



Contractor Pre-Qualification for Construction of
Public Safety and City Capital
Improvement Projects *RFQ NO. 4511-16-RD*



Florida's Relationship Builder



STILES
CONSTRUCTION
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CGC 028554

April 28, 2016

City of Hollywood
Attn: Ralph Dierks, Procurement Manager
Division of Procurement Services
2600 Hollywood Boulevard, Room 221
Hollywood, Florida 33020

RE: Prequalification for Construction of Public Safety and City Capital Improvements Projects RFQ 4511-16-RD

Dear Mr. Dierks and Evaluation Committee Members;

On behalf of Stiles Construction, thank you for giving us this opportunity to highlight our qualifications for the New Public Safety and City Capital Improvements Projects. With our prior municipal and office experience, we feel confident that our team is well-suited to successfully deliver this project.

Experience

Stiles Construction has been operating for almost 65 years in Broward County and we have already completed several projects in Hollywood. We are already familiar with the City of Hollywood's processes and have built strong relationships with City Officials. Having these relationships and prior experience enables us to understand the City's processes so that we can expedite approval procedures while maintaining the project budget and schedule for our client.

Stiles has completed well over 43.9 million SF of office / administrative space including most of the Downtown Fort Lauderdale office buildings which were successfully built near connecting streets, sidewalks, plazas, promenades, and parking structures. Stiles also has experience building municipal complexes including the **Brighton Public Safety Complex** and the **City of Sunrise Public Safety Complex**.

Strong Financial Capacity

As you can see in our enclosed financial statements, Stiles maintains an impeccable financial background due to our prompt attention to our financial obligations. Stiles has had a long-standing relationship with our bonding company due to our record of historical performance and stellar track record.

We trust the information we have included is comprehensive, however, should you have any additional questions, please do not hesitate to contact me. We look forward to the next phase of the selection process.

STILES CONSTRUCTION



David Lowery
Director of Public Projects

April 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4511-16-RD

ACKNOWLEDGMENT AND SIGNATURE PAGE

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

Stiles Corporation dba Stiles Construction

Legal Company Name (include d/b/a if applicable): _____ Federal Tax Identification Number: 65-0036314

If Corporation - Date Incorporated/Organized: 1988

State Incorporated/Organized: Florida

Company Operating Address: 301 East Las Olas Boulevard

City Ft. Lauderdale State FL Zip Code 33301

Remittance Address (if different from ordering address): _____

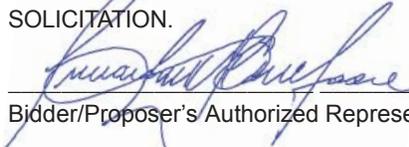
City _____ State _____ Zip Code _____

Company Contact Person: Hallie Gunter Email Address: hallie.gunter@stiles.com

Phone Number (include area code): P: 954.627.3706 Fax Number (include area code): P: 954.627.9192

Company's Internet Web Address: www.stiles.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.

 _____ 4/28/2016
Bidder/Proposer's Authorized Representative's Signature: Date

Type or Print Name: Timothy O. Moore

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, HOLDHARMLESS/INDEMNITY DOCUMENT OR OTHER REQUIRED FORMS MAY RESULT IN THE BID/PROPOSAL BEING DEEMED NON-RESPONSIVE AND DISQUALIFIED FROM THE AWARD PROCESS.

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1. Questionnaire
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6. Bonding Capacity
7. Audited Financials

PART V – 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: Stiles Corporation dba Stiles Construction
(as it appears on License)

Check One: Corporation
 Partnership
 Sole Proprietor

Contact Person: Hallie Gunter

Address: 301 East Las Olas Boulevard

Fort Lauderdale, Florida 33301

Phone: P: 954.627.3706 Fax: P: 954.627.9192 Email: hallie.gunter@stiles.com

If firm is a sole proprietorship or partnership:

Owner(s) of Company: _____

If a firm is a corporation:

State of Incorporation: Florida Date of Incorporation: 1988 FID # 65-0036314

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) Whitt Markum

Title: Project Executive

Responsible Managing Officer (RMO) (per definition) Timothy O. Moore

Title: President

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.

Contractor's License Number(s):

Timothy O. Moore CGC028554

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.-	City of Coral Springs	Construction Mgmt Services	N/A - Various
2.-	School Board of Broward County	Construction Mgmt Services	N/A - Various
3.-	Miami Dade County Public Schools	Construction Mgmt Services	N/A - Various

We subcontract out 100% of our work.

PART V 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? 4

List officers and responsible managing employees. _____

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.

Stiles has not been issued a payment and performance bond wherein the premium paid by Stiles was in excess of 1%.

PART V SECTION II – PRE-QUALIFICATION QUESTIONS – Compliance with Applicable Laws (11 questions).

1. Has the State of Florida cited and assessed penalties against your firm for any "serious," "willful" or "repeat" violations of its safety or health regulations in the past five years?
 Yes No
 If yes, attach a separate signed page describing each penalty?

NOTE: If you have filed an appeal of a citation and the Occupational Safety and Health Appeals Board has not yet ruled on your appeal, you need not include information about it.

2. Has the Federal Occupational Safety and Health Administration cited and assessed penalties against your firm in the past five years?
 Yes No
 If yes, attach a separate signed page describing each citation?

NOTE: If you have filed an appeal of a citation and the appropriate appeals Board has not yet ruled on your appeal, you need not include information about it.

3. Has the EPA, or a State of Florida Agency/Department cited and assessed penalties against either your firm or the owner of a project on which your firm was the Contractor, in the past five years?
 Yes No
 If yes, attach a separate signed page describing each citation?

NOTE: If you have filed an appeal of a citation and the Appeals Board has not yet ruled on your appeal, or there is a court appeal pending, you need not include information about the citation.

4. How often do you require documented safety meetings to be held for construction employees and field supervisors during the course of a project?
Weekly

5. List your firm's Experience Modification Rate (EMR) workers' compensation insurance for each of the past three premium years:
 Current year: 2015 Previous year: 2014 Year prior to previous year: 2013
1.0 .83 .82
 If your EMR for any of these three years is or was 1.00 or higher, you may, if you wish, attach a letter of explanation.

NOTE: An Experience Modification Rate is issued to your firm annually by your workers' compensation insurance carrier.

6. Within the last five years, has there ever been a period when your firm had employees but was without worker's compensation insurance or state-approved self-insurance?
 Yes No
 If yes, attach separate signed page describing time period without worker's compensation insurance.

7. Has there been more than one 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 more than one 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.

Stiles does not currently have an apprenticeship program, however we have worked with apprentice programs in the past and we will demonstrate a good-faith effort and utilize State Approved Apprenticeship Programs.

10. If your firm operates its own State-approved apprenticeship program:
- a. Identify the craft or crafts in which your firm provided apprenticeship training in the past year.
 - b. 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).
 - c. 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).

PART V 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: City of Sunrise Public Safety Complex
Location: Sunrise, Florida
Owner: The City of Sunrise

Owner Contact (name and current phone number):
City of Sunrise Public Safety Complex
10770 W. Oakland Park Boulevard, Sunrise, Florida
Alan Gavazzi, AIA, Capital Projects Director, (954) 572-2487

Architect, Engineer, or Consultant (name and current phone number):
Architects Design Group
Susan Gantt, (407) 647-1706

Construction Manager (name and current phone number):
Jay Laing, (561) 758-0419

Total Value of Construction: \$32,500,000
Total Value of Change Orders: \$1,900,000 (SAVINGS)
Original Construction Contract Duration: 23 months
Original Contract Completion Date: 2/2011
Actual Date of Completion: 2/2011

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) 0 %
NOT REQUIRED, HOWEVER OUR FIRM HAS MET MBE/

Percentage of contract completed by each MBEs SBE REQUIREMENTS ON MANY OTHER PROJECTS

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

If yes, please state what makes this facility a Public Safety facility:
This project had the following Public Safety components: Police Station, Emergency Operations, Training Facility, 911 Dispatch Center, Administrative Offices, Logistics Services, and CAT 5 Exterior

What is the useable floor space of project in square feet? 105,000 SF

How many floors/stories are in the project? 5 / 1

Did the project include a commercial grade kitchen? Yes No

Size of site in square feet 696,960 SF (16 Acres)

Types of site work you were responsible for drainage, water and sewer, retention area, asphalt parking lot with concrete aprons

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

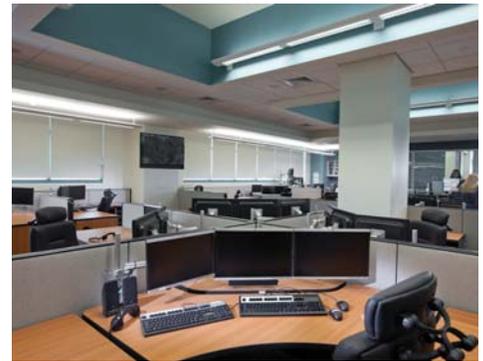
City of Sunrise, Broward County Development and Environmental Regulation Division (DER)

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 should attach a separate sheet noting the project number and question as stated and their response.

City of Sunrise Public Safety Complex



DESCRIPTION

State of the Art Public Safety facility. In addition to office space for the Police and Fire-Rescue departments to conduct their day-to-day operations, the 114,000 SF, 5-story building contains a community meeting room, holding cells, the City's Emergency Operations Center (EOC), the 911 Dispatch Center, and the City's Management Information Systems Department. Adjacent to the Public Safety building closest to Oakland Park Boulevard is the new Fire Station 72. This 4-bay, 18,000 SF, 2-story building replaces the station currently located on the corner of Oakland Park and Josh Lee Boulevards. The station also house the Departments' Logistics Support Services.

Delivery Method: CM at Risk

We utilized an extensive list of quality equipment manufacturers, suppliers and subcontractors to successfully deliver this \$32.5 Million project. Should you require further detail, we would be happy to furnish it upon your request.

PART V SECTION III – PROJECT EXPERIENCE (PROJECT 2) – Questions Concerning Recent Construction Projects \Completed:

Contractor shall provide information about its three (3) most 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: City of Deerfield Beach Mitigation Operations Center
Location: Deerfield Beach, Florida
Owner: The City of Deerfield Beach

Owner Contact (name and current phone number):
The City of Deerfield Beach
150 NE 2nd Avenue, Deerfield Beach, FL 33441
Dean Payne, Capital Projects Manager

Architect, Engineer, or Consultant (name and current phone number):
Perez & Perez Architects, Daniel Perez, (305) 444-4545

Construction Manager (name and current phone number):
Jay Laing, (561) 758-0419

Total Value of Construction: \$10,000,095
Total Value of Change Orders: \$1,400,000 (SAVINGS)
Original Construction Contract Duration: 13 months
Original Contract Completion Date: 3/2007
Actual Date of Completion: 3/2007

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) 0 %

Percentage of contract completed by each MBEs NOT REQUIRED, HOWEVER OUR FIRM HAS MET MBE/SBE REQUIREMENTS ON MANY OTHER PROJECTS

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

If yes, please state what makes this facility a Public Safety facility:
This project had the following Public Safety components: Emergency Operations 911 Dispatch Center, Administrative Offices, Fire Station

What is the useable floor space of project in square feet? 50,000 SF

How many floors/stories are in the project? 3

Did the project include a commercial grade kitchen? X Yes No

Size of site in square feet 217,800 SF (5 acres)

Types of site work you were responsible for _____
All site work, Water, sewer, Drainage, retention area

State, County and Local Permitting Agencies that you have been directly responsible for obtaining permits from:
City of Deerfield Beach and Broward County

Did this project involve Green Building Certification _____Yes X 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 should attach a separate sheet noting the project number and question as stated and their response.

City of Deerfield Beach Mitigation Operations Center



DESCRIPTION

Deerfield Beach Mitigation Operations Center, Deerfield Beach, FL, 3-story, \$10.1 Million Emergency Management Center and Fire Station for the City of Deerfield Beach. This building is constructed to withstand category 5 storms and includes administrative offices for City personnel, specialized emergency operations center, 4 apparatus bays, high-tech computer systems / data center, 24 private dormitory rooms, lockers, bathroom facilities, high-tech classrooms, a commercial grade kitchen and a small movie theatre.

Delivery Method: CM at Risk

We utilized an extensive list of quality equipment manufacturers, suppliers and subcontractors to successfully deliver this \$10.1 Million project. Should you require further detail, we would be happy to furnish it upon your request.

PART VI 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: Brighton Public Safety and Administration Complex
Location: Brighton, Florida
Owner: Seminole Tribe of Florida

Owner Contact (name and current phone number):
Seminole Tribe of Florida
6300 Stirling Road, Hollywood, Florida 33024
Steve Osceola, Board Member, (954) 661-9352

Architect, Engineer, or Consultant (name and current phone number):
Zyscovich, Michael McGuinn, (305) 372-5222
Susan Gantt, (407) 647-1706

Construction Manager (name and current phone number):
Terry Hardmon, (954) 643-5326

Total Value of Construction: \$20,414,963
Total Value of Change Orders: \$7,000,000 (SAVINGS)
Original Construction Contract Duration: 18 months
Original Contract Completion Date: 10/2014
Actual Date of Completion: 10/2014

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) 0%

Percentage of contract completed by SBE or MBE? NOT REQUIRED, HOWEVER OUR FIRM HAS MET MBE/SBE REQUIREMENTS ON MANY OTHER PROJECTS

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

If yes, please state what makes this facility a Public Safety facility:
This project had the following Public Safety components: Fire Station, Emergency Operations, Training Facility, 911 Dispatch Center, Administrative Offices, and Logistics Services

What is the useable floor space of project in square feet? 102,065 SF

How many floors/stories are in the project? 2

Did the project include a commercial grade kitchen? Yes No

Size of site in square feet 304,920 SF

Types of site work you were responsible for _____

Full site development from zero existing infrastructure (from existing trees and large buzzards...)

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

All Permitting on Tribal Land -Seminole Tribe of Florida Building Department - (base Hollywood Florida). Located in Glades County Florida

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 should attach a separate sheet noting the project number and question as stated and their response.

Brighton Public Safety and Administration Complex



DESCRIPTION

As part of the Seminole/Stiles Joint Venture with the Seminole Tribe of Florida, Stiles recently completed this 102,065 SF facility on the Brighton Reservation for the Seminole Tribe. This single-story building designed by Zyscovich Architects will provide much needed, modern and centralized location to house administration offices and state-of-the-art facilities for emergency response, police and fire rescue.

Delivery Method: CM at Risk

We utilized an extensive list of quality equipment manufacturers, suppliers and subcontractors to successfully deliver this \$20.4 Million project. Should you require further detail, we would be happy to furnish it upon your request.

April 12, 2016

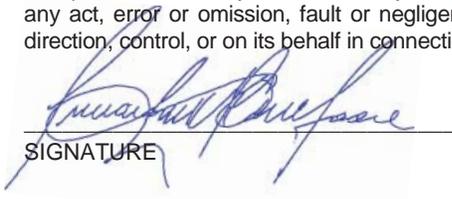
City of Hollywood, Florida
Solicitation #RFQ-4511-16-RD

HOLD HARMLESS AND INDEMNITY CLAUSE

Stiles Corporation dba Stiles Construction / Timothy O. Moore

(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

Timothy O. Moore
PRINTED NAME

Stiles Corporation dba Stiles Construction
COMPANY OF NAME

4/28/2016
DATE

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

April 12, 2016

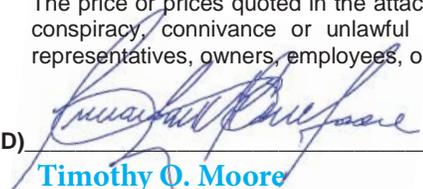
City of Hollywood, Florida
Solicitation #RFQ-4511-16-RD

NONCOLLUSION AFFIDAVIT

STATE OF: Florida

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

- (1) He/she is President of Stiles Construction, 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)  _____
Timothy O. Moore Title **President, Stiles Construction**

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

April 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4511-16-RD

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

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

1. This form statement is submitted to The City of Hollywood
by Timothy O. Moore, President for Stiles Corporation dba Stiles Construction
(Print individual's name and title) (Print name of entity submitting sworn statement)
whose business address is 301 East Las Olas Boulevard, Fort Lauderdale, Florida 33301
and if applicable its Federal Employer Identification Number (FEIN) is 65-0036314. 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.)

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

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

April 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4511-16-RD

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime, but the Final Order entered by the Hearing Officer in a subsequent proceeding before a Hearing Officer of the State of the State of Florida, Division of Administrative Hearings, determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the Final Order).

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

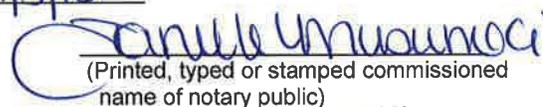

(Signature) **Timothy O. Moore**

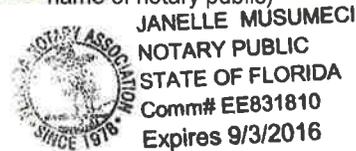
Sworn to and subscribed before me this 28th day of April, 2016.

Personally known to me

Or produced identification _____ Notary Public-State of Florida

_____ my commission expires 9/3/16
(Type of identification)


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


JANELLE MUSUMECI
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE831810
Expires 9/3/2016

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

April 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4511-16-RD

**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:

Stiles Corporation dba Stiles Construction

301 East Las Olas Boulevard

Fort Lauderdale, Florida 33301

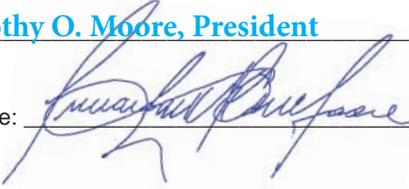
Application Number and/or Project Name:

RFQ 4511-16-RD

Applicant IRS/Vendor Number: EIN: 65-0036314

Type/Print Name and Title of Authorized Representative:

Timothy O. Moore, President

Signature:  Date: 4/28/2016

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

April 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4511-16-RD

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

Timothy O. Moore, President

PRINTED NAME

Stiles Corporation dba Stiles Construction
NAME OF COMPANY

April 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4511-16-RD

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.



SIGNATURE

Timothy O. Moore

PRINTED NAME

Stiles Corporation
dba Stiles Construction

NAME OF COMPANY

President

TITLE

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

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: Brighton Public Safety Complex

Firm giving Reference: Seminole Tribe of Florida

Address: 6300 Stirling Road, Hollywood, Florida 33024

Phone: (954) 661-9352

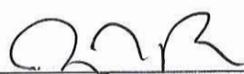
Fax: _____

Email: steveosceola@semtribe.com

1. Q: What was the dollar value of the contract?
A: FINAL CONTRACT \$20,414,963.13 (INCLUDES CREDIT OF \$7,000,000.00 IN OWNER DIRECT PURCHASES)
2. Have there been any change orders, and if so, how many?
A: YES ALL OWNER AND ARCHITECT REQUESTED
3. Q: Did they perform on a timely basis as required by the agreement?
A: YES. CONTRACT WAS EXTENDED DUE TO ADDITIONAL OWNER REQUEST
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: 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: Steve Osceola Title: Board Member

Signature:  Date: 2/1/16

April 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4511-16-RD

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: City of Sunrise Public Safety Complex & Fire Station

Firm giving Reference: City of Sunrise

Address: 10770 West Oakland Park Blvd., Sunrise, Florida 33351

Phone: (954) 572-2487

Fax: _____

Email: agavazzi@cityofsunrise.gov

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

A: \$32,500,000

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

A: YES, 24

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: CO'S WERE MOSTLY TO MODIFY LINE ITEMS IN THE SCHEDULE OF VALUES FOR ITEMS THAT THE CITY CHOSE TO PURCHASE SEPARATELY TO SAVE TAX DOLLARS

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: Alan Gavazzi, AIA Title: Capital Projects Director

Signature:  Date: 1/27/16

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: City of Deerfield Beach Mitigation Operations Center - Fire Station #102

Firm giving Reference: City of Deerfield Beach

Address: 150 NE 2nd Ave, Deerfield Beach, FL 33441

Phone: (954) 427-3343

Fax: (954) 427-5835

Email: Dpayne@Deerfield-Beach.com

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

A: \$ 10,000,093.-

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

A: SEVERAL DIRECT OWNER PURCHASES AND SEVERAL OWNER-DRIVEN CHANGES; FEW REQUESTS FOR CHANGES BY CONTRACTOR

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

A: WITHIN 2-DAYS OF ORIGINAL SCHEDULE

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)

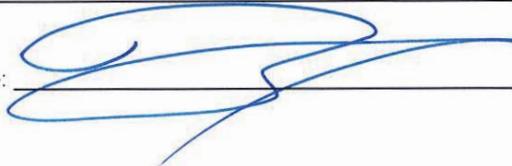
A: 5 Excellent 4 Good 3 Fair 2 Poor 1 Unacceptable

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

A: CONFIRM YOUR ACCEPTANCE OF ORIGINAL TEAM MEMBERS DOES NOT CHANGE.

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: Dean Payne Title: Capital Projects Manager

Signature:  Date: 1-28-16

LICENSES

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER
CGC028554

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

MOORE, TIMOTHY O'NEIL
STILES CONSTRUCTION
301 E LAS OLAS BLVD
FORT LAUDERDALE FL 33301




ISSUED: 08/20/2014 DISPLAY AS REQUIRED BY LAW SEQ # L140820001704

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT
115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000
VALID OCTOBER 1, 2015 THROUGH SEPTEMBER 30, 2016

DBA: STILES CONSTRUCTION CO **Receipt #:** 180-4313
Business Name: **Business Type:** GENERAL CONTRACTOR (GENERAL CONTR)

Owner Name: TIMOTHY O MOORE **Business Opened:** 01/10/2001
Business Location: 301 E LAS OLAS BLVD FT LAUDERDALE **State/County/Cert/Reg:** CGC028554
Business Phone: 954-627-9150 **Exemption Code:**

Rooms	Seats	Employees	Machines	Professionals
		45		

Number of Machines:		For Vending Business Only					Vending Type:	
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid		
135.00	0.00	0.00	0.00	0.00	0.00	135.00		

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

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

WHEN VALIDATED

Mailing Address:
STILES CONSTRUCTION CO
301 E LAS OLAS BLVD
FORT LAUDERDALE, FL 33301

Receipt # WWW-14-00124495
Paid 07/27/2015 135.00

2015 - 2016

BONDING CAPACITY



Kevin M. Cranford
Underwriting Specialist

2055 Sugarloaf Circle
Suite 350
Duluth, GA 30097
678-417-3993 (Work)
404-655-2466 (Mobile)
888-557-0524 (Toll Free)

January 28, 2016

City of Hollywood
2600 Hollywood Boulevard
Hollywood, FL 33021

**Re: Contractor Pre-Qualification Construction of Public
Safety/Capital Imp Projects
Solicitation # RFQ-4501-16-RD**

To Whom It May Concern:

Per your request for evidence of surety bonding, this letter is to advise you that Stiles Corporation d/b/a Stiles Construction is set up for bonding with Liberty Mutual Insurance Company.

Liberty Mutual Insurance Company has bonded Stiles Corporation d/b/a Stiles Construction for projects similar in scope to this job and has found them to be an outstanding contractor, with a good reputation in the construction industry. Based on their past experience, Liberty Mutual Insurance Company has considered single jobs of \$150,000,000, with an aggregate program of \$400,000,000.

Liberty Mutual Insurance Company carries a Best's Rating of A XV, is listed in the Department of the Treasury's Listing of Approved Sureties, and is licensed to write surety bonds in the State of Florida.

If Stiles Corporation d/b/a Stiles Construction has a low bid acceptable to all parties, if adequate financing is confirmed, and if all other normal underwriting requirements are met with surety approval, we look forward to providing performance and payment bonds for the referenced project.

As this is a letter of recommendation and not a bid bond, Willis Towers Watson, Liberty Mutual Insurance Company, their agents and owners accept no liability for its contents. The Surety reserves the right to review each submission and base their final decision upon normal underwriting requirements and conditions, which exist at the time of the bond request.

If I can be of additional assistance, please do not hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to read "K. M. Cranford".

Liberty Mutual Insurance Company



Kevin M. Cranford
Underwriting Specialist

2055 Sugarloaf Circle
Suite 350
Duluth, GA 30097
678-417-3993 (Work)
404-655-2466 (Mobile)
888-557-0524 (Toll Free)

Kevin M. Cranford
Attorney in Fact

State of Georgia

County of Gwinnett

On this 28th day of January, 2016 before me personally came Kevin M. Cranford, who is personally known to me, did say that he is an authorized representative of the Liberty Mutual Insurance Company and acknowledged to me that he executed the within instrument on behalf of said company and was duly authorized so to do.

In witness whereof, I have signed and affixed my official seal on the date in this certificate first above written.


Notary Public for the State of Georgia

My Commission Expires:/Seal

 2/27/17



THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 7086702

American Fire and Casualty Company
The Ohio Casualty Insurance Company

Liberty Mutual Insurance Company
West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aaron M. Hill; Anne Baker; Arturo Gonzalez; Benjamin Stahl; Byung So; Dana B. Henderson; Elaine E. Vincent; Gabe Schlappi; J. Ryan Turner; Jay S. Barton; Jordan K. Macon; Karen L. Martin; Kevin M. Cranford; Kimberly Farmer; Lalfredia M. Johnson; LaTrena S. Gibson; Lawrence B. Peppers; Leonard Nettles; Linda K. Downing; Lisa M. Brissey; Michael Brown; Michael Holmes; Noelle C. Johnson; Richard D. Whitmire; Steve Kelley; Troy Lipschutz; Wendy Howe; William C. Hicklin

all of the city of Duluth state of GA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 17th day of August, 2015



American Fire and Casualty Company
The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 17th day of August, 2015, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires March 28, 2017
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS – Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts – SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Gregory W. Davenport, the undersigned, Assistant Secretary, of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this _____ day of _____, 20_____.



By: Gregory W. Davenport
Gregory W. Davenport, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

AUDITED FINANCIALS

Please see our 2015 Audited Financial Statements in a separate sealed envelope.