

Issue Date: May 17, 2017

City of Hollywood, Florida
Solicitation # RFQ-4521-17-RL**ACKNOWLEDGMENT AND SIGNATURE PAGE**

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

Legal Company Name (include d/b/a if applicable): Miami Wrecking Co Federal Tax Identification Number: 65-0887224If Corporation - Date Incorporated/Organized: 12/02/1998State Incorporated/Organized: FloridaCompany Operating Address: 4540 NW 8th TerraceCity Oakland Park State FL Zip Code 33309

Remittance Address (if different from ordering address): _____

City _____ State _____ Zip Code _____

Company Contact Person: Karen Harrington Email Address: miamiwreck@aol.comPhone Number (include area code): 954-492-2727 Fax Number (include area code): 954-492-2726

Company's Internet Web Address: _____

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.

Karen Harrington 5-31-17
Bidder/Proposer's Authorized Representative's Signature: Date

Type or Print Name: Karen Harrington

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.

ANY EXCEPTION, CHANGES OR ALTERATIONS TO THE GENERAL TERMS AND CONDITIONS, HOLD HARMLESS/INDEMNITY DOCUMENT OR OTHER REQUIRED FORMS MAY RESULT IN THE BID/PROPOSAL BE DEEMED NON-RESPONSIVE AND DISQUALIFIED FROM THE AWARD PROCESS.

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Response to this Request must be submitted to the City of Hollywood, City Hall, City Clerk's Office, 2600 Hollywood Boulevard, Room 221, Hollywood Florida 33020 in a sealed envelope marked with a completed solicitation label below, with the specified number of copies, no later than the time and date specified in this solicitation.

Always use the label the below on all packages when returning your bid or proposal to the City



A

Bid/Proposal Name: General Contractors for Housing Programs
Bid/Proposal Number: RFQ-4521-17-RL
Bid/Proposal Opening Date: June 14, 2017

Firm Name/Address: _____

Return to:

City of Hollywood, Florida
c/o: Office of City Clerk
2600 Hollywood Blvd., Rm#: 221
Hollywood, Florida 33020

RESPONSE MUST INCLUDE:

One (1) original
 Five (5) Copies
 One (1) complete electronic copy (CD, DVD or Flash Drive)

Important Notice:

The Procurement Services Division shall distribute all official changes, modifications, responses to questions or notices relating to the requirements of this document. Any other information of any kind from any other source shall not be considered official, and bidders relying on other information do so at their own risk.

The responsibility for submitting a bid/proposal on or before the time and date is solely and strictly the responsibility of the bidder/proposer, the City will in no way be responsible for delays caused by technical difficulty or caused by any other occurrence. No part of a bid/proposal can be submitted via FAX or via direct Email to the City. No variation in price or conditions shall be permitted based upon a claim of ignorance.

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PART II – PRE-QUALIFICATION QUESTIONNAIRE

Completed questionnaire must be submitted as specified within this document. Any attachments must be clearly identified. To be considered, the applicant must respond to all parts of this Questionnaire in accordance with requirements of this RFQ.

City of Hollywood

Contractor's Pre-Qualification Questionnaire

CONTACT INFORMATION

Firm Name: Miami Wrecking Co.
(as it appears on License)

Check One: Corporation
 Partnership
 Sole Proprietor

Contact Person: Karen Harrington

Address: 4540 NW 8th Terrace
Oakland Park, FL 33309

Phone: 954-492-2727 Fax: 954-492-2726 Email: miamiwreck@aol.com

If firm is a sole proprietprship or partnership:
Owner(s) of Company: _____

If a firm is a corporation:
State of Incorporation: Florida Date of Incorporation: 12/02/1998 FID # 65-0887224

If out of state Corporation that is currently authorized to do business in the State of Florida, provide date of such authorization _____

Responsible Managing Employee (RME) (per definition) Jeff Harrington

Title: Project Manager

Responsible Managing Officer (RMO) (per definition) Karen Harrington

Title: President

Definition

RME: Employee of contractor who will be in a management or superintendent role on the project.
RMO: Any officer of the company working in the local office overseeing the project.

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Contractor's License Number(s):

03-10822-D-X

If applicable, list up to a combined total of three State, County, or other Agencies in which your Organization is qualified to perform work by mean of pre-qualification:

DATE	AGENCY NAME	TRADE APPROVED	AMOUNT APPROVED
1.-	The School Board of Palm Beach County	Demolition	\$ 225,000
2.-	The City of Miami Gardens	Demolition	
3.-	The City of Miami Beach	Demolition	

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City of Hollywood, Florida
Solicitation # RFQ-4521-17-RL**PART II SECTION I – PRE-QUALIFICATION QUESTIONS – Business History and Organizational Performance (16 questions).**

1. Is your organization licensed to do business in Florida as a Contractor under your present business name and license number?
 Yes No
 If yes, how many years? 19 years
 List officers and responsible managing employees. _____
2. Is your firm, owners, partners or any principal of the company currently the debtor in bankruptcy case?
 Yes No
3. Was your firm, owners, partners or any principal of the company in bankruptcy any time during the last five years?
 Yes No
4. Has any contracting license held by your firm or its Responsible Managing Employee (RME) or Responsible Managing Officer (RMO) been suspended within the last five years?
 Yes No
5. At any time in the last five years, has your firm been assessed and paid liquidated damages after completion of a project, under a construction contract with either a public or private owner?
 Yes No
 If yes, list project owner and amounts.

6. In the last five years has your firm, or any firm with which any of your company's owners, Officers or partners was associated, been debarred, disqualified, removed or otherwise prevented from bidding on, or completing, any government agency or public works project for any reason?
 Yes No

NOTE: "Associated" refers to another construction firm in which an owner, partner, or officer of your firm held a similar position, and whom are listed as owner, partner or officer of your firm in response to Page 1 on this form.

7. In the last five years, has your firm been denied an award of a public works contract based on a finding by a public agency that your company was not a responsible bidder?
 Yes No

NOTE: The following two questions refer only to disputes between your firm and the owner of a project. You need not include information about disputes between your firm and a supplier, another Contractor, or subcontractor. You need not include information about "pass-through" disputes in which the actual dispute is between a sub-Contractor and a project owner.

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- 8. In the past five years, has any claim **against** your firm concerning your firm's work on a construction project, been **filed in court or arbitration?**
 Yes No
 If yes, how many? _____

- 9. In the past five years, has your firm made any claim against a project owner concerning work on a project or payment for a contract, and **filed that claim in court or arbitration?**
 Yes No
 If yes, how many? _____

- 10. At any time during the past five years, has any surety company made any payments on your firm's behalf as a result of a default, to satisfy any claims made against a performance or payment bond issued on your firm's behalf in connection with a construction project, either public or private?
 Yes No
 If yes, how many? _____

- 11. In the last five years, has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?
 Yes No
 If yes, how many? _____

- 12. Has your firm, or any of its owners, officers, or partners ever been found liable in a civil suit, or found guilty in a criminal action, for making any false claim or material misrepresentation to any public agency or entity?
 Yes No
 If yes, how many? _____

- 13. Has your firm, or any of its owners, officers or partners ever been convicted of a crime involving any federal, state, or local law related to construction?
 Yes No
 If yes, how many? _____

- 14. Has your firm or any of its owners, officers or partners ever been convicted of a federal or state crime or fraud, theft, or any other act of dishonesty?
 Yes No
 If yes, how many? _____

- 15. If your firm was required to pay a premium of more than one per cent for a performance and payment bond on any project(s) on which your firm worked at any time during the last three years, state the percentage that your firm was required to pay. You may provide an explanation for a percentage rate higher than one percent, if you wish to do so.

- 16. During the last five years, has your firm ever been denied bond credit by a surety company, or has there ever been a period of time when your firm had no surety bond in place during a public construction project when one was required?
 Yes No
 If yes, how many? _____

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PART II SECTION II – PRE-QUALIFICATION QUESTIONS – Compliance with Applicable Laws (11 questions).

- 1. Has the State of Florida cited and assessed penalties against your firm for any "serious," "willful" or "repeat" violations of its safety or health regulations in the past five years?
 Yes No
 If yes, attach a separate signed page describing each penalty?

NOTE: If you have filed an appeal of a citation and the Occupational Safety and Health Appeals Board has not yet ruled on your appeal, you need not include information about it.

- 2. Has the Federal Occupational Safety and Health Administration cited and assessed penalties against your firm in the past five years?
 Yes No
 If yes, attach a separate signed page describing each citation?

NOTE: If you have filed an appeal of a citation and the appropriate appeals Board has not yet ruled on your appeal, you need not include information about it.

- 3. Has the EPA, or a State of Florida Agency/Department cited and assessed penalties against either your firm or the owner of a project on which your firm was the Contractor, in the past five years?
 Yes No
 If yes, attach a separate signed page describing each citation?

NOTE: If you have filed an appeal of a citation and the Appeals Board has not yet ruled on your appeal, or there is a court appeal pending, you need not include information about the citation.

- 4. How often do you require documented safety meetings to be held for construction employees and field supervisors during the course of a project?
 Weekly _____

- 5. List your firm's Experience Modification Rate (EMR) workers' compensation insurance for each of the past three premium years:
 Current year: .74 Previous year: .78 Year prior to previous year: .88

If your EMR for any of these three years is or was 1.00 or higher, you may, if you wish, attach a letter of explanation.

NOTE: An Experience Modification Rate is issued to your firm annually by your workers' compensation insurance carrier.

- 6. Within the last five years, has there ever been a period when your firm had employees but was without worker's compensation insurance or state-approved self-insurance?
 Yes No

If yes, attach separate signed page describing time period without worker's compensation insurance.

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- 7. Has there been any occasion during the last five years on which your firm was required to pay either back wages or penalties for your own firm's failure to comply with the prevailing wage laws?
 Yes No

NOTE: This question refers only to your own firm's violation of prevailing wage laws. It does not pertain to violations of the prevailing wage laws by a subcontractor.

- 8. During the last five years, has there been any occasion on which your own firm has been penalized or required to pay back wages for failure to comply with the Federal Davis-Bacon prevailing wage requirements?
 Yes No
 If yes, list occurrences

- 9. Provide the name, address, and telephone number of all apprenticeship program sponsor(s) (approved by the State of Florida) that will provide apprentices to your company for use on any public works projects for which you are awarded a contract.

- 10. If your firm operates its own State-approved apprenticeship program:
 - a. Identify the craft or crafts in which your firm provided apprenticeship training in the past year.
 - b. State the year in which each such apprenticeship program was approved, and attach evidence of the most recent approval(s) of your apprenticeship program(s).
 - c. State the number of individuals who were employed by your firm as apprentices at any time during the past three years in each apprenticeship and the number of persons who, during the past three years, completed apprenticeships in each craft while employed by your firm.
- 11. At any time during the last five years, has your firm been found to violate any provision of Florida apprenticeship laws or regulations, or the laws pertaining to use of apprentices on public works?
 Yes No

If yes, provide the date(s) of such findings, and attach copies of the final decision(s).

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PART II SECTION III – PROJECT EXPERIENCE (PROJECT 1) – Questions Concerning Relevant Construction Projects Completed:

Contractor shall provide information about its three (3) relevant recently completed projects. Names and references must be current and verifiable. Where necessary use separate sheets of paper that contain all of the following information:

Project Name: AMC Tamiami 18 Reseat
Location: 11865 SW 26th Street, Miami, FL 33175
Owner: American-Multi Cinema

Owner Contact (name and current phone number):

American-Multi Cinema; No contact number because we didn't work for the owner, we worked for The Whiting-Turner Contracting Co.

Architect, Engineer, or Consultant (name and current phone number):

Construction Manager (name and current phone number):

The Whiting-Turner Contracting Co., Troy Green, 954-776-0800

Total Value of Construction: \$213,645.00
Total Value of Change Orders: \$33,050.00
Original Construction Contract Duration: _____
Original Contract Completion Date: _____
Actual Date of Completion: 06-27-2016

Scope of Work Performed:

Provide a description of the work performed including the following items. Include equipment manufacturers and suppliers, sub-Contractors, special construction methods, etc.

Selective demo of walls, ceilings, flooring, etc. for renovation

Percentage of contract completed by contractor's own forces (not subbed out) 96 %

Percentage of contract completed by each MBEs _____ % SBEs 96 %

Is this project a Fire Station or Public Safety facility? _____ Yes No

If yes, please state what makes this facility a Public Safety facility:

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What is the useable floor space of project in square feet? _____

How many floors/stories are in the project? _____

Did the project include a commercial grade kitchen? _____ Yes _____ No

Size of site in square feet _____

Types of site work you were responsible for Demolition _____

State, County and Local Permitting Agencies that you have been directly responsible for obtaining permits from:

Did this project involve Green Building Certification _____ Yes _____ No

If yes, to what rating or level _____

NOTE: When responding to a question, if more space is required than provided on the questionnaire, a separate sheet shall be used. Where if necessary, Contractor shall attach a separate sheet noting the project number and question as stated and their response.

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PART II SECTION III – PROJECT EXPERIENCE (PROJECT 2) – Questions Concerning Relevant Construction Projects \Completed:

Contractor shall provide information about its three (3) relevant recently completed projects. Names and references must be current and verifiable where necessary. Use separate sheets of paper that contain all of the following information:

Project Name: Ft. Lauderdale - Hollywood International Airport Terminal 3 Concourse E
Location: Hollywood, FL
Owner: Broward County

Owner Contact (name and current phone number):

Broward County

Architect, Engineer, or Consultant (name and current phone number):

Construction Manager (name and current phone number):

PCL/Pirtle, A Joint Venture, Brett Bailey, 407-363-0059

Total Value of Construction: \$420,866.80

Total Value of Change Orders: (\$14,996.20)

Original Construction Contract Duration: _____

Original Contract Completion Date: _____

Actual Date of Completion: April 2015

Scope of Work Performed:

Provide a description of the work performed including the following items. Include equipment manufacturers and suppliers, sub-Contractors, special construction methods, etc.

Selective demo of T3 Concourse E Security Checkpoint for renovation
Percentage of contract completed by contractor's own forces (not subbed out) 95 %

Percentage of contract completed by each MBEs _____ % SBEs 95 %

Is this project a Fire Station or Public Safety facility? _____ Yes _____ No

If yes, please state what makes this facility a Public Safety facility:

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What is the useable floor space of project in square feet? _____

How many floors/stories are in the project? _____

Did the project include a commercial grade kitchen? _____ Yes _____ No

Size of site in square feet _____

Types of site work you were responsible for _____

State, County and Local Permitting Agencies that you have been directly responsible for obtaining permits from:

DEP

Did this project involve Green Building Certification _____ Yes _____ No

If yes, to what rating or level _____

NOTE: When responding to a question, if more space is required than provided on the questionnaire, a separate sheet shall be used. Where if necessary, Contractor shall attach a separate sheet noting the project number and question as stated and their response.

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PART II SECTION III – PROJECT EXPERIENCE (PROJECT 3) – Questions Concerning Relevant Construction Projects Completed:

Contractor shall provide information about its three (3) relevant recently completed projects. Names and references must be current and verifiable where necessary. Use separate sheets of paper that contain all of the following information:

Project Name: Fire Station #2
Location: 11025 Campus Drive, Palm Beach Gardens, FL 33410
Owner: City of Palm Beach Gardens

Owner Contact (name and current phone number):

City of Palm Beach Gardens
We had no contact number for them as we were a subcontractor of Ahrens Companies

Architect, Engineer, or Consultant (name and current phone number):

No contact info

Construction Manager (name and current phone number):

Mike Fishkind, 561-863-9004

Total Value of Construction: \$30,405.00

Total Value of Change Orders: _____

Original Construction Contract Duration: _____

Original Contract Completion Date: _____

Actual Date of Completion: 05-12-16

Scope of Work Performed:

Provide a description of the work performed including the following items. Include equipment manufacturers and suppliers, sub-Contractors, special construction methods, etc.

Demolished a (2) story building in its entirety
Percentage of contract completed by contractor's own forces (not subbed out) 88 %

Percentage of contract completed by SBE or MBE? 88 %

Is this project a Fire Station or Public Safety facility? Yes No

If yes, please state what makes this facility a Public Safety facility:

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What is the useable floor space of project in square feet? _____

How many floors/stories are in the project? 2

Did the project include a commercial grade kitchen? _____ Yes _____ No

Size of site in square feet _____

Types of site work you were responsible for Removing slab and foundations; Sawcut and remove portions of driveway

State, County and Local Permitting Agencies that you have been directly responsible for obtaining permits from:

 DEP

Did this project involve Green Building Certification _____ Yes _____ No

If yes, to what rating or level _____

NOTE: When responding to a question, if more space is required than provided on the questionnaire, a separate sheet shall be used. Where if necessary, Contractor shall attach a separate sheet noting the project number and question as stated and their response.

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HOLD HARMLESS AND INDEMNITY CLAUSE

Miami Wrecking Co

(Company Name and Authorized Representative's Name)

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

Karen Harrington
SIGNATURE

Karen Harrington
PRINTED NAME

Miami Wrecking Co.
COMPANY OF NAME

05/30/2017
DATE

Failure to sign or changes to this page shall render your bid non-responsive.

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City of Hollywood, Florida
Solicitation # RFQ-4521-17-RL**NON-COLLUSION AFFIDAVIT**STATE OF: FloridaCOUNTY OF: Broward, being first duly sworn, deposes and says that:

- (1) He/she is President of Miami Wrecking Co., the Bidder that has submitted the attached Bid.
- (2) He/she has been fully informed regarding the preparation and contents of the attached Bid and of all pertinent circumstances regarding such Bid;
- (3) Such Bid is genuine and is not a collusion or sham Bid;
- (4) Neither the said Bidder 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 Bidder, firm or person to submit a collusive or sham Bid in connection with the contractor for which the attached Bid 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 Bidder, firm or person to fix the price or prices, profit or cost element of the Bid price or the Bid price of any other Bidder, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- (5) The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(SIGNED) Karen Harrington President
Title

Failure to sign or changes to this page shall render your bid non-responsive.

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**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 _____
by Karen Harrington for Miami Wrecking Co.
(Print individual's name and title) (Print name of entity submitting sworn statement)
whose business address is 4540 NW 8th Terrace, Oakland Park, FL 33309
and if applicable its Federal Employer Identification Number (FEIN) is 65-0887224 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

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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 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.

Laren Harrington
(Signature)

Sworn to and subscribed before me this 30th day of May, 2017.

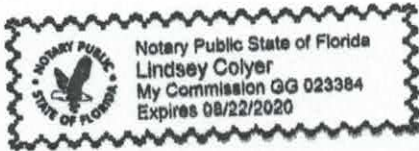
Personally known _____

Or produced identification _____ Notary Public-State of _____

_____ my commission expires 8-22-2020
(Type of identification)

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

Lindsey Colyer



Failure to sign or changes to this page shall render your bid non-responsive.

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**CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER
RESPONSIBILITY MATTERS**

The applicant certifies that it and its principals:

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

Applicant Name and Address:

Miami Wrecking Co. _____
 4540 NW 8th Terrace _____
 Oakland Park, FL 33309 _____

Application Number and/or Project Name:

Contractor Pre-Qualification _____

Applicant IRS/Vendor Number: _____

Type/Print Name and Title of Authorized Representative:

Karen Harrington _____

Signature: Karen Harrington Date: 05-31-17

Failure to sign or changes to this page shall render your bid non-responsive.

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REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: Miami Wrecking Co

Firm giving Reference: Miller Construction Company

Address: 614 S. Federal Hwy. FTL 33301

Phone: 954-847-0684

Fax: _____

Email: CHannaka@millercorstruction.com

1. Q: What was the dollar value of the contract?

A: 100K.

2. Q: Have there been any change orders, and if so, how many?

A: Two. Unforeseen conditions. Total of \$3,500.00.

3. Q: Did they perform on a timely basis as required by the agreement?

A: yes

4. Q: Was the project manager easy to get in contact with?

A: yes

5. Q: Would you use them again?

A: yes

6. Q: Overall, what would you rate their performance? (Scale from 1-5)

A: 5 Excellent 4 Good 3 Fair 2 Poor 1 Unacceptable

7. Q: Is there anything else we should know, that we have not asked?

A:

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently free from vendor interference/collusion.

Name: _____ Title: Project Executive

Signature: Chris Hannahs Date: 6/5/17

Issue Date: May 17, 2017

City of Hollywood, Florida
Solicitation # RFQ-4521-17-RL

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: Miami Wrecking CoFirm giving Reference: Seagate Construction GroupAddress: 601 N. Congress Ave. Suite 114 Delray Beach 33445Phone: 561-266-9910Fax: 561-266-2815Email: RMccoy @seagatecg.com

1. Q: What was the dollar value of the contract?

A: \$45,000

2. Q: Have there been any change orders, and if so, how many?

A: Yes, a few but all driven by owner increase to the scope.

3. Q: Did they perform on a timely basis as required by the agreement?

A: Yes

4. Q: Was the project manager easy to get in contact with?

A: Yes

5. Q: Would you use them again?

A: Yes, we have used them on 3 similar projects over the last year.

6. Q: Overall, what would you rate their performance? (Scale from 1-5)

A: 5 Excellent 4 Good 3 Fair 2 Poor 1 Unacceptable

7. Q: Is there anything else we should know, that we have not asked?

A:

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: Robert McCoy Title: Project ManagerSignature: RTMS Date: 6.1.17

Issue Date: May 17, 2017

City of Hollywood, Florida
Solicitation # RFQ-4521-17-RL

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: Miami Wrecking Co

Firm giving Reference: Ahrens Companies

Address: 1461 Kinetic Road Lake Park, FL 33403

Phone: 561-863-9004

Fax: 561-863-9007

Email: mike@ahrenscompanies.com

1. Q: What was the dollar value of the contract?

A: \$30,405.00

2. Q: Have there been any change orders, and if so, how many?

A: NO

3. Q: Did they perform on a timely basis as required by the agreement?

A: Yes

4. Q: Was the project manager easy to get in contact with?

A: Yes

5. Q: Would you use them again?

A: Yes

6. Q: Overall, what would you rate their performance? (Scale from 1-5)

A: 5 Excellent 4 Good 3 Fair 2 Poor 1 Unacceptable

7. Q: Is there anything else we should know, that we have not asked?

A: we have used them for many projects over many years. Excellent work!

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: Mike Fishkind Title: Project Manager

Signature: Mike Fishkind Date: 5/31/17

Issue Date: May 17, 2017

City of Hollywood, Florida
Solicitation # RFQ-4521-17-RL

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: Miami Wrecking Co

Firm giving Reference: Seagate Construction Group, LLC

Address: 601 N. Congress Ave. Suite 114 Delray Beach 33445

Phone: 561-246-9910

Fax: 561-246-2815

Email: ggrau@hbctflorida.com

- 1. Q: What was the dollar value of the contract?
A: Mashella \$31,120 / S.G. P35 \$9,100 / Dalton \$45,485
- 2. Q: Have there been any change orders, and if so, how many?
A: 1-2 small \$ amounts
- 3. Q: Did they perform on a timely basis as required by the agreement?
A: Yes
- 4. Q: Was the project manager easy to get in contact with?
A: Yes
- 5. Q: Would you use them again?
A: Yes
- 6. Q: Overall, what would you rate their performance? (Scale from 1-5)
A: 5 Excellent 4 Good 3 Fair 2 Poor 1 Unacceptable
- 7. Q: Is there anything else we should know, that we have not asked?
A: No

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: GARRIN GRAU Title: President

Signature: [Handwritten Signature] Date: 5-31-17

Issue Date: May 17, 2017

City of Hollywood, Florida
Solicitation # RFQ-4521-17-RL

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: Miami Wrecking Co

Firm giving Reference: M.J. Harris Construction Services, LLC

Address: One Riverside Ridge Birmingham, AL 35244

Phone: 205-380-6800

Fax: 205-380-6802

Email: matth1@mjharris.com

- 1. Q: What was the dollar value of the contract?
A: \$29,327.00
- 2. Q: Have there been any change orders, and if so, how many?
A: Yes, one change order was completed for work not required to be performed that was included in the original contract amount.
- 3. Q: Did they perform on a timely basis as required by the agreement?
A: Yes
- 4. Q: Was the project manager easy to get in contact with?
A: Yes
- 5. Q: Would you use them again?
A: Yes
- 6. Q: Overall, what would you rate their performance? (Scale from 1-5)
A: 5 Excellent 4 Good 3 Fair 2 Poor 1 Unacceptable
- 7. Q: Is there anything else we should know, that we have not asked?
A: No

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: Matt Hearn Title: Project Manager

Signature: [Handwritten Signature] Date: 5/30/2017

DEMOLITION (NON-EXPLOSIVE)
 03-10822-D-X
 HARRINGTON, KAREN - QUALIFYING
 MIAMI WRECKING CO
 4540 NW 8 TERRACE
 OAKLAND PARK FL 33309
 EXPIRES 08/31/2018

BROWARD COUNTY
FLORIDA



CERTIFICATE OF COMPETENCY
 Detach and SIGN the reverse side of this card IMMEDIATELY upon receipt! You should carry this card with you at all times.

Contractor must obtain a photo I.D. Certificate of Competency Card every two years.

HARRINGTON, KAREN
 2500 NW 47 ST
 BOCA RATON FL 33434

BROWARD COUNTY FLORIDA
CERTIFICATE OF COMPETENCY
 CC# DEMOLITION (NON-EXPLOSIVE)
 03-10822-D-X
 HARRINGTON, KAREN - QUALIFYING
 MIAMI WRECKING CO
 4540 NW 8 TERRACE
 OAKLAND PARK FL 33309
 EXPIRES 08/31/2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/22/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Corporate Insurance Advisors 1401 E Broward Blvd Suite 103 Ft. Lauderdale FL 33301		CONTACT NAME: Angela Nervi-Saketkoo PHONE (A/C No. Ext): (954) 315-5000 E-MAIL ADDRESS: ANervi@ciafl.net FAX (A/C No.): (954) 315-5050	
INSURED Miami Wrecking Co 4540 NW 8th Terrace Oakland Park FL 33309		INSURER(S) AFFORDING COVERAGE INSURER A: Interstate Fire & Casualty Co INSURER B: American Automobile Insurance INSURER C: Markel American Insurance Company INSURER D: Homeland Ins Company of NY INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 17-18 **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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			DAN1000468	2/22/2017	2/22/2018	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 Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			MXA80324215	2/22/2017	2/22/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED 0 RETENTION \$ 0			APP31175116	2/22/2017	2/22/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Pollution Liability			1977844-1	2/22/2017	2/22/2018	Each Pollution Incident 2,000,000

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

CERTIFICATE HOLDER City of Hollywood Building Division 2600 Hollywood Blvd. Room 319 Hollywood, FL 33022	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Mark Schwartz/ANGELA <i>Mark R. Schwartz</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/03/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Applied Risk Services, Inc. 10825 Old Mill Rd Omaha, NE 68154 (877) 234-4420	CONTACT NAME:		
	PHONE (A/C, No, Ext): (877) 234-4420	FAX (A/C, No): (877) 234-4421	
	E-MAIL ADDRESS:		
	PRODUCER CUSTOMER ID #		
INSURED Miami Wrecking Co. dba Miami Wrecking Co. 4540 NW 8th Ter Oakland Park, FL 33309-3942 CTL 1273 1276651	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Illinois Insurance Co.		35246
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	<input type="checkbox"/>	<input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE	\$
								\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	Y/N N	N/A	46-538938-01-02	01/17/2017	01/17/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000

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

CERTIFICATE HOLDER

Miami Wrecking Co.
 4540 NW 8th Ter
 Oakland Park, FL 33309-3942

Attn: Project Manager

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



L039971



NIELSON, HOOVER & COMPANY, INC.

May 16, 2017

RE: Miami Wrecking Co.

To Whom It May Concern:

It has been the privilege of Nielson, Hoover & Associates and FCCI Insurance Company to provide surety bonds on behalf of Miami Wrecking Co. for six years, during which time Miami Wrecking Co. has performed. In our opinion, Miami Wrecking Co. remains properly financed, well equipped and capably managed.

At the present time, FCCI Insurance Company provides a \$5,000,000 single project capacity, with an aggregate surety program of \$15,000,000.

As always, FCCI Insurance Company reserves the right to perform underwriting at the time of any bond request, including without limitation, prior review and approval of relevant contract documents, bond forms and project financing. We assume no liability to you or your affiliates if for any reason we do not execute such bonds.

FCCI Insurance Company is listed on the U.S. Treasury Department's listing of approved sureties (Department Circular 570), and is rate A: X by A.M. Best Company.

Please do not hesitate to contact this office if you have any questions.

Very truly yours,

NIELSON, HOOVER & COMPANY

Shawn A. Burton, Resident Agent



NHC NIELSON, HOOVER & COMPANY, INC.

SMART, UNCOMPROMISING, TIMELY, EFFECTIVE. NIELSON, HOOVER & COMPANY, INC. SURETY SOLUTIONS THAT MAKE A DIFFERENCE

May 16, 2017

RE: Miami Wrecking Co.

To Whom It May Concern:

This is to advise you that our office provides suretyship for Miami Wrecking Co.

Based upon normal and standard underwriting criteria at the time of the request, we should be in a position to provide Performance and Payment Bonds for Miami Wrecking Co. It must be understood, however, that we reserve the right to review all contractual documents prior to final commitment to issue any bonds.

Miami Wrecking Co. is an excellent contractor and we hold them in high regard. We feel extremely confident in them and encourage you to offer them an opportunity to execute any upcoming projects.

This letter is not an assumption of liability, nor is it a bid or performance and payment bond. It is issued only as a bonding reference requested by our respected client.

Sincerely,

NIELSON, HOOVER & ASSOCIATES



Shawn A. Burton, Resident Agent

8000 Governors Square Boulevard
Suite 101
Miami Lakes, FL 33016
P: 305.722.2663
F: 305.558.9650

www.nielsonbonds.com



July 10, 2017

City of Hollywood
Department of Financial Services, Procurement Services Division
2600 Hollywood Boulevard, Room 303
Hollywood, FL 33020
954-921-3552
954-921-3086 Fax
Attn: Rob Lowery
E-mail: rlowery@hollywoodfl.org

Re: Summary of Experience in Demolition as a Prime Contractor

Miami Wrecking Co. has experience in demolition as a prime contractor and is responsible for demolition projects from start to finish. This includes hiring subcontractors for mechanical, electrical and plumbing. We help them obtain their permits for the job, supervise and verify that their work is carried out and confirm that their individual inspections pass. We are also often responsible for hiring other subcontractors for asbestos abatement, fence installment, MOT requirements, etc.

Some of the recent projects that we have acted as a prime contractor for are listed below:

- 1) Baptist Health South Florida
9350 SW 72nd Street, #118
Miami, FL 33143
 - SMH Demolition – Feder Property
7311 SW 62nd Avenue
Miami, FL 33143
 - SMH Demolition – Ira Property
7340 SW 61st Court
Miami, FL 33143
 - Robin Lynn Condominium Demolition
1540 San Remo Avenue
Coral Gables, FL 33146

4540 NW 8TH TERRACE · OAKLAND PARK, FL 33309 · 954-492-2727 · FAX 954-492-2726





- 2) Alexandre Maldonado
1460 S. Ocean Boulevard, #304
Lauderdale-By-The-Sea, FL 33062
 - Single Family Residential Demo
1758 NE 8th Street
Ft. Lauderdale, FL 33304

- 3) City of Miami Gardens
18605 NW 27th Avenue
Miami Gardens, FL 33056
 - Swimming Pool Demo
18515 NW 23rd Avenue
Miami Gardens, FL 33056

- 4) Paola Sanchez
1401 Bay Road, Apt #413
Miami Beach, FL 33137
 - Single Family Residential Demo
1910 SW 11th Court
Ft. Lauderdale, FL 33312

Karen Harrington
President

4540 NW 8TH TERRACE · OAKLAND PARK, FL 33309 · 954-492-2727 · FAX 954-492-2726

