

Issue Date: May 17, 2017

City of Hollywood, Florida  
Solicitation # RFQ-4521-17-RL

**ACKNOWLEDGMENT AND SIGNATURE PAGE**

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

Legal Company Name (include d/b/a if applicable): AB KNIGHT CONSTRUCTION & DEVELOPMENT LLC Federal Tax Identification Number: 272014725

If Corporation - Date Incorporated/Organized: \_\_\_\_\_

State Incorporated/Organized: \_\_\_\_\_

Company Operating Address: 4701 N. Fed. Hwy Suite #340

City POMPANO BEACH State FL Zip Code 33064

Remittance Address (if different from ordering address): \_\_\_\_\_

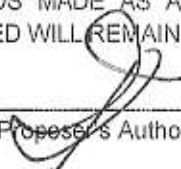
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Contact Person: PAUL SELTZER Email Address: PAUL@ABKNIGHT.COM

Phone Number (include area code): 305.986.0984 Fax Number (include area code): N/A

Company's Internet Web Address: WWW.ABKNIGHT.COM

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

Bidder/Proposer's Authorized Representative's Signature:  Date: 6/13/2017

Type or Print Name: BEN ABERNATHY

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.

ANY EXCEPTION, CHANGES OR ALTERATIONS TO THE GENERAL TERMS AND CONDITIONS, HOLD HARMLESS/INDEMNITY DOCUMENT OR OTHER REQUIRED FORMS MAY RESULT IN THE BID/PROPOSAL BE DEEMED NON-RESPONSIVE AND DISQUALIFIED FROM THE AWARD PROCESS.

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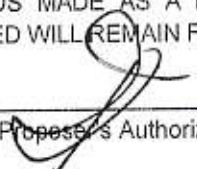
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Bidder/Proposer's Authorized Representative's Signature:  Date: 6/13/2017

Type or Print Name: BEN ABERNHEIM

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### PART II – PRE-QUALIFICATION QUESTIONNAIRE

Completed questionnaire must be submitted as specified within this document. Any attachments must be clearly identified. To be considered, the applicant must respond to all parts of this Questionnaire in accordance with requirements of this RFQ.

#### City of Hollywood

#### Contractor's Pre-Qualification Questionnaire

#### CONTACT INFORMATION

Firm Name: A B KNIGHT CONSTRUCTION & DEVELOPMENT LLC  
(as it appears on License)

- Check One:  Corporation  
 Partnership  
 Sole Proprietor

Contact Person: PAUL SELTZER

Address: 4701 N. FED. HWY SUITE #340  
POMPANO BEACH, FL 33064

Phone: 954-468-1238 <sup>CELL</sup> 305-986-0984 Email: PAUL@ABKNIGHT.COM

If firm is a sole proprietorship or partnership:  
Owner(s) of Company: BEN ABERNATHY

If a firm is a corporation:  
State of Incorporation: FL Date of Incorporation: 1/2010 FID # 272014725

If out of state Corporation that is currently authorized to do business in the State of Florida, provide date of such authorization \_\_\_\_\_

Responsible Managing Employee (RME) (per definition) CHRIS ABERNATHY

Title: PROJECT MANAGER

Responsible Managing Officer (RMO) (per definition) BEN ABERNATHY

Title: OWNER

Definition

RME: Employee of contractor who will be in a management or superintendent role on the project.  
RMO: Any officer of the company working in the local office overseeing the project.

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Contractor's License Number(s):

CGC # 1506976

If applicable, list up to a combined total of three State, County, or other Agencies in which your Organization is qualified to perform work by mean of pre-qualification:

DATE	AGENCY NAME	TRADE APPROVED	AMOUNT APPROVED
1.-	_____	_____	_____
2.-	_____	_____	_____
3.-	_____	_____	_____

**PART II SECTION I – PRE-QUALIFICATION QUESTIONS – Business History and Organizational Performance (16 questions).**

1. Is your organization licensed to do business in Florida as a Contractor under your present business name and license number?

Yes  No

If yes, how many years? 8 YEARS

List officers and responsible managing employees. BEN ABERNATHY

2. Is your firm, owners, partners or any principal of the company currently the debtor in bankruptcy case?

Yes  No

3. Was your firm, owners, partners or any principal of the company in bankruptcy any time during the last five years?

Yes  No

4. Has any contracting license held by your firm or its Responsible Managing Employee (RME) or Responsible Managing Officer (RMO) been suspended within the last five years?

Yes  No

5. At any time in the last five years, has your firm been assessed and paid liquidated damages after completion of a project, under a construction contract with either a public or private owner?

Yes  No

If yes, list project owner and amounts.

6. In the last five years has your firm, or any firm with which any of your company's owners, Officers or partners was associated, been debarred, disqualified, removed or otherwise prevented from bidding on, or completing, any government agency or public works project for any reason?

Yes  No

**NOTE: "Associated" refers to another construction firm in which an owner, partner, or officer of your firm held a similar position, and whom are listed as owner, partner or officer of your firm in response to Page 1 on this form.**

7. In the last five years, has your firm been denied an award of a public works contract based on a finding by a public agency that your company was not a responsible bidder?

Yes  No

**NOTE: The following two questions refer only to disputes between your firm and the owner of a project. You need not include information about disputes between your firm and a supplier, another Contractor, or subcontractor. You need not include information about "pass-through" disputes in which the actual dispute is between a sub-Contractor and a project owner.**

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8. In the past five years, has any claim against your firm concerning your firm's work on a construction project, been filed in court or arbitration?  
 Yes  No  
If yes, how many? \_\_\_\_\_
9. In the past five years, has your firm made any claim against a project owner concerning work on a project or payment for a contract, and filed that claim in court or arbitration?  
 Yes  No  
If yes, how many? \_\_\_\_\_
10. At any time during the past five years, has any surety company made any payments on your firm's behalf as a result of a default, to satisfy any claims made against a performance or payment bond issued on your firm's behalf in connection with a construction project, either public or private?  
 Yes  No  
If yes, how many? \_\_\_\_\_
11. In the last five years, has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?  
 Yes  No  
If yes, how many? \_\_\_\_\_
12. Has your firm, or any of its owners, officers, or partners ever been found liable in a civil suit, or found guilty in a criminal action, for making any false claim or material misrepresentation to any public agency or entity?  
 Yes  No  
If yes, how many? \_\_\_\_\_
13. Has your firm, or any of its owners, officers or partners ever been convicted of a crime involving any federal, state, or local law related to construction?  
 Yes  No  
If yes, how many? \_\_\_\_\_
14. Has your firm or any of its owners, officers or partners ever been convicted of a federal or state crime or fraud, theft, or any other act of dishonesty?  
 Yes  No  
If yes, how many? \_\_\_\_\_
15. If your firm was required to pay a premium of more than one per cent for a performance and payment bond on any project(s) on which your firm worked at any time during the last three years, state the percentage that your firm was required to pay. You may provide an explanation for a percentage rate higher than one percent, if you wish to do so.  
\_\_\_\_\_ N/A \_\_\_\_\_  
\_\_\_\_\_
16. During the last five years, has your firm ever been denied bond credit by a surety company, or has there ever been a period of time when your firm had no surety bond in place during a public construction project when one was required?  
 Yes  No  
If yes, how many? \_\_\_\_\_



## **Lion Insurance Company**

2739 US HWY 19 NORTH  
HOLIDAY, FL 34691

Phone: 800-966-5562 / 727-938-5562 Fax: 727-937-2138

June 13, 2017

To Whom It May Concern:

RE: A B Knight Construction and Development, LLC

The NCCI Experience Modification Rating Factors for South East Personnel Leasing, Inc are as follows:

2013	.99
2014	1.00
2015	.99
2016	.98
2017	.92

Effective date: January 1

If you have any questions, please contact me at 727-938-5562 ext 6060.

Sincerely,

Grant Dagleish  
Director of Finance

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- 7. Has there been any occasion during the last five years on which your firm was required to pay either back wages or penalties for your own firm's failure to comply with the prevailing wage laws?  
 Yes       No

**NOTE: This question refers only to your own firm's violation of prevailing wage laws. It does not pertain to violations of the prevailing wage laws by a subcontractor.**

- 8. During the last five years, has there been any occasion on which your own firm has been penalized or required to pay back wages for failure to comply with the Federal Davis-Bacon prevailing wage requirements?  
 Yes       No  
 If yes, list occurrences

- 9. Provide the name, address, and telephone number of all apprenticeship program sponsor(s) (approved by the State of Florida) that will provide apprentices to your company for use on any public works projects for which you are awarded a contract.

N/A

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- 10. If your firm operates its own State-approved apprenticeship program: No

- Identify the craft or crafts in which your firm provided apprenticeship training in the past year.
- State the year in which each such apprenticeship program was approved, and attach evidence of the most recent approval(s) of your apprenticeship program(s).
- State the number of individuals who were employed by your firm as apprentices at any time during the past three years in each apprenticeship and the number of persons who, during the past three years, completed apprenticeships in each craft while employed by your firm.

- 11. At any time during the last five years, has your firm been found to violate any provision of Florida apprenticeship laws or regulations, or the laws pertaining to use of apprentices on public works?  
 Yes       No

If yes, provide the date(s) of such findings, and attach copies of the final decision(s).



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**PART II SECTION III – PROJECT EXPERIENCE (PROJECT 1) – Questions Concerning Relevant Construction Projects Completed:**

Contractor shall provide information about its three (3) relevant recently completed projects. Names and references must be current and verifiable. Where necessary use separate sheets of paper that contain all of the following information:

Project Name: 309 HENDRICKS  
Location: 309 HENDRICKS ISLE, FT. LAUDERDALE, FL 33301  
Owner: DUNDAS REAL ESTATE INC

Owner Contact (name and current phone number):  
DUNDAS REAL ESTATE INC.  
AL WAKEEL 416.385.1955

Architect, Engineer, or Consultant (name and current phone number):  
FSMY ARCHITECTS  
BLAKE WILLIAMS 954.764.6575

Construction Manager (name and current phone number):  
N/A

Total Value of Construction: 3.5 MILLION  
Total Value of Change Orders: 500,000.<sup>00</sup>  
Original Construction Contract Duration: 1 YEAR  
Original Contract Completion Date: DECEMBER 2016  
Actual Date of Completion: SUMMER 2017

Scope of Work Performed:

Provide a description of the work performed including the following items. Include equipment manufacturers and suppliers, sub-Contractors, special construction methods, etc.

Percentage of contract completed by contractor's own forces (not subbed out) 55 %  
Percentage of contract completed by each MBEs 20 % SBEs 20 %

Is this project a Fire Station or Public Safety facility?  Yes  No

If yes, please state what makes this facility a Public Safety facility:  
\_\_\_\_\_

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What is the useable floor space of project in square feet? 7,000' sq

How many floors/stories are in the project? 4

Did the project include a commercial grade kitchen?  Yes  No

Size of site in square feet 8,000' sq

Types of site work you were responsible for STORM DRAINAGE, SITE GRADING,  
STRUCTURE OF BUILDING

State, County and Local Permitting Agencies that you have been directly responsible for obtaining permits from:

FT. LAUDERDALE BUILDING DEPARTMENT  
BROWARD County D-PEP. (EPD)

Did this project involve Green Building Certification  Yes  No

If yes, to what rating or level \_\_\_\_\_

**NOTE:** When responding to a question, if more space is required than provided on the questionnaire, a separate sheet shall be used. Where if necessary, Contractor shall attach a separate sheet noting the project number and question as stated and their response.

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**PART II SECTION III – PROJECT EXPERIENCE (PROJECT 2) – Questions Concerning Relevant Construction Projects \Completed:**

Contractor shall provide information about its three (3) relevant recently completed projects. Names and references must be current and verifiable where necessary. Use separate sheets of paper that contain all of the following information:

Project Name: TERRA BEACHSIDE VILAS  
Location: 6000 COLLINS AVE. MIAMI BEACH, FL 33140  
Owner: (AT THE TIME) GSA INC

Owner Contact (name and current phone number):  
CHARLES SIEGER 305.274.2702

Architect, Engineer, or Consultant (name and current phone number):  
SIEGER SUAREZ ARCHITECTS  
305.274.2702

Construction Manager (name and current phone number):  
N/A

Total Value of Construction: 35 million  
Total Value of Change Orders: N/A  
Original Construction Contract Duration: 2 YEARS  
Original Contract Completion Date: SUMMER '09  
Actual Date of Completion: FALL '10

Scope of Work Performed:  
Provide a description of the work performed including the following items. Include equipment manufacturers and suppliers, sub-Contractors, special construction methods, etc.

Percentage of contract completed by contractor's own forces (not subbed out) 50 %  
Percentage of contract completed by each MBEs 30 % SBEs 10 %  
Is this project a Fire Station or Public Safety facility?        Yes  No

If yes, please state what makes this facility a Public Safety facility:

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What is the useable floor space of project in square feet? 25,000 +

How many floors/stories are in the project? 7

Did the project include a commercial grade kitchen?  Yes  No

Size of site in square feet 80,000 ± sq

Types of site work you were responsible for SHELL CONSTRUCTION

State, County and Local Permitting Agencies that you have been directly responsible for obtaining permits from:

MIAMI BEACH BUILDING DEPARTMENT  
MIAMI DADE COUNTY

Did this project involve Green Building Certification  Yes  No

If yes, to what rating or level \_\_\_\_\_

**NOTE: When responding to a question, if more space is required than provided on the questionnaire, a separate sheet shall be used. Where if necessary, Contractor shall attach a separate sheet noting the project number and question as stated and their response.**

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**PART II SECTION III – PROJECT EXPERIENCE (PROJECT 3) – Questions Concerning Relevant Construction Projects Completed:**

Contractor shall provide information about its three (3) relevant recently completed projects. Names and references must be current and verifiable where necessary. Use separate sheets of paper that contain all of the following information:

Project Name: MIAMI LAKES OFFICE VILLIAGE  
Location: 5801 NW 151<sup>ST</sup> MIAMI LAKES, FL  
Owner: TODD RUDDERMAN - TARGO PROPERTIES

Owner Contact (name and current phone number):  
TODD RUDDERMAN - 305.788-0861  
TARGO PROPERTIES

Architect, Engineer, or Consultant (name and current phone number):  
AJ VERDE ARCHITECT 305.558.3500

Construction Manager (name and current phone number):  
N/A

Total Value of Construction: 5.5 MILLION  
Total Value of Change Orders: \$200,000.00  
Original Construction Contract Duration: 1 YEAR 9 1/2  
Original Contract Completion Date: SUMMER 08  
Actual Date of Completion: FALL 08

Scope of Work Performed:

Provide a description of the work performed including the following items. Include equipment manufacturers and suppliers, sub-Contractors, special construction methods, etc.

Percentage of contract completed by contractor's own forces (not subbed out) 50 %  
Percentage of contract completed by SBE or MBE? N/A %

Is this project a Fire Station or Public Safety facility? \_\_\_\_\_ Yes  No

If yes, please state what makes this facility a Public Safety facility:

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What is the useable floor space of project in square feet? 42,000 EA BUILDING - 2 BUILDINGS

How many floors/stories are in the project? 23

Did the project include a commercial grade kitchen?  Yes  No

Size of site in square feet 60,000' SQ

Types of site work you were responsible for SHELL CONSTRUCTION, GC MANAGEMENT

State, County and Local Permitting Agencies that you have been directly responsible for obtaining permits from:

MIAMI DADE BUILDING DEPARTMENT

MIAMI DADE COUNTY

Did this project involve Green Building Certification  Yes  No

If yes, to what rating or level \_\_\_\_\_


**NOTE:** When responding to a question, if more space is required than provided on the questionnaire, a separate sheet shall be used. Where if necessary, Contractor shall attach a separate sheet noting the project number and question as stated and their response.

**HOLD HARMLESS AND INDEMNITY CLAUSE**

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(Company Name and Authorized Representative's Name)

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

  
SIGNATURE

BEN ABERNATHY  
PRINTED NAME

A B Kuntel Construction of Dav.  
COMPANY OF NAME

6/13/2017  
DATE


**Failure to sign or changes to this page shall render your bid non-responsive.**

**NON-COLLUSION AFFIDAVIT**

STATE OF: FLORIDA

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

- (1) He/she is BEN AISERNATHY of AB KNIGHT CON. & DEV. LLC, the Bidder that has submitted the attached Bid.
- (2) He/she has been fully informed regarding the preparation and contents of the attached Bid and of all pertinent circumstances regarding such Bid;
- (3) Such Bid is genuine and is not a collusion or sham Bid;
- (4) Neither the said Bidder 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 Bidder, firm or person to submit a collusive or sham Bid in connection with the contractor for which the attached Bid 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 Bidder, firm or person to fix the price or prices, profit or cost element of the Bid price or the Bid price of any other Bidder, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- (5) The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(SIGNED)  PRESIDENT  
Title

**Failure to sign or changes to this page shall render your bid non-responsive.**



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

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

1. This form statement is submitted to \_\_\_\_\_  
by BEN ABENATHY (PRESIDENT) for A B KNIGHT CON. & DEV. LLC  
(Print individual's name and title) (Print name of entity submitting sworn statement)  
whose business address is 4701 N. FED. HWY. SUITE #340, PANAMA BEACH, FL 33064  
and if applicable its Federal Employer Identification Number (FEIN) is 272614725 If the entity has no FEIN,  
include the Social Security Number of the individual signing this sworn statement.

2. I understand that "public entity crime," as defined in paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misinterpretation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in an federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that "Affiliate," as defined in paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime, or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that "person," as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

Neither the entity submitting sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an

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affiliate of the entity has been charged with and convicted of a public entity crime, but the Final Order entered by the Hearing Officer in a subsequent proceeding before a Hearing Officer of the State of the State of Florida, Division of Administrative Hearings, determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the Final Order).

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



  
\_\_\_\_\_  
(Signature)

Sworn to and subscribed before me this 13 day of JUNE, 2017.

Personally known \_\_\_\_\_

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

\_\_\_\_\_  
(Type of identification) my commission expires 6/21/2019

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


**Failure to sign or changes to this page shall render your bid non-responsive.**

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

The applicant certifies that it and its principals:

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

Applicant Name and Address:

BEN ABERNATHY - AB KNIGHT CON. & DEV. LLC  
4701 N. FED HWY SUITE #340  
POMPANO BEACH, FL 33064

Application Number and/or Project Name:

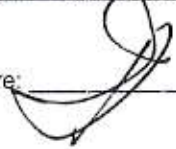
DEMOLITION CONTRACTOR PRE-QUALIFICATION LIST <sup>BID</sup> CLERK ID# 3857341

Applicant IRS/Vendor Number: \_\_\_\_\_

Type/Print Name and Title of Authorized Representative:

BEN ABERNATHY

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

6/15/2017


**Failure to sign or changes to this page shall render your bid non-responsive.**

**DRUG-FREE WORKPLACE PROGRAM**

IDENTICAL TIE BIDS - 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 bids 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.

  
 \_\_\_\_\_  
 VENDOR'S SIGNATURE

BEN ABERNATHY  
 \_\_\_\_\_  
 PRINTED NAME

AB KNIGHT GR. 9 DEV. LLC  
 \_\_\_\_\_  
 NAME OF COMPANY

**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 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 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.

	<u>BEN ABERNATHY</u>
SIGNATURE	PRINTED NAME
<u>A B KNIGHT GEN. &amp; DEV. LLC</u>	<u>PRESIDENT</u>
NAME OF COMPANY	TITLE

**Failure to sign this page shall render your bid non-responsive.**

Issue Date: May 17, 2017

### REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: \_\_\_\_\_

Firm giving Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

1. **Q:** What was the dollar value of the contract?

**A:**

2. **Q:** Have there been any change orders, and if so, how many?

**A:**

3. **Q:** Did they perform on a timely basis as required by the agreement?

**A:**

4. **Q:** Was the project manager easy to get in contact with?

**A:**

5. **Q:** Would you use them again?

**A:**

6. **Q:** Overall, what would you rate their performance? (Scale from 1-5)

**A:**     5 *Excellent*     4 *Good*     3 *Fair*     2 *Poor*     1 *Unacceptable*

7. **Q:** Is there anything else we should know, that we have not asked?

**A:**

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Issue Date: May 17, 2017

City of Hollywood, Florida  
Solicitation # RFQ-4521-17-RL

### REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: A.B. Knight Construction

Firm giving Reference: Tarco Properties, LLC

Address: 5803 NW 151 Street, Suite 207, Miami Lakes, FL 33014

Phone: 305-788-0861

Fax: 305-757-3944

Email: Todd@tarcoproperties.com

1. Q: What was the dollar value of the contract?  
A: \$4,000,000
2. Q: Have there been any change orders, and if so, how many?  
A: None
3. Q: Did they perform on a timely basis as required by the agreement?  
A: Yes
4. Q: Was the project manager easy to get in contact with?  
A: Yes
5. Q: Would you use them again?  
A: Yes
6. Q: Overall, what would you rate their performance? (Scale from 1-5)  
A:  5 Excellent  4 Good  3 Fair  2 Poor  1 Unacceptable
7. Q: Is there anything else we should know, that we have not asked?  
A: Excellent contractor. Great to work with.

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: Todd Ruderman Title: President

Signature:  Date: 6/13/17

Issue Date: May 17, 2017

City of Hollywood, Florida  
Solicitation # RFQ-4521-17-RI

### REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: PAUL SELTZER AB KNIGHT CONST

Firm giving Reference: RAMOS ARCHITECTS & ASSOC.

Address: 780 TAMiami CANAL RD.

Phone: 305-506-7388

Fax: —

Email: RAMOS8837@COMCAST.NET

1. Q: What was the dollar value of the contract?  
A: —
2. Q: Have there been any change orders, and if so, how many?  
A: NONE
3. Q: Did they perform on a timely basis as required by the agreement?  
A: YES
4. Q: Was the project manager easy to get in contact with?  
A: YES
5. Q: Would you use them again?  
A: YES
6. Q: Overall, what would you rate their performance? (Scale from 1-5)  
A:  Excellent  4 Good  3 Fair  2 Poor  1 Unacceptable
7. Q: Is there anything else we should know that we have not asked?  
A: No

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: JOSE RAMOS Title: ARCHITECT

Signature:  Date: 6-13-17







**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD  
2601 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-0783**

**(850) 487-1395**

**ABERNATHY, BEN KNIGHT  
A B KNIGHT CONSTRUCTION AND DEVELOPMENT, LLC  
2731 NE 48 ST  
LIGHTHOUSE POINT FL 33064**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

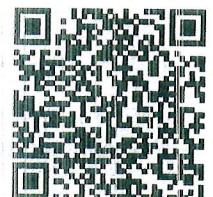
**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD**

**LICENSE NUMBER**

CGC1506976

The GENERAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2018

**ABERNATHY, BEN KNIGHT  
A B KNIGHT CONSTRUCTION AND DEVELOPMENT, LLC  
2731 NE 48 ST  
LIGHTHOUSE POINT FL 33064**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/01/17

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

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


<b>PRODUCER</b> Bill Daly Insurance, Inc. 10235 West Sample Rd, Ste 203 Coral Springs, FL 33065 Phone (954) 753-0980 Fax (954) 753-1266		<b>CONTACT NAME:</b> Thomas Kuruville <b>PHONE (A/C, No, Ext):</b> (954) 753-0980 <b>FAX (A/C, No):</b> (954) 753-1266 <b>E-MAIL ADDRESS:</b> tomk@bdalyinsurance.com	
<b>INSURED</b> A B Knight Construction & Development LLC 4701 N Federal Hwy. Ste 340 Pompano Beach, FL. 33064		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> ACCIDENT INS CO <b>INSURER B:</b> PROGRESSIVE <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	N	N	CPP0005592 04	09/09/2016	09/09/2017	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 1,000,000.00
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	N	N	03326027-2	10/16/2016	10/16/2017	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000.00 BODILY INJURY (Per accident) \$ 300,000.00 PROPERTY DAMAGE (Per accident) \$ 50,000.00
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b>  	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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# CERTIFICATE OF LIABILITY INSURANCE

Date  
1/25/2017

**Producer:** Plymouth Insurance Agency  
2739 U.S. Highway 19 N.  
Holiday, FL 34691  
(727) 938-5562

**This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.**

**Insured:** South East Personnel Leasing, Inc. & Subsidiaries  
2739 U.S. Highway 19 N.  
Holiday, FL 34691

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	11075
Insurer B:		
Insurer C:		
Insurer D:		
Insurer E:		

## Coverages

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits									
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur  General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$								
						Damage to rented premises (EA occurrence)	\$								
						Med Exp	\$								
						Personal Adv Injury	\$								
						General Aggregate	\$								
						Products - Comp/Op Agg	\$								
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$								
						Bodily Injury (Per Person)	\$								
						Bodily Injury (Per Accident)	\$								
						Property Damage (Per Accident)	\$								
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence									
						Aggregate									
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? <b>NO</b> If Yes, describe under special provisions below.	WC 71949	01/01/2017	01/01/2018	X	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">WC Statutory Limits</th> <th style="width: 50%;">OTHER</th> </tr> <tr> <td>E.L. Each Accident</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>E.L. Disease - Ea Employee</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>E.L. Disease - Policy Limits</td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	WC Statutory Limits	OTHER	E.L. Each Accident	\$1,000,000	E.L. Disease - Ea Employee	\$1,000,000	E.L. Disease - Policy Limits	\$1,000,000
WC Statutory Limits	OTHER														
E.L. Each Accident	\$1,000,000														
E.L. Disease - Ea Employee	\$1,000,000														
E.L. Disease - Policy Limits	\$1,000,000														

Other

**Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616**

### Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company": Client ID: 81-67-040

#### A B Knight Construction and Development, LLC

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.

Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.

**Project Name:** BAYSIDE MARKETPLACE

ISSUE 01-25-17 (KR)

CERTIFICATE HOLDER

CANCELLATION

Begin Date 3/28/2012

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

