City of Hollywood
Procurement Services
Otis Thomas, Interim Director/Chief Procurement Officer
2600 Hollywood Boulevard, Hollywood, FL 33020

[A PERFECT EDGE, INC.] RESPONSE DOCUMENT REPORT

IFB No. IFB-283-25-WV

Bike Lane Tree Planting - Washington and 72nd Ave.

RESPONSE DEADLINE: March 18, 2025 at 3:00 pm

Report Generated: Wednesday, March 19, 2025

A Perfect Edge, Inc. Response

CONTACT INFORMATION

Company:
A Perfect Edge, Inc.

Email:
kevin@aperfectedge.net

Contact:
Kevin O'steen

Address:
4839 SW 148th Avenue
Suite 516
Davie, FL 33330

Phone:
(954) 547-3010

Website:
N/A

Submission Date:
Mar 18, 2025 2:48 PM (Eastern Time)

ADDENDA CONFIRMATION

No addenda issued

QUESTIONNAIRE

1. Bike Lane Tree Planting Submission*

Please upload all specifications/licenses for your submittal here per requirements on the Scope of Work section.

CoH_-_Invitation_#IFB-283-25-WV_310-25.pdf
Kevin_ISA_exp_2027.pdf
Sunbiz_annual_report.pdf
Peter_Bertot_License.pdf

2. VENDOR REFERENCE FORM*

Please download the below documents, complete, and upload for each vendor reference. Reference forms are to be completed by your vendor reference. They must be sent back to you to be uploaded with your bid response. A minimum of three (3) references are required.

- Vendor_Reference_Form.pdf

Vendor_Reference_Form_(Joe_Hallandale).pdf
Vendor_Reference_Form_(Dmell).pdf
Vendor_Reference_Form_(Jcollazo_hollywood).pdf

3. Trench Safety Form*

Please download the below documents, complete, and upload.

- Form_12_-_Trench_Safety_For...

Trench_safety_form_.pdf

4. BID BOND FORM*

Please download the below documents, complete, and upload.

- Bid_Form_MASTER.docx

A_Perfect_Edge,_Inc._-_Bid_Bond.pdf

5. HOLD HARMLESS AND INDEMNITY CLAUSE*

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

Confirmed

6. NON-COLLUSION STATEMENT*

I , being first duly sworn, depose that:

A. He/she is an authorized representative of the Company, the Proposer that has submitted the attached Proposal.

B. He/she has been fully informed regarding the preparation and contents of the attached Proposal and of all pertinent circumstances regarding such Proposal;

C. Such Proposal is genuine and is not a collusion or sham Proposal;

D. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contractor for which the attached Proposal has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices,

profit or cost element of the Proposal price or the Proposal price of any other Proposer, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and

E. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Confirmed

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

The applicant certifies that it and its principals:

A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

Confirmed

8. DRUG-FREE WORKPLACE PROGRAM*

A. IDENTICAL TIE PROPOSALS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented

a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie proposals will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

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

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

Confirmed

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

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. "No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of

the public officer, employee, local government attorney, or candidate would be influenced thereby." The term "public officer" includes "any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

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

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

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

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

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

Confirmed

10. Certificate of Insurance*

See requirements in the #SPECIAL TERM AND CONDITIONS section.

A_Perfect_Edge_City_of_Hollywood_COI.pdf
Certificate_WMO506769202_4191061.pdf
Document_03182025144625044_0001.pdf

11. PROOF OF SUNBIZ REGISTRATION*

Enter company FEIN to be verified in Sunbiz

65-0530454
Click to Verify *Value will be copied to clipboard*

12. ACKNOWLEDGMENT AND SIGNATURE PAGE

IF CORPORATION - DATE INCORPORATED/ORGANIZED:*
10/03/1994

STATE INCORPORATED/ORGANIZED:*
Florida

REMITTANCE ADDRESS*

4839 SW 148th Ave Suite 516 Davie FL 33330

BIDDER/PROPOSER'S AUTHORIZED REPRESENTATIVE'S TYPED FULL NAME*
Kevin O'Steen

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

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE BID/PROPOSAL NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID/PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.*
Confirmed

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

THIS FORM STATEMENT IS SUBMITTED TO THE CITY OF HOLLYWOOD BY:*
(Print individual's name and title) (Print name of entity submitting sworn statement)

Kevin O'steen Vice President A Perfect Edge, Inc.

SWORN STATEMENT CONTINUATION:*
Enter business address:

4839 SW 148th Ave Suite 516 Davie FL 33330

SWORN STATEMENT CONTINUATION:*
Enter Federal Employer Identification Number (FEIN) is:

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement.

65-0530454

SWORN STATEMENT CONTINUATION:*
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.

NO , N/A

SWORN STATEMENT CONTINUATION:*
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.

Confirmed

SWORN STATEMENT CONTINUATION:*
I understand that “person,” as defined in Paragraph 287.133(1)(e), Florida Statues, 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

Confirmed

SWORN STATEMENT CONTINUATION:*
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.)

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).

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.

SWORN STATEMENT CONFIRMATION*
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.

Confirmed

PRICE TABLES

BASE BID

UNIT PRICE PREVAILS OVER TOTAL PRICE. Quantities provided are for information purposes.

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	General Conditions	1	LS	$3,150.00	$3,150.00
2	Mobilization	1	LS	$2,222.00	$2,222.00
3	Maintenance of Traffic	1	LS	$4,125.00	$4,125.00
Landscaping					
4	Sabal Palmetto (15’ – 20’ C.T.)	5	EA	$400.00	$2,000.00
5	Bursera simaruba (14’ X 5’, 3” caliper)	70	EA	$650.00	$45,500.00
6	Conocarpus erectus ‘sericeeus’ (12’ X 4’, 2” caliper)	35	EA	$787.00	$27,545.00
7	Veitchia Montgomeryana (10' GW)	23	EA	$590.00	$13,570.00
8	Delonix regia (16’ X 5’, 3” caliper)	5	EA	$880.00	$4,400.00
9	Lagerstroemia fauriei (12’ X 4’, 2” caliper)	78	EA	$800.00	$62,400.00
10	Piscidia piscipula (12' x 4', 2" caliper)	20	EA	$750.00	$15,000.00

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
11	Simarouba glauca (12' x 4', 2" caliper)	33	EA	$770.00	$25,410.00
12	Tabebuia heterophylla (12’ X 4’, 2” caliper)	4	EA	$840.00	$3,360.00
13	Tabebuia impetiginosa (12’ X 4’, 2” caliper)	16	EA	$840.00	$13,440.00
14	24" deep Root Barrier	2,030	LF	$22.00	$44,660.00
15	St. Augustine sod (allowance)	10,000	SY	$7.50	$75,000.00
TOTAL					$341,782.00

CONSTRUCTION & DEVELOPMENT SOLUTIONS, LLC

March10, 2025

City of Hollywood,

Subject: INVITATION FOR BID IFB-283-25-WV BIKE LANE TREE PLANTING - WASHINGTON AND 72ND AVE.

Dear City of Hollywood,

I am pleased to accept A Perfect Edge, Inc. to participate in a joint venture for the project titled "INVITATION FOR BID IFB-283-25-WV BIKE LANE TREE PLANTING - WASHINGTON AND 72ND AVE." This project presents a unique opportunity to collaborate and leverage our combined expertise in achieving the successful completion of this important initiative.

We propose a joint venture agreement that outlines the roles, responsibilities, and contributions of each party. We are confident that this collaboration will result in a mutually beneficial partnership, delivering high-quality results for the project.

Sincerely,

Pete Bertot
Managing Member
305-588-6232
bertotp@bellsouth.net

The International Society of Arboriculture

Hereby Announces That

Kevin O Steen

Has Earned the Credential

ISA Certified Arborist ®

By successfully meeting ISA Certified Arborist certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council

Caitlyn Pollihan
CEO & Executive Director

7 April 2021	30 June 2027	FL-9737A
Issue Date	Expiration Date	Certification Number

ANAB
ANSI National Accreditation Board
ACCREDITED
ISO/IEC 17024
PERSONNEL CERTIFICATION BODY
#0847
ISA Certified Arborist

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2025
Secretary of State
6461355414CC

DOCUMENT# P94000073378

Entity Name: A PERFECT EDGE, INC.

Current Principal Place of Business:

4839 SW 148 AVE
SUITE 516
DAVIE, FL 33330

Current Mailing Address:

4839 SW 148 AVE
SUITE 516
DAVIE, FL 33330 US

FEI Number: 65-0530454

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'STEEN, CHARLES K
4839 SW 148 AVE
SUITE 516
DAVIE, FL 33330 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	S	Title	P
Name	O'STEEN, ANNE MARIE	Name	O'STEEN, CHARLES
Address	4839 SW 148 AVE SUITE 516	Address	4839 SW 148 AVE SUITE 516
City-State-Zip:	DAVIE FL 33330	City-State-Zip:	DAVIE FL 33330

Title	VP
Name	O'STEEN, KEVIN JONATHAN
Address	4839 SW 148 AVE SUITE 516
City-State-Zip:	DAVIE FL 33330

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES O'STEEN P 02/28/2025

Electronic Signature of Signing Officer/Director Detail — Date

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

BERTOT, PETER GARCIA

CONSTRUCTION & DEVELOPMENT SOLUTIONS LLC
11245 NW 1 PLACE
CORAL SPRINGS FL 33071

LICENSE NUMBER: CGC057044

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at 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.

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-283-25-WV
BIKE LANE TREE PLANTING - WASHINGTON AND 72ND AVE.

Reference for: A PERFECT EDGE, INC.

Organization/Firm Name providing reference: City of Hallandale Beach Public Works

Organization/Firm Contact Name: Joe Tollis

Title: Landscape Superintendent

Email: jtollis@hallandalebeachfl.gov

Phone: 954-457-1452

Name of Referenced Project: Miscellaneous Arbor and Landscape services

Contract No:

Date Services were provided: 2020-Present

Project Amount: $65,000.00

Referenced Vendor's role in Project: ☑ **Prime Vendor** ☐ **Subcontractor/ Subconsultant**

Would you use the Vendor again? ☑ **Yes** ☐ **No.** **Please specify in additional comments**

Description of services provided by Vendor (provide additional sheet if necessary):
Arbor Services, Landscaping, Landscape Maintenance, Porter Service.

Please rate your experience with the Vendor	**Need Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
Vendor's Quality of Service				
a. Responsive	☐	☐	☑	☐
b. Accuracy	☐	☐	☑	☐
c. Deliverables	☐	☐	☑	☐
Vendor's Organization:				
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☐	☑	☐
c. Staff turnover	☐	☐	☑	☐
Timeliness/Cost Control of:				
a. Project	☐	☐	☑	☐
b. Deliverables	☐	☐	☑	☐

Additional Comments (provide additional sheet if necessary):

******THIS SECTION FOR CITY USE ONLY******						
Verified via:	**Email:**	☐	**Verbal:**	☐	**Mail:**	☐
Verified by:	**Name:**				**Title:**	
	Department:				**Date:**	

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-283-25-WV
BIKE LANE TREE PLANTING - WASHINGTON AND 72ND AVE.

Reference for: A PERFECT EDGE, INC.

Organization/Firm Name providing reference: City of Hollywood Parks and Recreation

Organization/Firm Contact Name: Daniel Mell

Title: Assistant Parks & Athletics Manager

Email: DMELL@hollywoodfl.org

Phone: 786-303-4959

Name of Referenced Project: Landscape Maintenance Services

Contract No:

Date Services were provided: 2019-Present

Project Amount: $440,000

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):
Arbor Services, Landscaping, Landscape Maintenance, Porter Service.

Please rate your experience with the Vendor	**Need Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
Vendor's Quality of Service				
a. Responsive	☐	☐	☑	☐
b. Accuracy	☐	☐	☑	☐
c. Deliverables	☐	☐	☑	☐
Vendor's Organization:				
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☐	☑	☐
c. Staff turnover	☐	☐	☑	☐
Timeliness/Cost Control of:				
a. Project	☐	☐	☑	☐
b. Deliverables	☐	☐	☑	☐

Additional Comments (provide additional sheet if necessary):

******THIS SECTION FOR CITY USE ONLY******						
Verified via:	**Email:**	☐	**Verbal:**	☐	**Mail:**	☐
Verified by:	**Name:**				**Title:**	
	Department:				**Date:**	

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-283-25-WV
BIKE LANE TREE PLANTING - WASHINGTON AND 72ND AVE.

Reference for: A PERFECT EDGE, INC.

Organization/Firm Name providing reference: City of Hollywood Public Works

Organization/Firm Contact Name: Joshua Collazo

Title: Head of Urban forestry and development

Email: Jcollazo@hollywoodfl.org

Phone: 954-249-8857

Name of Referenced Project: 441 and City Wide Comprehensive Landscape Maintenance

Contract No:

Date Services were provided: 2019-Present

Project Amount: $1,200,000

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):
Arbor Services, Landscaping, Landscape Maintenance, Porter Service.

Please rate your experience with the Vendor	**Need Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
Vendor's Quality of Service				
a. Responsive	☐	☐	☑	☐
b. Accuracy	☐	☐	☑	☐
c. Deliverables	☐	☐	☑	☐
Vendor's Organization:				
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☐	☑	☐
c. Staff turnover	☐	☐	☑	☐
Timeliness/Cost Control of:				
a. Project	☐	☐	☑	☐
b. Deliverables	☐	☐	☑	☐

Additional Comments (provide additional sheet if necessary):

******THIS SECTION FOR CITY USE ONLY******						
Verified via:	**Email:**	☐	**Verbal:**	☐	**Mail:**	☐
Verified by:	**Name:**				**Title:**	
	Department:				**Date:**	

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 $ $8,400.00

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

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

Witness Signature

Selma Jasarevic
Witness Printed Name

1240 S Pine Island Rd
Witness Address

March 17, 2025
Date

Contractor's Signature

Kevin O'Steen
Printed Name

Vice President
Title

03/17/25
Date

- END OF SECTION -

Form 13

Bond Form

(Construction)

STATE OF FLORIDA Bid Bond# OFB-105

KNOW ALL MEN BY THESE PRESENTS:

That we A Perfect Edge, Inc., as Principal, and Old Republic Surety Company,

as Surety, are held and firmly bound unto the City of Hollywood in the sum of Five Percent

of Bid Amount ---------- Dollars ($ 5% of Bid Amount ---------) lawful money 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 03/18/ , 2025 for

Solicitation #:IFB-283-25-WV
Solicitation Title: BIKE LANE TREE PLANTING – WASHINGTON AND 72ND AVE.

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.

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 accordance with Florida State Statute 255.05, Payment, Performance and Bid Bonds may be required for construction projects that are over $200,000.00.

IN WITNESS WHEREOF, the above bound parties have executed this statement under their seal(s) this 18th day of March, 2025, 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:

Anne Marie O'Steen

Secretary

A Perfect Edge, Inc.

Name of Corporation

4839 SW 148 Ave., Suite 516

Business Address

Davie, FL 33330

By: Charles K O'Steen

(Affix Corporate Seal)

Charles Kevin O'Steen

Printed Name

President

Official Title

CERTIFICATE AS TO CORPORATE PRINCIPAL

I, Anne Marie O'Steen, certify that I am the secretary of the Corporation named as Principal in the attached bond; that Charles K O'Steen who signed the said bond on behalf of the Principal, was then President of said Corporation; that I know his signature, and his signature thereto is genuine, and that said bond was duly signed, sealed and attested for and on behalf of said Corporation by authority of its governing body.

Anne Marie O'Steen (SEAL)

Secretary

Approved Solicitation Bond

TO BE EXECUTED BY CORPORATE SURETY:

Witness:

Linda De Castro

Old Republic Surety Company
Corporate Surety
P.O. Box 1635
Business Address
Milwaukee, WI 53201

BY:
(Affix Corporate Seal)

Odalis Cabrera
Attorney-in-Fact
Security Bondex Associates, LLC
10131 SW 40th Street
Business Address
Miami, FL 33165

Name of Local Agency

STATE OF FLORIDA

Before me, a Notary Public, duly commissioned, qualified and acting, personally appeared, Odalis Cabrera to me well known, who being by me first duly sworn upon oath says that he is the attorney-in-fact for the Old Republic Surety Company and that the has been authorized by Old Republic Surety Company 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 18th day of March, 2025.

JESSICA CALDERON
Notary Public
State of Florida
Comm# HH322585
Expires 10/17/2026

Notary Public, State of Florida

My Commission Expires:

- END OF SECTION-

OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint: MARINA MERCEDES RAMIL, CHRISTINE MARSHALL HARRIS, ODALIS CABRERA of MIAMI, FL

its true and lawful Attorney(s)-in-Fact, with full power and authority for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, ***(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, or black lung bonds),*** as follows:

ALL WRITTEN INSTRUMENTS

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18,1982.

RESOLVED that, the president, any vice-president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER, that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or

(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or

(iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 25th day of September, 2024.

OLD REPUBLIC SURETY COMPANY

Karen J. Haffner
Assistant Secretary

OLD REPUBLIC SURETY COMPANY CORPORATE SEAL 1981

President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 25th day of September, 2024, personally came before me, Alan Pavlic and Karen J Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.

KATHRYN R. PEARSON NOTARY PUBLIC STATE OF WISCONSIN

Kathryn R. Pearson
Notary Public

My Commission Expires: September 28, 2026

(Expiration of notary's commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

92-3637

OLD REPUBLIC SURETY COMPANY CORPORATE SEAL 1981

Signed and sealed at the City of Brookfield, WI this 18th day of March, 2025.

Karen J. Haffner
Assistant Secretary

ORSC 22262 (3-06)

SECURITY BONDEX INS AGENCY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/17/2025

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

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

PRODUCER Robert Gonzalez Insurance Agency, Inc 5220 South University Dr Suite 105C Davie FL 33328	**CONTACT NAME:** Gigi Rodriguez **PHONE (A/C, No, Ext):** 954-680-2805 **FAX (A/C, No):** 954-680-9110 **E-MAIL ADDRESS:** gigi.rodriguez@ffbic.com
INSURED A Perfect Edge, Inc. 4839 SW 148th Avenue Fort Lauderdale FL 33330	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Florida Farm Bureau Casualty Insurance Company **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**COMMERCIAL GENERAL LIABILITY** ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC ☐ OTHER:	X		CPP9526911	02/05/2025	02/05/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	**AUTOMOBILE LIABILITY** ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY	X		ABF 1366532	02/05/2025	02/05/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

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

Landscape Maintenance Contractor

Certificate Holder Is listed as Additional Insured.

CERTIFICATE HOLDER

City of Hollywood
Design and Construction Management
2600 Hollywood Boulverad
Hollywood, FL 33020

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/17/2025

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

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

PRODUCER	**CONTACT NAME:** Automatic Data Processing Insurance Agency, Inc.
Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland NJ 07068	**PHONE (A/C, No, Ext):** 1-800-524-7024 **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED A PERFECT EDGE INC 4839 SW 148th AveSuite 516 Fort Lauderdale FL 33330	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Insurance Company of the West — 27847 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 4191061 **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 ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ 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 ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ $ $ $ $
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE 	$ $ $
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **Y / N** Y **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	N	WMO506769202	09/29/2024	09/29/2025	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

CERTIFICATE HOLDER

City of Hollywood, Attn: Design and Construction Management
2600 Hollywood Blvd

Hollywood FL 33020

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

Robert Gonzalez Insurance Agency

5220 S. University Drive, Suite 105-C • Davie, FL 33328
Office (954) 680-2805 • Fax (954) 680-9110
Email: robert.gonzalez@ffbic.com • www.rgonzalezinsurance.com

March 18, 2025

A Perfect Edge, Inc.
4839 SW 148th Ave., # 516
Davie, FL 33330

RE: Professional Liability Insurance

Kevin,

The signed professional liability insurance application has been submitted to the carrier with a March 17th effective date.

It usually takes 24 hours for the carrier to issue the binder. As soon as I have it, I'll be able to issue a certificate of insurance to the vendor of your choice.

In the meantime, a copy of the quote and coverage details are attached.

Thank you,

Robert Gonzalez

BRIDGE SPECIALTY
INSURANCE BROKERAGE
Peachtree Special Risk Brokers, LLC

Peachtree Special Risk Brokers, LLC
970 Lake Carillon Drive, Suite 106
St. Petersburg, FL 33716
(727)299-1140 Fax: (727)299-1141
Wholesale Insurance Brokers

DATE: 02/05/2025

TO: Robert Gonzalez
Robert Gonzalez *Ffb*
5220 S UNIVERSITY DR SUITE 105-C
DAVIE, FL 33328

Agency Code: 87083

FROM: Mackenzie Swed for Mike Falco
mswed@bridgespecialty.com

RE: A Perfect Edge Inc

Renewal of Policy #: NEW

QUOTATION

We are pleased to offer the following quotation. Please review this quotation carefully, as the terms and conditions offered may be different than requested. **PROFESSIONAL DISCLAIMER: Client ultimately selects insured values.** You must contact us in writing to bind coverage, as your office holds no binding authority.

Policy Term: TBD **Quote Exp Date:** 03/05/2025

Quotation Premium

Premium:	$1,405.00
Policy Fee	$150.00
Provider Fee	$100.00
FL SL Tax(4.94%)	$81.76
Stamping Fee(0.06%)	$0.99
Total:	**$1,737.75**

Peachtree Special Risk Brokers, LLC is responsible for collecting and filing the Surplus Lines taxes.

Payment Terms: Premium Due Within 20 Days of Effective Date.

Commission: 10 % *Commission is calculated on premium only*

Minimum Earned Percentage: 25.00 %
***Subject to the Carrier(s) Minimum Earned Premium Clause/Endorsement.**

Note: Fees are fully earned

Policy Type: Claims Made & Reported

Carrier(s): Lloyd's of London Non-Admitted
Please be sure to check the Carrier's current A.M. Best rating to satisfy you and your client's interests.

HISCOX PRO™

1. Claims-made and reported form
2. Covered work: Landscaping
3. No prior acts
4. Attached endorsements apply: NONE

Artisan Subcontractors Professional Liability Coverage Part: Claims-Made and Reported Form

Professional Liability (PL) Aggregate Limit	$ 1,000,000
Each Claim:	$ 1,000,000
Defense of Licensing Proceedings: (Separate Limit)	$ 10,000
FHA/OSHA/ADA Regulatory Proceedings: (Separate Limit)	$ 25,000
Pre-Claim Assistance: (Separate Limit)	$ 50,000
Subpoena Assistance: (Separate Limit)	$ 10,000
Supplementary Payments: (Separate Limit)	$ 10,000
Faulty Workmanship Each Claim and Aggregate: Covered (Shared Limit with PL)	$ 1,000,000 Ret: $2,500
Contractors Pollution Liability (CPL) Each Claim: Covered (Shared Limit with PL)	$ 1,000,000 Ret: $2,500
Mold Liability: (Shared Limit with CPL)	$ 1,000,000 Ret: $2,500
Non-Owned Disposal Sites: (Shared Limit with CPL)	$ 1,000,000 Ret: $2,500
Rectification Coverage Each Claim: Covered (Shared Limit with PL)	$ 1,000,000 Ret: $2,500
Media and Advertising Activities Each Claim: Covered (Shared Limit with PL)	$ 1,000,000
Crisis Management Each Claim and Aggregate: Covered (Shared Limit with PL)	$ 50,000
PL Retroactive Date	
PL Retention	$ 2,500
Term Premium	$ 1,405
Total Premium	$ 1,405

Additional Charges

1. $100 - Administrative Fee

This indication will expire in 30 days.