

## PROPOSAL

TO THE MAYOR AND COMMISSIONERS  
CITY OF HOLLYWOOD, FLORIDA

SUBMITTED 11-20-2023

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 110 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

\_\_\_\_\_ N/A \_\_\_\_\_ Bank of \_\_\_\_\_

or approved Bid Bond for the sum of

\_\_\_\_\_ N/A \_\_\_\_\_ 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)

\_\_\_\_\_ (SEAL)

(Signature of Individual)

\*\*\*\*\*

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:

Sunstate GC LLC  
(Correct Name of Corporation)

By: Ilan Cohen

President  
(Official Title)

966 Nandina drive, weston ,fl 33327  
(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

Sunstate GC LLC  
(Name of Corporation)

RESOLVED that Ilan Cohen  
(Person Authorized to Sign)

President of Sunstate Gc LLC  
(Title) (Name of Corporation)

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

**Fletcher Street Privacy Wall**  
**Project # 044241065**  
**Bid No. IFB-132-24-WV**

The foregoing is a true and correct copy of the Resolution adopted by

Sunstate GC LLC at a meeting of its Board of  
(Name of Corporation)

Directors held on the 11th day of October, 2022.

By: Ilan Cohen

Title: President

(SEAL)

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

- END OF SECTION -

PRICE TABLES					
Bid Form					
Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	General Conditions	1	Lump Sum	\$89,090.00	\$89,090.00
2	Mobilization	1	Lump Sum	\$29,500.00	\$29,500.00
3	Maintenance of Traffic	1	Lump Sum	\$8,850.00	\$8,850.00
Wall System					
4	Clearing and Demolition	1	Lump Sum	\$18,000.00	\$18,000.00
5	Install and maintenance of temporary fencing	1	Lump Sum	\$24,000.00	\$24,000.00
6	Site grading and leveling to provided survey	1	Lump Sum	\$17,700.00	\$17,700.00
7	Furnish and install 6' high pre-cast concrete privacy wall designed by delegated engineer with signed and sealed shop drawings	1	Lump Sum	\$410,000.00	\$410,000.00
8	Paint wall with anti-graffiti paint. Colors TBD	1	Lump Sum	\$29,500.00	\$29,500.00
9	Restore right-of-way, private property, and asphalt affected by construction	1	Lump Sum	\$11,800.00	\$11,800.00
Landscaping					
10	Furnish and install irrigation system as specified	1	Lump Sum	\$17,700.00	\$17,700.00

11	Furnish and install shrubs and ground cover as specified	1	Lump Sum	\$29,999.00	\$29,999.00
<b>Total</b>					<b>\$686,139.00</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/20/2023

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> All American Insurance Consultants 4120 Davie Road Extention  Hollywood FL 33024	<b>CONTACT NAME:</b> Suzanne Medoff <b>PHONE (A/C, No, Ext):</b> 754-263-2160 <b>E-MAIL ADDRESS:</b> suzie@allamericaninsure.com <b>FAX (A/C, No):</b> 754-484-3832
<b>INSURED</b> Sun State General Contractors LLC 966 Nandina Dr  Weston FL 33327	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> EVANSTON INSURANCE COMPANY <b>INSURER B:</b> MARKEL INSURANCE COMPANY <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	3AA676178	06/01/2023	06/01/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	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>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	APP49468202	08/10/2023	06/01/2024	EACH OCCURRENCE \$ 2,000,000
	AGGREGATE \$ 2,000,000						
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE OTH-ER
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						

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

**CERTIFICATE HOLDER****CANCELLATION**

CITY OF HOLLYWOOD 2600 HOLLYWOOD BLVD SUITE 313 HOLLYWOOD FL 33020	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 <i>Suzanne Medoff</i>
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## VENDOR REFERENCE FORM

City of Hollywood Solicitation #:

Reference for:

QUINSTATE GENERAL CONTRACTORS, LLC.

Organization/Firm Name providing reference:

RASCO GROUP LLC.

Organization/Firm Contact

Name:

HECTOR E. RAMIREZ

Title:

MEMBER-DIRECTOR.

Email:

rayco-group@outlook.com.

Phone:

386-5006238

Name of Referenced Project:

UNIT 1005 @

Contract No:

WILLIAM'S ISLAND

Date Services were provided:

2-14-2022 / 7-12-2022

Project

RENOVATION.

Amount:

\$210,000<sup>00</sup>

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): SCOPE OF WORK!  
ALTERATION LEVEL 1 OF A 1760 SQFT. CONDOMINIUM. (LABOR & MATERIAL)  
PRELIMINARY WORK, GYPSUM CEILING & WALLS / MECHANICAL / PLUMBING /  
ELECTRICAL / TILE / INTERIOR FINISHES / DOORS & TRIMS / GLASS ENCLOSURES.  
ACCESSORIES / PAINT & TURNED KEY OF THE PROPERTY

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):

EXCELLENT GENERAL CONTRACTOR COMPANY.

\*\*\*\*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:			