

FORM 2

ACKNOWLEDGMENT AND SIGNATURE PAGE

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

Legal Company Name (include d/b/a if applicable): Inliner Solutions, LLC

If Corporation - Date Incorporated/Organized: May 2002 Federal Tax Identification Number: 01-0684682

State Incorporated/Organized: Indiana

Company Operating Address: 2531 Jewett Lane

City: Sanford State: FL Zip Code: 32771

Remittance Address (if different from ordering address):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company Contact Person: Daniel Banken Email Address: daniel.banken@gcinc.com

Phone Number (include area code): 407.472.0014 Fax Number (include area code): 407.472.0097

Company's Internet Web Address: na

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

Bidder/Proposer's Authorized Representative's Signature:  Date: 11/29/2022

Type or Print Name: Daniel Banekn, Area Director

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.

## SUBMISSION

How to submit bids/proposals: Vendor's solicitation response may be submitted electronically through OpenGov, the City's designated electronic bidding system, or by mail or hand delivery to the address noted above. It is the Vendor's sole responsibility to assure its response is submitted and received by the date and time specified in the solicitation. Any timeframe references are in Eastern Standard Time. The official time for electronic submittals is OpenGov's servers, as synchronized with the atomic clock. All parties without reservation will accept the official time.

### 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.

## FORM 4 VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-001-23-OT INFLOW/INFILTRATION (I/I) PROGRAM – CURED-IN-PLACE PIPE LINING ECSD Project No. 7103A  
 Reference for: Inliner Soltuions, LLC

Organization/Firm Name providing reference: Pinellas County Public Works Construction Management Division  
 Organization/Firm Contact Name: Mark Demyan Title: Construction Project Manager  
 Email: mdemyan@pinellas.gov Phone: 727-464-4606  
 Name of Referenced Project: Storm Sewer CIPP COOP Contract No: 167-0513-CP(JJ) / 003325A  
 Date Services were provided: 5/2018 to present Project Amount: City of Altamonte Springs, Kipton Lockcuff - 407.571.8533  
 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):  
 Preliminary clean and CCTV of suspect storm pipe lines. Installation of CIPP in selected pipe throughout Pinellas County on a work order basis. Pinellas County Utilities also utilizes this contract for select lining of sanitary sewer pipes throughout the County. The work includes performing point repairs prior to installation of the liners for deteriorated locations on an as needed basis.

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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:	

## FORM 4 VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-001-23-OT INFLOW/INFILTRATION (I/I) PROGRAM – CURED-IN-PLACE PIPE LINING ECSD Project No. 7103A  
 Reference for: Inliner Soltuions, LLC

Organization/Firm Name providing reference: Hazen and Sawyer  
 Organization/Firm Contact Name: John Pacifici Title: Senior Associate/Project Manager  
 Email: jpacifici@hazenandsawyer.com Phone: 8136821217  
 Name of Referenced Project: Clearwater WWCS Program Contract No: \_\_\_\_\_  
 Date Services were provided: Oct 2020 to present, ongoing Project Amount: \$10,000,000  
 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):  
 Inliner is one of several contractors selected by the City of Clearwater to provide on-call utility services. Under the 2018 contract, Inliner was responsible for CIPP work. In 2022, the contract was rebid for a new term, and Inliner was selected again for this role as well as for a separate \$3 million portion dedicated to CCTV work.

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 type="checkbox"/>	<input checked="" 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 checked="" 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):  
 Inliner has been very good to work with and has been a capable and willing partner to coordinate upcoming work planning.  
 They are always reachable and responsive and keep open communication at all times.

****THIS SECTION FOR CITY USE ONLY****					
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail: <input type="checkbox"/>
Verified by:	Name:			Title:	
	Department:			Date:	

## FORM 4 VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-001-23-OT INFLOW/INFILTRATION (I/I) PROGRAM – CURED-IN-PLACE PIPE LINING ECSD Project No. 7103A  
 Reference for: Inliner Soltuions, LLC

Organization/Firm Name providing reference: City of Bradenton  
 Organization/Firm Contact Name: Kim Clayback Title: Infrastructure Engineer  
 Email: kim.clayback@bradentonFL.gov Phone: 941 708-6300  
 Name of Referenced Project: On Going Sanitary MH & Sewer Pipe Lining Contract No: PB 19-01KC  
 Date Services were provided: 2018 to present Project Amount: \$3.0M+ in FY2022-2023  
 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):  
Sanitary sewer manhole and pipe lining including cleaning and tv'ing

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 checked="" 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):  
Field crews and office staff are responsive, professional, and accommodating. The work product and process both indicate the pride the group takes in the great quality work they do.

****THIS SECTION FOR CITY USE ONLY****					
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail: <input type="checkbox"/>
Verified by:	Name:			Title:	
	Department:			Date:	

**FORM 5**

**HOLD HARMLESS AND INDEMNITY CLAUSE**

**Inliner Solutions, LLC**

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**(Company Name and Authorized Signature, Print Name)**

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



**Daniel Banken**

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Signature

Printed Name

**Inliner Solutions, LLC**

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**Area Director**

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Name of Company

Title


**FORM 6**

**NON-COLLUSION AFFIDAVIT**

STATE OF: Florida

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

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



Signature

Inliner Solutions, LLC

Name of Company

Daniel Banken

Printed Name

Area Director

Title

## FORM 7

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

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

1. This form statement is submitted to the City of Hollywood by Daniel Banken, Area Director for Inliner Solutions, LLC  
(Print individual's name and title) (Print name of entity submitting sworn statement) whose business address is 2531 Jewett Ln. Sanford, FL 32771 and if applicable its Federal Employer Identification Number (FEIN) is 01-0684682. If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement.  

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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.)

X 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.

[Handwritten Signature]  
(Signature)

Sworn to and subscribed before me this 29th day of November, 2022.

Personally known X

Or produced identification \_\_\_\_\_ Notary Public-State of Florida

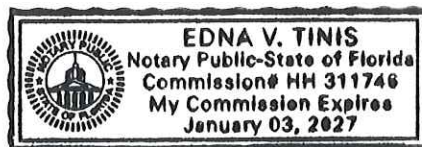
\_\_\_\_\_ my commission expires 01/03/2027

(Type of identification)

Edna V Tinis

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

Edna V. Tinis



**FORM 8**

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

The applicant certifies that it and its principals:

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

Applicant Name and Address:

**Inliner Solutions, LLC**

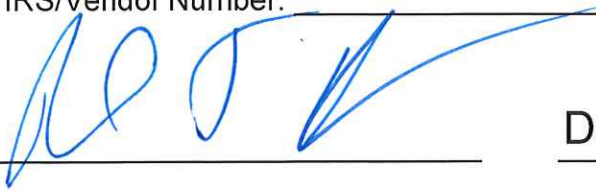
**2531 Jewett Ln.**

**Sanford, FL 32771**

Application Number and/or Project Name:

IFB-001-23-OT INFLOW/INFILTRATION (II) PROGRAM – CURED-IN-PLACE PIPE LINING ECSD Project No. 7103A

Applicant IRS/Vendor Number: **01-0684682**



**Daniel Banken**

Signature

Printed Name

**Inliner Solutions, LLC**

**Area Director**

Name of Company

Title

## FORM 9

### DRUG-FREE WORKPLACE PROGRAM

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

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program (if such is available in the employee's community) by, any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of these requirements.

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



Signature

**Inliner Solutions, LLC**

Name of Company

**Daniel Banken**

Printed Name

**Area Director**

Title

**FORM 10**

**SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY**

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

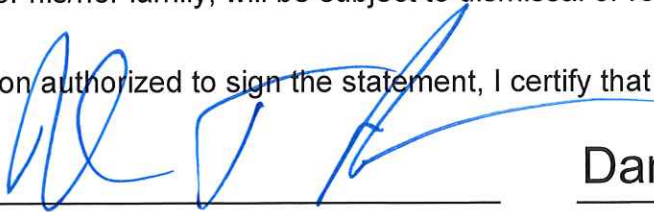
The City of Hollywood/Hollywood CRA policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City/CRA does business.

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

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

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

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



Signature

**Inliner Solutions, LLC**

Name of Company

**Daniel Banken**

Printed Name

**Area Director**

Title

## 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.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>Inliner Solutions, LLC</p> <p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                     <input type="checkbox"/> C Corporation                     <input type="checkbox"/> S Corporation                     <input type="checkbox"/> Partnership                     <input type="checkbox"/> Trust/estate             </p> <p> <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <u>C</u> </p> <p><b>Note:</b> 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.</p> <p><input type="checkbox"/> Other (see instructions) ▶</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <p>4520 North State Road 37</p> <p><b>6</b> City, state, and ZIP code</p> <p>Orleans, IN 47452</p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

### 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.

<b>Social security number</b>				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<b>or</b>				
<b>Employer identification number</b>				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;">0</td> <td style="width: 25%;">1</td> <td style="width: 25%;">-</td> <td style="width: 25%;">0 6 8 4 6 8 2</td> </tr> </table>	0	1	-	0 6 8 4 6 8 2
0	1	-	0 6 8 4 6 8 2	

### 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>3-31-2022</u>
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### 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), ABLE 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>*</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

Total \$ 0

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."

Edna V. Tinis

Witness Signature

Edna Tinis

Witness Printed Name

2531 Jewett Ln. Sanford, FL 32771

Witness Address

11/29/2022

Date



Contractor's Signature

Daniel Banken

Printed Name

Area Director

Title

11/29/2022

Date

- END OF SECTION -

**Form 13**

**Bid Guaranty Form**

(Construction)

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS:

That we Inliner Solutions, LLC, as Principal, and Everest Reinsurance Company, as

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

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

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

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the principal has submitted the accompanying SOLICITATION, dated November 29 \_\_\_\_\_ 2022 for

**IFB-4753-22-OT ; Inflow/Infiltration (I/I) Program – Cured-in-Place Pipe Lining ECSD ; Project No. 7103A**

**SOLICITATION-**

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

Approved SOLICITATION Bond

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

IN WITNESS WHEREOF, the above bound parties have executed this statement under their several seals this 16th day of November, 2022, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

WHEN THE PRINCIPAL IS AN INDIVIDUAL:

Signed, sealed and delivered in the presence of:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Address

\_\_\_\_\_  
Printed Name of Individual

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Address

\_\_\_\_\_

WHEN THE PRINCIPAL IS A CORPORATION:

Attest:

Denise C. McClanahan  
Secretary

Inliner Solutions, LLC  
Name of Corporation

2531 Jewett Lane Sanford, FL 32771  
Business Address



By: [Signature]  
(Affix Corporate Seal)

Daniel Banken  
Printed Name

Area Director  
Official Title

CERTIFICATE AS TO CORPORATE PRINCIPAL

I, Denise C. McClanahan, certify that I am the secretary of the Corporation named as Principal in the attached bond; that Daniel Banken who signed the said bond on behalf of the Principal, was then Area Director 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.

Denise C. McClanahan (SEAL)  
Secretary

Approved SOLICITATION Bond

TO BE EXECUTED BY CORPORATE SURETY:

Attest:

Amanda Jovino  
Amanda Jovino, Witness

Everest Reinsurance Company  
Corporate Surety  
100 Everest Way, Warren, NJ 07059  
Business Address

BY: Victoria P. Lyons  
(Affix Corporate Seal)

Victoria P. Lyons  
Attorney-in-Fact

Name of Local Agency

Alliant Insurance Services, Inc.

CONNECTICUT  
STATE OF ~~FLORIDA~~

40 Stanford Drive, 2nd Floor, Farmington CT 06032  
Business Address

Before me, a Notary Public, duly commissioned, qualified and acting, personally appeared,  
Victoria P. Lyons to me well known, who being by me first duly sworn upon  
oath says that he is the attorney-in-fact for the Everest Reinsurance Company and  
that the has been authorized by Inliner Solutions, LLC 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 16th day  
of November , 20 22

Jessica L. Piccirillo  
Notary Public, State of Connecticut  
Jessica L. Piccirillo

My Commission Expires: 6/30/2025

JESSICA L. PICCIRILLO  
NOTARY PUBLIC  
MY COMM EXP 6/30/2025  
CONNECTICUT

- END OF SECTION-



POWER OF ATTORNEY  
EVEREST REINSURANCE COMPANY

KNOW ALL PERSONS BY THESE PRESENTS: That Everest Reinsurance Company, a corporation of the State of Delaware ("Company") having its principal office located at 100 Everest Way, Warren, New Jersey, 07059, do hereby nominate, constitute, and appoint:

**Russell M. Canterbury, Jessica L. Piccirillo, Steven E. Susanin, Woodrow M. Baird, Diane Moraski,  
Victoria P. Lyons, Kathleen M. Flanagan, Richard A. Leveroni**

its true and lawful Attorney(s)-in-fact to make, execute, attest, seal and deliver for and on its behalf, as surety, and as its act and deed, where required, any and all bonds and undertakings in the nature thereof, for the penal sum of no one of which is in any event to exceed UNLIMITED, reserving for itself the full power of substitution and revocation.

Such bonds and undertakings, when duly executed by the aforesaid Attorney(s)-in-fact shall be binding upon the Company as fully and to the same extent as if such bonds and undertakings were signed by the President and Secretary of the Company and sealed with its corporate seal.

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Board of Directors of Company ("Board") on April 21, 2016:

*RESOLVED, that the President, any Executive Vice President, and any Senior Vice President are hereby appointed by the Board as authorized to make, execute, seal and deliver for and on behalf of the Company, any and all bonds, undertakings, contracts or obligations in surety or co-surety with others and that the Secretary or any Assistant Secretary of the Company be and that each of them hereby is authorized to attest to the execution of any such bonds, undertakings, contracts or obligations in surety or co-surety and attach thereto the corporate seal of the Company.*

*RESOLVED, FURTHER, that the President, any Executive Vice President, and any Senior Vice President are hereby authorized to execute powers of attorney qualifying the attorney named in the given power of attorney to execute, on behalf of the Company, bonds and undertakings in surety or co-surety with others, and that the Secretary or any Assistant Secretary of the Company be, and that each of them is hereby authorized to attest the execution of any such power of attorney, and to attach thereto the corporate seal of the Company.*

*RESOLVED, FURTHER, that the signature of such officers named in the preceding resolutions and the corporate seal of the Company may be affixed to such powers of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be thereafter valid and binding upon the Company with respect to any bond, undertaking, contract or obligation in surety or co-surety with others to which it is attached.*

IN WITNESS WHEREOF, Everest Reinsurance Company has caused their corporate seals to be affixed hereto, and these presents to be signed by their duly authorized officers this 11<sup>th</sup> day of November, 2022.



Everest Reinsurance Company

Attest: Nicole Chase, Assistant Secretary

By: Anthony Romano, Senior Vice President

On this 11<sup>th</sup> day of November, 2022, before me personally came Anthony Romano, known to me, who, being duly sworn, did execute the above instrument; that he knows the seal of said Company; that the seal affixed to the aforesaid instrument is such corporate seal and was affixed thereto; and that he executed said instrument by like order.

LINDA ROBINS  
Notary Public, State of New York  
No 01R08239736  
Qualified in Queens County  
Term Expires April 25, 2023

Linda Robins, Notary Public

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company, this 16<sup>th</sup> day of November 2022.





FORM 15

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.

1. Contractor's Name/Address: Inliner Soltuions, LLC  
2531 Jewett Ln.  
Sanford, FL 32771
  
2. Contractor's Telephone Number: 407.472.0014  
and e-mail address: daniel.banken@gcinc.com
  
3. Contractor's License (attach copy): CUC035777  
Primary Classification: Construction  
Broward County License Number (attach copy): \_\_\_\_\_
  
4. Number of years as a Contractor in construction work of the type involved in this Contract: 20  
\_\_\_\_\_  
\_\_\_\_\_
  
5. List the names and titles of all officers of Contractor's firm:  
See Attached  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Name of person who inspected site or proposed work for your firm:  
Name: Daniel Banken  
Date of Inspection: 11/23/2022
  
7. What is the last project of this nature you have completed?  
City of Sanford CIPP - 26,345 LF  
\_\_\_\_\_

8. Have you ever failed to complete work awarded to you; if so, where and why?

No

9. Name three individuals or corporations for which you have performed work and to which you refer:

City of Altamonte Springs, Kipton Lockcuff - 407.571.8533

City of Deltona, Jeff Elder - 386.804.8360

City of Sanford, Mack McKinley - 407.688.5177

10. 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).

Name of Project	City	Total Contract Value	Contracted Date of Completion	% Completion to Date
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See Attached

(Continue list on inset sheet, if necessary)

11. What equipment do you own that is available for the work?

See Attached

12. What equipment will you purchase for the proposed work?

NA

13. List at least three (3) similar projects completed within the last two (2) years by the bidder. For purposes of this requirement, 'similar' projects shall be considered to include experience with cured-in-place pipe lining. 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.

Please see vendor references above

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(Add sheets as requested.)

14. Name the Project Manager proposed for this project. Attach a copy of the project manager's resume.

Christopher Hee, Resume Attached

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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.

LIST OF SUBCONTRACTORS (NOT USED/See Form 14)

The Bidder shall list below the name and address of each Subcontractor who will perform work under this Contract in excess of one-half percent of the total lump sum base bid price, and shall also list the portion of the work which will be done by such Subcontractor. After the opening of Proposals, changes or substitutions will be allowed with written approval of the City of Hollywood. Subcontractors must be properly licensed and hold a valid Hollywood Certificate of Competency.

	<b>Work to be Performed</b>	<b>Subcontractor's Name / Address</b>
1.	NA _____ _____	NA _____ _____
2.	_____ _____	_____ _____
3.	_____ _____	_____ _____
4.	_____ _____	_____ _____
5.	_____ _____	_____ _____
6.	_____ _____	_____ _____
7.	_____ _____	_____ _____
8.	_____ _____	_____ _____
9.	_____ _____	_____ _____
10.	_____ _____	_____ _____

NOTE: Attach additional sheets if required.

++ END OF SECTION

FORM 16

PROPOSAL

TO THE MAYOR AND COMMISSIONERS  
CITY OF HOLLYWOOD, FLORIDA

SUBMITTED Inliner Soltuions, LLC

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 30 days with final completion within 45 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 following addenda:

No. \_\_\_\_\_ Dated \_\_\_\_\_  
No. \_\_\_\_\_ Dated \_\_\_\_\_  
No. \_\_\_\_\_ Dated \_\_\_\_\_

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 total bid** \_\_\_\_\_ 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:

**Inliner Soltuions, LLC**  
\_\_\_\_\_  
(Correct Name of Corporation)

By:   
(SEAL) Daniel Banken

Area Director  
\_\_\_\_\_





(Official Title)

4520 N. SR 37, Orleans, IN 47452

(Address of Corporation)

Organized under the laws of the State of Indiana, 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

Inliner solutions, LLC

(Name of Corporation)

RESOLVED that Daniel Banken

(Person Authorized to Sign)

Area Director of Inliner Solutions, LLC

(Title) (Name of Corporation)

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

**INFLOW/INFILTRATION (I/I) PROGRAM - MANHOLE REPAIRS**

**ECSD Project No. - 7101A**

**Bid No. IFB-4744-22-OT**

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

\_\_\_\_\_ at a meeting of its Board of  
(Name of Corporation)

Directors held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

Title: \_\_\_\_\_

(SEAL)

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

- END OF SECTION -



Inliner Solutions  
4520 North State Road 37  
Orleans, IN 47452

812.865.3232

November 28, 2022

City of Hollywood  
2600 Hollywood Boulevard  
Hollywood, FL 33020-4807

Re: IFB-4753-22-OT INFLOW/INFILTRATION (I/I) PROGRAM – CURED-IN-PLACE PIPE  
LINING ECSD Project No. 7103A Bids on 11/29/2022

My name is Denise C. McClanahan, and I am Executive Vice President of Inliner Solutions, LLC. I am authorized to negotiate, execute and/or attest electronic and paper documents and contracts necessary for the conduct of the Company's affairs with respect to the submission and execution of construction project bids, bid proposals, bid addenda and all other bid-related documents prepared and submitted on behalf of the Company relating to any and all domestic construction projects arising out of the Company's operations.

Further, under Company policy, I am authorized to and hereby delegate my authority to bind the Company to Daniel Banken, Area Director with the Company, for the purpose of submitting a bid for the above-referenced project.

Sincerely,

A handwritten signature in cursive script that reads "Denise C. McClanahan".

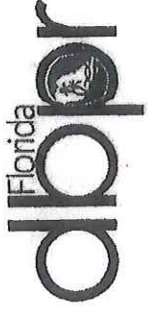
---

Denise C. McClanahan  
Executive Vice President  
Inliner Solutions, LLC.

Ron DeSantis, Governor



Melanie S. Griffin, Secretary



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE UNDERGROUND UTILITY & EXCAVATION COMPANY HEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



LICENSE NUMBER: CU0665777

EXPIRATION DATE: AUGUST 31, 2024

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.

**Inliner Solutions, LLC an Indiana Limited Liability Company**  
**List of Officers**

**EIN: 01-0684682**  
**formed May 1, 2002**

Name	Present Office Position
Michael Fegan	President & Chief Executive Officer
Robert Muff	Chief Financial Officers & Secretary
Patrick Maginn	Chief Operating Officers & Vice President
Thomas Gottsegen	Chief Legal Officer & Assistant Secretary
James Michaud	Treasurer
Glenn M. Shor	Assistant Secretary
David F. Thomas	Assistant Secretary
David L. Rattner	Assistant Secretary
Kevin Valles	Assistant Secretary
Denise McClanahan	Assistant Secretary
Ralph Bonanotte	Assistant Secretary
IPR AcquisitionCo, Inc.	Managing Member

Current Open Projects

Description of Project	City	Contract	Start Date	Completion
FL ORANGE CITY FAWN RIDGE	ORANGE CITY	\$ 106,171.80	Nov-22	Dec-22
FL CLW 22-0006 LINING REL 1	CLEARWATER	\$ 294,585.76	Nov-22	Feb-23
FL VOLUSIA STORM 2022	ORMOND BEACH	\$ 194,008.00	Nov-22	Nov-23
FL CARLTON ARMS APARTMENTS	LAKELAND	\$ 262,176.00	Oct-22	Dec-22
FL ST PETE STORM 21014-110	ST PETERSBURG	\$ 2,829,300.00	Dec-22	Dec-25
FL CITY OF ORLANOD STORM	ORLANDO	\$ 840,422.21	Oct-22	Dec-22
FL CITY OF BRADENTON LS21C	BRADENTON	\$ 294,280.97	Nov-22	Mar-23
FL CITY OF PALM BAY 48 IN	PALM BAY	\$ 205,276.00	Oct-22	Dec-22
FL MIRIMAR 2022 8 IN CIPP	MIRAMAR	\$ 14,375.00	Jul-22	Jul-23
FL PINELLAS SANITARY REHAB	SEMINOLE	\$ 2,771,079.25	Aug-22	Oct-23
FL BRADENTON LINING & MH REHAB	BRADENTON	\$ 1,276,005.48	Aug-22	Dec-22
FL REEDY CREEK - HOTEL PLAZA	LAKE BUENA VISTA	\$ 406,550.00	Jun-22	Dec-22
FL FELIX & ASSOC 2022 LOX	LOXAHATCHEE	\$ 130,500.00	Jun-22	Jun-23
FL CASSELBERRY 2022 LS 21	CASSELBERRY	\$ 299,951.00	May-22	Feb-23
FL BAY COUNTY 2022 STORM PH 2	PANAMA CITY	\$ 367,995.00	Feb-22	Feb-23
FL IBIS BLDG CORP 2022 CORAL GABLES	CORAL GABLES	\$ 14,660.00	Feb-22	Dec-22
FL ORLANDO 2022 STORM 1	ORLANDO	\$ 213,244.78	Feb-22	Feb-23
FL M.A.C. 2022 CARLTON ARMS-1	LAKELAND	\$ 50,950.00	Jan-22	Jan-23
FL COCOA 2021 STORM-2	COCOA	\$ 146,070.00	Nov-21	Nov-22

## Inliner Solutions Florida Equipment

Equipment Number	Mdl Yr	Make	Description	Serial Number
03.33594		GDN	GREAT DANE 28' REEFER TRAILER	1GRAAS616V8155104
04.35526	19	FTL	FREIGHTLINER VAC-CON 4212LHAE	1FVHG3FE8KHKC3118
08.49215R		VAL	YALE GDP250	G876E01563R
08.49216R		MIT	MITSUBISHI FG50CN	AF29D90326
139387	19	FTL	FREIGHTLINER VAC-CON PD4212HE	1FVHG3FE3KHKC3074
139388	19	FTL	FREIGHTLINER VAC-CON DD4212HE	1FVHG3FESKHKC3075
139443	06	KNW	KENWORTH T800 3AX BOILER TRUCK	1NKDX4TX86J157421
139464	13	UTL	UTILITY 36' REFRIG TRAILER	1UYVS253XDM675613
140661	19	FOR	FORD F650 CUES SP CUTTER TRUCK	1FDNF6DCXKDF01433
141347	19	FOR	FORD F350 CREW CAB 4X4	1FT7W3BT8KEF73191
142761			VERICURE TEMP MONITORING SYS	DE47501769
143496	20	PTR	PETE 348 3AX REEFER TRUCK	2NP3LJ0X7MM724714
143496T	20	PTR	PETE 348 3AX REEFER TRUCK	2NP3LJ0X7MM724714T
145010	21	PTR	PETE 348 3AX REEFER TRUCK	2NP3LJ0X2MM753909
145200	21	FOR	FORD F650 TV/CUTTER/GROUT TRK	1FDWF6DC3MDF08683
145200T	21	FOR	FORD F650 TV/CUTTER/GROUT TRK	1FDWF6DC3MDF08683T
146300	20		VERICURE TEMP MONITORING SYS	DE47503513
146303	20		VERICURE TEMP MONITORING SYS	DE47504082
146305	20		VERICURE TEMP MONITORING SYS	DE47504054
146308	20		VERICURE TEMP MONITORING SYS	DE47504113
146588	21	FOR	FORD F350 CREW CAB 4X4	1FT7W3BT4MEC32549
146591	21	FOR	FORD F350 CREW CAB 4X4	1FT7W3BT4MEC32552
146641	21	FOR	FORD F350 FLATBED 4X4	1FD8W3FT4MEC92261
147703			CATALYST HEATER	
1527	03	MAC	03 MAC RD6885 HEATER TK	1M2P267C73M066775
1528	03	MAC	03 MAC CV713 HEATER TK	1M2AG11C23M004882
1601	04	CP	04 COR 18FT TR	4MJUG18284E037443
1602	04	CP	04 COR 18FT TR	4MJUG182X4E037444
1628	00	OTH	00 CW 2 AXLE FLATBED TR	46CFB182XYM0D0250
1698	05	CP	05 COR TRAILER BLACK	4MJUB18245E041361
1710	06	INT	INTERNATIONAL 4400 STEAM TRUCK	1HTMKAANS56H311870
1774	07	CP	07 COR TR	4MJUG18297E045748
1828	07	PTR	07 PET 340 6X4 REEFER TK	2NPNRL29X77M732604
1993	05	KNW	05 KEN T800 6X4 REEFER TK	1XKDD89X75J078914
2643	07	INT	07 INT 4300 TV/CUT/GROUT	1HTMMAAM47HS20505
27578		OTH	LARGE DIAMETER CONVEYOR	
27631	00	INT	00 INT 8100 6X4 REEFER	1HTHCAHR4YH309621
27717	12	KNW	12 KEN T370 REEFER TK	3BKHLN9X1CF303873
28136	08	DGE	08 DOD 3500 TV ONLY	WDOPF14518S246408
28422		I-R	NN ING A/C FOR STEAM/1710	41795OUHUC48
28913	06	INT	06 INT 94001 6X4 REEFER TK	2HSCNSCR66C298597
28916	12	UTL	12 UTL V53RA 48FT REEFER TR	1UYVS3482CM467601
29024			XX SWR IAJ-600R EASEMENT MAC	5337
29309		OTH	NN UNK STATIC RESIN MIXER 1	
29472	06	INT	06 INT 94001 6X4 REEFER TK	2HSCNSCR26C298595
30819		OTH	NN UPGRADED POWER NIP ROLLER	
30857	13	SUR	13 SRC 79INX18FT TR	5JW1U1828D1069551
31116	13	FOR	13 FOR F450 FLATBED TK	1FDOW4HT3DEA61965
31128	13	FOR	FORD F350 CREW CAB 4X4 UTILITY	1FT7W3BTXDEA56865
31204	01	UTL	01 UTL V52R REEFER TR	1UYVS24811M321603
32881	98	UTL	98 UTL V52RA REEFER TR	1UYVS2483WM502807
33761	15	FOR	15 FOR F350 EXT XL UTIL 4X4	1FD7X3BTXFED56790
34959	14	FTL	14 FRL 1145D VAC JET COMBO	1FVHG3CY5EHFS0485

## Inliner Solutions Florida Equipment

Equipment Number	Mdl Yr	Make	Description	Serial Number
35.65405			FLORIDA WET OUT FACILITY	
35027	15	ARS	15 ARI CT200 RAPTOR CUTTER	14008484
35033	15	FOR	FORD F550 TV/CUT	1FDUF5GT3FEC03811
35048	15	PTR	15 PET 348 VAC-CON JET/VAC	2NP3L10X2FM250609
35119	15	ARS	15 ARI RAPTOR CUTTER	15107496
35120	15	ARS	15 ARI RAPTOR CUTTER	15107433
35128	16	FOR	16 FOR TRUCK-F350 CREW 4X4 XLT	1FT7W3BT0GEB25549
35148	15	HMD	15 HMD CHIP SHOOTER TR	MVIN359677IND
35149	15	CUE	15 O22 CAMERA	15101203
35150	15	CUE	15 O22 CAMERA	15102202
35151	15	CUE	15 CUE SHORTY 21 TRANSPORTER	15082801
35152	15	CUE	15 CUE SHORTY 21 TRANSPORTER	15102603
35153	15	CUE	15 CUE PIPE RANGER TRANSPORTER	15102302
35269	15	CUE	15 CUE BOX TV SYSTEM/2643	
35383	16	HMD	16 HMD POWER UNIT	3170-051116-001
35386	17		17 UNI UXT-8.522TA70 22' TR	56JTE222XHA150680
35395	16	OTH	16 USJ 1018 JET MOUNTED TR	1U9FS1628GA044571
35400	16		16 TRY-TEK E22 INVERSION UNIT	
35426	17	HIN	17 HIN 195 TV/CUT	JHHHDM2H1HK002290
35437	17	HIN	17 HIN 195 TV/CUT	JHHHDM2H7HK002133
35525	17		17 UNI UXT-8.522TA70 22' CARGO	56JTE2223HA152562
35547	16	FOR	16 FOR T150 MANHOLE ONLY	1FTYE1ZM6GKA28738
35561	13	VOL	13 VOL VNL64T300 REEFER	4V4NC9EG4DNS68904
35571	11	INT	11 INT PROSTAR REEFER	3HSCUAPR9BN186540
35703	17	FOR	17 FOR F350 CREW XLT 4X4	1FT7W3BTXHEB92578
35704	17	FOR	17 FOR F350 CREW XLT 4X4 UTIL	1FT7W3BT6HEB92576
35705	17	FOR	17 FOR F350 CREW XLT 4X4 FLAT	1FD7W3FTXHEC03102
35706	17	FOR	17 FOR F350 CREW XL 4X4 FLAT	1FD7W3FT1HEC03103
35804	16	CUE	16 CUE TV BOX RESTOR/35426	
35805	16		16 PRB 36" INVERTER TR	MVIN364125IND
35806	16		16 PRB 36" INVERTER TR	MVIN364126IND
35883	17	FTL	17 FRL 114 SD VAC TRUCK	1FVHG3CY6HHJB5698
35884	17	FTL	17 FRL 114 SD VAC TRUCK	1FVHG3CY8HHJB5699
36051	18	KNW	18 KEN T880 RUSH GEN II HEATER	1NKZLK0X9JJ187773
36133	17	CUE	17 CUE TV INTER EQUIP/35437	
36147	17		17 LOG 201L LAT PACKER 8.5-12"	
36231	15	DGE	15 DOD 3500 REG 4WD FLAT	3C7WRTBL7FG610431
36261	07	FTL	07 FRL REEFER BOX TK	1FVACWDC27HW95410
36266	16		16 TRY-TEK INVERSION UNIT	00100
36376	17	FOR	17 FOR F350 CREW XLT 4X4	1FT7W3BT9HEE85663
36412	17	FOR	17 FOR F650 TV/CUT TK	1FDWF6DE7HDB07838
36417	17	ARS	17 ARI CAMERA-PE2620	17080068
36418	17	ARS	17 ARI CAMERA-PE2620	17080069
36419	17	ARS	17 ARI TRANSPORTER-TR2000	17080029
36420	17	ARS	17 ARI TRANSPORTER-TR2000	17080027
36530	17		UNITED CARGO 22' TOOL TRAILER	56JTE222XJA161037
36551		FOR	17 FOR F350 CREW XL 4X4	1FT7W3BT2HEE85665
36606	17	ARS	17 ARI TV BOX SYSTEM/36412	
36607	17	CUE	17 CUE CUTTER	
36608	17	CUE	17 CUE CUTTER	
36745	18	FOR	18 FOR TRUCK F350 XL 4X4	1FD7W3FT1JEB84042
36747	18	FOR	18 FOR TRUCK F350 XLT 4X4	1FD7W3FT3JEB72944
36748	18	FOR	18 FOR TRUCK F350 XLT 4X4	1FD7W3FT5JEB72945

## Inliner Solutions Florida Equipment

Equipment Number	Mdl Yr	Make	Description	Serial Number
36749	18	FOR	18 FOR TRUCK F350 XLT 4X4	1FD7W3FT7JEB72946
36858	18		18 TRY-TEK INVERSION UNIT	
36864	15	DGE	RAM 2500 CREW CAB 4X4 UTILITY	3C6UR5HL6FG650742
36942	18	OTH	GENAIR GENERATOR COMBO 70 CFM	
36969	18	FOR	18 FOR TRUCK F350 CREW XL 4X4	1FT7W3BTOJEB64097
37048	19	FTL	18 FRL 114SD VACK TK	1FVHG3FE1KHKC3106
37050	15	PTR	15 PET ROAD TRACTOR-579	1XPBDP9X6FD265365
37052	19	HIN	19 HIN TV/CUT TK	JHHRDM2HXKK007094
37056	15	PTR	15 PET ROAD TRACTOR-579	1XPBDP9X8FD265366
37597	19	HIN	19 HIN 195 TV/CUT TK	JHHRDM2H8KK007286
37599	19	FOR	19 FOR TRUCK F550 TV/CUT/GROUT	1FDUF5GT2KEC16530
37636	18	SUL	18 SUL AIR COMP 375 CFM (SKID)	20180080074
37666	19	SUR	19 SRC TRAILER-7X 14 HC CARGO	5JW1C1429K2242932
37668	18	SUL	18 SUL AIR COMPRESSOR 375HAF	201810120051
37677	18	OTH	18 UNK VACUUM PUMP	RPR1
37678	18	OTH	18 UNK REPAIR-VACUUM PUMP	RPR2
37700	19	FOR	19 FOR F350 XLT C/C 4X4 TK	1FT7W3BTXKEC92204
37704	19	FOR	19 FOR TRUCK F350 XLT C/C 4X4	1FD7W3FTXKEC92208
37820	04	FTL	FREIGHTLINER M2 BOX TRUCK	1FVACXDC04HN46219
37827	14	FOR	18 FOR F250	1FT7W2B68EEA34725
37897	19		VERICURE TEMP MONITORING SYS	DE47503283
4009	07	STR	07 STL 360 STEAM BOX	2FZACGCS87AY31247
4013	98	FOR	FORD LT8513 BOILER TRUCK	1FDZS86F7WVA39669
4018	99	FTL	99 FRE FL112 HEAT/TOWER	1FVXTWEB5XHB44195
4028	00	FRU	00 FRL FL112 6X4 HEATER	1FVXTWEB6YHF08352
4029	04	STR	04 STL L9500 6X4 HEATER	2FZHAZCV04AN09353
4085	99	FRU	99 FRL FL112 6X4 REEFER	1FVXTECBXXHA76912
4252	03		03 LOT 18FT FLATBED TR	4ZEPH252031160841
4254	00	LCC	00 REY FLATBED TR	NOVIN0200122797
4269	04	OTH	04 H&H FLATBED TR	4J6US10164B059221
4287	97		97 RYL FLATBED TR	082602RW
4288	00	LCC	00 REY HOP TR	NOVIN0200070733
4289	00	OTH	00 IRD TR	5FEF52422YC001492
4307	94		94 HOR REEL TR	HRT442989408070HB
4310	94		94 HOR REEL TR	HRT4199129308070B
4311	94		94 HOR REEL TR	HRT439179408070HB
4862	94	OTH	94 HOO FLATBED TR	14FB20000110
51270	99	CAS	99 CAS 580SL EXTENDAHOE	JIG0269980
51461	01	OTH	01 UNK 5'X30' PWER CONVEYOR	
51596	03	OTH	HYDRAULIC BUCKET RIG	BU379IT0
51949	06		06 RUS STEAM UNIT 1710	SWC-237
51957	06	OTH	06 UNK WATER HEATER UNIT 1527	SWC-244
52043	07		07 RUS STEAM UNIT/4009	404299
52348	08	OTH	08 UNK 3 STAGE VAC ASSEMBLY	INVOICE 18023
52366	08	OTH	FLORIDA CONVEYOR	
52391	00	CLK	00 CLA FORKLIFT	CGP460L0160GEF9612
5241	06	SUL	06 SUL 185 A/C	004136446
52495	10	OTH	TR INVERSION PLATFORM	CER 10-340
5293	06	SUL	06 SUL A/C	004106154
5324	06		HYDRAULIC BUCKET RIG	4H5LB1136L062223
C234	94	CLK	CLARK FORK LIFT	Y68500906397FA
M180	06	SUL	06 SULLAIR A/C 185	





# CHRISTOPER HEE

## Project Manager

### YEARS OF EXPERIENCE IN INDUSTRY:

10

### YEARS WITH INLINER: 10

### EDUCATION:

Bachelor's in Civil Engineering

### ADDITIONAL TRAINING & CERTIFICATION:

- First Aid Training
- Competent Person Training
- Florida ATSSA Advanced Certification
- OSHA 10 Hour
- PACP, MACP, LACP Certified – NASSCO
- Forklift Operator Certification

**INDUSTRY EXPERIENCE:** Mr. Hee is a Project Manager working out of Inliner's Sanford, FL office. Christopher's experience includes the oversight of work totaling over 790,000 LF of 4"-84" cured-in-place pipe projects that utilized water, steam, and UV cure.

### RESPONSIBILITIES:

- Direct support for CIPP installation crews, acting as liaison between customer and installation teams
- Primary contact for client/owner, ensuring project meets or exceeds expectations
- Organizes required ancillary work, confirming that subcontractors are conforming to project specifications to maintain customer satisfaction
- Reviews contract documents, agreements, quotes to prepare bid submissions and proposals
- Accurately tracks project financials from estimating, budgeting, approving payment, to final close out and required submittals
- Coordinates all permit requirements with client, subcontractors, and regulatory agencies to ensure project remains in compliance
- Enforces Company policies to ensure employees are working safely and Company assets are protected

## SUMMARY OF EXPERIENCE:

\$

**FEB 2021**  
**MAY 2021**  
**3,140 LF**  
**48" CIPP**  
**\$1,710,049**

### **CITY OF ORLANDO KIRKMAN RD INTERCEPTOR REHAB PROJECT | ORLANDO, FL**

Project Manager on Kirkman Rd project involving bypass pumping, traffic control, manhole construction, & rehabilitation of 48" lines using CIPP.

**REFERENCE:** Charlie Conklin PE, City of Orlando | 321.229.0310

**MAY 2022**  
**JUL 2022**  
**450 LF**  
**54" - 72" CIPP**  
**\$406,550**

### **2022 REEDY CREEK IMP DISTRICT HOTEL PLAZA BLVD PROJECT | ORLANDO, FL**

Project Manager on Hotel Plaza Blvd Pipe Lining Project for Reedy Creek Improvement District involving cleaning, bypass pumping, traffic control, & rehabilitation of 54" and 72" lines using CIPP in a high-profile area.

**REFERENCE:** Juan Curi PE, Reedy Creek Improvement District | 407.828.1478

**MAR 2022**  
**NOV 2022**  
**26,355 LF**  
**8" - 12" CIPP**  
**\$1,051,335**

### **2022 CASSELBERRY SANITARY SEWER REHABILITATION | CASSELBERRY, FL**

Project Manager on annual contract involving cleaning and CCTV inspection, rehabilitation of 8-12" lines using CIPP, and Manhole and Wetwell Rehabilitation using Epoxy, throughout the City of Casselberry.

**REFERENCE:** Tara Lamoureux PE, City of Casselberry | 407.262.7725 ext 1228