

Attachment A
(Page 1 of 4)



City of Cooper City, Florida

Bid Form

<h3>Locate/Mark Underground Utilities</h3>
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Bid # 2015-5-UTL

Bids Due: Tuesday, April 7, 2015 at 3:00 PM,

For Information Contact:

Kerri Anne Fisher, Purchasing Agent
KerriF@CooperCityFL.org

Date Issued: Wednesday, March 18, 2015

Attachment A

(Page 2 of 4)

Project: Locate/Mark Underground Utilities
Contract Identification: Bid #2015-5-UTL
Bids submitted to: Office of the City Clerk
City of Cooper City
9090 SW 50th Place
Cooper City, Florida, 33328

1. The undersigned BIDDER proposes and agrees, if this Bid is accepted, to enter into an agreement with City in the form included in the contract documents to perform and furnish all work as specified or indicated in the contract documents for the contract price and within the contract time indicated in this bid and in accordance with the other terms and conditions of the contract documents.
2. Bidder accepts all of the terms and conditions of the advertisement of Invitation to Bid and Instruction to Bidders including, without limitation, those dealing with the Bid requirements. This Bid will remain in full force for 60 days from the date of the bid opening. Bidder will sign and submit an agreement with the Bonds and other documents required by the Bidding Requirements within fifteen days after the City's notice of award.
3. In submitting this Bid, Bidder represents, as more fully set forth in the Agreement that:
 - a. Bidder has examined copies of all plans, and bidding documents, contract specifications and instruction to bidders.
 - b. Bidder has familiarized itself with the nature and extent of the Contract Documents, work site, locality, local conditions and the laws and regulations that in any manner may affect the cost, progress, performance or furnishing of the work.
 - c. Bidder has studied carefully all reports and drawings of the project and the physical conditions of the project site areas and accepts the extent of the technical data contained in such reports and drawings upon which Bidder is entitled to rely.
 - d. Bidder has correlated the results of his studies and reviews, observations, investigations, explorations, tests, and studies with the terms and conditions of the contract documents.
 - e. Bidder has given Engineer written notice of all conflicts, errors or discrepancies that is has discovered in the Contract documents and the written resolution thereof by Engineer is acceptable to Bidder.
 - f. This Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporate and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Bidder has not directly or indirectly induced or solicited any other Bidder to submit a false Bid, and Bidder has not sought by collusion to obtain for itself any advantage over any other Bidder or the City.

ATTACHMENT A

BID FORM


(3 of 4)

<u>Item #</u>	<u>Estimated Annual Quantity</u>	<u>Unit of Measure</u>	<u>Description of Service</u>	<u>Unit Price</u>	<u>Item Total</u>
1	<u>1600</u>	EA	Standard Locate and Mark ALL City Owned Facilities in the Area Specified in the SSOCOF Ticket, or White Lined by Excavator. See Part 3, Item 3.1 - Standard Locate	<u>17.00</u>	<u>27,200.00</u>
2	<u>500</u>	EA	Locates with Ground Penetrating Radar (GPR) and Mark City Owned Facilities. See Part 3, Item 3.4 - GPR Locates	<u>25.00</u>	<u>12,500.00</u>
3	<u>50</u>	EA	Locate with Vacuum Digging (POT-HOLING) and Mark City Owned Facility. See Part 3, Item 3.5 - Potholing.	<u>75.00</u>	<u>3,750.00</u>
4	<u>10</u>	EA	Placement of Electronic Markers after a line has been exposed through Vacuum Digging. Owner to supply Electronic Markers. See Part 3, Item 3.7 - Placement of Electronic Markers.	<u>.01</u>	<u>.10</u>
5	<u>20</u>	EA	The taking of GPS coordinates utilizing sub-meter equipment. See Part 3, Item 3.87- GPS Coordinates.	<u>10.00</u>	<u>200.00</u>
6	<u>10</u>	EA	Emergency – Standard Locate 5:00 p.m. – 5:00 a.m. Weekdays and all day Saturday & Sunday. See Part 3, Item 3.9 - Emergency Locates.	<u>1.00</u>	<u>10.00</u>
7	<u>1600</u>	EA	Electronic Ticket Management. Receipt and Delivery of Request to Locate tickets from Sunshine State One Call. See Part 3, Item 3.1 - Electronic Ticket Management	<u>.20</u>	<u>320.00</u>

BID FORM
 (4 of 4)

<u>Item #</u>	<u>Estimated Annual Quantity</u>	<u>Unit of Measure</u>	<u>Description of Service</u>	<u>Unit Price</u>	<u>Item Total</u>
8	<u>1600</u>	EA	Screened and Cleared Tickets. Receive Request to Locate ticket from SSOCOF, screen and clear for "out of area" etc. See Part 3, Item 3.11 - Screen & Clear Tickets.	<u>2.00</u>	<u>3,200.00</u>
9	<u>1</u>	SF	Three-Dimensional Radar Services (GPiR) services for small surface area at least 1000 SF to a maximum of 5000 SF. Price per SF. See Part 3, Item 3.13- Three-Dimensional Radar Services small	<u>1.00</u>	<u>1.00</u>
10	<u>1</u>	SF	Three-Dimensional Radar Services (GPiR) services for medium surface area at least 5001 SF to a maximum of 25000 SF. Price per SF. See Part 3, Item 3.14- Three-Dimensional Radar Services medium	<u>.75</u>	<u>.75</u>
11	<u>1</u>	SF	Three-Dimensional Radar Services (GPiR) services for large surface area at least 25001 SF and greater. Price per SF. See Part 3, Item 3.15- Three-Dimensional Radar Services large	<u>.50</u>	<u>.50</u>
Total for One (1) Year Usage				<u>47,182.35</u>	

PLEASE INCLUDE THE QUESTIONNAIRE AND ATTACHMENTS C THROUGH F WITH YOUR BID.

Signature: 
 Print Name: Stephen C. Smith, P.E.
 Title: Senior Vice President
 Company Name: Craig A. Smith & Associates, Inc.

ATTACHMENT B

QUESTIONNAIRE

(Page 1 of 2)

Please print or type:

Firm Name: Craig A. Smith & Associates, Inc.

President: Gene R. Schriener, P.E.

Business Address: 7777 Glades Road, Suite 410, Boca Raton, FL 33434

Telephone: (561) 314-4445

FAX: (561) 314-4457

1. Have you personally inspected the proposed work and have you a complete plan for performance?
YES X NO _____

2. What was the last project of this nature that you completed?
City of Cooper City - Locate/Mark Underground Utilities

Start Date: 04/2011

Completion Date: 04/2015

3. Name three agencies for which you have performed work and which the City may contact as your references (include addresses and telephone numbers):

Company Name: City of Cooper City

Address: 9090 SW 50th Place, Cooper City, FL 33328

Contact Name: Chad Bergeron Telephone Number: (954) 434-5519

Company Name: City of Hollywood

Address: 2600 Hollywood Boulevard, Hollywood, FL 33020

Contact Name: Ron Bolton Telephone Number: (954) 921-3046

Company Name: City of Coconut Creek

Address: 4800 West Copans Road, Coconut Creek, FL 33063

Contact Name: Dennis Westrick Telephone Number: (954) 973-6770

4. How many years has your organization been in business? 34 Years

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

No

1. List any lawsuits pending or completed involving the Corporation, partnership or individuals with more than ten (10%) interest: N/A

QUESTIONNAIRE

(Page 2 of 2)

- A. List all pending lawsuits which are concerned directly with the staff or part of your organization proposed for the contract:

N/A

- B. List all judgments from lawsuits in the past five (5) years which are concerned directly with the staff and facilities proposed for the contract:

N/A

2. List the name of the qualifying agent for the firm and his position (SEE NOTE BELOW):

Gene R. Schrinier, P.E., President

Certificate of Competency Number of qualifying Agent _____

Effective Date: _____ Expiration Date: _____

Licensed In: _____ City/County

Engineering ~~Contractor's~~ License # 3110 Expiration Date: 02/28/2017

NOTE: A Broward County Engineering Contractor's License or a State of Florida General Contractor's License is required for working within public rights-of-way of Broward County maintained streets. Contractor must have proper licensing prior to submitting bid and should submit evidence of same with bid. Broward County Licensing Office Telephone: 954-765-4400

ATTACHMENT C
AT-FAULT DAMAGE HISTORY
(1 of 1)

Bidders shall submit with their bid documents, a complete listing of all "At-Fault" facility damages within the past twenty-four (24) months and the current disposition of the incident(s) (i.e., settles, disputed, subject of litigation).

The "At-Fault" damage history information shall include at a minimum, the following information;

1. Name of Utility Owner Agency
2. Specific Contact Information for person or persons familiar with the incident including current contact number and business address
3. Type of Facility Damaged
4. Date of Incident
5. Actual or Estimated Dollar Amount of Damages
6. Time to Repair or Restore
7. Number of Customers Affected (approximate)
8. Root Cause of Damage (i.e., unmarked, mis-marked)
9. Information as to any supplemental or third party claims associated with damage incident.
10. Excavator Down Time Associated with incident
11. Status or Disposition of Damage Incident

Bidders shall further indicate the timeliness of the damage resolution. Bidders shall indicate the date the damage incident occurred and the date of final resolution (payment, repair, agreement)

The above information shall be submitted with Bidder's Proposal. Failure to submit this information will result in Bidder being found Non-Responsive.

**ATTACHMENT C
AT-FAULT DAMAGE HISTORY**

Utility Owner: City of Lauderhill
Contact: James Driscoll Telephone: (754) 224-6470
7777 Glades Road, Suite 410, Boca Raton, FL 33434
Facility Damages: 12" Water line
Date: 05/27/2013
Actual Amount: \$15,700
Time to Repair: 7 Hours to restore water. 3 days to restore site.
Number of Affected Customers: Unknown
Root Cause: Mismarked
Other Related Claims: None
Excavator Down Time: Unknown
Status: CAS reimbursed the City

Utility Owner: Pembroke Pines (US Water services Corporation)
Contact: James Driscoll Telephone: (754) 224-6470
7777 Glades Road, Suite 410, Boca Raton, FL 33434
Facility Damages: 24" Water Main
Date: 02/13/2014
Actual Amount: \$17,200
Time to Repair: 7 Hours to restore water. 1 day to restore site.
Number of Affected Customers: Unknown
Root Cause: Mismarked
Other Related Claims: None
Excavator Down Time: Unknown
Status: CAS reimbursed US Water.

ATTACHMENT D
CLIENT REFERENCE FORM
(1 of 5)

Client: City of Cooper City

Contact Name: Chad Bergeron

Contact Address 9090 SW 50th Place, Cooper City, FL 33328

Contact Phone: (954) 434-5519 Contact Fax: (954) 680-3159

Contact Email Address: cbergeron@coopercityfl.org

Specific Work Performed: Locate/Mark Underground Utilities

Period of Performance: Continuous From: 02/2010 To: Present

Contract Value: \$300,000 – multiple renewals

At-Fault Damages? No Yes (if yes, details below) No

All Damage Issues Settled? N/A Yes: _____ No(if No, Details Below)

Information will be verified with Reference. Failure to provide above information or falsifying any information will result in disqualification and rejection of your bid package as non-responsive.

City of Cooper City, Florida
Bid #2015-5-UTL, Locate/Mark Underground Utilities

ATTACHMENT D
CLIENT REFERENCE FORM
(2 of 5)

Client: City of Hollywood

Contact Name: Ron Bolton

Contact Address 2600 Hollywood Boulevard, Hollywood, FL 33020

Contact Phone: (954) 921-3046 Contact Fax: (954) 967-4574

Contact Email Address: rbolton@hollywoodfl.org

Specific Work Performed: Locate/Mark Underground Utilities

Period of Performance: Continuous From: 11/2005 To: Present

Contract Value: \$1,850,000 – multiple renewals, currently piggy-back on Town of Pembroke Park

At-Fault Damages? No Yes (if yes, details below) _____ No _____

All Damage Issues Settled? N/A Yes: _____ No(if No, Details Below)

Information will be verified with Reference. Failure to provide above information or falsifying any information will result in disqualification and rejection of your bid package as non-responsive.

ATTACHMENT D
CLIENT REFERENCE FORM
(3 of 5)

Client: Town of Davie

Contact Name: Bill Peale

Contact Address 6591 Orange Drive, Davie, FL 33314

Contact Phone: (954) 448-0429 Contact Fax: _____

Contact Email Address: bill_peale@davie-fl.gov

Specific Work Performed: Locate/Mark Underground Utilities

Period of Performance: Continuous From: 11/2005 To: Present

Contract Value: \$1,001,700 – multiple renewals, currently piggy-back on Town of Pembroke Park

At-Fault Damages? No Yes (if yes, details below) _____ No _____

All Damage Issues Settled? N/A Yes: _____ No(if No, Details Below)

Information will be verified with Reference. Failure to provide above information or falsifying any information will result in disqualification and rejection of your bid package as non-responsive.

ATTACHMENT D
CLIENT REFERENCE FORM
(4 of 5)

Client: Town of Pembroke Park

Contact Name: Todd Larson

Contact Address 3150 SW 52nd Avenue, Pembroke Park, FL 33023

Contact Phone: (954) 966-4600 Contact Fax: (954) 966-5186

Contact Email Address: tlarson@townofpembrokepark.com

Specific Work Performed: Locate/Mark Underground Utilities

Period of Performance: Continuous From: 10/2005 To: Present

Contract Value: \$152,000

At-Fault Damages? No Yes (if yes, details below) No

All Damage Issues Settled? N/A Yes: _____ No(if No, Details Below)

Information will be verified with Reference. Failure to provide above information or falsifying any information will result in disqualification and rejection of your bid package as non-responsive.

ATTACHMENT D
CLIENT REFERENCE FORM
(5 of 5)

Client: City of Coconut Creek

Contact Name: Jean Dupuis

Contact Address 4800 West Copans Road, Coconut Creek, FL 33063

Contact Phone: (954) 973-6770 Contact Fax: (954) 571-4146

Contact Email Address: jdupuis@coconutcreek.net

Specific Work Performed: Locate/Mark Underground Utilities

Period of Performance: Continuous From: 11/2005 To: Present

Contract Value: \$452,000 – multiple renewals, currently piggy-back on Town of Pembroke Park

At-Fault Damages? No Yes (if yes, details below) No

All Damage Issues Settled? N/A Yes: _____ No(if No, Details Below)

Information will be verified with Reference. Failure to provide above information or falsifying any information will result in disqualification and rejection of your bid package as non-responsive.

ATTACHMENT E
(1 of 1)

CERTIFICATE OF COMPLIANCE WITH THE FLORIDA TRENCH SAFETY ACT

Bidder acknowledges that he is solely responsible for complying with the Florida Trench Safety Act (ACT) and the Occupational Safety and Health Administrations excavation safety standard 29 CER 1926.650 (subpart P as amended). Bidder further acknowledges that included in the various items of the Bid and in the total Bid price are, the costs for complying with the ACT and the Occupational Safety and Health Administration excavation safety standards as they may be amended from time to time.

By: Craig A. Smith & Associates, Inc.
Bidder



Authorized Signature & Title

Stephen C. Smith, P.E., Senior Vice President
Print Name & Title

Date: 04/06/2015

ATTACHMENT F
(1 of 2)

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 sworn statement is submitted to the CITY OF COOPER CITY, FLORIDA

by: Stephen C. Smith, P.E., Senior Vice President
(print individual's name and title)

for: Craig A. Smith & Associates, Inc.
(print name of entity submitting sworn statement)

whose business address is: 7777 Glades Rd., Suite 410, Boca Raton, FL 33434

and (if applicable) its Federal Employer Identification Number (FEIN) is: 59-2010476.

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:
_____-_____-_____.)

2. I understand that a 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 of the United States, including but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentations.
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 any 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, non-jury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an 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 a person as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or 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 for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity.

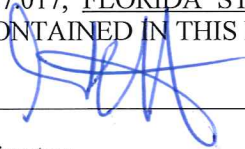
ATTACHMENT F
(2 of 2)

The term person includes those officers, directors, 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 relations to the entity submitting this sworn statement. (Indicate which statement applies).

- Neither the entity submitting this sworn statement, nor any of its officers, directors, 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 ad 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 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 subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the final Order entered by the Hearing Officer 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).

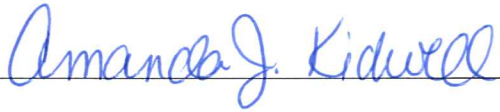
I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.



Signature

Sworn to and subscribed before me this 6th day of April, 2015.

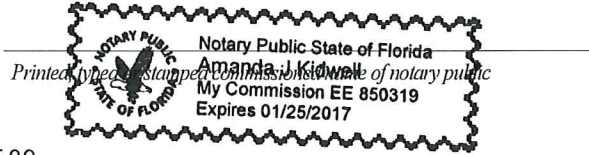
Personally known X
OR
Produced identification _____



Notary Public – State of Florida

My commission expires: 01/25/2017

Type of identification



ATTACHMENT G
(1 of 1)

**AMERICANS WITH DISABILITIES ACT (ADA)
DISABILITY NONDISCRIMINATION STATEMENT**

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

This sworn statement is submitted to the CITY OF COOPER CITY, FLORIDA

by: Stephen C. Smith, P.E., Senior Vice President
(print individual's name and title)

for: Craig A. Smith & Associates, Inc.
(print name of entity submitting sworn statement)

whose business address is: 7777 Glades Rd., Suite 410, Boca Raton, FL 33434

and (if applicable) its Federal Employer Identification Number (FEIN) is: 59-2010476

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:
_____-_____-_____.)

I, being duly first sworn state:

That the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any subcontractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.

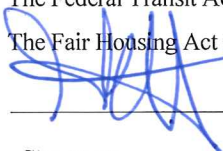
The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 USC 1210112213 and 47 USC Sections 225 and 661 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Section 553.501-553.513, Florida Statutes:

The Rehabilitation Act of 1973, 229 USC Section 794;

The Federal Transit Act, as amended 49 USC Section 1612;

The Fair Housing Act as amended 42 USC Section 3601-3631.



Signature

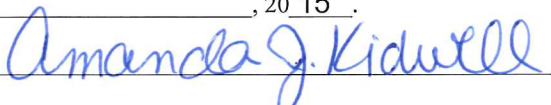
Sworn to and subscribed before me this 6th day of April, 20 15.

Personally known X

OR

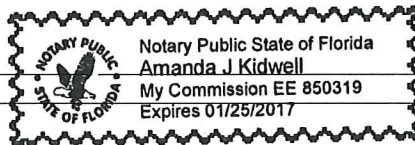
Produced identification _____

Type of identification



Notary Public – State of Florida

My commission expires: 01/25/2017



Printed, typed

ATTACHMENT H
(1 of 2)

**BUSINESS ENTITY AFFIDAVIT
(VENDOR / BIDDER DISCLOSURE)**

I, Stephen C. Smith, P.E., being first duly sworn state:

The full legal name and business address of the person(s) or entity proposing to contract or transact business with the City of Cooper City (City) are (Post Office addresses are not acceptable), as follows:

59-2010476

Federal Employer Identification Number (If none, Social Security Number)

Craig A. Smith & Associates, Inc.

Name of Entity, Individual, Partners or Corporation

Doing Business As (If same as above, leave blank)

7777 Glades Road, Suite 410 Boca Raton FL 33434
Street Address *Suite* *City* *State* *Zip Code*

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contact or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who holds directly or indirectly five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full legal name and address shall be provided for each trustee and each beneficiary. All such names and addresses are (Post Office addresses are not acceptable), as follows:

<u>Full Legal Name</u>	<u>Address</u>	<u>Ownership</u>
Gene R. Schriener, P.E.	7777 Glades Rd., Suite 410, Boca Raton, FL 33434	50 %
Stephen C. Smith, P.E.	7777 Glades Rd., Suite 410, Boca Raton, FL 33434	50 %
_____	_____	%
_____	_____	%

ATTACHMENT H
(2 of 2)

2. The full legal names and business address of any other individual (other than subcontractors, materialmen, suppliers, laborers, or lenders) who have, or will have, any interest (legal, equitable, beneficial or otherwise) in the contract or business transaction with the City are (Post Office addresses are not acceptable), as follows:

N/A

Signature of Affiant

04/06/2015

Date

Stephen C. Smith, P.E.

Print Name

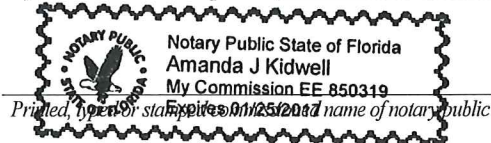
Sworn to and subscribed before me this 6th day of April, 20 15.

Personally known X
OR
Produced identification _____

Type of identification

Notary Public – State of Florida

My commission expires: 01/25/2017



ATTACHMENT I

Form W-9 (Rev. January 2003) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
--	--	---

Print or type See Specific Instructions on page 2.	Name Craig A. Smith & Associates, Inc.	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
	Address (number, street, and apt. or suite no.) 7777 Glades Road, Suite 410	
	City, state, and ZIP code Boca Raton, FL 33434	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number 	or Employer identification number 5 9 2 0 1 0 4 7 6
----------------------------	---

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. person (including a U.S. resident alien).

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 on page 4.)

Sign Here Signature of U.S. person		Date 04/06/2015
---------------------------------------	--	------------------------

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If 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.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (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 recipient 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 that specifies the following five items:

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



**Locate/Mark Underground Utilities
Bid 2015-5-UTL**

Addendum #1

Omission of General Conditions and Instruction to Bidder

(Issued Wednesday, March 25, 2015)

This addendum is issued to make the following change(s)/correction(s)/clarification(s) to:

The General Conditions and Instructions to bidders were mistakenly omitted from the Bid Document.

Please see attached documents.

Acknowledgment of Addendum #1

*Bidder hereby acknowledges that he/she has received and understands the information contained in this Addendum. Bidder further acknowledges that this page **MUST** be signed and returned with its Bid, along with any revised Bid Forms, if applicable.*

<i>Acknowledged by:</i> _____	<i>Company:</i> <u>Craig A. Smith & Associates, Inc.</u>
<i>Print Name:</i> <u>Stephen C. Smith, P.E., Sr. VP</u>	<i>Date:</i> <u>04/06/2015</u>

State of Florida

Department of State

I certify from the records of this office that CRAIG A. SMITH & ASSOCIATES, INC. is a corporation organized under the laws of the State of Florida, filed on August 7, 1980.

The document number of this corporation is 681464.

I further certify that said corporation has paid all fees due this office through December 31, 2015, that its most recent annual report/uniform business report was filed on February 19, 2015, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Nineteenth day of February,
2015*



Ken Dutzner
Secretary of State

Authentication ID: CC9842782969

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

<https://efile.sunbiz.org/certauthver.html>



State of Florida
Board of Professional Engineers
2639 North Monroe Street, Suite B-112
Tallahassee, FL 32303-5268

Craig A. Smith & Assoc. Of Fl., Inc.
7777 GLADES ROAD
SUITE 410
BOCA RATON, FL 33434

Each licensee is solely responsible for notifying the Florida Board of Professional Engineers in writing the licensee's current address.

Name changes require legal documentation showing name change. An original, a certified copy, or a duplicate of an original or certified copy of a document which shows the legal name change will be accepted unless there is a question about the authenticity of the document raised on its face, or because the genuineness of the document is uncertain, or because of another matter related to the application.

At least 90 days prior to the expiration date shown on this license, a notice of renewal will be sent to your last known address. If you have not yet received your notice 60 days prior to the expiration date, please call (850) 521-0500, or write, Florida Board of Professional Engineers, 2639 North Monroe Street, Suite B-112, Tallahassee, FL 32303-5268 or e-mail: board@fbpe.org. Our website address is <http://www.fbpe.org>.

State of Florida

Board of Professional Engineers

Attests that

Craig A. Smith & Assoc. Of Fl., Inc.



FBPE
FLORIDA BOARD OF
PROFESSIONAL ENGINEERS

is authorized under the provisions of Section 471.023, Florida Statutes, to offer engineering services to the public through a Professional Engineer, duly licensed under Chapter 471, Florida Statutes.

Expiration: 2/28/2017
Audit No: 228201702227

CA Lic. No:

3110

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

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

VALID OCTOBER 1, 2014 THROUGH SEPTEMBER 30, 2015

DBA: CRAIG A SMITH & ASSOC OF FLA
Business Name:

Receipt #: 315-6237
Business Type: ENGINEER (ENGINEERING & LAND SURVEYORS O)

Owner Name: CRAIG A SMITH & ASSOC OF FLA
Business Location: 277 GOOLSBY BLVD, UNIT 4C-B
DEERFIELD BEACH

Business Opened: 07/16/1993
State/County/Cert/Reg: PD6 1043
Exemption Code:

Business Phone: 782-8222

Rooms Seats Employees Machines Professionals

1

Tax Amount	For Vending Business Only				Collection Cost	Total Paid
	Transfer Fee	NSF Fee	Penalty	Prior Years		
30.00	0.00	0.00	0.00	0.00	0.00	30.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

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

Mailing Address:

CRAIG A SMITH & ASSOC OF FLA
PO BOX 880128
BOCA RATON, FL 33488

Receipt # 1CP-13-00021433
Paid 09/24/2014 30.00

2014 - 2015

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/23/2014

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

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

PRODUCER Cypress Insurance Group PO Box 9328 Fort Lauderdale, FL 33310-9328 954 771-0300	CONTACT NAME: Jeanne B. Bender PHONE (A/C, No, Ext): 954 771-0300 E-MAIL ADDRESS: Jeanne B. Bender	FAX (A/C, No): 954 772 9424													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Phoenix Insurance Company</td> <td>25623</td> </tr> <tr> <td>INSURER B : Ohio Casualty Insurance Company</td> <td>24074</td> </tr> <tr> <td>INSURER C : Commerce & Industry Insurance</td> <td>19410</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Phoenix Insurance Company	25623	INSURER B : Ohio Casualty Insurance Company	24074	INSURER C : Commerce & Industry Insurance	19410	INSURER D :		INSURER E :		INSURER F :
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INSURER E :															
INSURER F :															
INSURED Craig A. Smith & Associates PO Box 880128 Boca Raton, FL 33488															

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			X660505M2249PHX1	12/01/2014	12/01/2015	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRQ-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$2,000,000	
						PRODUCTS - COMP/OP AGG \$2,000,000	
						\$	
B	AUTOMOBILE LIABILITY			BAS53319679	12/01/2014	12/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			BE067929318	12/12/2014	12/01/2015	EACH OCCURRENCE \$5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Cooper City City Purchasing Dept. PO Box 290910 Cooper City, FL 33329	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Roger B. Bond</i>
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/15/2014

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

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

PRODUCER FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue Clearwater, FL 33756	CONTACT NAME:	
	PHONE (A/C, No, Ext): 1-800-277-1620 x4800	FAX (A/C, No): (727) 797-0704
INSURED FRANKCRUM L/C/F CRAIG A. SMITH & ASSOCIATES, INC. 100 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC#
	INSURER B:	
	INSURER C:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 289080 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
							PRODUCTS-COMP/OP AGG	\$	
								\$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$	
							AGGREGATE	\$	
								\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WC20150000	01/01/2015	01/01/2016	X	WC STATUTORY LIMITS OTHER	
							E.L. EACH ACCIDENT	\$1,000,000	
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000	
							E.L. DISEASE-POLICY LIMIT	\$1,000,000	

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

EFFECTIVE 12/01/2011, COVERAGE IS FOR 100% OF THE EMPLOYEES OF FRANKCRUM LEASED TO CRAIG A. SMITH & ASSOCIATES, INC. (CLIENT) FOR WHOM THE CLIENT IS REPORTING HOURS TO FRANKCRUM. COVERAGE IS NOT EXTENDED TO STATUTORY EMPLOYEES.

CERTIFICATE HOLDER

CANCELLATION

CITY OF COOPER CITY PO BOX 290910 COOPER CITY, FL 33329	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.



CRAI2-C OP ID: DE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/02/2015

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

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

PRODUCER Sena & Whitney Corp Office Sena & Whitney, LLC 190 Glades Rd Suite C Boca Raton, FL 33432		CONTACT NAME: PHONE (A/C, No, Ext): 561-210-8715 E-MAIL ADDRESS: FAX (A/C, No): 561-210-8716															
INSURED Craig A. Smith & Associates, INC. Stephen McBride 7777 Glades Road Suite 410 Boca Raton, FL 33434		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Security National Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Security National Insurance Co		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #																
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INSURER C :																	
INSURER D :																	
INSURER E :																	
INSURER F :																	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	PROFESSIONAL E & O			SES1123057	04/01/2015	04/01/2016	EA CLAIM	1,000,000
							AGGREGATE	2,000,000

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

CERTIFICATE HOLDER

CANCELLATION

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