** WWW-21-00242707  
**Paid** 07/27/2022 81.00

**2022 - 2023**

**BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

**VALID OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2023**

**DBA:** SOUTHEASTERN ENGINEERING  
**Business Name:** CONTRACTORS, INC.

**Receipt #:** 189-319371  
**Business Type:** ALL OTHER TYPES CONTRACTOR  
(GENERAL ENGINEERED  
CONSTRUCTION BUILDER )

**Owner Name:** EDUARDO DOMINGUEZ  
**Business Location:** 911 NW 209TH AVE STE 101  
PEMBROKE PINES  
**Business Phone:** 305-557-4226

**Business Opened:** 01/01/2021  
**State/County/Cert/Reg:** 93-1360  
**Exemption Code:**

Rooms                      Seats                      Employees                      Machines                      Professionals  
23

Signature	For Vending Business Only				Collection Cost	Total Paid
	Number of Machines:		Vending Type:			
	Transfer Fee	NSF Fee	Penalty	Prior Years		
81.00	0.00	0.00	0.00	0.00	0.00	81.00

**Receipt #** WWW-21-00242707  
**Paid** 07/27/2022 81.00

SOUTHEASTERN ENGINEERING  
CONTRACTORS INC.  
911 NW 209 AVE STE 101  
PEMBROKE PINES FL 33029-0000

CITY OF PEMBROKE PINES  
601 CITY CENTER WAY, LBTR-4TH FLOOR  
PEMBROKE PINES, FL 33029  
**Local Business Tax Certificate**

**LOCAL BUSINESS TAX RECEIPT**

In the event the business to which this receipt was issued changes hands, the receipt will become null and void. An application for a new receipt must be made.

**Business Name:** SOUTHEASTERN ENGINEERING  
CONTRACTORS INC.  
**Business Location:** 911 NW 209 AVE STE 101 ST  
PEMBROKE PINES, FL 33029-0000

**Account Number:** 20190374-2022-1  
**Business Description:** ADMINISTRATION SERVICES  
**Receipt Expiration:** Expires on 9/30/2023

**Business Classifications**

SIGN-Sign

ADMSER-administrative services



## PROJECTS UNDER CONSTRUCTION

Project Title: **NE 3rd and NE 4th Street Drainage Improvements**  
Type of Construction: Storm Water Improvements  
Contract Amount: \$941,870.60  
Type of Contract: Unit Prices  
Completed To Date: 2%  
Client: City of Pompano Beach  
Client's Rep: Mr. Christopher Schlageter Engineering Project Manager (954) 786-4022  
Completion Date: Aug-23

Project Title: **Crandon Boulevard and Harbor Drive Intersection Improvements**  
Type of Construction: Storm Water Improvements  
Contract Amount: \$440,233.80  
Type of Contract: Unit Prices  
Completed To Date: 0%  
Client: Village of Key Biscayne  
Client's Rep: Mr. Andrew List, PE Associate Project Manager (954) 921-3930  
Completion Date: Jul-23

Project Title: **On-Call and Emergency Water and Sewer Utility Repair Services**  
Type of Construction: Water and Sewer Utility Repair Services  
Contract Amount: \$1,235,670.40  
Type of Contract: Unit Prices  
Completed To Date: 40%  
Client: City of Hollywood  
Client's Rep: Ms. Wilhelmina Montero, P.E. Senior Project Manager, Public Utilities (954) 921-  
Completion Date: Apr-26

Project Title: **Lift Station # 2 Rehabilitation**  
Type of Construction: Sewer Pump Station  
Contract Amount: \$1,515,584.00  
Type of Contract: Unit Prices  
Completed To Date: 0%  
Client: City of Hallandale  
Client's Rep: Mr. Manga Ebbe. Construction Program Manager, Public Works (954) 457-3043  
Completion Date: Apr-24

Project Title: **Annual Storm Drainage Contract**  
Type of Construction: Drainage and Roadway Improvements  
Contract Amount: 2,000,000 Contract Cap  
Type of Contract: Unit Prices  
Completed To Date: 30%  
Client: City of Fort Lauderdale  
Client's Rep: Mr. Rares Petrica, Project Manager , Public Words, 954 828-6720  
Completion Date: Jun-25

Project Title: **Rehabilitation of Lift Station 22A, 21D, and New Force Main**  
Type of Construction: Sewer Pump Stations and Force Main  
Contract Amount: \$2,623,312.75  
Type of Contract: Unit Prices  
Completed To Date: 12%  
Client: City of Coral Springs  
Client's Rep: Najla Zerrouki, City Engineer 954 510 4700  
Completion Date: Dec-23

Project Title: **Water System Interconnect Upgrades**  
Type of Construction: Water Main Improvements  
Contract Amount: \$642,890.00



Type of Contract: Unit Prices  
Completed To Date: 98%  
Client: City of Pompano Beach  
Client's Rep: Mathew Marsh, McCafferty Brinson Consulting, LLC 954 918 0744  
Completion Date: Apr-23

Project Title: **Civil Work Related to Taft Street FM Wall Loss Verification**  
Type of Construction: Water Main, FM and Sanitary Sewer Improvements  
Contract Amount: \$469,887.00  
Type of Contract: Unit Prices  
Completed To Date: 95%  
Client: City of Hollywood  
Client's Rep: Juan Jose Figueroa, PE Senior Project Manager- ECSD 954-864-6622  
Completion Date: Apr-23



## FIRM REFERENCES

Project Title: Hollywood State Road 7 Lift Stations W12, W13, W23, W24  
Contract Amount: \$3,007,950.00  
Client: City of Hollywood  
Client's Rep.: Feng Jiang, Assistant Director Public Utilities 954-921-3930,  
[FJIANG@hollywoodfl.org](mailto:FJIANG@hollywoodfl.org)

Scottie Paulino, Public Utilities 954-350-1266,  
[SPAULINO@hollywoodfl.org](mailto:SPAULINO@hollywoodfl.org)

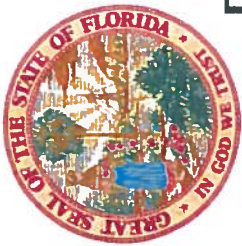
Project Title: Center Island Stormwater Pump Station.  
Contract Amount: \$1,235,288.50  
Client: Town of Golden Beach  
Client's Rep.: Alex Diaz, Town Manager, 305-932 0744  
[alexdiaz@goldenbeach.us](mailto:alexdiaz@goldenbeach.us)

Project Title: Lift Station 21C Restructuring  
Contract Amount: \$986,387.00  
Client: City of Coral Springs  
Client's Rep.: Najla Zerrouki, City Engineer 954-510-4700,  
[nzerrouki@coralsprings.org](mailto:nzerrouki@coralsprings.org)

Project Title: Lift Station 21 Renovation  
Contract Amount: \$454,528.88  
Client: City of Margate  
Client's Rep.: Keith Schriener (Craig A. Smith & Associates), 954-618-9978  
[kschriener@craigasmith.com](mailto:kschriener@craigasmith.com)

Project Title: Hallandale Pump Stations Maintenance  
Contract Amount: Varies  
Client: City of Hallandale  
Client's Rep.: Charles Casimir, Utilities Director, 786-284-2222  
[ccasimir@hallandalebeachfl.gov](mailto:ccasimir@hallandalebeachfl.gov)





Ron DeSantis, Governor

Julie I. Brown, Secretary



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN HAS REGISTERED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING  
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

**DOMINGUEZ, EDUARDO**

SOUTHEASTERN ENGINEERING CONTRACTORS, INC.  
12054 N W 98TH AVE  
HIALEAH GARDENS FL 33018

LICENSE NUMBER: RG0066528

EXPIRATION DATE: AUGUST 31, 2023

Always verify licenses online at [MyFloridaLicense.com](http://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.

## BCS

### Account

[Sign In](#)

### Permits

[Request Inspection](#)

[Search for Permit](#)

[Search for Address](#)

[Request Inspection](#)

### Contractor Licenses

[Find My Licenses](#)

[Search for License](#)

[Renew License](#)

### Elevators

[Search for Elevator](#)

[Renew Elevator Certificate](#)

## Contractor License

### License Information

Expiration Date: 06/30/2023  
CC Number: 93-1360  
License Issued: 12/01/1993  
License Category: General Engineered Construction Builder  
License Status: Licensed

### Contractor Information

Contractor Name: DOMINGUEZ, EDUARDO  
  
Email Address: EDDIE@SOUTHEASTRMENG.COM; ed.sec@comcast.net  
Contracting Firm: SOUTHEASTERN ENGINEERING CONTRACTORS INC.  
Contracting Firm Phone: (305) 557-4226  
Contracting Firm Address: 911 NW 209 AVE SUITE 101  
PEMBROKE PINES, FL 33029-

### Temporary License

Temporary License   
Expiration Date:

### Restrictions

Restrictions:



## *LIST OF EQUIPMENT*

<i>YEAR</i>	<i>MAKE</i>	<i>MODEL</i>	<i>SEC CODE</i>
2010	Caterpillar	Excavator 305C	E-2
2014	Caterpillar	Excavator 314ELCR	E-3
2009	Caterpillar	Mini-Excavator	
2018	Case	Excavator CX55B	E-4
1997	Caterpillar	Loader 938F	L - 9
1996	Caterpillar	Loader 938F	L - 10
1995	Caterpillar	Loader 938F	L - 12
1998	Caterpillar	Loader 928G	L - 13
1999	Caterpillar	Roller CB214C	R - 1
2009	Caterpillar	Roller CB224K	R - 8
2000	Caterpillar	Roller CB224E	R - 9
2006	Bobcat	Skid-Steer Loader 250	
2010	Bobcat	Excavator 418	
2001	Laymor	Broom 6HB	ES - 1
2001	Laymor	Broom 8HC	ES - 2
2010	Leeboy	Paver 7000	AF
1999	GMC	Water Truck (PTO)	T - 3
2005	Eagle Beaver	50GSL Lowboy Trailer	
2001	International	Flatbed 4300 SBA	T-11
2007	Mack	Dump Truck CXP612	T-1
2000	Mack	Truck	T-7
2016	Traxx	Trailer	T-8
2005	Caterpillar	Forklift V50E	F-1
2017	Dodge	RAM	P-1
2018	Dodge	RAM	P-2
2019	Dodge	RAM	P-3
2009	Ford	F-150	P-9
2011	Ford	F-150	P-11



## PROJECT EXPERIENCE (Last 5 Years)

Project Title: **Lift Station W-14 Upgrade**  
Type of Construction: Sewer Pump Station  
Contract Amount: \$2,395,072.00  
Type of Contract: Unit Prices  
Client: City of Hollywood  
Client's Rep: Mr. Feng Jian PE, Assistant Director (954)-921-3930  
Completion Date: Sep-22

Project Title: **El Jardin Stormwater Improvements**  
Type of Construction: Drainage and Roadway Improvements  
Contract Amount: \$322,643.00  
Type of Contract: Unit Prices  
Client: Village Of El Portal  
Client's Rep: Mr. Orlando Rubio, Senior Supervising Engineer, 561 314 4445, x203  
Completion Date: Apr-22

Project Title: **Center Island Pump Station**  
Type of Construction: Stormwater Pump Station  
Contract Amount: \$1,235,280.50  
Type of Contract: Unit Prices  
Client: Town of Golden Beach  
Client's Rep: Mr. Orlando Rubio, Senior Supervising Engineer 561 314 4445, x203  
Completion Date: Dec-22

Project Title: **CDBG 47th NW 8th Ave**  
Type of Construction: Drainage and Roadway Improvements  
Contract Amount: \$136,387.50  
Type of Contract: Unit Prices  
Client: City of Wilton Manors  
Client's Rep: Todd De Jesus, City Project Manager 954 290 5378  
Completion Date: Jul-22

Project Title: **CDBG 45th and 46th NW 8th Ave**  
Type of Construction: Drainage and Roadway Improvements  
Contract Amount: \$419,350.50  
Type of Contract: Unit Prices  
Client: City of Wilton Manors  
Client's Rep: Todd De Jesus, City Project Manager  
Completion Date: Jan-22

Project Title: **Annual Storm Drainage Contract**  
Type of Construction: Drainage and Roadway Improvements  
Contract Amount: 2,000,000 Contract Cap  
Type of Contract: Unit Prices  
Client: City of Fort Lauderdale  
Client's Rep: Mr. Rares Petrica, Project Manager , Public Works, 954 828-6720  
Completion Date: Jun-21

Project Title: **Outfall 13 at 14 Harbor Point Construction Project**  
Type of Construction: Drainage  
Contract Amount: \$234,302.30  
Type of Contract: Unit Prices  
Client: Village of Key Biscayne  
Client's Rep: Natanael Diaz, Project Manager  
Completion Date: Dec-20

Project Title: **Lift Station W-27 Upgrade**  
Type of Construction: Sewer Pump Station  
Contract Amount: \$402,740.01  
Type of Contract: Unit Prices  
Client: City of Hollywood  
Client's Rep: Feng Jian PE, Assistant Director (954)-921-3930  
Completion Date: Oct-20

Project Title: **Lift Station No. 103**  
Type of Construction: Sewer Pump Stations  
Contract Amount: \$873,461.59  
Type of Contract: Unit Prices  
Client: City of Plantation  
Client's Rep: John Adams, Capital Improvement Administrator 954-865-8296  
Completion Date: Dec-20

Project Title: **NW 67th Avenue Widening Project**  
Type of Construction: Roadway improvements  
Contract Amount: \$505,725.93  
Type of Contract: Unit Prices  
Client: Town of Miami Lakes  
Client's Rep: Omar Santos Public Works Engineer (305) 364-6100 Ext.1182  
Completion Date: Sept. 2020

Project Title: **Rehabilitation of Wastewater Pump Station No. 12**  
Type of Construction: Sewer Pump Station  
Contract Amount: \$918,527.09  
Type of Contract: Unit Prices  
Client: City of North Miami  
Client's Rep: Miguel A Lockward, EI, ENV SP (305).265.5420  
Completion Date: Sept. 2020

Project Title: **Lift Station 117 and 307 Rehabilitation**  
Type of Construction: Sewer Pump Stations  
Contract Amount: \$914,313.75  
Type of Contract: Unit Prices  
Client: City of Sunrise  
Client's Rep: Gregg Bagnall 954-888-6097  
Completion Date: Jan. 2021

Project Title: **Margate Lift Station 21 Renovation**  
Type of Construction: Sewer Pump Station  
Contract Amount: \$454,528.88  
Type of Contract: Unit Prices  
Client: City of Margate  
Client's Rep: Keith Schriener (Craig A. Smith & Associates), 954-618-9978  
Completion Date: Nov. 2020

Project Title: **High Tide Stormwater Improvements**  
Type of Construction: Drainage  
Contract Amount: \$131,512.00  
Type of Contract: Unit Prices  
Client: Town of Golden Beach  
Client's Rep: Mr. Orlando Rubio, Senior Supervising Engineer, 561 314 4445, x203  
Completion Date: Mar. 2020

Project Title: **State Road 7 Lift Stations (W-12, W-13, W-23 & W-24)**  
Type of Construction: Sewer Pump Stations  
Contract Amount: \$3,007,950  
Type of Contract: Unit Prices  
Client: City of Hollywood



Client's Rep: Mr. Feng Jian PE, Assistant Director (954)-921-3930  
Completion Date: Mar. 2020

Project Title: **Florida City Water & Sewer Utility Relocation-Adjustments**  
Type of Construction: Water and Sewer  
Contract Amount: \$323,755  
Type of Contract: Unit Prices  
Client: City of Florida City  
Client's Rep: Pedro Gonzalez PE, City Engineer 786-302-1862  
Completion Date: Dec. 2020

Project Title: **Lift Station E-4 Repair Project**  
Type of Construction: Sewer Pump Station  
Contract Amount: \$204,247.00  
Type of Contract: Unit Prices  
Client: City of Hollywood  
Client's Rep: Mr. Feng Jian PE, Assistant Director (954)-921-3930  
Completion Date: Dec. 2019

Project Title: **Pump Stations D-10 & D-11 Flow Analysis and Redesign**  
Type of Construction: Sewer Pump Stations  
Contract Amount: \$1,026,980  
Type of Contract: Unit Prices  
Client: City of Fort Lauderdale  
Client's Rep: Daniel Fisher, PE, Project Manager 954-632-6487  
Completion Date: Feb. 2019

Project Title: **2017 Alley Reconstruction Program**  
Type of Construction: Drainage and Roadway Improvements  
Contract Amount: \$1,159,138  
Type of Contract: Unit Prices  
Client: City of Hollywood  
Client's Rep: Clarissa Ip Project Manager 954-921-3915  
Completion Date: Oct. 2019

Project Title: **Master Lift Station No. 1 Rehabilitation**  
Type of Construction: Sewer Pump Station  
Contract Amount: \$1,323,689  
Type of Contract: Unit Prices  
Client: City of Delray Beach  
Client's Rep: Richard Chipman, Construction Manager 561-655 6175  
Completion Date: July. 2019

Project Title: **Mary Brickell Village Drainage Improvements (Pump Station).**  
Type of Construction: Drainage Pump Station  
Contract Amount: \$2,576, 882  
Type of Contract: Unit Prices  
Client: City of Miami  
Client's Rep: Valentine Onuigbo, Construction Manager 305-416-2588  
Completion Date: Jan. 2019

Project Title: **Tribute Element**  
Type of Construction: Drainage and Water Main Improvements  
Contract Amount: \$722,213  
Type of Contract: Lump Sum  
Client: Tutor Perini  
Client's Rep: Scott Prince  
Completion Date: Jan. 2019

Project Title: **State Road A1A Water Main Improvements**  
Type of Construction: Water Main and Roadway Improvements

Contract Amount: \$955,489  
Type of Contract: Unit Prices  
Client: City of Pompano Beach  
Client's Rep: Bradley Wolak, PE Project Manager 954-786-5520  
Completion Date: May. 2018

Project Title: **Sanitary Sewer Pump Station D-45 Replacement.**  
Type of Construction: Sewer Pump Station  
Contract Amount: \$374,534  
Type of Contract: Unit Prices  
Client: City of Fort Lauderdale  
Client's Rep: Maureen Lewis, 954-828 5239  
Completion Date: July. 2018

Project Title: **Miscellaneous Roadway & Drainage Services**  
Type of Construction: Drainage and Roadway Improvements  
Contract Amount: \$769,943  
Type of Contract: Unit Prices  
Client: City of Miami Lakes  
Client's Rep: Carlos Acosta, Public Works Director 305-364 6100  
Completion Date: July. 2018

Project Title: **Lift Station 21C Reconstruction and New Force Main**  
Type of Construction: Sewer Pump Station and 10" Force Main  
Contract Amount: \$986,387  
Type of Contract: Unit Prices  
Client: City of Coral Springs  
Client's Rep: Omar Khan, PE, City Representative 954-510-4700  
Completion Date: Feb. 2018

Project Title: **Florida National University**  
Type of Construction: Roadway, Drainage, 2" & 3" Water-Main.  
Contract Amount: \$550,000  
Type of Contract: Unit Prices  
Client: Tutor Perini  
Client's Rep: David Timpe, Project Manager 954-733-4211  
Completion Date: March. 2018

Project Title: **Lauderhill Lift Station 2**  
Type of Construction: Sewer Pump Station  
Contract Amount: \$677,029  
Type of Contract: Unit Prices  
Client: City of Lauderhill  
Client's Rep: Herb Johnson, Utilities Director, 954-730-4207  
Completion Date: Dec. 2017

Project Title: **Margate Water System Atlantic Boulevard Interconnect**  
Type of Construction: Water Main Improvements  
Contract Amount: \$135,857  
Type of Contract: Unit Prices  
Client: City of Pompano Beach  
Client's Rep: Jeff English  
Completion Date: Dec. 2017

Project Title: **Repair Work for City Roads, Streets and Facilities**  
Type of Construction: Sidewalk, Drainage and Water Main Improvements  
Contract Amount: \$332,156.10  
Type of Contract: Unit Prices  
Client: City of Aventura  
Client's Rep: Anthony Mihalko, Project Manager  
Completion Date: Dec. 2017



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Profit Corporation

SOUTHEASTERN ENGINEERING CONTRACTORS, INC.

### Filing Information

**Document Number** M01591  
**FEI/EIN Number** 59-2425850  
**Date Filed** 06/08/1984  
**State** FL  
**Status** ACTIVE

### Principal Address

911 NW 209TH AVE  
STE 101  
PEMBROKE PINES, FL 33029

Changed: 01/15/2020

### Mailing Address

911 NW 209TH AVE  
STE 101  
PEMBROKE PINES, FL 33029

Changed: 01/15/2020

### Registered Agent Name & Address

File Florida Co.  
7000 W. Palmetto Park Rd.  
Suite 210  
Boca Raton, FL 33433

Name Changed: 01/05/2023

Address Changed: 01/05/2023

### Officer/Director Detail

#### **Name & Address**

Title President, Director

DOMINGUEZ, EDUARDO, JR.  
911 NW 209TH AVE  
STE 101

PEMBROKE PINES, FL 33029

Title VP, Secretary, Director

DOMINGUEZ, CYNTHIA

911 NW 209TH AVE

STE 101

PEMBROKE PINES, FL 33029

**Annual Reports**

Report Year	Filed Date
2021	02/08/2021
2022	01/06/2022
2023	01/05/2023

**Document Images**

<a href="#">01/05/2023 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/06/2022 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/08/2021 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">10/22/2020 -- AMENDED ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/15/2020 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/11/2019 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/17/2018 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/11/2017 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/25/2016 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/26/2015 -- AMENDED ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/12/2015 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/14/2014 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/01/2013 -- AMENDED ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/16/2013 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">05/09/2012 -- Reg. Agent Change</a>	View image in PDF format
<a href="#">01/23/2012 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/17/2011 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/06/2010 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/16/2009 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/07/2008 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/24/2007 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/12/2006 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/30/2005 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/10/2004 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/18/2003 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/18/2002 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/20/2001 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/17/2000 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/28/1999 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/06/1998 -- ANNUAL REPORT</a>	View image in PDF format

<a href="#">04/22/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/03/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/28/1995 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

1 2 3 4 5 6 7 8 9 10 11 12

Vendor Reference  
Previously Used by SEC

## FORM 4

### VENDOR REFERENCE FORM

City of Hollywood Solicitation #: 039 - 23 - JJ Year 2023 Drainage Infrastructure Imp  
 Reference for: Southeastern Engineering Contractors

Organization/Firm Name providing reference: City of Wilton Manors  
 Organization/Firm Contact Name: Todo DeJesus Title: Capital Projects Administrator  
 Email: tdedej@wiltonmanors.com Phone: 954-390-2105  
 Name of Referenced Project: West Side Drainage Contract No: \_\_\_\_\_  
 Date Services were provided: 2021-2022 Project Amount: \$500,000  
 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):  
Installation of stormwater drainage system

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
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"/>
<b>Vendor's Organization:</b>				
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 type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
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): Great to work with!

\*\*\*\*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 #: 039 - 23 - JJ Year 2023 Drainage Infrastructure Imp  
 Reference for: Southeastern Engineering Contractors

Organization/Firm Name providing reference: City of Opa-locka  
 Organization/Firm Contact Name: Carlos Gonzalez Title: Project Manager  
 Email: cgonzalez@opalockafl.gov Phone: 305-953-2868 x 1451  
 Name of Referenced Project: NW 147th St - Stormwater Improvements Contract No: 2022-09-024  
 Date Services were provided: January 2023 - Ongoing Project Amount: \$243,774.00  
 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):**  
 Safety is SEC's number one priority. The crew works very well together and with City's personnel.  
 They keep the job site clean and with the proper MOT in place at all times.  
 Excellent communication between project managers.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
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"/>
<b>Vendor's Organization:</b>				
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"/>
<b>Timeliness/Cost Control of:</b>				
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 type="checkbox"/>	Verbal: <input type="checkbox"/>	Mail: <input type="checkbox"/>	
Verified by:	Name:		Title:	
	Department:		Date:	

Vendor Reference  
Previously Used by SEC

## FORM 4

### VENDOR REFERENCE FORM

City of Hollywood Solicitation #: 039 - 23 - JJ Year 2023 Drainage Infrastructure Imp  
 Reference for: Southeastern Engineering Contractors

Organization/Firm Name providing reference: City of Fort Lauderdale  
 Organization/Firm Contact Name: Sayd Hussain SR Title: Project Manager II  
 Email: shussain@fortlauderdale.gov Phone: 954.828.5678  
 Name of Referenced Project: Annual Construction of General Stormwater Infrastructure Contract No: 12504-613-5  
 Date Services were provided: 6/1/2021 - 6/1/2023 Project Amount: \$1,285,714.29  
 Referred 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):  
Installation of new storm water infrastructure

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
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"/>
<b>Vendor's Organization:</b>				
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"/>
<b>Timeliness/Cost Control of:</b>				
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 type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	



**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 Edwardo Dominguez President for Southeastern Engineering Contractors, Inc  
(Print individual's name and title) (Print name of entity submitting sworn statement)  
whose business address is  
911 NW 209th Ave. #101 Pembroke Pines, FL 33025

and if applicable its Federal Employer Identification Number (FEIN) is \_\_\_\_\_. 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.)

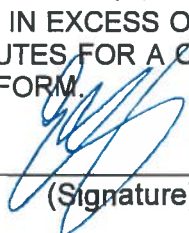
Neither the entity submitting sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to 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)

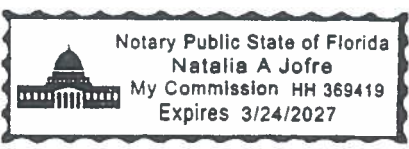
Sworn to and subscribed before me this 25<sup>th</sup> day of APRIL, 2023.

Personally known EDUARDO DOMINGUEZ

Or produced identification N/A Notary Public-State of Florida

N/A my commission expires 3/24/27  
(Type of identification)

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



# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**SOUTHEASTERN ENGINEERING CONTRACTORS, INC.**

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) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

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

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

**911 NW 209TH AVE. #101**

Requester's name and address (optional)

6 City, state, and ZIP code

**PEMBROKE PINES, FL 33029**

7 List account number(s) here (optional)

Print or type. See Specific Instructions on page 3.

## 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.

**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.

Social security number								
			-			-		

or

Employer identification number									
5	9	-	2	4	2	5	8	5	0

## 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 ▶

## 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](http://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 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

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

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

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLÉ accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



# FORM 12

## TRENCH SAFETY

This form must be completed and signed by the Respondent.

Failure to complete this form may result in the solicitation being declared non-responsive.

Respondent acknowledges that the Florida Trench Safety Act, Section 553.60 et. seq., which became effective October 1, 1990, shall be in effect during the period of construction of the project. The respondent by signing and submitting the solicitation is, in writing, assuring that it will perform any trench excavation in accordance with applicable trench safety standards. The respondent further identifies the following separate item of cost of compliance with the applicable trench safety standards as well as the method of compliance:

Method of Compliance

Cost

Trench Box

Total \$ 20 / LP

Respondent acknowledges that this cost is included in the applicable items of their submittal and in the Grand Total Solicitation Price. Failure to complete the above will result in the solicitation being declared non-responsive.

The Respondent is, and the Owner and Engineer are not, responsible to review or assess Respondent's safety precautions, programs or costs, or the means, methods, techniques or technique adequacy, reasonableness of cost, sequences or procedures of any safety precaution, program or cost, including but not limited to, compliance with any and all requirements of Florida Statute Section 553.60 et. seq. cited as the "Trench Safety Act." Respondent is, and the owner and Engineer are not, responsible to determine if any safety related standards apply to the project, including but not limited to, the "Trench Safety Act."

  
\_\_\_\_\_  
Witness Signature

Joe C Peulle  
\_\_\_\_\_  
Witness Printed Name

911 NW 209th Ave. #101 Pembroke Pines, FL 33025

\_\_\_\_\_  
Witness Address

02/22/2023  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Contractor's Signature

Edward Dominguez  
\_\_\_\_\_  
Printed Name

President  
\_\_\_\_\_  
Title

02/22/2023  
\_\_\_\_\_  
Date

- END OF SECTION -



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 26th day of April, 2023, 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

Southeastern Engineering Contractors, Inc.  
Name of Corporation

Business Address  
911 NW 209 Ave Ste 101  
Pembroke Pines, FL 33029

By:   
(Affix Corporate Seal)

Eduardo Dominguez  
Printed Name

President  
Official Title

CERTIFICATE AS TO CORPORATE PRINCIPAL

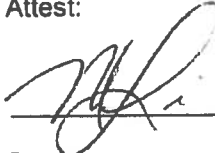
I, \_\_\_\_\_, certify that I am the secretary of the Corporation named as Principal in the attached bond; that Eduardo Dominguez \_\_\_\_\_ who signed the said bond on behalf of the Principal, was then President \_\_\_\_\_ of said Corporation; that I know his signature, and his signature thereto is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

  
Secretary (SEAL)

Approved SOLICITATION Bond

TO BE EXECUTED BY CORPORATE SURETY:

Attest:

  
\_\_\_\_\_

Secretary  
Maria Li

FCCI Insurance Company  
Corporate Surety

Business Address  
6300 University Parkway  
Sarasota, FL 34240



BY:   
\_\_\_\_\_ (Affix Corporate Seal)

  
Ramon A Rodriguez  
Attorney-in-Fact

Name of Local Agency  
Brown & Brown Miami Dade

8825 NW 21st Terrace, Doral, FL 33172  
Business Address

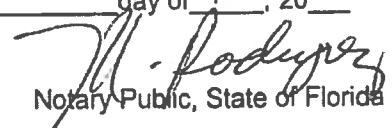
STATE OF FLORIDA

Before me, a Notary Public, duly commissioned, qualified and acting, personally appeared,

Ramon A Rodriguez to me well known, who being by me first duly sworn upon  
oath says that he is the attorney-in-fact for the  
FCCI Insurance Company and

that he has been authorized by Power of Attorney 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 26th day of April, 2023

  
Notary Public, State of Florida

My Commission Expires:

- END OF SECTION-



MAYRA RODRIGUEZ  
Commission # HH 315319  
Expires November 14, 2026



### GENERAL POWER OF ATTORNEY

Know all men by these presents: That the FCCI Insurance Company, a Corporation organized and existing under the laws of the State of Florida (the "Corporation") does make, constitute and appoint:

**Ramon A. Rodriguez; Mayra Rodriguez; Fausto Alvarez, Jr.**

Each, its true and lawful Attorney-In-Fact, to make, execute, seal and deliver, for and on its behalf as surety, and as its act and deed in all bonds and undertakings provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the sum of (not to exceed \$20,000,000.00): **\$20,000,000.00**

This Power of Attorney is made and executed by authority of a Resolution adopted by the Board of Directors. That resolution also authorized any further action by the officers of the Company necessary to effect such transaction.

The signatures below and the seal of the Corporation may be affixed by facsimile, and any such facsimile signatures or facsimile seal shall be binding upon the Corporation when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached.

In witness whereof, the FCCI Insurance Company has caused these presents to be signed by its duly authorized officers and its corporate Seal to be hereunto affixed, this 23rd day of July, 2020.

Attest: Christina D. Welch  
Christina D. Welch, President  
FCCI Insurance Company



Christopher Shoucair  
Christopher Shoucair,  
EVP, CFO, Treasurer, Secretary  
FCCI Insurance Company

State of Florida  
County of Sarasota

Before me this day personally appeared Christina D. Welch, who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 2/27/2027



PEGGY SNOW  
Commission # HH 126536  
Expires February 27, 2027

Peggy Snow  
Notary Public

State of Florida  
County of Sarasota

Before me this day personally appeared Christopher Shoucair, who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 2/27/2027



PEGGY SNOW  
Commission # HH 126536  
Expires February 27, 2027

Peggy Snow  
Notary Public

### CERTIFICATE

I, the undersigned Secretary of FCCI Insurance Company, a Florida Corporation, DO HEREBY CERTIFY that the foregoing Power of Attorney remains in full force and has not been revoked; and furthermore that the February 27, 2020 Resolution of the Board of Directors, referenced in said Power of Attorney, is now in force.

Dated this 26th day of April, 2023

Christopher Shoucair  
Christopher Shoucair, EVP, CFO, Treasurer, Secretary  
FCCI Insurance Company

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.	Asphalt	Arow Asphalt & Eng.
2.		Shawn Ode 3050 NW 129 ST Opa loka
3.	Cleaning - vac truck	Flotech Environmental Joe Ferri'
4.		657 South Drive, Suite #461 Miami Springs
5.		
6.		
7.		
8.		
9.		
10.		

NOTE: Attach additional sheets if required.

- END OF SECTION -



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/23/2022

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).

<b>PRODUCER</b> Bowen, Miclette & Britt of Florida, LLC 850 Concourse Pkwy S, Suite #105 Maitland FL 32751	<b>CONTACT NAME:</b> Michelle Rushing <b>PHONE (A/C. No. Ext):</b> 407-647-1616 <b>E-MAIL ADDRESS:</b> mrushing@bmbinc.com	<b>FAX (A/C. No.):</b> 407-628-1635
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Southeastern Engineering Contractors, Inc. 911 NW 209th Ave., Ste. 101 Pembroke Pines FL 33029	<b>INSURER A:</b> Charter Oak Fire Ins. Co. NAIC # 25615	
	<b>INSURER B:</b> Travelers Indemnity Company 26658	
	<b>INSURER C:</b> Travelers Property Casualty Co of Amer 25674	
	<b>INSURER D:</b> Bridgefield Casualty Insurance Company 10335	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 1503440098

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR 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	Y	DT-CO-7T598390-COF-22	9/22/2022	9/22/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BA-7T59913A-22-26-G	9/22/2022	9/22/2023	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	Y	Y	CUP-7T606799-22-26	9/22/2022	9/22/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		Y	0196-56073	9/22/2022	9/22/2023	<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)**

The following policy provisions and/or endorsements form part of the policies of insurance represented by this certificate of insurance. The terms contained in the policies and/or endorsements supersede the representations made herein. Electronic copies of the policy provisions and/or endorsements listed below are available by emailing Contact Person as shown above.

When required by written contract, those parties listed in said contract, including the Certificate Holder, are added as an Additional Insureds with respect to the General Liability, Auto Liability and Umbrella Liability as afforded by the policy and/or endorsements.

When required by written contract, a Waiver of Subrogation, with respect to the General Liability, Auto Liability, Worker's Compensation and Umbrella is granted See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

City of Hollywood  
 2600 Hollywood Blvd  
 Hollywood FL 33022

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

© 1988-2015 ACORD CORPORATION. All rights reserved.





## ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Bowen, Miclette & Britt of Florida, LLC		<b>NAMED INSURED</b> Southeastern Engineering Contractors, Inc. 911 NW 209th Ave., Ste. 101 Pembroke Pines FL 33029	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

to those parties listed in said contract, including the Certificate Holder.

The General Liability, Auto Liability, and Umbrella Liability, certified herein are primary and non-contributory to other insurance available, but only to the extent required by written contract.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **BLANKET ADDITIONAL INSURED – AUTOMATIC STATUS IF REQUIRED BY WRITTEN CONTRACT (CONTRACTORS)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following is added to **SECTION II – WHO IS AN INSURED**:

Any person or organization that:

- a. You agree in a written contract or agreement to include as an additional insured on this Coverage Part; and
- b. Has not been added as an additional insured for the same project by attachment of an endorsement under this Coverage Part which includes such person or organization in the endorsement's schedule;

is an insured, but:

- a. Only with respect to liability for "bodily injury" or "property damage" that occurs, or for "personal injury" caused by an offense that is committed, subsequent to the signing of that contract or agreement and while that part of the contract or agreement is in effect; and
- b. Only as described in Paragraph (1), (2) or (3) below, whichever applies:
  - (1) If the written contract or agreement specifically requires you to provide additional insured coverage to that person or organization by the use of:
    - (a) The Additional Insured – Owners, Lessees or Contractors – (Form B) endorsement CG 20 10 11 85; or
    - (b) Either or both of the following: the Additional Insured – Owners, Lessees or Contractors – Scheduled Person Or Organization endorsement CG 20 10 10 01, or the Additional Insured – Owners, Lessees or Contractors – Completed Operations endorsement CG 20 37 10 01;

the person or organization is an additional insured only if the injury or damage arises out of "your work" to which the written contract or agreement applies;

- (2) If the written contract or agreement specifically requires you to provide additional insured coverage to that person or organization by the use of:

- (a) The Additional Insured – Owners, Lessees or Contractors – Scheduled Person or Organization endorsement CG 20 10 07 04 or CG 20 10 04 13, the Additional Insured – Owners, Lessees or Contractors – Completed Operations endorsement CG 20 37 07 04 or CG 20 37 04 13, or both of such endorsements with either of those edition dates; or

- (b) Either or both of the following: the Additional Insured – Owners, Lessees or Contractors – Scheduled Person Or Organization endorsement CG 20 10, or the Additional Insured – Owners, Lessees or Contractors – Completed Operations endorsement CG 20 37, without an edition date of such endorsement specified;

the person or organization is an additional insured only if the injury or damage is caused, in whole or in part, by acts or omissions of you or your subcontractor in the performance of "your work" to which the written contract or agreement applies; or

- (3) If neither Paragraph (1) nor (2) above applies:
  - (a) The person or organization is an additional insured only if, and to the extent that, the injury or damage is caused by acts or omissions of you or your subcontractor in the performance of "your work" to which the written contract or agreement applies; and
  - (b) Such person or organization does not qualify as an additional insured with respect to the independent acts or omissions of such person or organization.

The insurance provided to such additional insured is subject to the following provisions:

- a. If the Limits of Insurance of this Coverage Part shown in the Declarations exceed the minimum limits required by the written contract or agreement, the insurance provided to the additional insured will be limited to such minimum required limits. For the purposes of determining whether

## COMMERCIAL GENERAL LIABILITY

this limitation applies, the minimum limits required by the written contract or agreement will be considered to include the minimum limits of any Umbrella or Excess liability coverage required for the additional insured by that written contract or agreement. This provision will not increase the limits of insurance described in Section III – Limits Of Insurance.

b. The insurance provided to such additional insured does not apply to:

(1) Any "bodily injury", "property damage" or "personal injury" arising out of the providing, or failure to provide, 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 or change orders, or the preparing, approving, or failing to prepare or approve, drawings and specifications; and

(b) Supervisory, inspection, architectural or engineering activities.

(2) Any "bodily injury" or "property damage" caused by "your work" and included in the "products-completed operations hazard" unless the written contract or agreement specifically requires you to provide such coverage for that additional insured during the policy period.

c. The additional insured must comply with the following duties:

(1) Give us written notice as soon as practicable of an "occurrence" or an offense which may

result in a claim. To the extent possible, such notice should include:

(a) How, when and where the "occurrence" or offense took place;

(b) The names and addresses of any injured persons and witnesses; and

(c) The nature and location of any injury or damage arising out of the "occurrence" or offense.

(2) If a claim is made or "suit" is brought against the additional insured:

(a) Immediately record the specifics of the claim or "suit" and the date received; and

(b) Notify us as soon as practicable and see to it that we receive written notice of the claim or "suit" as soon as practicable.

(3) Immediately send us copies of all legal papers received in connection with the claim or "suit", cooperate with us in the investigation or settlement of the claim or defense against the "suit", and otherwise comply with all policy conditions.

(4) Tender the defense and indemnity of any claim or "suit" to any provider of other insurance which would cover such additional insured for a loss we cover. However, this condition does not affect whether the insurance provided to such additional insured is primary to other insurance available to such additional insured which covers that person or organization as a named insured as described in Paragraph 4., Other Insurance, of Section IV – Commercial General Liability Conditions.

# COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations, and any other person or organization qualifying as a Named Insured under this policy. The words "we", "us" and "our" refer to the company providing this insurance.

The word "insured" means any person or organization qualifying as such under Section II – Who Is An Insured.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section V – Definitions.

## SECTION I – COVERAGES

### COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY

#### 1. Insuring Agreement

a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "bodily injury" or "property damage" to which this insurance does not apply. We may, at our discretion, investigate any "occurrence" and settle any claim or "suit" that may result. But:

- (1) The amount we will pay for damages is limited as described in Section III – Limits Of Insurance; and
- (2) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverages A or B or medical expenses under Coverage C.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments.

b. This insurance applies to "bodily injury" and "property damage" only if:

- (1) The "bodily injury" or "property damage" is caused by an "occurrence" that takes place in the "coverage territory";
- (2) The "bodily injury" or "property damage" occurs during the policy period; and
- (3) Prior to the policy period, no insured listed under Paragraph 1. of Section II – Who Is An Insured and no "employee" authorized by you to give or receive notice of an "occurrence" or claim knew that the "bodily injury" or "property damage" had occurred, in whole or in part. If such a listed insured or authorized "employee" knew, prior to the policy period, that the "bodily injury" or "property damage" occurred, then any continuation, change or resumption of such "bodily injury" or "property damage" during or after the policy period will be deemed to have been known prior to the policy period.

c. "Bodily injury" or "property damage" which occurs during the policy period and was not, prior to the policy period, known to have occurred by any insured listed under Paragraph 1. of Section II – Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim, includes any continuation, change or resumption of that "bodily injury" or "property damage" after the end of the policy period.

d. "Bodily injury" or "property damage" will be deemed to have been known to have occurred at the earliest time when any insured listed under Paragraph 1. of Section II – Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim:

- (1) Reports all, or any part, of the "bodily injury" or "property damage" to us or any other insurer;
- (2) Receives a written or verbal demand or claim for damages because of the "bodily injury" or "property damage"; or
- (3) Becomes aware by any other means that "bodily injury" or "property damage" has occurred or has begun to occur.

- a. We have used up the applicable limit of insurance in the payment of judgments, settlements or medical expenses; or
- b. The conditions set forth above, or the terms of the agreement described in Paragraph f. above, are no longer met.

**SECTION II – WHO IS AN INSURED**

- 1. If you are designated in the Declarations as:
  - a. An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.
  - b. A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.
  - c. A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.
  - d. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.
  - e. A trust, you are an insured. Your trustees are also insureds, but only with respect to their duties as trustees.

- 2. Each of the following is also an insured:
  - a. Your "volunteer workers" only while performing duties related to the conduct of your business, or your "employees", other than either your "executive officers" (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. However, none of these "employees" or "volunteer workers" are insureds for:

- (1) "Bodily injury" or "personal injury":
  - (a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), to a co-"employee" while in the course of his or her employment or performing duties related to the conduct of your business, or to your other "volunteer

workers" while performing duties related to the conduct of your business;

- (b) To the spouse, child, parent, brother or sister of that co-"employee" or "volunteer worker" as a consequence of Paragraph (1)(a) above;
- (c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraph (1)(a) or (b) above; or
- (d) Arising out of his or her providing or failing to provide professional health care services.

Unless you are in the business or occupation of providing professional health care services, Paragraphs (1)(a), (b), (c) and (d) above do not apply to "bodily injury" arising out of providing or failing to provide first aid or "Good Samaritan services" by any of your "employees" or "volunteer workers", other than an employed or volunteer doctor. Any such "employees" or "volunteer workers" providing or failing to provide first aid or "Good Samaritan services" during their work hours for you will be deemed to be acting within the scope of their employment by you or performing duties related to the conduct of your business.

- (2) "Property damage" to property:
  - (a) Owned, occupied or used by;
  - (b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by;  
you, any of your "employees", "volunteer workers", any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).
- b. Any person (other than your "employee" or "volunteer worker"), or any organization, while acting as your real estate manager.
- c. Any person or organization having proper temporary custody of your property if you die, but only:
  - (1) With respect to liability arising out of the maintenance or use of that property; and
  - (2) Until your legal representative has been appointed.

## COMMERCIAL GENERAL LIABILITY

- d. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this Coverage Part.
  - e. Any person or organization that, with your express or implied consent, either uses or is responsible for the use of a watercraft that you do not own that is:
    - (1) 50 feet long or less; and
    - (2) Not being used to carry any person or property for a charge.
3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and of which you are the sole owner or in which you maintain an ownership interest of more than 50%, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:
- 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;
  - b. Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and
  - c. Coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

For the purposes of Paragraph 1. of Section II – Who Is An Insured, each such organization will be deemed to be designated in the Declarations as:

- a. An organization, other than a partnership, joint venture or limited liability company; or
  - b. A trust;
- as indicated in its name or the documents that govern its structure.
4. Any person or organization that is a premises owner, manager or lessor and that you have agreed in a written contract or agreement to include as an additional insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" that:
- a. Is "bodily injury" or "property damage" that occurs, or is "personal and advertising injury" caused by an offense that is committed, subsequent to the signing of that contract or agreement; and

- b. Arises out of the ownership, maintenance or use of that part of any premises leased to you.

The insurance provided to such premises owner, manager or lessor is subject to the following provisions:

- a. The limits of insurance provided to such premises owner, manager or lessor will be the minimum limits that you agreed to provide in the written contract or agreement, or the limits shown in the Declarations, whichever are less.
  - b. The insurance provided to such premises owner, manager or lessor does not apply to:
    - (1) Any "bodily injury" or "property damage" that occurs, or "personal and advertising injury" caused by an offense that is committed, after you cease to be a tenant in that premises; or
    - (2) Structural alterations, new construction or demolition operations performed by or on behalf of such premises owner, manager or lessor.
5. Any person or organization that is an equipment lessor and that you have agreed in a written contract or agreement to include as an additional insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" that:
- a. Is "bodily injury" or "property damage" that occurs, or is "personal and advertising injury" caused by an offense that is committed, subsequent to the signing of that contract or agreement; and
  - b. Is caused, in whole or in part, by your acts or omissions in the maintenance, operation or use of equipment leased to you by such equipment lessor.

The insurance provided to such equipment lessor is subject to the following provisions:

- a. The limits of insurance provided to such equipment lessor will be the minimum limits that you agreed to provide in the written contract or agreement, or the limits shown in the Declarations, whichever are less.
- b. The insurance provided to such equipment lessor does not apply to any "bodily injury" or "property damage" that occurs, or "personal and advertising injury" caused by an offense that is committed, after the equipment lease expires.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint

## PROPOSAL

TO THE MAYOR AND COMMISSIONERS  
CITY OF HOLLYWOOD, FLORIDA

SUBMITTED 04/26/23

Dear Mayor and Commissioners:

The undersigned, as BIDDER, hereby declares that the only person or persons interested in the Proposal as principal or principals is or are named herein and that no other person than herein mentioned has any interest in this Proposal or in the Contract to be entered into; that this Proposal is made without connection with any other person, company or parties making a Bid or Proposal; and that it is in all respects fair and in good faith without collusion or fraud.

The BIDDER further declares that he has examined the site of the Work and informed himself fully in regard to all conditions pertaining to the place where the Work is to be done; that he has examined the Drawings and Specifications for the Work and contractual documents relative thereto, including the Notice to Bidders, Instructions to Bidders, Proposal Bid Form, Form of Bid Bond, Form of Contract and Form of Performance Bond, General, Supplementary and Technical Specifications, Addenda, Drawings, and Local Preference Program, Exhibit A, and has read all of the Provisions furnished prior to the opening of bids; and that he has satisfied himself relative to the work to be performed.

The undersigned BIDDER has not divulged to, discussed or compared his bid with other bidders and has not colluded with any other BIDDER of parties to this bid whatever.

If this Proposal is accepted, the undersigned BIDDER proposes and agrees to enter into and execute the Contract with the City of Hollywood, Florida, in the form of Contract specified; of which this Proposal, Instructions to Bidders, General Specifications, Supplementary Conditions and Drawings shall be made a part for the performance of Work described therein; to furnish the necessary bond equal to one hundred (100) percent of the total Contract base bid, the said bond being in the form of a Cash Bond or Surety Bond prepared on the applicable approved bond form furnished by the CITY; to furnish all necessary materials, equipment, machinery, tools, apparatus, transportation, supervision, labor and all means necessary to construct and complete the work specified in the Proposal and Contract and called for in the Drawings and in the manner specified; to commence Work on the effective date established in the "Notice to Proceed" from the ENGINEER; and to substantially complete all Contract Work within 90 days with final completion within 120 days, and stated in the "Notice to Proceed" or pay liquidated damages for each calendar day in excess thereof, or such actual and consequential damages as may result therefrom, and to abide by the Local Preference Ordinance, Exhibit A.

The BIDDER acknowledges receipt of the any and all addenda.

And the undersigned agrees that in case of failure on his part to execute the said Contract and the Bond within ten (10) days after being presented with the prescribed Contract forms, the check or Bid Bond accompanying his bid, and the money payable thereon, shall be paid into the funds of the City of Hollywood, Florida, otherwise, the check or Bid Bond accompanying this Proposal shall be returned to the undersigned.

Attached hereto is a certified check on the

\_\_\_\_\_ Bank of \_\_\_\_\_

or approved Bid Bond for the sum of

5% of Bid Amount Dollars (\$) according to the conditions under the Instructions to Bidders and provisions therein.

NOTE: If a Bidder is a corporation, the legal name of the corporation shall be set forth below, together with signature(s) of the officer or officers authorized to sign Contracts on behalf of the corporation and corporate seal; if Bidder is a partnership, the true name of the firm shall be set forth below with the signature(s) of the partner or partners authorized to sign Contracts in behalf of the partnership; and if the Bidder is an individual, his signature shall be placed below; if a partnership, the names of the general partners.

WHEN THE BIDDER IS AN INDIVIDUAL:

\_\_\_\_\_  
(Signature of Individual)

\_\_\_\_\_  
(Printed Name of Individual)

\_\_\_\_\_  
(Address)

\*\*\*\*\*

WHEN THE BIDDER IS A SOLE PROPRIETORSHIP OR OPERATES UNDER A TRADE NAME:

\_\_\_\_\_  
(Name of Firm)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Signature of Individual) (SEAL)

\*\*\*\*\*

WHEN THE BIDDER IS A PARTNERSHIP:

\_\_\_\_\_  
(Name of Firm) A Partnership

\_\_\_\_\_



(Address)

By: \_\_\_\_\_  
(SEAL)  
(Partner)

Name and Address of all Partners:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

WHEN THE BIDDER IS A JOINT VENTURE:

\_\_\_\_\_  
(Correct Name of Corporation)

By: \_\_\_\_\_ (SEAL)  
(Address)

\_\_\_\_\_  
(Official Title)

As Joint Venture  
(Corporate Seal)

Organized under the laws of the State of \_\_\_\_\_, and authorized by the law to make this bid and perform all Work and furnish materials and equipment required under the Contract Documents.

\*\*\*\*\*

WHEN THE BIDDER IS A CORPORATION:

**Southeastern Engineering Contractors, Inc**  
\_\_\_\_\_  
(Correct Name of Corporation)

By: \_\_\_\_\_  
(SEAL)

*Edwardo Dominguez* **President**  
\_\_\_\_\_  
(Official Title)

**711 NW 209th Ave. 8101 Pembroke Pines, FL 33025**  
\_\_\_\_\_  
(Address of Corporation)

Organized under the laws of the State of Florida, and authorized by the law to make this bid and perform all Work and furnish materials and equipment required under the Contract Documents.

CERTIFIED COPY OF RESOLUTION OF BOARD OF DIRECTORS

**Southeastern Engineering Contractors, Inc**

(Name of Corporation)

RESOLVED that Edwardo Dominguez  
(Person Authorized to Sign)

President of **Southeastern Engineering Contractors, Inc**  
(Title) (Name of Corporation)

be authorized to sign and submit the Bid or Proposal of this corporation for the following project:

[Project name] Mc Kinley ST Interceptor vent. & Tyler ST  
[Project Number] complet box Rousin  
Bid No. IFB-xxxxxxx 057-23-JJ

The foregoing is a true and correct copy of the Resolution adopted by  
**Southeastern Engineering Contractors, Inc**  
(Name of Corporation) at a meeting of its Board of

Directors held on the 26 day of April, 2023.

By: \_\_\_\_\_

Title: President

(SEAL)

The above Resolution MUST BE COMPLETED if the Bidder is a Corporation.

- END OF SECTION -