



City of Hollywood
Procurement Services

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

[J. GOMEZ & SON CORP DBA TOP CHOICE] RESPONSE DOCUMENT REPORT

IFB No. IFB-291-25-WV

Professional Irrigation Services

RESPONSE DEADLINE: April 16, 2025 at 3:00 pm

Report Generated: Monday, April 21, 2025

J. Gomez & Son Corp dba Top Choice Response

CONTACT INFORMATION

Company:

J. Gomez & Son Corp dba Top Choice

Email:

tcsprinklersystems@hotmail.com

Contact:

Jason Gomez

Address:

146 Airstream Lane
Tavernier, FL 33070

Phone:

(954) 275-2820

Website:

N/A

Submission Date:

Apr 2, 2025 9:35 PM (Eastern Time)

ADDENDA CONFIRMATION

No addenda issued

QUESTIONNAIRE

1. VENDOR REFERENCE FORM*

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

- [Vendor Reference Form.pdf](#)

vendor_form_1.pdf

vendor_form_2.pdf

1739_001.pdf

2. Information Upload*

Please upload all specifications/licenses for your submittal here per requirements on Contractor Qualifications section.

broward_county_certificate_of_competency_2026_(1).pdf

3. HOLD HARMLESS AND INDEMNITY CLAUSE*

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

Confirmed

4. NON-COLLUSION STATEMENT*

I, being first duly sworn, depose that:

- A. He/she is an authorized representative of the Company, the Proposer that has submitted the attached Proposal.
- B. He/she has been fully informed regarding the preparation and contents of the attached Proposal and of all pertinent circumstances regarding such Proposal;
- C. Such Proposal is genuine and is not a collusion or sham Proposal;
- D. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contractor for which the attached Proposal has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices, profit or cost element of the Proposal price or the Proposal price of any other Proposer, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- E. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Confirmed

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

The applicant certifies that it and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or

commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

Confirmed

6. DRUG-FREE WORKPLACE PROGRAM*

- A. IDENTICAL TIE PROPOSALS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie proposals will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:
 - 1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
 - 2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
 - 3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
 - 4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer

of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program (if such is available in the employee's community) by, any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of these requirements.

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

Confirmed

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

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. "No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, local government attorney, or candidate would be influenced thereby." The term "public officer" includes "any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

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

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

- Real property or its use,
- Tangible or intangible personal property, or its use,
- A preferential rate or terms on a debt, loan, goods, or services,
- Forgiveness of indebtedness,
- Transportation, lodging, or parking,
- Food or beverage,

- Membership dues,
- Entrance fees, admission fees, or tickets to events, performances, or facilities,
- Plants, flowers or floral arrangements
- Services provided by persons pursuant to a professional license or certificate.
- Other personal services for which a fee is normally charged by the person providing the services.
- Any other similar service or thing having an attributable value not already provided for in this section.

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

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

Confirmed

8. Certificate of Insurance*

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

City_of_Hollywood_(4)_ (1).PDF

9. PROOF OF SUNBIZ REGISTRATION*

Enter company FEIN to be verified in Sunbiz

27-2675505

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

10. ACKNOWLEDGMENT AND SIGNATURE PAGE

IF CORPORATION - DATE INCORPORATED/ORGANIZED:*

05/24/2010

STATE INCORPORATED/ORGANIZED:*
Florida

REMITTANCE ADDRESS*

146 Airstream Lane, Tavernier, Florida 33070

BIDDER/PROPOSER'S AUTHORIZED REPRESENTATIVE'S TYPED FULL NAME*
Jason Gomez

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

Confirmed

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

Confirmed

BID FORM*

Please download the below documents, complete, and upload.

- [Bid Form MASTER.docx](#)

Bid_Form_MASTER_(1).pdf

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

THIS FORM STATEMENT IS SUBMITTED TO THE CITY OF HOLLYWOOD BY:*

(Print individual's name and title) (Print name of entity submitting sworn statement)

Jason Gomez

SWORN STATEMENT CONTINUATION:*

Enter business address:

146 Airstream Lane, Tavernier, Florida 33070

SWORN STATEMENT CONTINUATION:*

Enter Federal Employer Identification Number (FEIN) is:

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

27-2675505

SWORN STATEMENT CONTINUATION:*

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

I understand

SWORN STATEMENT CONTINUATION:*

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

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

Confirmed

SWORN STATEMENT CONTINUATION:*

I understand that “person,” as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity.

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

Confirmed

SWORN STATEMENT CONTINUATION:*

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

Division of Administrative Hearings, determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the Final Order).

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

SWORN STATEMENT CONFIRMATION*

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

Confirmed

PRICE TABLES

HOURLY BID TOTALS

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	Irrigation Technician	2,080	Hourly	\$45.00	\$93,600.00
2	Irrigation Helper	2,080	Hourly	\$27.00	\$56,160.00
3	Certified Electrician	400	Hourly	\$45.00	\$18,000.00
4	Emergency Services	400	Hourly	\$50.00	\$20,000.00
TOTAL					\$187,760.00

PERCENTAGE BID

(*Not to exceed 20% markup on all materials related to irrigation repairs)

Line Item	Description	Unit of Measure	Percentage
5	Percentage (%) Markup Materials	\$20,000.00	20%

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-291-25-WV
 Reference for: professional Irrigation Services

Organization/Firm Name providing reference: Monroe Marine Construction, Corp.
 Organization/Firm Contact Name: Michael Cabanas Title: President
 Email: monroemarineconstruction@gmail.com Phone: 786-762-1168
 Name of Referenced Project: Landscaping Installation Contract No: _____
 Date Services were provided: Irrigation Services April 2024 Project Amount: \$145,000
 Referenced Vendor's role in Project: ☒ Prime Vendor ☐ Subcontractor/
 Would you use the Vendor again? ☒ Yes ☐ Subconsultant
☐ No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
Installation and Maintenance Repairs of Irrigation
Installation and Maintenance of Sod, Annual
Flowers, Palm trees.

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

Additional Comments (provide additional sheet if necessary):
Extremely dependable, Very Professional and
excellent Service!

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

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-291-25-WV
 Reference for: professional Irrigation Services

Organization/Firm Name providing reference:

Ocean Four Condo Association

Organization/Firm Contact

Title:

Name:

OceanFour/christian ortiz, LCM Property Manager

Email:

christortiz1@hotmail.com

Phone:

954-410-2168

Name of Referenced Project: landscape Irrigation

Contract No:

Date Services were provided:

March 2023

Project

Amount:

\$250,000

Referenced Vendor's role in Project:

☒ Prime Vendor

☐ Subcontractor/
Subconsultant

Would you use the Vendor again?

☒ Yes

☐ No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):

Landscaping Installation with Irrigation and Maintenance Service Including Repairs. They installed and Maintained the Land Scaping and Irrigation.

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

Additional Comments (provide additional sheet if necessary):

Top choice Sprinkler Systems and Landscaping is Very dependable and easy to work with. They are very knowledgeable and Professional.

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

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

VENDOR REFERENCE FORM

IFB-291-25-WV

City of Hollywood Solicitation #:

Reference for:

Top Choice Sprinkler Systems & Landscaping

Organization/Firm Name providing
reference:

2080 Ocean Drive Condominium

Organization/Firm Contact

Title:

Name:

Gabriella Eldik
Manager@2080ocean.net

Property Manager

Email:

Phone: 954-456-0200

Name of Referenced Project:

Contract No:

Date Services were provided:

Project

2/10/2025 - 2/14/2025

Amount: \$15,887.50

Referenced Vendor's role in
Project:

☒ Prime Vendor

☐ Subcontractor/
Subconsultant

Would you use the Vendor
again?

☒ Yes

☐ No. Please specify in additional
comments

Description of services provided by Vendor (provide additional sheet if necessary):

Top Choice significantly enhanced the landscaping at the condo tower and townhomes by creating visually appealing and well-maintained outdoor spaces. Plants and mulch was added to transform the entrances of both properties.

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

Additional Comments (provide additional sheet if necessary):

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

IRRIGATION SPECIALTY CONTRACTOR

04-CLS-728-X

GOMEZ, FIDEL R. - QUALIFYING

J GOMEZ & SONS CORP Dba Top Choice Sprinkler System & Landscapir

146 AIRSTREAM LANE

TAVERNIER FL 33070

EXPIRES 08/31/2026



CERTIFICATE OF COMPETENCY

Detach and **SIGN** the reverse side of this card **IMMEDIATELY** upon receipt! **You** should carry this card with you at all times.

Contractor must obtain a photo I.D. Certificate of Competency Card every two years.

GOMEZ, FIDEL R.
146 AIRSTREAM LANE
TAVERNIER FL 33070

**BROWARD COUNTY, FLORIDA
CERTIFICATE OF COMPETENCY**

CC# IRRIGATION SPECIALTY CONTRACTOR
04-CLS-728-X
GOMEZ, FIDEL R. - QUALIFYING
J GOMEZ & SONS CORP Dba Top Choice
Sprinkler System & Landscaping
146 AIRSTREAM LANE
TAVERNIER FL 33070
EXPIRES 08/31/2026



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/20/2025

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

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

PRODUCER Eva Insurance LLC DBA Sebanda Insurance #28 13921 SW 66th St Miami FL 33183		CONTACT NAME: LILIAN CHONG PHONE (A/C, No, Ext): (305) 468-4740 FAX (A/C, No): E-MAIL ADDRESS: lilian@sebandainsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: NEXT INSURANCE US COMPANY	
		INSURER B: INFINITY AUTO INS CO	
		INSURER C: PIE INSURANCE	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED J GOMEZ & SONS CORP DBA TOP CHOICE SPRINKLER SYS 146 Airstream Ln Tavernier FL 33070			

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	x		NXTL9FJ3RU-03-GL	10/12/2024	10/12/2025	EACH OCCURRENCE		
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000		
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 15,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000	
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	x		50018140601	12/03/2025	12/03/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000	
	ANY AUTO								
	OWNED AUTOS ONLY						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person)	\$
	HIRED AUTOS ONLY						<input type="checkbox"/> NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$	
							Personal Injury Protect	\$ 10,000	
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE	\$	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$	
	DED <input type="checkbox"/> RETENTION \$							\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	x	WC 112818 01	12/21/2025	12/21/2026	PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
	If yes, describe under DESCRIPTION OF OPERATIONS below								
							E.L. EACH ACCIDENT	\$ 1,000,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

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

City of Hollywood is listed as a additional Insurance for General Liability and Auto Liability

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood Public Works 1600 S. Park Rd Hollywood, FL 33021 FL 33021	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE LILIAN CHONG

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Form 13

Bond Form

(Construction)

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS:

That we J GOMEZ & SONS CORP D/B/A TOP CHOICE SPRINKLER SYSTEMS, as Principal, and Jason Gomez, as Surety, are held and firmly bound unto the City of Hollywood in the sum of one hundred-
Eighty seven thousand seven hundred sixty. Dollars (\$ 187,760.00) lawful money of the United States, amounting to 5% of the total SOLICITATION Price, for the payment of said sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the principal has submitted the accompanying SOLICITATION, dated April 2, 2025 for

Solicitation #: IFB-291-25-WV

Solicitation Title:

Professional Irrigation Services

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

Approved Solicitation Bond

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

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

IN WITNESS WHEREOF, the above bound parties have executed this statement under their seal(s) this 2nd _____ day of April _____, 20_25_, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

WHEN THE PRINCIPAL IS AN INDIVIDUAL:

Signed, sealed and delivered in the presence of:

_____	n/a
Witness	Signature of Individual

Address	

	Printed Name of Individual

Witness	

Address	

Approved Solicitation Bond

WHEN THE PRINCIPAL IS A CORPORATION:

Attest:



Secretary

J GOMEZ & SONS CORP D/B/A TOP CHOICE SPRINKLER SYSTEMS

Name of Corporation

146 AIRSTREAM LANE

Business Address

TAVERNIER, FL 33070

By: _____

(Affix Corporate Seal)

JASON GOMEZ

Printed Name

PRESIDENT

Official Title

CERTIFICATE AS TO CORPORATE PRINCIPAL

I, JASON GOMEZ, certify that I am the secretary of the

Corporation named as Principal in the attached bond; that JASON GOMEZ

_____ who signed the said bond on behalf of the Principal, was then J GOMEZ & SONS CORP D/B/A

TOP CHOICE SPRINKLER SYSTEMS of said Corporation; that I know his signature, and his signature thereto is genuine, and that said bond was duly signed, sealed and attested for and on behalf of said Corporation by authority of its governing body.

(SEAL)

Secretary

Approved Solicitation Bond

TO BE EXECUTED BY CORPORATE SURETY:

Attest:

Secretary

JASON GOMEZ

Corporate Surety

146 AIRSTREAM LANE, TAVERNIER, FL 33070

Business Address

BY: _____
(Affix Corporate Seal)

Attorney-in-Fact

Name of Local Agency

Business Address

STATE OF FLORIDA

Before me, a Notary Public, duly commissioned, qualified and acting, personally appeared,
_____ to me well known, who being by me first duly sworn upon
oath says that he is the attorney-in-fact for the _____ and
that the has been authorized by _____ to execute the forgoing
bond on behalf of the CONTRACTOR named therein in favor of the City of Hollywood, Florida.
Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public, State of Florida

My Commission Expires:

- END OF SECTION-