



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

[SOUTHEASTERN ENGINEERING CONTRACTORS, INC.] RESPONSE DOCUMENT REPORT

IFB No. IFB-371-26-JJ

Lift Station N-07 and N-08 Retrofits and Force Main Upgrades

RESPONSE DEADLINE: January 22, 2026 at 3:00 pm

Report Generated: Tuesday, January 27, 2026

Southeastern Engineering Contractors, Inc. Response

CONTACT INFORMATION

Company:

Southeastern Engineering Contractors, Inc.

Email:

jc@southeasterneng.com

Contact:

Eduardo Dominguez

Address:

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

Phone:

N/A

Website:

N/A

Submission Date:

Jan 22, 2026 1:11 PM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1

Confirmed Jan 14, 2026 4:51 PM by Eduardo Dominguez

Addendum #2

Confirmed Jan 14, 2026 4:51 PM by Eduardo Dominguez

Addendum #3

Confirmed Jan 15, 2026 3:15 PM by Eduardo Dominguez

QUESTIONNAIRE

1. VENDOR REFERENCE FORM*

Please download the below documents, complete, and upload.

- [Vendor Reference Form.pdf](#)

FLL_Vendor_Reference.pdf

GB_Vendor_Reference.pdf

Opa_locka_Vendor_Reference_Form.pdf

Reference_Wilton_Menors.pdf

2. HOLD HARMLESS AND INDEMNITY CLAUSE*

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

Confirmed

3. NON-COLLUSION STATEMENT*

I, being first duly sworn, depose that:

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

Confirmed

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

The applicant certifies that it and its principals:

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

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

Confirmed

5. DRUG-FREE WORKPLACE PROGRAM*

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

4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program (if such is available in the employee's community) by, any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of these requirements.

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

Confirmed

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

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

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

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

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

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

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

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

Confirmed

7. Certificate of Insurance*

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

City_of_Hollywood_COI.pdf

8. PROOF OF SUNBIZ REGISTRATION*

Enter company FEIN to be verified in Sunbiz

59-242-5850

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

9. ACKNOWLEDGMENT AND SIGNATURE PAGE

IF CORPORATION - DATE INCORPORATED/ORGANIZED: *
June/1984

STATE INCORPORATED/ORGANIZED: *
Florida

REMITTANCE ADDRESS*

911 NW 209th Avenue, Suite 101, Pembroke Pines, Fl 33029

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

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

Confirmed

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

Confirmed

BID FORM*

Please download the below documents, complete, and upload.

- [Bid Form MASTER.docx](#)

Bid_Bond_-_Form_13.pdf

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

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

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

Eduardo Dominguez, President - Southeastern Engineering Contractors, Inc.

SWORN STATEMENT CONTINUATION:*

Enter business address:

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

SWORN STATEMENT CONTINUATION:*

Enter Federal Employer Identification Number (FEIN) is:

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

59-242-5850

SWORN STATEMENT CONTINUATION:*

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

Understood

SWORN STATEMENT CONTINUATION:*

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

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

Confirmed

SWORN STATEMENT CONTINUATION:*

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

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

Confirmed

SWORN STATEMENT CONTINUATION:*

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

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

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

SWORN STATEMENT CONFIRMATION*

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

Confirmed

PRICE TABLES

LIFT STATION N-07

[SOUTHEASTERN ENGINEERING CONTRACTORS, INC.] RESPONSE DOCUMENT REPORT

IFB No. IFB-371-26-JJ

Lift Station N-07 and N-08 Retrofits and Force Main Upgrades

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
Summary of Construction Activities for Lift Station N-07 (Including Meter Vault)					
01	Construction Activities for Lift Station N-07	1	LS	\$599,895.00	\$599,895.00
02	Construction Activities for Proposed N-7 Meter Vault	1	LS	\$98,560.00	\$98,560.00
03	Upgraded 25 HP Pumps, Settables and Installation	1	LS	\$395,512.00	\$395,512.00
04	Upgraded Electrical and Instrumentation for 25 HP Pumps	1	LS	\$898,820.00	\$898,820.00
05	By-Pass Pumping and Piping Assembly	90	DAY	\$842.00	\$75,780.00
Summary of Construction Activities For Lift Station N-08 and Aerial Force Main Replacement					
06	Construction Activities For Lift Station N-08	1	LS	\$1,471,448.00	\$1,471,448.00
07	Construction Activities For the Aerial Force Main Replacement	1	LS	\$94,958.00	\$94,958.00
08	By-Pass Pumping and Piping Assembly	180	DAY	\$465.00	\$83,700.00
Miscellaneous Items for Lift Station N-07 and N-08					
09	New Aluminum Railings, Fencing and Gates Including Signed and Sealed Drawings by Specialty Engineer	1	LS	\$148,850.00	\$148,850.00
10	Epoxy Sealing of Concrete Cracks	50	LF	\$494.00	\$24,700.00
11	Concrete Repair	40	CF	\$455.00	\$18,200.00
12	New Epoxy Set Rebar Installation	50	LF	\$130.00	\$6,500.00
General Conditions and Allowances					

[SOUTHEASTERN ENGINEERING CONTRACTORS, INC.] RESPONSE DOCUMENT REPORT

IFB No. IFB-371-26-JJ

Lift Station N-07 and N-08 Retrofits and Force Main Upgrades

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
13	Owner's Contingency (Please Put \$230,000 in Unit Cost)	1	AL	\$230,000.00	\$230,000.00
14	Maintenance of Traffic	1	LS	\$15,600.00	\$15,600.00
15	Pre-Construction Video	1	LS	\$3,900.00	\$3,900.00
16	Mobilization (Max. 3% Total Bid Price Minus Allowances, Consideration for Indemnification and Demobilization/Mobilization)	1	LS	\$115,640.00	\$115,640.00
17	Demobilization (Min. 2% Total Bid Price Minus Allowances, Consideration for Indemnification and Demobilization/Mobilization)	1	LS	\$40,040.00	\$40,040.00
18	Stormwater Pollution Prevention Plan (SWPPP)	1	LS	\$13,000.00	\$13,000.00
19	Clearing and Grubbing	1	LS	\$11,700.00	\$11,700.00
20	Specialty Engineer/Inspector (Please Put \$75,000 in Unit Cost)	2	AL	\$75,000.00	\$150,000.00
21	Permit, Licenses, Fees and Material Testing Allowance (Please Put \$69,000 in Unit Cost)	1	AL	\$69,000.00	\$69,000.00
22	As-Built and Record Drawings	1	LS	\$24,050.00	\$24,050.00
23	Pre-Trenching	1	LS	\$10,010.00	\$10,010.00
24	FPL Allowance (Please Put \$100,000 in Unit Cost)	1	AL	\$100,000.00	\$100,000.00
25	Consideration for Indemnification (Please Put \$10 in Unit Cost)	1	LS	\$10.00	\$10.00
TOTAL					\$4,699,873.00

ALTERNATE BID

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
Alternate Bid Of Construction Activities for Lift Station N-07					
3A	Base 20 HP Pumps, Setttables and Installation	1	LS	\$376,012.00	\$376,012.00
4A	Electrical and Instrumentation for 20 HP Pumps	1	LS	\$879,320.00	\$879,320.00
5A	By-Pass Pumping and Piping Assembly	90	Day	\$842.00	\$75,780.00
TOTAL					\$1,331,112.00

FORM 4 VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-361-26-JJ Lakes Neighborhood Exfiltration - Phase1
 Reference for: Southeastern Engineering Contractors, Inc

Organization/Firm Name providing reference: City of Fort Lauderdale
 Organization/Firm Contact Name: Sayd Hussain Title: Project Manager II
 Email: Saydh@fortlauderdale.gov Phone: 954-828-5678
 Name of Referenced Project: Annual Construction of General Stormwater Infrastructure (P12220) Contract No: 12504-613-5
 Date Services were provided: 5/31/2022 to 5/31/2024 Project Amount: \$1,285,714.29
 Referenced Vendor's role in Project: Prime Vendor Subcontractor/ Subconsultant
 Would you use the Vendor again? Yes No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
 Installation of new storm drainage infrastructure and Tidal Valves

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
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:	

FORM 4 VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-361-26-JJ Lakes Neighborhood Exfiltration - Phase1
 Reference for: Southeastern Engineering Contractors, Inc

Organization/Firm Name providing reference: Town of Golden Beach
 Organization/Firm Contact Name: Lissett Rovira Title: Director of Capital Improvements
 Email: LRovira @goldenbeach.us Phone: (305) 932-0744 ext. 242
 Name of Referenced Project: Center Island Pump Station Contract No: 00500-3
 Date Services were provided: 11/2020 - 12/2021 Project Amount: \$1,235,288.50
 Referenced Vendor's role in Project: Prime Vendor Subcontractor/ Subconsultant
 Would you use the Vendor again? Yes No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
Furnish and install (2) submersible storm water pumps

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
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):
Contractor is responsible and responsive to the client and consulting engineers.

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

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

FORM 4 VENDOR REFERENCE FORM

City of Hollywood Solicitation #: _____
 Reference for: _____

Organization/Firm Name providing reference: _____
 Organization/Firm Contact Name: _____ Title: _____
 Email: _____ Phone: _____
 Name of Referenced Project: _____ Contract No: _____
 Date Services were provided: _____ Project Amount: _____
 Referenced Vendor's role in Project: Prime Vendor Subcontractor/ Subconsultant
 Would you use the Vendor again? Yes No. Please specify in additional comments

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

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
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:

FORM 4 VENDOR REFERENCE FORM

City of Hollywood Solicitation #: IFB-361-26-JJ Lakes Neighborhood Exfiltration - Phase1
 Reference for: Southeastern Engineering Contractors, Inc

Organization/Firm Name providing reference: City of Wilton Manors
 Organization/Firm Contact Name: Todd Delesis Title: Capital Projects Administrator
 Email: tdelesis@wiltonmanors.com Phone: 954-390-2105
 Name of Referenced Project: West Side Drainage Contract No: _____
 Date Services were provided: _____ Project Amount: \$ 375,000
 Referenced Vendor's role in Project: Prime Vendor Subcontractor/ Subconsultant
 Would you use the Vendor again? Yes No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
Installation of underground stormwater drainage facility

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
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:	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/19/2025

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

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

PRODUCER Bowen, Miclette & Britt of Florida, LLC 850 Concourse Pkwy S, Suite #105 Maitland FL 32751	CONTACT NAME: Michelle Rushing PHONE (A/C. No. Ext): 407-647-1616 E-MAIL ADDRESS: mrushing@bmbinc.com	FAX (A/C. No.): 407-628-1635													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Charter Oak Fire Ins. Co.</td> <td>25615</td> </tr> <tr> <td>INSURER B : Travelers Indemnity Company</td> <td>26658</td> </tr> <tr> <td>INSURER C : Travelers Property Casualty Co of Amer</td> <td>25674</td> </tr> <tr> <td>INSURER D : Bridgefield Casualty Insurance Company</td> <td>10335</td> </tr> <tr> <td>INSURER E : Navigators Specialty Insurance Company</td> <td>36056</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Charter Oak Fire Ins. Co.	25615	INSURER B : Travelers Indemnity Company	26658	INSURER C : Travelers Property Casualty Co of Amer	25674	INSURER D : Bridgefield Casualty Insurance Company	10335	INSURER E : Navigators Specialty Insurance Company	36056	INSURER F :
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COVERAGES

CERTIFICATE NUMBER: 1245193992

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	DT-CO-7T598390-COF-25	9/22/2025	9/22/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BA-7T59913A-25-2S-G	9/22/2025	9/22/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	CUP-7T606799-25-2S	9/22/2025	9/22/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y N/A	19656073	9/22/2025	9/22/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Pollution Liability Professional Liability			SF25ECPU00633NC	9/22/2025	9/22/2026	Each Poll Incident 1,000,000 Prof Limit Included 2,000,000 Aggregate


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

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

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

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

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood Department of Public Utilities Engineering and Construction Services (ECSD) 1621 N. 14th St. Hollywood FL 33020	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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ADDITIONAL REMARKS SCHEDULE

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

ADDITIONAL REMARKS

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

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

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

Certificate Holder includes: City of Hollywood

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

Form 13

Bid Guaranty Form

(Construction)

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS: That we Southeastern Engineering Contractors, Inc., as Principal, and FCCI Insurance Company, as Surety, are held and firmly bound unto the City of Hollywood in the sum of _____

five percent of amount of bid Dollars (\$ 5% amount of bid lawful money of the United States, amounting to 5% of the total SOLICITATION Price, for the payment of said sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the principal has submitted the accompanying SOLICITATION, dated 1/22/26 for

**Lift Station N-07 and N-08 Retrofits and Force Main Upgrades
ECSD Project No. 8072**

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

Approved SOLICITATION Bond

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

IN WITNESS WHEREOF, the above bound parties have executed this statement under their several seals this 222nd day of January, 2026, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

WHEN THE PRINCIPAL IS AN INDIVIDUAL:

Signed, sealed and delivered in the presence of:

Witness

Signature of Individual

Address

Printed Name of Individual

Witness

Address

WHEN THE PRINCIPAL IS A CORPORATION:

Attest:

Secretary

Southeastern Engineering Contractors, Inc

Name of Corporation

911 NW 209 Ave, Suite 101

Business Address

Pembroke Pines FL 33029

By:

(Affix Corporate Seal)

Eduardo Dominguez, President

Printed Name

President

Official Title

CERTIFICATE AS TO CORPORATE PRINCIPAL

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

By:

(Affix Corporate Seal)

Secretary

Approved SOLICITATION Bond

TO BE EXECUTED BY CORPORATE SURETY:

Attest:

Maria Li 


secretary

FCCI Insurance Company

Corporate Surety
6300 University Parkway

Business Address

Sarasota, FL 34240

BY: 

(Affix Corporate Seal)

Brown & Brown Insurance Services

Name of Local Agency

Claudio Rubiera

Attorney-in-Fact

8825 NW 21st Terr

Business Address

Doral FL 33172

STATE OF FLORIDA

Before me, a Notary Public, duly commissioned, qualified and acting, personally appeared, ~~Claudio Rubiera~~ to me well known, who being by me first duly sworn upon oath says that he is the attorney-in-fact for FCCI Insurance Company and that the has been authorized by Power of Attorney to execute the forgoing bond on behalf of the CONTRACTOR named therein in favor of the City of Hollywood, Florida. Subscribed and sworn to before me this 22nd day of January, 2026



Notary Public, State of Florida

My Commission Expires:

- END OF SECTION-



MAYRA RODRIGUEZ
Commission # HH 315319
Expires November 14, 2026