



City of Hollywood  
Public Utilities  
Vincent Morello, Director  
2600 Hollywood Boulevard, Hollywood, FL 33020

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## [SOUTHEASTERN ENGINEERING CONTRACTORS, INC.] RESPONSE DOCUMENT REPORT

IFB No. IFB-300-25-AR

FDOT (A1A) Utility Relocations Phase 2 (Re-Bid)

RESPONSE DEADLINE: April 21, 2025 at 3:00 pm

Report Generated: Tuesday, May 13, 2025

### Southeastern Engineering Contractors, Inc. Response

#### CONTACT INFORMATION

**Company:**

Southeastern Engineering Contractors, Inc.

**Email:**

jc@southeasterneng.com

**Contact:**

Eduardo Dominguez

**Address:**

911 NW 209th Ave  
Suite 101  
Pembroke Pines, FL 33029

**Phone:**

(305) 557-4226

**Website:**

N/A

**Submission Date:**

Apr 21, 2025 12:02 PM (Eastern Time)

## ADDENDA CONFIRMATION

*No addenda issued*

## QUESTIONNAIRE

### 1. VENDOR REFERENCE FORM\*

Please download the below documents, complete, and upload.

- [Vendor Reference Form.pdf](#)

WM\_Southeastern\_Reference\_Hollywood.pdf

Opa\_locka\_Vendor\_Reference\_Form.pdf

GB\_Vendor\_Reference.pdf

FLL\_Vendor\_Reference\_Form\_Complete.pdf

### 2. 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

### 3. 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

#### **4. 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

**5. 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

#### **6. 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

#### **7. Certificate of Insurance\***

See requirements in the [#SPECIAL TERM AND CONDITIONS](#) section.

COI\_Southeastern\_Engineering\_Contractors\_Inc.pdf

#### **8. PROOF OF SUNBIZ REGISTRATION\***

Enter company FEIN to be verified in Sunbiz

59-242 5850

[Click to Verify](#) *Value will be copied to clipboard*

#### **9. ACKNOWLEDGMENT AND SIGNATURE PAGE**

IF CORPORATION - DATE INCORPORATED/ORGANIZED:\*

June/1984

STATE INCORPORATED/ORGANIZED:\*

Florida

REMITTANCE ADDRESS\*

911 NW 209th Ave. Suite 101, Pembroke Pines, FL 33029

BIDDER/PROPOSER'S AUTHORIZED REPRESENTATIVE'S TYPED FULL NAME\*  
Eduardo Dominguez

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

BID FORM\*

Please download the below documents, complete, and upload.

- [Bid Form MASTER.docx](#)

Form\_13\_-\_Bid\_Guaranty\_Form.pdf

#### 10. 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)

Eduardo Dominguez, President - Southeastern Engineering Contractors, Inc.

SWORN STATEMENT CONTINUATION:\*

Enter business address:

911 NW 209th Ave, Suite 101, Pembroke Pines. FL 33029

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.

59-242 5850

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.

Understood

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 Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity.

The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity

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**

**SR A1A FRANKLIN DESOTO**

Fixed Cost

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	Indemnification	1	EA	\$10.00	\$10.00
2	Owner allowance	1	LS	\$80,000.00	\$80,000.00

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
<b>TOTAL</b>					<b>\$80,010.00</b>

**SR A1A FRANKLIN DESOTO**  
 Contractor Bid Item

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	Mobilization, Demobilization, Bonds & Insurance	1	LS	\$136,050.00	\$136,050.00
2	Maintenance of Traffic	1	LS	\$48,000.00	\$48,000.00
3	Erosion and Sediment Control	1	LS	\$5,980.00	\$5,980.00
4	Remove existing 2.5" PVC water main pipe	75	LF	\$48.00	\$3,600.00
5	Excavating, trench for 2.5" PVC water main pipe	284	BCY	\$39.00	\$11,076.00
6	Backfill for 2.5" PVC water main pipe, exclude compaction, assumes 25% expansion	120	LCY	\$97.50	\$11,700.00
7	Compaction in layers, vibrating plate, add to above	96	BCY	\$86.00	\$8,256.00
8	General backfill, excludes compaction, assumes 25% expansion	212.5	LCY	\$90.40	\$19,210.00
9	Bedding material, excludes compaction, assumes 25% expansion	18.5	LCY	\$172.30	\$3,187.55
10	Compacting bedding in trench associated with 2.5" PVC watermain	212.8	BCY	\$30.35	\$6,458.48
11	Select backfill, excludes compaction, assumes 25% expansion	35	LCY	\$177.90	\$6,226.50
12	Haul spoils, assumes 25% expansion	235	LCY	\$39.60	\$9,306.00

[SOUTHEASTERN ENGINEERING CONTRACTORS, INC.] RESPONSE DOCUMENT REPORT  
IFB No. IFB-300-25-AR  
FDOT (A1A) Utility Relocations Phase 2 (Re-Bid)

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Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
13	PVC pipe, 2-1/2", excludes excavation or backfill	127	LF	\$140.40	\$17,830.80
14	Provide 2.5" 11.25 degree MJ horizontal bend	1	EA	\$277.50	\$277.50
15	Provide 2.5" 45 degree MJ horizontal or vertical bend	12	EA	\$242.00	\$2,904.00
16	Provide 2.5" x 2.5" tee	4	EA	\$288.40	\$1,153.60
17	Remove existing 2.0" PVC water main pipe	206	LF	\$48.00	\$9,888.00
18	Excavating, trench for 2.0" PVC water main pipe	540	BCY	\$39.00	\$21,060.00
19	Backfill for 2.0" PVC water main pipe, exclude compaction, assumes 25% expansion	312.5	LCY	\$97.50	\$30,468.75
20	Compaction in layers, vibrating plate, add to above	250	BCY	\$86.00	\$21,500.00
21	General backfill, excludes compaction, assumes 25% expansion	362.5	LCY	\$90.40	\$32,770.00
22	Bedding material, excludes compaction, assumes 25% expansion	32.5	LCY	\$172.30	\$5,599.75
23	Compacting bedding in trench associated with 2.0" PVC watermain	384.5	BCY	\$30.40	\$11,688.80
24	Select backfill, excludes compaction, assumes 25% expansion	60	LCY	\$177.90	\$10,674.00
25	Haul spoils, assumes 25% expansion	365	LCY	\$39.60	\$14,454.00
26	PVC pipe, 2", excludes excavation or backfill	264	LF	\$128.20	\$33,844.80
27	Provide 2.0" 22.5 degree MJ horizontal bend	2	EA	\$217.50	\$435.00
28	Provide 2.0" 45 degree MJ horizontal or vertical bend	13	EA	\$214.00	\$2,782.00

[SOUTHEASTERN ENGINEERING CONTRACTORS, INC.] RESPONSE DOCUMENT REPORT  
 IFB No. IFB-300-25-AR  
 FDOT (A1A) Utility Relocations Phase 2 (Re-Bid)

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Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
29	Provide 2.0" x 2.0" tee	4	EA	\$227.30	\$909.20
30	Remove existing water main pipe associated with 8" Forcemain	339	LF	\$48.00	\$16,272.00
31	Excavating, trench for 8" forcemain	960	BCY	\$78.30	\$75,168.00
32	Backfill for 8" forcemain, exclude compaction, assumes 25% expansion	555	LCY	\$97.50	\$54,112.50
33	Compaction in layers for 8" forcemain, vibrating plate, add to above	445	BCY	\$86.00	\$38,270.00
34	General backfill for 8" forcemain, excludes compaction, assumes 25% expansion	643.75	LCY	\$90.40	\$58,195.00
35	Bedding material for 8" forcemain, excludes compaction, assumes 25% expansion	77	LCY	\$172.30	\$13,267.10
36	Compacting bedding in trench for 8" forcemain	674	BCY	\$30.40	\$20,489.60
37	Select backfill for 8" forcemain, excludes compaction, assumes 25% expansion	121	LCY	\$177.90	\$21,525.90
38	Haul spoils fro 8" forcemain, assumes 25% expansion	645	LCY	\$39.60	\$25,542.00
39	Provide 8" PVC force main	452	LF	\$143.50	\$64,862.00
40	Provide 8" PVC 22.5 degree MJ horizontal bend	3	EA	\$1,875.00	\$5,625.00
41	Provide 8" PVC 45 degree MJ vertical and horizontal bend	31	EA	\$1,885.00	\$58,435.00
42	Provide 8"x8" PVC tee	2	EA	\$2,689.00	\$5,378.00
43	Cast-in-place concrete collar, for gate valves	9	EA	\$900.00	\$8,100.00
44	Valve box	9	EA	\$763.50	\$6,871.50

[SOUTHEASTERN ENGINEERING CONTRACTORS, INC.] RESPONSE DOCUMENT REPORT  
 IFB No. IFB-300-25-AR  
 FDOT (A1A) Utility Relocations Phase 2 (Re-Bid)

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Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
45	Provide 2.0" gate valve	2	EA	\$1,537.50	\$3,075.00
46	Provide 2.5" gate valve	3	EA	\$1,765.50	\$5,296.50
47	Provide 8" gate valve	4	EA	\$3,888.80	\$15,555.20
48	Cast-in-place concrete collar	8	EA	\$900.00	\$7,200.00
49	Cap existing water main	6	EA	\$156.00	\$936.00
50	Cap existing force main	4	EA	\$1,419.40	\$5,677.60
51	Sampling points	9	EA	\$2,220.20	\$19,981.80
52	Tapping sleeve for water main	6	EA	\$2,250.00	\$13,500.00
53	Thrust block at filling and flushing detail	6	EA	\$450.00	\$2,700.00
54	Thrust blocks at tapping sleeve detail	6	EA	\$450.00	\$2,700.00
55	Thrust blocks at joints	80	EA	\$450.00	\$36,000.00
56	Drop in valve at water main removal, including valve box	6	EA	\$7,500.00	\$45,000.00
57	Air release valve, including box	2	EA	\$12,427.00	\$24,854.00
58	Water main plug/corporate stop	6	EA	\$2,641.00	\$15,846.00
59	Remove existing pavement	234.78	SY	\$10.50	\$2,465.19
60	Selective demolition, saw cutting, asphalt, up to 3" deep	1,704	LF	\$15.00	\$25,560.00

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 IFB No. IFB-300-25-AR  
 FDOT (A1A) Utility Relocations Phase 2 (Re-Bid)

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Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
61	Milling Existing Pavement	123	LCY	\$180.00	\$22,140.00
62	Provide base course	430	SY	\$58.50	\$25,155.00
63	Provide waring course	430	SY	\$97.50	\$41,925.00
64	Plant-mix asphalt paving, pre-treatment for paving, tack coat, emulsion, 0.10 gallons/S.Y., 1000 S.Y.	430	SY	\$10.50	\$4,515.00
65	Pavement Markings	430	SY	\$22.50	\$9,675.00
66	Demolish, remove pavement & curb, remove concrete, mesh reinforced, to 6" thick, hydraulic hammer, excludes hauling and disposal fees	236.11	SY	\$38.00	\$8,972.18
67	Demolish, remove concrete curbs, reinforced	435	LF	\$15.00	\$6,525.00
68	Remove debris	127.04	LCY	\$67.50	\$8,575.20
69	Sidewalk, concrete, cast-in-place with 6 x 6 - W1.4 x W1.4 mesh, broomed finish, 3,000 psi, 4" thick, excludes base	2,125	SF	\$18.00	\$38,250.00
70	4" thick bank run gravel base, add	2,125	SF	\$4.50	\$9,562.50
71	Cast-in place concrete curbs & gutters, concrete, wood forms, 6" x 18", includes concrete	95	LF	\$67.50	\$6,412.50
72	Remove existing handrail or fence	333	LF	\$15.00	\$4,995.00
73	Remove existing sod/topsoil	0.8	MSF	\$2,250.00	\$1,800.00
74	Remove handrail or fence in kind	333	LF	\$300.00	\$99,900.00

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
75	Replace sod/topsoil	0.8	MSF	\$4,688.00	\$3,750.40
<b>TOTAL</b>					<b>\$1,477,904.40</b>



## FORM 4 VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-079-23-JJ Lift Station E-08 Upgrade  
 Reference for: Southeastern Engineering Contractors, Inc

Organization/Firm Name providing reference: City of Wilton Manors  
 Organization/Firm Contact Name: Todd Dejesus Title: Capital Projects Administrator  
 Email: tdejesus@wiltonmanors.com Phone: 954-380-2105  
 Name of Referenced Project: West Side Drainage Contract No: \_\_\_\_\_  
 Date Services were provided: \_\_\_\_\_ Project Amount: \$375,000  
 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):  
Installation of underground stormwater drainage facility

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

# FORM 4

## VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-079-23-JJ Lift Station E-08 Upgrade  
 Reference for: Southeastern Engineering Contractors, Inc

Organization/Firm Name providing reference: \_\_\_\_\_  
 Organization/Firm Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of Referenced Project: \_\_\_\_\_ Contract No: \_\_\_\_\_  
 Date Services were provided: \_\_\_\_\_ Project Amount: \_\_\_\_\_  
 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):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*\*\*THIS SECTION FOR CITY USE ONLY\*\*\*\***

Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	

# FORM 4

## VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-079-23-JJ Lift Station E-08 Upgrade  
 Reference for: Southeastern Engineering Contractors, Inc

Organization/Firm Name providing reference: Town of Golden Beach  
 Organization/Firm Contact Name: Lisett Rovira Title: Director of Capital Improvements  
 Email: LRovira @goldenbeach.us Phone: (305) 932-0744 ext. 242  
 Name of Referenced Project: Center Island Pump Station Contract No: 00500-3  
 Date Services were provided: 11/2020 - 12/2021 Project Amount: \$1,235,288.50  
 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):  
Furnish and install (2) submersible storm water pumps

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):  
Contractor is responsible and responsive to the client and consulting engineers.

\*\*\*\*THIS SECTION FOR CITY USE ONLY\*\*\*\*

Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	

# FORM 4

## VENDOR REFERENCE FORM

City of Hollywood Solicitation #:

IFB-079-23-JJ Lift Station E-08 Upgrade

Reference for:

Southeastern Engineering Contractors, Inc

Organization/Firm Name providing reference: City of Fort Lauderdale

Organization/Firm Contact Name:

Sayd Hussain

Title: Project Manager II

Email:

Saydh@fortlauderdale.gov

Phone: 954-828-5678

Name of Referenced Project:

Annual Construction of General Stormwater  
Infrastructure (P12220)

Contract No: 12504-613-5

Date Services were provided:

5/31/2022 to 5/31/2024

Project Amount: \$1,285,714.29

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):

Installation of new storm drainage infrastructure and Tidal Valves

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

\*\*\*\*THIS SECTION FOR CITY USE ONLY\*\*\*\*

Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/19/2025

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).

<b>PRODUCER</b> Bowen, Miclette & Britt of Florida, LLC 850 Concourse Pkwy S, Suite #105 Maitland FL 32751	<b>CONTACT</b> <b>NAME:</b> Michelle Rushing <b>PHONE</b> (A/C, No, Ext): 407-647-1616 <b>E-MAIL</b> ADDRESS: mrushing@bmbinc.com	<b>FAX</b> (A/C, No): 407-628-1635
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Charter Oak Fire Ins. Co.		25615
<b>INSURER B:</b> Travelers Indemnity Company		26658
<b>INSURER C:</b> Travelers Property Casualty Co of Amer		25674
<b>INSURER D:</b> Bridgefield Casualty Insurance Company		10335
<b>INSURER E:</b> Navigators Specialty Insurance Company		36056
<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:** 1738589418**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	DT-CO-7T598390-COF-24	9/22/2024	9/22/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BA-7T59913A-24-2S-G	9/22/2024	9/22/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	CUP-7T606799-24-2S	9/22/2024	9/22/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
D	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	Y N/A	19656073	9/22/2024	9/22/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Pollution Liability Professional Liability			SF24ECPU01040NC	10/11/2024	9/22/2025	Each Poll Incident 1,000,000 Each Prof Occurrence 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)**

The following policy provisions and/or endorsements form part of the policies of insurance represented by this certificate of insurance. The terms contained in the policies and/or endorsements supersede the representations made herein. Electronic copies of the policy provisions and/or endorsements listed below are available by emailing Contact Person as shown above.

When required by written contract, those parties listed in said contract, including the Certificate Holder, are added as an Additional Insureds with respect to the General Liability, Auto Liability and Umbrella Liability as afforded by the policy and/or endorsements.

When required by written contract, a Waiver of Subrogation, with respect to the General Liability, Auto Liability, Worker's Compensation and Umbrella is granted See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

City of Hollywood  
Department of Public Utilities  
Engineering and Construction Services (ECSD)  
1621 N. 14th St.  
Hollywood FL 33020

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

AUTHORIZED REPRESENTATIVE

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Bowen, Miclette & Britt of Florida, LLC		NAMED INSURED Southeastern Engineering Contractors, Inc. 911 NW 209th Ave., Ste. 101 Pembroke Pines FL 33029
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

to those parties listed in said contract, including the Certificate Holder.

The General Liability, Auto Liability, and Umbrella Liability, certified herein are primary and non-contributory to other insurance available, but only to the extent required by written contract.

Umbrella policy sits excess of the general liability, auto liability and employers liability and follows form over those policies.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **BLANKET ADDITIONAL INSURED – AUTOMATIC STATUS IF REQUIRED BY WRITTEN CONTRACT (CONTRACTORS)**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

The following is added to **SECTION II – WHO IS AN INSURED**:

Any person or organization that:

- a. You agree in a written contract or agreement to include as an additional insured on this Coverage Part; and
- b. Has not been added as an additional insured for the same project by attachment of an endorsement under this Coverage Part which includes such person or organization in the endorsement's schedule;

is an insured, but:

- a. Only with respect to liability for "bodily injury" or "property damage" that occurs, or for "personal injury" caused by an offense that is committed, subsequent to the signing of that contract or agreement and while that part of the contract or agreement is in effect; and
- b. Only as described in Paragraph (1), (2) or (3) below, whichever applies:

(1) If the written contract or agreement specifically requires you to provide additional insured coverage to that person or organization by the use of:

(a) The Additional Insured – Owners, Lessees or Contractors – (Form B) endorsement CG 20 10 11 85; or

(b) Either or both of the following: the Additional Insured – Owners, Lessees or Contractors – Scheduled Person Or Organization endorsement CG 20 10 10 01, or the Additional Insured – Owners, Lessees or Contractors – Completed Operations endorsement CG 20 37 10 01;

the person or organization is an additional insured only if the injury or damage arises out of "your work" to which the written contract or agreement applies;

(2) If the written contract or agreement specifically requires you to provide additional insured coverage to that person or organization by the use of:

(a) The Additional Insured – Owners, Lessees or Contractors – Scheduled Person or Organization endorsement CG 20 10 07 04 or CG 20 10 04 13, the Additional Insured – Owners, Lessees or Contractors – Completed Operations endorsement CG 20 37 07 04 or CG 20 37 04 13, or both of such endorsements with either of those edition dates; or

(b) Either or both of the following: the Additional Insured – Owners, Lessees or Contractors – Scheduled Person Or Organization endorsement CG 20 10, or the Additional Insured – Owners, Lessees or Contractors – Completed Operations endorsement CG 20 37, without an edition date of such endorsement specified;

the person or organization is an additional insured only if the injury or damage is caused, in whole or in part, by acts or omissions of you or your subcontractor in the performance of "your work" to which the written contract or agreement applies; or

(3) If neither Paragraph (1) nor (2) above applies:

(a) The person or organization is an additional insured only if, and to the extent that, the injury or damage is caused by acts or omissions of you or your subcontractor in the performance of "your work" to which the written contract or agreement applies; and

(b) Such person or organization does not qualify as an additional insured with respect to the independent acts or omissions of such person or organization.

The insurance provided to such additional insured is subject to the following provisions:

- a. If the Limits of Insurance of this Coverage Part shown in the Declarations exceed the minimum limits required by the written contract or agreement, the insurance provided to the additional insured will be limited to such minimum required limits. For the purposes of determining whether

## COMMERCIAL GENERAL LIABILITY

this limitation applies, the minimum limits required by the written contract or agreement will be considered to include the minimum limits of any Umbrella or Excess liability coverage required for the additional insured by that written contract or agreement. This provision will not increase the limits of insurance described in Section III – Limits Of Insurance.

- b.** The insurance provided to such additional insured does not apply to:
  - (1)** Any "bodily injury", "property damage" or "personal injury" arising out of the providing, or failure to provide, any professional architectural, engineering or surveying services, including:
    - (a)** The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders or change orders, or the preparing, approving, or failing to prepare or approve, drawings and specifications; and
    - (b)** Supervisory, inspection, architectural or engineering activities.
  - (2)** Any "bodily injury" or "property damage" caused by "your work" and included in the "products-completed operations hazard" unless the written contract or agreement specifically requires you to provide such coverage for that additional insured during the policy period.
- c.** The additional insured must comply with the following duties:
  - (1)** Give us written notice as soon as practicable of an "occurrence" or an offense which may

result in a claim. To the extent possible, such notice should include:

- (a)** How, when and where the "occurrence" or offense took place;
  - (b)** The names and addresses of any injured persons and witnesses; and
  - (c)** The nature and location of any injury or damage arising out of the "occurrence" or offense.
- (2)** If a claim is made or "suit" is brought against the additional insured:
  - (a)** Immediately record the specifics of the claim or "suit" and the date received; and
  - (b)** Notify us as soon as practicable and see to it that we receive written notice of the claim or "suit" as soon as practicable.
- (3)** Immediately send us copies of all legal papers received in connection with the claim or "suit", cooperate with us in the investigation or settlement of the claim or defense against the "suit", and otherwise comply with all policy conditions.
- (4)** Tender the defense and indemnity of any claim or "suit" to any provider of other insurance which would cover such additional insured for a loss we cover. However, this condition does not affect whether the insurance provided to such additional insured is primary to other insurance available to such additional insured which covers that person or organization as a named insured as described in Paragraph 4., Other Insurance, of Section IV – Commercial General Liability Conditions.



## Form 13

### Bid Guaranty Form

(Construction)

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS:

That we Southeastern Engineering Contractors, Inc., as Principal, and FCCI Insurance Company, as

Surety, are held and firmly bound unto the City of Hollywood in the sum of five percent of amount  
of bid \_\_\_\_\_ Dollars (\$ 5% amount of bid ) 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 April 21, 2025 20\_for

#### FDOT (A1A) UTILITY RELOCATIONS PHASE 2

**SOLICITATION-** IFB-300-25-AR

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

Approved SOLICITATION Bond

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

IN WITNESS WHEREOF, the above bound parties have executed this statement under their several seals this 21st  
day of April, 20~~14~~<sup>25</sup>, 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

Approved SOLICITATION Bond

WHEN THE PRINCIPAL IS A CORPORATION:

Attest:

  
Secretary

Southeastern Engineering Contractors, Inc.

Name of Corporation

911 NW 209 Ave Ste 101

Business Address

Pembroke Pines, FL 33029

By: 

(Affix Corporate Seal)

Eduardo DOMinguez

Printed Name

President

Official Title

CERTIFICATE AS TO CORPORATE PRINCIPAL

I, Eduardo Dominguez, certify that I am the secretary of the Corporation named as Principal in the attached bond; that Eduardo Dominguez 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.

  
Secretary

(SEAL)

Approved SOLICITATION Bond

TO BE EXECUTED BY CORPORATE SURETY:

Attest:

hi  
Secretary

FCCI Insurance Company  
Corporate Surety  
6300 University Parkway  
Business Address  
Sarasota, FL 34240

BY: [Signature]  
(Affix Corporate Seal)

[Signature]  
Attorney-in-Fact Fausto Alvarez  
Brown & Brown Insurance Services, Inc.  
9925 NW21st Terrace  
Business Address  
Doral, FL 33172

Name of Local Agency

STATE OF FLORIDA

Before me, a Notary Public, duly commissioned, qualified and acting, personally appeared,  
Fausto Alvarez to me well known, who being by me first duly sworn upon  
oath says that he is the attorney-in-fact for the FCCI Insurance Company and  
that the has been authorized by Power of Attorney 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 21st day of April, 2025

[Signature]  
Notary Public, State of Florida

My Commission Expires:

- END OF SECTION-



MAYRA RODRIGUEZ  
Commission # HH 315319  
Expires November 14, 2026



## GENERAL POWER OF ATTORNEY

Know all men by these presents: That the FCCI Insurance Company, a Corporation organized and existing under the laws of the State of Florida (the "Corporation") does make, constitute and appoint:

**Mayra Rodriguez; Fausto Alvarez, Jr., Claudio Rubiera, Norman L Morris**

Each, its true and lawful Attorney-In-Fact, to make, execute, seal and deliver, for and on its behalf as surety, and as its act and deed in all bonds and undertakings provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the sum of (not to exceed \$30,000,000.00): **\$30,000,000.00**

This Power of Attorney is made and executed by authority of a Resolution adopted by the Board of Directors. That resolution also authorized any further action by the officers of the Company necessary to effect such transaction.

The signatures below and the seal of the Corporation may be affixed by facsimile, and any such facsimile signatures or facsimile seal shall be binding upon the Corporation when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached.

In witness whereof, the FCCI Insurance Company has caused these presents to be signed by its duly authorized officers and its corporate Seal to be hereunto affixed, this 23rd day of July, 2020.

Attest: Christina D. Welch  
Christina D. Welch, President  
FCCI Insurance Company



Christopher Shoucair  
Christopher Shoucair,  
EVP, CFO, Treasurer, Secretary  
FCCI Insurance Company

State of Florida  
County of Sarasota

Before me this day personally appeared Christina D. Welch, who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 2/27/2027



PEGGY SNOW  
Commission # HH 326635  
Expires February 27, 2027

Peggy Snow  
Notary Public

State of Florida  
County of Sarasota

Before me this day personally appeared Christopher Shoucair, who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 2/27/2027



PEGGY SNOW  
Commission # HH 326635  
Expires February 27, 2027

Peggy Snow  
Notary Public

## CERTIFICATE

I, the undersigned Secretary of FCCI Insurance Company, a Florida Corporation, DO HEREBY CERTIFY that the foregoing Power of Attorney remains in full force and has not been revoked; and furthermore that the February 27, 2020 Resolution of the Board of Directors, referenced in said Power of Attorney, is now in force.

Dated this 21st day of April, 2025

Christopher Shoucair  
Christopher Shoucair, EVP, CFO, Treasurer, Secretary  
FCCI Insurance Company