

SOLICITATION - OFFER - AWARD

SOLICITATION NO.: 23-CG0043/GL	SOLICITATION TITLE: ELGIN BOULEVARD FORCE MAIN PROJECT	DATE ISSUED: <u>April 12, 2023</u>	CONTRACT NO.: 23-CG0043/GL
ISSUED BY: <div style="text-align: center;"> BOARD OF COUNTY COMMISSIONERS HERNANDO COUNTY, FLORIDA John Allocco, Chairman Beth Narverud, Vice Chairman Steve Champion, Second Vice Chairman Jerry Campbell Brian Hawkins </div>		SUBMIT BID OFFER TO: <div style="text-align: center;"> HERNANDO COUNTY PROCUREMENT DEPARTMENT 15470 FLIGHT PATH DRIVE BROOKSVILLE, FL 34604 Toni Brady Chief Procurement Officer </div>	

SOLICITATION

PREQUALIFICATION FOR FURNISHING THE SERVICES, SUPPLIES OR EQUIPMENT DESCRIBED HEREIN WILL BE RECEIVED AT THE OFFICE OF HERNANDO COUNTY PROCUREMENT DEPARTMENT, VIA HERNANDO COUNTY'S EPROCUREMENT PORTAL AT: [https://secure.procurenow.com/portal/Hernando County](https://secure.procurenow.com/portal/Hernando%20County), **UNTIL 10:00 A.M., LOCAL TIME ON MAY 15, 2023**. NO PREQUALIFICATIONS WILL BE ACCEPTED AFTER THE ABOVE STIPULATED DATE AND TIME. THIS IS AN ADVERTISED SOLICITATION AND THE RESPONDING BIDDERS WILL BE PUBLICLY READ IN THE PURCHASING AND CONTRACTS DEPARTMENT CONFERENCE ROOM, 15470 FLIGHT PATH DRIVE, BROOKSVILLE, FL 34604 AT **10:00 A.M. ON MAY 15, 2023**. PURSUANT TO FS 119.071 (Current Edition), SEALED BIDS, PROPOSALS, OR REPLIES RECEIVED BY AN AGENCY PURSUANT TO A COMPETITIVE SOLICITATION ARE EXEMPT FROM INSPECTION UNTIL SUCH TIME AS THE AGENCY PROVIDES NOTICE OF AN INTENDED DECISION OR UNTIL THIRTY (30) DAYS AFTER OPENING THE BIDS, PROPOSALS, OR FINAL REPLIES, WHICHEVER IS EARLIER.

ITEM NO.	DESCRIPTION OF SERVICE/SUPPLIES/EQUIPMENT	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT
1	FOR PROVIDING INSTALLATION OF A NEW 12-INCH WASTEWATER FORCE MAIN ALONG ELGIN BLVD AND BARCLAY AVE SUBMIT PRICING ON ELECTRONIC BID FORM IF REQUIRED	XXXX	XXXX	XXXXXXXX	\$2,230,682.00

OFFER

(TERMS, CONDITIONS AND SPECIFICATIONS ARE INCLUDED AS PARTS HEREOF)

I CERTIFY THAT THIS PRE-QUALIFICATION IS MADE WITHOUT PRIOR UNDERSTANDING, AGREEMENT, OR CONNECTION WITH ANY CORPORATION, FIRM, OR PERSON SUBMITTING A PRE-QUALIFICATION FOR THE SAME SERVICE, MATERIALS, SUPPLIES, OR EQUIPMENT, AND IS IN ALL RESPECTS FAIR AND WITHOUT COLLUSION OR FRAUD. I AGREE TO ABIDE BY ALL CONDITIONS OF THIS PRE-QUALIFICATION AND CERTIFY THAT I AM AUTHORIZED TO SIGN THIS PRE-QUALIFICATION FOR THE VENDOR/CONTRACTOR. IN SUBMITTING A PRE-QUALIFICATION TO THE COUNTY OF HERNANDO THE VENDOR/CONTRACTOR OFFERS AND AGREES THAT THE VENDOR/CONTRACTOR ASSIGNS AND TRANSFERS TO THE COUNTY OF HERNANDO ALL RIGHTS AND INTEREST IN AND TO ALL CAUSES FOR ACTION IT MAY NOW OR HEREAFTER ACQUIRE UNDER THE ANTI-TRUST LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA FOR PRICE FIXING RELATING TO THE PARTICULAR COMMODITIES OR SERVICES PURCHASED OR ACQUIRED BY THE COUNTY OF HERNANDO.

DISCOUNT FOR PROMPT PAYMENT: ~~10~~ % ~~10~~ CALENDAR DAYS ~~20~~ % ~~20~~ CALENDAR DAYS ~~30~~ % ~~30~~ CALENDAR DAYS

BIDDER'S INFORMATION Midsouth Inc. <small>Company Name</small> 201 South Apopka Ave <small>Address</small> Inverness, FL 34452 <small>City</small> 352-726-3940 <small>State</small> <small>Zip Code</small> scott@midsouth.info <small>Phone Number</small> <small>Fax Number</small> <small>Email Address</small>	NAME AND TITLE OF PERSON AUTHORIZED TO SIGN BID OFFER: BIDDER'S SIGNATURE Margaret Durham, Controller OFFER DATE 5/15/23
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AWARD

(TO BE COMPLETED BY COUNTY)

REVIEWED FOR LEGAL SUFFICIENCY: 3/3/2023	LR NO.: 2023-123	BY: Victoria Anderson
ACCEPTED AS TO ITEM(S) NO:	AMOUNT:	ACCOUNTING CODE:
SUBMIT INVOICES TO: HERNANDO COUNTY UTILITIES DEPARTMENT 15365 CORTEZ BLVD BROOKSVILLE, FL. 34613	NAME AND TITLE OF PERSON AUTHORIZED TO SIGN ACCEPTANCE AND AWARD FOR THE COUNTY:	
	SIGNATURE:	AWARD DATE:



County of Hernando
Procurement Department

Toni Brady, Chief Procurement Officer
15470 Flight Path Drive, Brooksville, FL 34604

PROPOSAL DOCUMENT REPORT

ITB No. 23-CG0043/GL

[Elgin Boulevard Force Main Project](#)

RESPONSE DEADLINE: May 15, 2023 at 10:00 am

Report Generated: Friday, May 26, 2023

Midsouth Inc. Proposal

CONTACT INFORMATION

Company:

Midsouth Inc.

Email:

estimating@midsouth.info

Contact:

Scott Smith

Address:

201 S. Apopka Ave
Inverness, FL 34452

Phone:

(352) 726-3940

Website:

N/A

Submission Date:

May 15, 2023 8:41 AM

ADDENDA CONFIRMATION

No addenda issued

QUESTIONNAIRE

1. THE UNDERSIGNED, BEING DULY AUTHORIZED TO SUBMIT THIS BID ON BEHALF OF THE BIDDER, AGREES THAT THIS OFFER IF ACCEPTED WITHIN ONE HUNDRED TWENTY (120) DAYS FROM THE BID OPENING DATE, TO FURNISH TO HERNANDO COUNTY ANY AND ALL ITEMS FOR WHICH PRICES ARE OFFERED IN THIS BID SOLICITATION AT THE PRICE(S) SO OFFERED, DELIVERED AT DESIGNATED POINT(S), WITHIN THE TIME PERIOD SPECIFIED, AND AT THE TERMS AND CONDITIONS SO STIPULATED IN THE SOLICITATION FOR BIDS.*

Pass

Confirmed

2. Authorized person *

Pass

Are you fully authorized to bind this company, or corporation.

Yes

3. Authorized Person's information *

Pass

Please provide your

Name

Title

Business Address

William Scott Smith, Vice President, 201 South Apopka Avenue, Inverness FL 34452

4. Bidder accepts all of the terms and conditions of the Instructions to Bidders, including without limitation those dealing with the disposition of bid security. *

Pass

Confirmed

5. Upload Florida Permit

Pass

Bidders who are non-resident corporations shall furnish to the Owner a duly certified copy of their permit to transact business in the State of Florida along with the bid. Failure to submit this evidence or qualification to do business in the State of Florida may be basis for rejection of the bid.

license_Midsouth.pdfBidding_pages-_certificates_COI_licenses.pdfSUNBIZ.pdf

6. Bidder Acknowledgement*

Pass

Agree at the time of submitting its bid that no further examinations, investigations, explorations, tests, studies, or data are necessary for the determination of its bid for performance of the work at the price(s) bid and within the times and in accordance with the other terms and conditions of the bid documents.

Confirmed

7. BID FORM CONFIRMATION *

Pass

The Board of County Commissioners

Hernando County, Florida

The undersigned, hereinafter called "Bidder", having visited the site of the proposed project and familiarized himself with the local conditions, nature and extent of the work, and having examined carefully the agreement form, General Conditions, Special Conditions, Supplementary Conditions for Federal/State Requirements, plans and specifications and other contract documents, with the bond requirements herein, proposed to furnish all labor, materials, equipment and other necessary items, facilities and services for the proper execution and completion of the subject project in full accordance with the drawings and specifications prepared in accordance with your Advertisement of Bids, instruction to bidders, agreement and all other documents related thereto on file in the office of the Hernando County Procurement Department and if awarded the Contract, to complete said work within the time limits specified for their bid price.

Confirmed

8. Company Information *

Pass

Please Provide the following:

Company Name

Contact Person, and Title

Mailing Address

Telephone number

Email Address

Fax number

Midsouth Inc., William Scott Smith, VP, 201 South Apopka Avenue, Inverness, FL 34452, 352-726-3940, scott@midsouth.info, no fax

9. Bid Bond Confirmation *

Pass

If the foregoing proposal shall be accepted by Hernando County, Florida, and the undersigned shall fail to execute a satisfactory contract as stated in the advertisement herein attached, then the County may, at its option, determine that the undersigned has abandoned the Contract, and thereupon this proposal shall be null and void, and the certified check or bond accompanying this proposal, shall be forfeited to and become the property of Hernando County, Florida, and the full amount of said check shall be retained by the County, or if the proposal bond be given, the full amount of such bond shall be paid to the County as stipulated for liquidated damages; otherwise, the bond or certified check accompanying this proposal, or the amount of said check, shall be returned to the undersigned as specified herein.

If corporation, give the names and addresses of the president and secretary. If firm or partnership, the names and addresses of the members or partners. The Bidder shall list not only his name, but also the name of any person with whom Bidder has any type of agreement whereby such person's improvements, enrichment, employment of possible benefit, whether subcontractor, materialman, agent, supplier, or employer, is contingent upon the award of the Contract to the Bidder).

Confirmed

10. Bidder confirmation (proposal one) *

Pass

Every Bidder must take notice of the fact that even though his proposal be accepted and the documents signed by the Bidder to whom an award is made and by those officials authorized to do so on behalf of Hernando County, Florida, that no such award or signing shall be considered a binding contract without a certificate from the Finance Director that funds are available to cover the cost of the work to be done, or without the approval of the County Attorney as to the form and legality of the Contract and all the pertinent documents relating thereto having been approved by said County Attorney; and such Bidder is hereby charged with this notice.

The signer of the proposal, as Bidder, also declares that the only person, persons, company or parties interested in this proposal, are named in the proposal, that he has carefully examined the Advertisement of Bid, Solicitation Instructions, Contract Specifications, Plans, Supplementary Conditions for Federal/State Requirements, General Conditions, Special Conditions, Special Provisions and contract bond, that he or his representative has made such investigation as is necessary to determine the character and extent of the work and he proposes and agrees that if the proposal be accepted, he will contract with Hernando County, Florida in the form of contract hereto annexed, to provide the necessary labor, materials, machinery, equipment, tools or apparatus, do all the work required to complete the Contract within the time mentioned in the Contract Documents according to the requirements of Hernando County, Florida, as herein and hereinafter set forth, and furnish the required surety bonds for the following prices to wit:

Confirmed

11. Full names and addresses (proposal two) *

Pass

Please provide the full names and residences of all persons and parties interested in the foregoing bid are as follows:

If corporation, give the names and addresses of the president and secretary. If firm or partnership, the names and addresses of the members or partners. The Bidder shall list not only his name, but also the name of any person with whom Bidder has any type of agreement whereby such person's improvements, enrichment, employment of possible benefit, whether subcontractor, materialman, agent, supplier, or employer, is contingent upon the award of the Contract to the Bidder).

PLEASE TYPE NAMES AND ADDRESSES AS REQUESTED.

Richard Pospiech, President, 201 S Apopka Ave, Inverness, FL 34452 / William Scott Smith, Vice President, 201 S Apopka Ave, Inverness, FL 34452

12. BID GUARANTEE

Pass

Bidder has enclosed a Certified check, Cashier's Check or Bid Bond in the amount of not less than the five percent (5%) of the Total Base Bid Amount payable to the Hernando County Board of County Commissioners as a guarantee for the purpose set out in the Instructions to Bidders.

Confirmed

13. Please provide construction experience*

Pass

Overview of construction experience, including a list of projects successfully completed and indicating Owner, location, Contract value and completion date.

Richard Dr/Shoaline Blvd FM/WM Improvements

Hernando County / Coastal Engineering

August 2020 \$1.6 Million

Weeki Wachie/Richard Dr: 9,700LF WM, Rehab MHs, Milling/Resurfacing Roads

Contact: Alan Turner, 352-540-6219

Rainbow Springs Infrastructure

FGUA: FL Governmental Utility Authority

August 2021 \$1.4 Million

SW 180th Ave Rd, Dunnellon: new road construction

FGUA- 280 Wekiva Springs Rd, Longwood, FL

Michael Stanley, Kimley Horn 352-438-3000

Poinciana Village 7

Chinook Blvd, Polk Co. Kissimmee

TOHO Water Authority 951 MLK Blvd, Kissimmee, FL / Osceola Eng.

Current/Final July 2023 \$3.6 Million

8" San. Gravity Sewer/57 Manholes & WM Install

Edwin Matos, 407-944-5024

TIA Main Terminal Expansion

Superior Construction SE / Tampa Intl Airport/ Hensel Phelps

Tampa Airport: Storm Drain Install 15",18",24",30" RCP

March 2021 \$2.3 Million

Contact: Matt Stuart, Superior Construction 813-207-2104

7072 Business Park Blvd N, Jaxville FL

* ALL REFERENCES PROVIDED WERE PROJECTS PERFORMED BY POSPIECH CONTRACTING. THE FIELD AND ADMINISTRATIVE STAFF THAT HELPED COMPLETE THESE PROJECTS ARE PART OF THE MIDSOUTH INC. TEAM.

14. Experience detail*

Pass

Documentation of two (2) projects, similar in scope and complexity to this project, which have been successfully completed by the Bidder within the past seven (7) years.

Richard Dr/Shoaline Blvd FM/WM Improvements

Hernando County / Coastal Engineering

August 2020 \$1.6 Million

Weeki Wachie/Richard Dr: 9,700LF WM, Rehab MHs, Milling/Resurfacing Roads

Contact: Alan Turner, 352-540-6219

Rainbow Springs Infrastructure

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Poinciana Village 7
Chinook Blvd, Polk Co. Kissimmee
TOHO Water Authority 951 MLK Blvd, Kissimmee, FL / Osceola Eng.
Current/Final July 2023 \$3.6 Million
8" San. Gravity Sewer/57 Manholes & WM Install
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TIA Main Terminal Expansion
Superior Construction SE / Tampa Intl Airport/ Hensel Phelps
Tampa Airport: Storm Drain Install 15",18",24",30" RCP
March 2021 \$2.3 Million
Contact: Matt Stuart, Superior Construction 813-207-2104
7072 Business Park Blvd N, Jaxville FL

* ALL REFERENCES PROVIDED WERE PROJECTS PERFORMED BY POSPIECH CONTRACTING. THE FIELD AND ADMINISTRATIVE STAFF THAT HELPED COMPLETE THESE PROJECTS ARE PART OF THE MIDSOUTH INC. TEAM.

15. Drug Free Workplace Certification *

Pass

I have read and attest to, in accordance with Florida Statute 287.087 (current version), hereby certify that, Publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions that will be taken against violations of such prohibition.

Informs employees about the dangers of drug abuse in the workplace, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.

Gives each employee engaged in providing commodities or contractual services that are under proposal a copy of the statement specified above.

Notifies the employees that as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, pleas of guilty or nolo contendere to, any violation of Chapter 893, or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the workplace, no later than five (5) days after such conviction, and requires employees to sign copies of such written statement to acknowledge their receipt.

Imposes a sanction on, or requires 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.

Makes a good faith effort to continue to maintain a drug free workplace through the implementation of the Drug Free Workplace Program.

"As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein".

Please Confirm that you have read and attest to Download Drug Free Workplace Certificate

Confirmed

16. Affidavit of Non Collusion and of Non-Interest of Hernando County Employees*

Pass

Affidavit of Non Collusion and of Non-Interest of Hernando County Employees

Certification that Vendor/Contractor affirms that the bid/proposal presented to the Owner is made freely, and without any secret agreement to commit a fraudulent, deceitful, unlawful or wrongful act of collusion.

I have read and attest that I am the Vendor/Contractor in the above bid/proposal, that the only person or persons interested in said proposal are named therein; that no officer, employee or agent of the Hernando County Board of County Commissioners (BOCC) or of any other Vendor/Contractor is interested in said bid/proposal; and that affiant makes the above bid/proposal with no past or present collusion with any other person, firm or corporation.

Please confirm that you have read and attest to Affidavit of Non Collusion and of Non-Interest of Hernando County Employees

Confirmed

17. Sworn Statement

SWORN STATEMENT 287.133 (3) (A)*

Pass

I have read and attest that I understand that a "public entity crime" as defined in Paragraph 287.133 (1)(g), Florida Statutes (current version), means a violation of any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

I have read and attest that I understand that "convicted" or "conviction" as defined in Paragraph 287.133 (1)(b), Florida Statutes (current version), means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any 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, non-jury trial, or entry of a plea of guilty or nolo contendere.

I have read and attest that I understand that an "affiliate" as defined in Paragraph 287.133 (1)(a), Florida Statutes (current version), means:

- A. A predecessor or successor of a person convicted of a public entity crime; or
- B. 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 (1) 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 (1) 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 thirty-six (36) months shall be considered an affiliate.

I have read and attest that I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes (current version), means any natural person or 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 proposals or applies to proposal on contracts for the provisions of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

I have read and attest that based on information and belief, the statement which I have confirmed below is true in relation to the entity submitting this sworn statement:

_____ [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 ONE (1) 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 THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT.

Neither the entity submitting this sworn statement, nor any of its officers, directors, 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.

IF YOU CHOOSE OPTION 3, PLEASE ATTACH A COPY OF THE FINAL ORDER

If you choose option 3, please attach a copy of the final order

The entity submitting this sworn statement, or one (1) 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 subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted Vendor/Contractor list

Please attach a copy of the final order

No response submitted

18. Authorized Signatures/Negotiators

AUTHORIZED SIGNATURES/NEGOTIATORS *

Pass

Please provide the information to support the statement below:

The Vendor/Contractor represents that the following persons are authorized to sign and/or negotiate contracts and related documents to which the Vendor/Contractor will be duly bound:

Name(s)

Title(s)

Phone no (s)

William Scott Smith, VP, 352-726-3940

TYPE OF ORGANIZATION *

Pass

Please select your organization type:

Corporation

COMPANY ID*

Pass

Please Provide Your:

State of Incorporation and

Federal I.D. NO.

92-0659280

W9 FORM *

Pass

Please upload your company's W9 information

W-9.pdf

ACH ELECTRONIC PAYMENT*

Pass

An ACH electronic payment method is offered as an alternative to a payment by physical check. Please select one of the options.

Yes, ACH electronic payment method is acceptable.

19. E-VERIFY CERTIFICATION

E-VERIFY CERTIFICATION *

Pass

Vendor/Contractor acknowledges and agrees to the following:

Vendor/Contractor shall utilize the U.S. Department of Homeland Security's E-Verify system, in accordance with the terms governing use of the system, to confirm the employment eligibility of:

All persons employed by the Vendor/Contractor during the term of the Contract to perform employment duties within Florida; and

All persons, including subcontractors, assigned by the Vendor/Contractor to perform work pursuant to the Contract with the department.

Confirmed

20. CONSTRUCTION CONTRACTOR QUALIFICATION SUBMITTAL REQUIREMENTS

REFERENCES *

Pass

Bidder must provide a minimum of **three (3)** references in format shown below. References must be individuals that can be readily contacted and have first-hand knowledge of the Bidder's performance on the specific project performed by the Bidder. Each reference project must meet the following criteria:

Project at Substantial Completion or completed within the last seven (7) years.

Similar in size, dollar value and scope as this project.

Please provide information for 3 required References:

Business/Owner Name

Reference Contact Person

Reference Address

Reference Phone No.

Reference Email Address

Project Name

Project Location

Contract Project Manager

Site Superintendent

Contract Amount

Date Project Commenced

Date of Substantial Completion

Date of Final Completion

Description of Work Performed

Note: Experience shall be related to successfully completed projects within the last seven (7) years (i.e. the project must have been Substantially Complete within seven (7) years of the due date of this ITB. Only projects that are complete or substantially complete as of the bid due date will be considered).

By submitting this information, I certify that the qualifications questionnaire information is true and correct to the best of my knowledge.

* ALL REFERENCES PROVIDED WERE PROJECTS PERFORMED BY POSPIECH CONTRACTING. THE FIELD AND ADMINISTRATIVE STAFF THAT HELPED COMPLETE THESE PROJECTS ARE PART OF THE MIDSOUTH INC. TEAM.

Business/Owner Name : (GM/CM) Superior Construction Co

Reference Contact Person: Matthew Stuart

Reference Address: 7072 Business Park Blvd N., Jacksonville, FL 32256

Reference Phone No.: 813.613.5141

Reference Email Address: mstuart@superiorconstruction.com

Project Name: TIA Main Terminal Expansion

Project Location: Tampa International Airport

Contract Project Manager: Victor Retana

Site Superintendent: Chuck Croft

Contract Amount: \$2.2 Million

Date Project Commenced: June 2020

Date of Substantial Completion: Dec 2021

Date of Final Completion: Feb 2022

Description of Work Performed: Storm Drain Install 15",18",24",30" RCP, install 8" OVC Sanitary and Manholes, Fileline install

Business/Owner Name : Florida Gov. Authority

Reference Contact Person: Teresa Irby-Butler

Reference Address: 280 Wekiva Springs Road, Longwood, FL 32779

Reference Phone No.: 407-608-2846

Reference Email Address: tirbybutler@govmserv.com

Project Name: Rainbow Springs Infrastructure Development

Project Location: Dunnellon, Marion Co

Contract Project Manager: David Huff (retired) – contact Teresa Irby Butler

Site Superintendent: Chuck Croft

Contract Amount: \$1.5 Million

Date Project Commenced: April 2020

Date of Substantial Completion: April 2021

Date of Final Completion: May 2021

Description of Work Performed: construction of approximately 14,220 LF of 6" PVC force main, 11,540 LF of 8" PVC force main, and 5,540 LF of 12" PVC force main from the Juliette Falls WRF to an existing 10" forcemain on the southwest corner of the intersection of CR 484 and San Jose Boulevard. Conversion the existing Juliette Falls flow equalization tank into a lift station that pumps directly to FGUA's Dunnellon Wastewater Treatment Plant. Install two pumps and new control panel, new pressure transducer/transmitter, and various electrical and control improvements.

Business/Owner Name : Hernando Co BOCC

Reference Contact Person: David Demaree, Utilities

Reference Address: 15365 Cortez Blvd, Brooksville, FL 34613

Reference Phone No.: 352-540-692

Reference Email Address: ddemaree@co.hernando.fl.us

Project Name: Brookridge to Glen Interconnect

Project Location: Brookridge, Brooksville, Hernando CO

Contract Project Manager: David Demaree

Site Superintendent: Chuck Croft

Contract Amount: \$2.5 Million

Date Project Commenced:

Date of Substantial Completion: April 2020

Date of Final Completion: May 2020

Description of Work Performed: Triplex Lift Station and approx. 16,000 LF of 16" force Main, 2,200 LF of 10" Force Main and 1100 lf of 8"/6" Force Main

KEY SUBCONTRACTORS*

Pass

Each Bidder must submit with its response a list of subcontractors who will perform the work in each of the following categories (key subcontractors). List the name of the proposed subcontractor, or "Bidder" if the Bidder will perform the work, after each work category:

Example:

- (1) Gopher Tortoise Survey and Relocation
- (2) Force Main Construction
- (3) Road Construction
- (4) Maintenance of Traffic
- (5) Sodding

If no subcontractors will be employed please state "NONE"

- 1) Gopher Tortoise Survey and Relocation: Czerwinski Environmental, Lecanto FL
- 2) Survey/Asbuilts: Thomas LaSenna Land Survey

VENDOR/CONTRACTOR'S LICENSE*

Pass

The Bidder must be a registered to do business in the State of Florida. **All Bidder's and/or subcontractors performing work requiring a specialty license must be licensed in the State of Florida.** This includes but is not limited to electrical and mechanical trades, as well as any other earthwork Contractor on the Bidder's team. Provide license information (as required in Paragraph 27) below for Bidder and all subcontractors identified herein.

Classification

Issuing Government License

Issue Date:

License Number:

State of Florida

Underground Utility & Excavation Contractor

Issued August 2022

CUC1225979

ORGANIZATION CHART:*

Pass

Bidder must provide an organization chart showing Bidder's team identifying specific responsibilities of Bidder and subcontractors.

Midsouth_Organizational_Chart_5.12.2023.pdf

PROJECT MANAGER AND SUPERINTENDENT QUALIFICATIONS:*

Pass

Bidder must provide resumes of Project Manager and Superintendent listing qualifications, experience, education and training. The Project Manager and Superintendent must have adequate experience, generally considered as a working Project Manager/Superintendent on a minimum of two (2) projects, similar in size and scope to the Elgin Boulevard Force Main Project, within the past seven (7) years.

Intro_letter_bidding.pdfResume_Scott_Smith.pdfChuck_-_Jess_Resume-licenses_2022.pdf

BIDDER/KEY SUBCONTRACTOR SPECIFIC QUALIFICATIONS:*

Pass

Bidder must demonstrate Bidder's/Key subcontractor's experience and expertise in the tasks provided below and at the minimum identified criteria. Specific projects, locations and Contractor who performed work must be provided.

- A. Document prior experience in Gopher Tortoise Survey and Relocation.
- B. Document prior experience in Fore Main Construction.
- C. Document prior experience in Road construction.

All subcontractor are experienced licensed contractors. Both have worked on many Hernando County projects

21. VENDOR/CONTRACTOR'S LICENSE

VENDOR/CONTRACTOR'S LICENSE*

Pass

Please upload all contractors and subcontractors license(s) required for this project.

license_Midsouth.pdf

22. Additional Required Forms

TRENCH SAFETY ACT COMPLIANCE *

Pass

Please download the below documents, complete, and upload.

- [Trench Safety Act Complian...](#)

Trench_Safety.pdf

CORPORATE AFFIDAVIT *

Pass

Please download the below documents, complete, and upload.

- [Corporate Affidavit.pdf](#)

Corp_Affidavit.pdf

BID BOND FORM *

Pass

Please download the below documents, complete, and upload.

- [BID BOND.pdf](#)

Bid_Bond.pdf

VENDOR CERTIFICATION REGARDING SCRUTINIZED COMPANIES*

Pass

Section 287.135 (Current Edition), Florida Statutes, prohibits agencies from contracting with companies for goods or services of \$1,000,000.00 or more, that are on either the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector Lists which are created pursuant to s. 215.473 F.S. (Current Edition), or the Scrutinized Companies that Boycott Israel List, created pursuant to s. 215.4725 F.S. (Current Edition), or companies that are engaged in a boycott of Israel or companies engaged in business operations in Cuba or Syria.

As the person authorized to bind on behalf of respondent, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List. I further certify that the company is not engaged in a boycott of Israel. I understand that pursuant to section 287.135 (Current Edition), Florida Statutes, the

submission of a false certification may subject company to civil penalties, attorney's fees, and/or costs and does not have business operations in Cuba or Syria.

I have read and attest that I confirm the above is acknowledged.

Confirmed

23. HERNANDO COUNTY EMPLOYMENT DISCLOSURE CERTIFICATION STATEMENT

IS ANY OFFICER, PARTNER, DIRECTOR, PROPRIETOR, ASSOCIATE OR MEMBER OF THE BUSINESS ENTITY A FORMER EMPLOYEE OF HERNANDO COUNTY WITHIN THE LAST TWO (2) YEARS? *

Pass

No

IS ANY OFFICER, PARTNER, DIRECTOR, PROPRIETOR, ASSOCIATE OR MEMBER OF THE BUSINESS ENTITY A RELATIVE OR MEMBER OF THE HOUSEHOLD OF A CURRENT HERNANDO COUNTY EMPLOYEE THAT HAD OR WILL HAVE ANY INVOLVEMENT WITH THIS PROCUREMENT OR CONTRACT AUTHORIZATION?*

Pass

No

RELATIVES AND FORMER HERNANDO COUNTY EMPLOYEES - ROLES AND SIGNATURES

Pass

If you answered yes to the either of the two prior questions regarding relatives or Hernando employees, please download the below documents, complete, and upload.

- [HC Employment Disclosure Ce...](#)

3. _Employment_Disclosure_Stmt.pdf

24. Vendor Survey

VENDOR SURVEY *

Pass

Please provide information on where you received the knowledge of the bid/request for Proposals (mark all that apply):

County's eProcurement Portal (Open Gov Procurement)

VENDOR SURVEY - OTHER

If you choose Other please list how you received the knowledge of the bid/request for Proposals.

No response submitted

SAMPLE CONSTRUCTION AGREEMENT *

Pass

Sample Construction Agreement for your review, including attachments that will be required after award.

- [Documents required after Aw...](#)
- [Sample Construction Agreeeme...](#)

Sample_Construction_Agreement_-_ELGIN_FORCE_MAIN.pdf Documents_required_after_Award.pdf

FEDERAL/STATE FORMS*

Pass

Please download the below documents, complete, and upload.

- [DBE-SUB Statement Form.pdf](#)
- [DBE STATEMENT OF GOOD FAITH...](#)
- [CERTIFICATION REGARDING TAX...](#)
- [Certification for Disclosur...](#)
- [Exp 2-18-2025 Standard Form...](#)
- [CONTRACT WORK HOURS AND SAF...](#)
- [Suspension Debarment Certif...](#)

4._DBE_Sub_Affirmation_Stmt.pdf 5._Stmt_of_Good_Faith.pdf 6._Cert_Tax_Delinquency_Felony.pdf 9._Cont
ract_Work_Hrs_-
Safety.pdf 7._8._Cert_Disclosure_Lobbying_Activ.pdf 10._Debarment_Suspen_Exclusion_Convicted-
Discrim_Vendor_List_Stmt.pdf

SOLICITATION-OFFER-AWARD

Please download the below document, complete Offer section, and upload.

- [Solicitation - Offer - Awar...](#)

Solicitation_-Offer_Midsouth.pdf

PRICE TABLES

TABLE 1 - GENERAL CONDITIONS

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	Mobilization/demobilization	1	LS	\$32,760.00	\$32,760.00
2	Bond Insurance	1	LS	\$22,100.00	\$22,100.00
3	Maintenance of Traffic	1	LS	\$32,590.00	\$32,590.00
4	Survey Layout/As-builts	1	LS	\$19,750.00	\$19,750.00
5	Erosion Sediment Control (NPDES Permit/Insp. Rpt./NOT	1	LS	\$37,700.00	\$37,700.00
6	Pre/Post Construction Video	1	LS	\$3,370.00	\$3,370.00
7	Gopher Tortoise Survey and Permitting	1	LS	\$2,920.00	\$2,920.00
8	Gopher Tortoise - Bucket Trapped, Pulled, or Monitored (Up to ?)	5	EA	\$330.00	\$1,650.00
9	Gopher Tortoise Relocation (Up to ?)	5	EA	\$7,620.00	\$38,100.00
TOTAL					\$190,940.00

TABLE II - FORCE MAIN

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
10	12-inch PVC C900 DR18 Force Main Pipe via Open Cut	7,250	LF	\$126.00	\$913,500.00
11	8-inch PVC C900 DR18 Force Main Pipe via Open Cut	40	LF	\$62.00	\$2,480.00
12	12-inch FPVC C900 DR18 Force Main Pipe via HDD	3,390	LF	\$192.00	\$650,880.00
13	12-inch Gate Valve/valve can, pad, locate wire, restraints	11	EA	\$5,220.00	\$57,420.00
14	8-inch Gate Valve/valve can, pad, locate wire, restraints	2	EA	\$3,260.00	\$6,520.00
15	12"X8" TEE	2	EA	\$2,220.00	\$4,440.00
16	8-inch DIP 45-Degree Bends - Coated	4	EA	\$1,090.00	\$4,360.00
17	12-inch DIP 45-Degree Bends - Coated	20	EA	\$1,880.00	\$37,600.00
18	8-inch MJ Plug	1	EA	\$240.00	\$240.00
19	8-inch MJ Cap	3	EA	\$720.00	\$2,160.00
20	12-inch DIP 22.5-Degree Bends - Coated	2	EA	\$1,800.00	\$3,600.00

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
21	12-inch DIP 11.25-Degree Bends - Coated	29	EA	\$1,760.00	\$51,040.00
22	Connect to Existing Force Main, Tie-In No. 1	1	EA	\$6,510.00	\$6,510.00
23	Connect to Existing Force Main, Tie-In No. 2	1	EA	\$17,860.00	\$17,860.00
24	Connect to Existing Force Main, Tie-In No. 3	1	EA	\$11,410.00	\$11,410.00
25	Connect to Existing Force Main, Tie-In No. 4	1	EA	\$6,340.00	\$6,340.00
26	Asphalt Remove/Replacement	194	SY	\$88.00	\$17,072.00
27	Performance Turf Sod - Match Existing	1	LS	\$148,560.00	\$148,560.00
28	Air Release Valves - Complete Assembly	2	EA	\$25,790.00	\$51,580.00
29	Thermoplastic Striping	200	SF	\$10.00	\$2,000.00
30	Wet Tap (12x12)	1	EA	\$14,010.00	\$14,010.00
31	Open Cut of Barclay Avenue	1	LS	\$30,160.00	\$30,160.00
TOTAL					\$2,039,742.00

HERNANDO COUNTY EMPLOYMENT DISCLOSURE CERTIFICATION STATEMENT

May 15, 2023

(date)

Hernando County
Purchasing and Contracts Department
15470 Flight Path Drive
Brooksville, FL 34604

The undersigned certifies that to the best of his/her knowledge:

Is any officer, partner, director, proprietor, associate or member of the business entity a former employee of Hernando County within the last two (2) years? No Yes

Is any officer, partner, director, proprietor, associate or member of the business entity a relative or member of the household of a current Hernando County employee that had or will have any involvement with this procurement or contract authorization?

No Yes

If the answer to either of the above questions is "Yes", complete the "Relatives and Former Hernando County Employees - Roles and Signatures" table (Part A and/or Part B, as applicable).

Bidder: Midsouth Inc.

scott@midsouth.info

(Email address)

201 S Apopka Ave., Inverness FL 34452

(Address)



(Signature required)

352-726-3940

(Phone)

Margaret Durham

(Print name)

(Fax)

Asst Sec/Controller

(Print title)

92-0659280

(Federal Taxpayer ID Number)

Relatives and Former Hernando County Employees – Roles and Signatures

Part A: Employees that left Hernando County in the last two years.

Employee Name/Signature	Job Performed for Hernando County	Current Role with Business Entity	Date Left Hernando County
Name: _____ Sign: _____ • Involved with this procurement on behalf of Hernando County? No <input type="checkbox"/> Yes <input type="checkbox"/> • Involved with proposal development for this procurement? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Name: _____ Sign: _____ • Involved with this procurement on behalf of Hernando County? No <input type="checkbox"/> Yes <input type="checkbox"/> • Involved with proposal development for this procurement? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Name: _____ Sign: _____ • Involved with this procurement on behalf of Hernando County? No <input type="checkbox"/> Yes <input type="checkbox"/> • Involved with proposal development for this procurement? No <input type="checkbox"/> Yes <input type="checkbox"/>			

Part B: Identify officers, partners, directors, proprietors, associates or members of the business entity that are relatives or members of the household of Hernando County employees currently working for Hernando County, if Hernando County employee had or will have any involvement with this procurement of contract.

Firm Officer, Partner, Director, Proprietor, Associate or Member Name	Name and Relationship of Relative or Member of Household Employed at Hernando County	Role at Hernando County	Hernando County employee's Role with this Procurement

(Make copies of this form as needed to list additional employees.)
This document should be completed and returned with your submittal.

Disadvantaged Business Enterprise (DBE) Affirmation Statement

Prime Contractor/Prime Consultant: Midsouth Inc.

Telephone Number: 352-726-3940

Address: 201 South Apopka Avenue, Inverness, FL 34452

I hereby certify that the above stated contractor/consultant is a (select one):

DBE Non-DBE

Subcontractor Services List

Please list all subcontractors for services:

• Company Name: Thomas LaSenna Land Surveying

Telephone Number: 352-307-0160

Address: _____

The above company named is a (select one):

DBE Non-DBE

• CompanyName: Michael G. Czerwinski Environmental Consultants

Telephone Number: 352-249-1012

Address: 2716 South Lecanto Highway, Lecanto, Florida 34461

The above company named is a (select one):

DBE Non-DBE

• Company Name: _____

Telephone Number: _____

Address: _____

The above company named is a (select one):

DBE Non-DBE

• Company Name: _____

Telephone Number: _____

Address: _____

The above company named is a (select one):

DBE Non-DBE

• Company Name: _____

Telephone Number: _____

Address: _____

The above company named is a (select one):

DBE Non-DBE

STATEMENT OF GOOD FAITH EFFORTS

The Bidder shall demonstrate the good faith efforts made to meet the DBE goals established as long as all of the requested information is included. Failure to include all requested information shall result in the bid being determined as nonresponsive to the DBE requirements.

The following list is not intended to be exclusive or exhaustive and the Owner will look not only at the different kinds of efforts the bidder has made, but also the quality, quantity, intensity and timeliness of those efforts. It is the responsibility of the bidder to exercise good faith efforts. Any act or omission by the Owner shall not relieve the bidder of this responsibility.

Criteria listed below are excerpted from Appendix A of 49 CFR 26, as amended. A response is required to address each cited paragraph. Additional pages may be added as necessary.

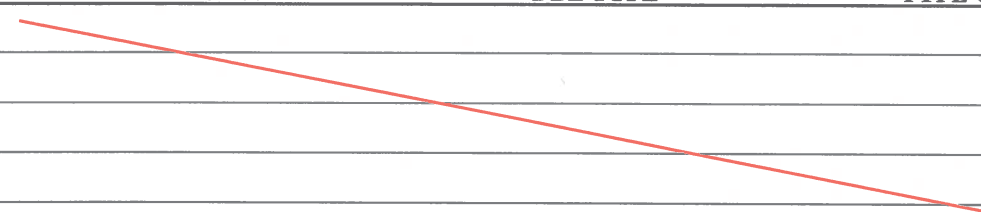
1. Whether the Bidder attended the Pre-Bid conference, if held:

Attended _____ Not Attended X Not Held _____

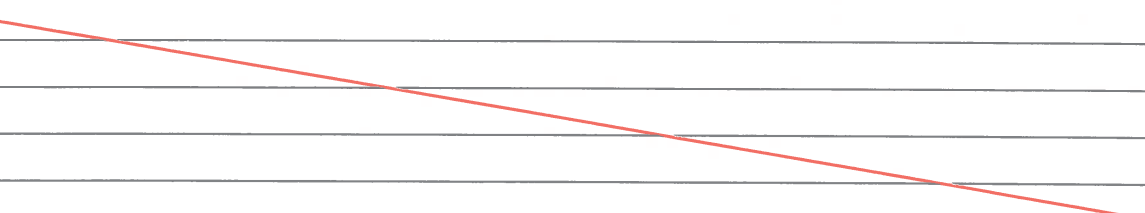
2. Whether and when the bidder provided written notice to all certified DBE's that perform the type of work to be subcontracted and advising the DBE's of the specific work the bidder intends to subcontract; that their interest in the contract is being solicited; and how to obtain information for the review and inspection of contract plans and specifications.

All letters from bidders to prospective DBE subcontractors must be post marked or fax recorded a minimum of 12 calendar days prior to bid opening.

3. Provide complete list of all DBE's solicited.

DBE SUBCONTRACTOR	DBE TYPE¹	TYPE OF WORK
		

4. Provide complete list of all DBE's who submitted bids which were not the low responsive bids.

DBE SUBCONTRACTOR	DBE TYPE¹	TYPE OF WORK
		

Note: 1 – Note: Women, Black American, Hispanic American, Native American, Asian-Pacific American, Subcontinent Asian American, Other (Specify)

Margaret Durham, Asst Sec./Controller
Name of Authorized Individual

Margaret Durham
Authorized Signature

May 15, 2023
Date

**CERTIFICATION OF OFFERER/BIDDER REGARDING TAX DELINQUENCY AND FELONY
CONVICTIONS**

The applicant must complete the following two certification statements. The applicant must indicate its current status as it relates to tax delinquency and felony conviction by inserting a checkmark (✓) in the space following the applicable response. The applicant agrees that, if awarded a contract resulting from this solicitation, it will incorporate this provision for certification in all lower tier subcontracts.

Certifications

The applicant represents that it is () is not () a corporation that has any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability.

The applicant represents that it is () is not () is not a corporation that was convicted of a criminal violation under any Federal law within the preceding 24 months.

Note

If an applicant responds in the affirmative to either of the above representations, the applicant is ineligible to receive an award unless the sponsor has received notification from the agency suspension and debarment official (SDO) that the SDO has considered suspension or debarment and determined that further action is not required to protect the Government's interests. The applicant therefore must provide information to the owner about its tax liability or conviction to the Owner, who will then notify the FAA Airports District Office, which will then notify the agency's SDO to facilitate completion of the required considerations before award decisions are made.

Term Definitions

Felony conviction: Felony conviction means a conviction within the preceding twenty-four 24 months of a felony criminal violation under any Federal law and includes conviction of an offense defined in a section of the U.S. code that specifically classifies the offense as a felony and conviction of an offense that is classified as a felony under 18 U.S.C. § 3559.

Tax Delinquency: A tax delinquency is any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted, or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability.

**CERTIFICATION FOR DISCLOSURE OF LOBBYING ACTIVITIES
ON FEDERAL-AID CONTRACTS
(Compliance with 49CFR, Section 20.100 (b))**

The prospective participant certifies, by signing this certification, that to the best of his or her knowledge and belief:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities", in accordance with its instructions. (Standard Form-LLL can be obtained from www.gsa.gov/forms-library/disclosure-lobbying-activities)

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The prospective participant also agrees by submitting his or her proposal that he or she shall require that the language of this certification be included in all lower tier subcontracts, which exceed \$100,000 and that all such subrecipients shall certify and disclose accordingly.

Name of Company/Firm: Midsouth Inc.

By:  Date: 5/15/2023
Authorized Signature

Title: Margaret Durham, Controller/Asst Sec.

DISCLOSURE OF LOBBYING ACTIVITIES

OMB Control Number: 4040-0013

Expiration Date: 2/28/2025

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Review Public Burden Disclosure Statement

1. * Type of Federal Action: <input type="radio"/> a. contract <input checked="" type="radio"/> b. grant <input type="radio"/> c. cooperative agreement <input type="radio"/> d. loan <input type="radio"/> e. loan guarantee <input type="radio"/> f. loan insurance	2. * Status of Federal Action: <input type="radio"/> a. bid/offer/application <input checked="" type="radio"/> b. initial award <input type="radio"/> c. post-award	3. * Report Type: <input checked="" type="radio"/> a. initial filing <input type="radio"/> b. material change For Material Change Only: year <input type="text"/> quarter <input type="text"/> date of last report <input type="text"/>
--	---	--

4. Name and Address of Reporting Entity:
 Prime SubAwardee Tier if known:
* Name
* Street 1 Street 2
* City State Zip
Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:
* Name
* Street 1 Street 2
* City State Zip
Congressional District, if known:

6. * Federal Department/Agency: <input type="text"/>	7. * Federal Program Name/Description: <input type="text"/> CFDA Number, if applicable: <input type="text"/>
--	---

8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>
--	--

10. a. Name and Address of Lobbying Registrant:
Prefix * First Name Middle Name
* Last Name Suffix
* Street 1 Street 2
* City State Zip

b. Individual Performing Services (including address if different from No. 10a)
Prefix * First Name Middle Name
* Last Name Suffix
* Street 1 Street 2
* City State Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:
* Name: Prefix * First Name Middle Name
* Last Name Suffix
Title: Telephone No.: Date:

CONTRACT WORK HOURS AND SAFETY STANDARDS ACT

Acknowledge each paragraph below by checking box and initializing.

MD (initials)

Overtime requirements - No contractor or subcontractor contracting for any part of the contract work which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.

MD (initials)

Violation; liability for unpaid wages; liquidated damages - In the event of any violation of the clause set forth in paragraph Overtime requirements, the contractor, and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, such contractor and subcontractor shall be liable to the United States (in the case of work done under contract for the District of Columbia or a territory, to such District or to such territory), for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in paragraph Overtime requirements, in the sum of \$10 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by the clause set forth in paragraph Overtime requirements.

MD (initials)

Withholding for unpaid wages and liquidated damages – Hernando County shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by the contractor or subcontractor under any such contract or any other Federal contract with the same prime contractor, or any other federally-assisted contract subject to the Contract Work Hours and Safety Standards Act, which is held by the same prime contractor, such sums as may be determined to be necessary to satisfy any liabilities of such contractor or subcontractor for unpaid wages and liquidated damages as provided in the clause set forth in paragraph Violation: liability for unpaid wages; liquidated damages, of this page.

MD (initials)

Subcontracts - The contractor or subcontractor shall insert in any subcontracts the clauses set forth in paragraphs Overtime through Subcontracts of this page and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in paragraphs Overtime through Subcontracts of this page.

Margaret Durham
Signature

5/15/2023
Date

Margaret Durham
Print Name

Controller/Asst Sec.
Print Title

Convicted or Discriminatory Vendor List Statement

Those who have been placed on the convicted vendor list following a conviction for a public entity crime or on the discriminatory vendor list may not submit a bid on the contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with a public entity, and may not transact business with any public entity in excess of \$25,000.00 for a period of 36 months from the date of being placed on the convicted vendor list or on the discriminatory vendor list.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION

It is certified that neither the below identified firm nor its principals are presently suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Name of Company/Firm: Midsouth Inc.

By: Margaret Durham Date: 5/15/2023
Authorized Signature

Title: Margaret Durham, Asst Sec/Controller

Instructions for Certification

1. Certifies the company/firm are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by the federal department or agency;
2. have not within a five-year period preceding this proposal been convicted of or had a civil judgment rendered against them for fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under 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;
3. are not presently indicated or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any offenses enumerated in this document; and
4. have not within five-year period preceding this Agreement had one or more public transactions (federal, state or local) terminated for cause or default.

If the above is unable to certify to any of the statements in this certification, then the company/firm shall attach an explanation to this agreement.

BID BOND

Any singular reference to Vendor/Contractor, Surety, Owner, or other party shall be considered plural where applicable.

VENDOR/CONTRACTOR (Name and Address):

MidSouth, Inc.
201 S. Apopka Avenue, Inverness, FL 34452

SURETY (Name and Address of Principal Place of Business):

Liberty Mutual Insurance Company
175 Berkeley Street, Boston, MA 02116

OWNER:

BOARD OF COUNTY COMMISSIONERS, HERNANDO COUNTY, FLORIDA
15470 Flight Path Drive
Brooksville, Florida 34604

BID Date 5/15/23

Project:

23-CG0043/GL – ELGIN BOULEVARD FORCE MAIN PROJECT

BROOKSVILLE, FLORIDA

BOND

Bond Number: TBD

Date (Not later than bid due date): TBD

Penal sum FIVE percent of amount bid

(Words)

\$ 5%

(Figures)

Surety and Vendor/Contractor, intending to be legally bound hereby, subject to the terms printed on the reverse side hereof, do each cause this Bid Bond to be duly executed on its behalf by its authorized officer, agent, or representative.

VENDOR/CONTRACTOR

MidSouth, Inc. (Seal)

Vendor/Contractor's Name and Corporate Seal

By: Margaret Dunbar, Controller
Signature and Title

Attest: [Signature]
Signature and Title

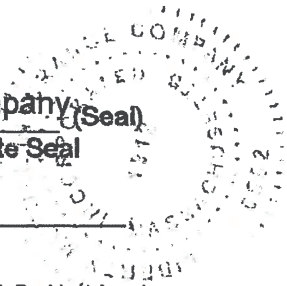
SURETY

Liberty Mutual Insurance Company (Seal)

Surety's Name and Corporate Seal

By: Paul A. Locascio
Signature and Title
(Attach Power of Attorney)
Paul A. Locascio, Attorney-in-Fact & FL Resident Agent

Attest: [Signature]
Signature and Title AE



Note: Above addresses are to be used for giving required notice.

- 1. Vendor/Contractor and Surety, jointly and severally, bind themselves, their heirs, executors, administrators, successors and assigns to pay to Owner upon default of Vendor/Contractor

the penal sum set forth on the face of this bond. Payment of the penal sum is the extent of Surety's liability.

2. Default of Vendor/Contractor shall occur upon the failure of Vendor/Contractor to deliver within the time required by the bid documents (or any extension thereof agreed to in writing by Owner) the executed Agreement required by the bid documents and any performance and payment bonds required by the Bid Documents.
3. This obligation shall be null and void if:
 - 3.1. Owner accepts Vendor/Contractor's bid and Vendor/Contractor delivers within the time required by the bid documents (or any extension thereof agreed to in writing by Owner) the executed Agreement required by the bid documents and any performance and payment bonds required by the bid documents, or
 - 3.2. All Bids are rejected by Owner, or
 - 3.3. Owner fails to issue a Notice of Award to Vendor/Contractor within the time specified in the bid documents (or any extension thereof agreed to in writing by Vendor/Contractor and, if applicable, consented to by Surety when required by Paragraph 5 hereof).
4. Payment under this bond will be due and payable upon default by Vendor/Contractor and within thirty (30) calendar days after receipt by Vendor/Contractor and Surety of written notice of default from Owner, which notice will be given with reasonable promptness, identifying this bond and the project and including a statement of the amount due.
5. Surety waives notice of any and all defenses based on or arising out of any time extension to issue Notice of Award agreed to in writing by Owner and Vendor/Contractor, provided that the total time for issuing Notice of Award including extensions shall not in the aggregate exceed one hundred twenty (120) days from bid due date without Surety's written consent.
6. No suit or action shall be commenced under this bond prior to thirty (30) calendar days after the notice of default required in Paragraph 4 above is received by Vendor/Contractor and Surety and in no case later than one (1) year after bid due date.
7. Any suit or action under this bond shall be commenced only in a court of competent jurisdiction located in the state in which the project is located.
8. Notices required hereunder shall be in writing and sent to Vendor/Contractor and Surety at their respective addresses shown on the face of this bond. Such notices may be sent by personal delivery, commercial courier, or by United States Registered or Certified Mail, return receipt requested, postage pre-paid, and shall be deemed to be effective upon receipt by the party concerned.
9. Surety shall cause to be attached to this Bond a current and effective Power of Attorney evidencing the authority of the officer, agent, or representative who executed this bond on behalf of Surety to execute, seal, and deliver such bond and bind the Surety thereby.
10. This bond is intended to conform to all applicable statutory requirements. Any applicable requirement of any applicable statute that has been omitted from this bond shall be deemed to be included herein as if set forth at length. If any provision of this bond conflicts with any

applicable statute, then the provision of said statute shall govern and the remainder of this bond that is not in conflict therewith shall continue in full force and effect.

11. The term "bid" as used herein includes a bid, offer, or proposal as applicable.

This document should be completed and returned with your submittal.



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.

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

Certificate No: 8205752-964021

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation 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, Benjamin H. French; Clyde D. Hare; K. Wayne Walker; L. Dale Waldorff; Pamela L. Jarman; Paul A. Locascio; Rebekah F. Sharp; Trava Ridlon

all of the city of Gainesville state of FL 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 16th day of June, 2021.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company
By: David M. Carey, Assistant Secretary

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

State of PENNSYLVANIA ss
County of MONTGOMERY

On this 16th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty 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 King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
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 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.

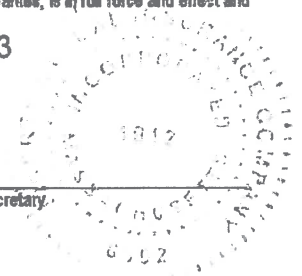
Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety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

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, 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 15th day of May, 2023



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary



For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

CONSTRUCTION INDUSTRY LICENSING BOARD

THE UNDERGROUND UTILITY & EXCAVATION CO HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

SMITH, WILLIAM SCOTT SR

MIDSOUTH, INC.
201 S APOPKA AVENUE
INVERNESS FL 34452

LICENSE NUMBER: CUC1225979

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

MIDSOUTH INC

Unique Entity ID TLXNRKQPCFC1	<i>Registration Status</i> <input checked="" type="radio"/> Submitted Registration	<i>Expiration Date</i> N/A
CAGE/NCAGE	Purpose of Registration All Awards	
Physical Address 201 S Apopka AVE Inverness, Florida 34452-4802, United States	Mailing Address 201 S. Apopka AVE Inverness, Florida 34452, United States	

Version

Submitted Registration ▼



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2022

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 M.E. Wilson Company LLC Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach FL 32548	CONTACT NAME: PHONE (A/C. No. Ext): 850-581-4925		FAX (A/C. No): 850-581-4930
	E-MAIL ADDRESS: receptionist@waldorffinsurance.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURED Pospiech Contracting, Inc. Midsouth, Inc. 201 S. Apopka Ave Inverness FL 34452	INSURER A : Westfield Insurance Company		24112
	INSURER B : Illinois Union Insurance Co.		27960
	INSURER C : Zurich American Ins Co		16535
	INSURER D : Navigators Specialty Insurance Company		42307
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1873297718

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 <input checked="" type="checkbox"/> XCU <input checked="" type="checkbox"/> Contractual 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	CMM8659781	12/15/2021	12/15/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	CMM8659781	12/15/2021	12/15/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			GA21EXCZ06ZN3IC	12/15/2021	12/15/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C B	Lsd/Rntd Eqpt.; Inst. Fitr. Pollution Liability			CPP 8025006-02 CPYG7113393A003	12/15/2021 5/21/2022	12/15/2022 12/15/2023	Limit 500,000 Limit Per Occurrence 1,000,000

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

Certificate Holder, Owner and others required by written contract are Additional Insured, when required by written contract, as pertains to General Liability and Automobile Liability. This insurance is Primary and Non-Contributory when required by written contract as respects to General Liability. Waiver of Subrogation applies when required by written contract in favor of the Certificate Holder, Owner and others required by written contract as respects to General Liability and Automobile Liability.

CERTIFICATE HOLDER

For bidding purposes

CANCELLATION

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
All persons or organizations when you have agreed in writing in a contract or agreement that such persons or organizations be added as an additional insured.	All Locations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
 PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) And Description Of Covered Operations
All persons or organizations when you have agreed in writing in a contract or agreement that such persons or organizations be added as an additional insured.	All Locations

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the

contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/14/2022

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 M.E. Wilson Company LLC Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach FL 32548	CONTACT NAME: PHONE (A/C. No. Ext): 850-581-4925		FAX (A/C. No): 850-581-4930
	E-MAIL ADDRESS: receptionist@waldorffinsurance.com		
INSURED Pospiech Contracting, Inc. Midsouth, Inc. 201 S. Apopka Ave Inverness FL 34452	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Westfield Insurance Company		24112
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	INSURER C : Zurich American Ins Co		16535
	INSURER D : Navigators Specialty Insurance Company		42307
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER: 2013069960


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 <input checked="" type="checkbox"/> XCU <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CMM8659781	12/15/2022	12/15/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CMM8659781	12/15/2022	12/15/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			GA22EXCZ06ZN3IC	12/15/2022	12/15/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C B	Lsd/Rntd Eqpt. Pollution Liability			CPP 8025006-03 CPYG7113393A003	12/15/2022 5/21/2022	12/15/2023 12/15/2023	Limit 500,000 Limit Per Occurrence 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Pospiech Contracting, Inc. 201 S. Apopka Ave. Inverness FL 34452	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 
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

Certificate of Completion

Griffin R. McClain

**Has Completed a Florida Department of
Transportation Approved Temporary Traffic
Control (TTC) Advanced Course.**

05/04/2023

Date Expires

172

FDOT Provider #

Roger Greenleaf

Instructor

50972

Certificate #



R&S Compliance Group
2707 W. Price Ave.
Tampa,
www.rscompliance.com
roger@rscompliance.com



For more information about Temporary Traffic
Control (TTC) or to verify this certificate
www.motadmin.com

Certificate of Completion

JESSICA POYNER

**Has Completed a Florida Department of
Transportation Approved Temporary Traffic
Control (TTC) Advanced (Refresher) Course.**

05/18/2024

Date Expires

37

FDOT Provider #

Juan Morales

Instructor

62425

Certificate #



SAFER ROADS SAVE LIVES

ATSSA
15 Riverside Parkway Ste.100
Fredericksburg, VA,
www.atssa.com
donna.clark@atssa.com



For more information about Temporary Traffic
Control (TTC) or to verify this certificate
www.motadmin.com



Jessica Poyner
Project Manager
201 S Apopka Avenue
Inverness, FL 34452

Phone: 352-726-3940 Ext 204
Cell: 352-464-1900

SUMMARY OF QUALIFICATIONS

- Project Management
- Time Management
- Project Administration
- Cost and revenue reporting
- Building and maintaining of company and client relations
- Purchasing and negotiations
- De-escalating complaints and finalizing resolutions
- Accounts payable and receivable

EXPERIENCE

Midsouth Inc. - Inverness, FL

Pospiech Contracting, Inc.- Inverness, FL

Project Manager, Present

Project Administrator September 2013- 2015

- Responsible for all project administration including take offs, buyout, subcontract and vendor negotiations, purchasing, submittals, permits, utility locates and pay applications.
- Builds and maintains relationships with Owners, Engineers, Inspectors and Vendors.
- Responsible for scheduling and management of materials, subcontractors and field staff.
- Monthly cost and revenue reports and cost management and analysis.
- Read and interpreting construction drawings and as-builts to build a project and ensure the project was built according to design drawings.
- Preparation of cost proposals for additional work.

Welsh Companies Florida- Naples, FL

Commercial Property Management Accountant, 2003 – July 2006

Assistant Property Manager, November 2002 –2003

- Responsible for the day-to-day management of accounts payable, accounts receivable, tenant billings and monthly bank reconciliations for a commercial portfolio of 14 multi-tenant buildings.
- Preparation of monthly financial reports for property owners and accountants.
- Maintaining client & owner relations.
- Maintain accounting files for properties in my portfolio.

Mid-Continent Electric, Inc. – Naples, FL

Administrative Assistant, August 1999 – November 2002

- Responsible for maintaining commercial project files and assisting with permitting and quotes.

- Maintain front office with general office duties.
- Assist with accounts payable and receivables.
- Maintaining human resources duties, including new hire paperwork and assisting with weekly payroll preparation.

EDUCATION

- Lighthouse Christian Academy- Graduated June 2002
- Advanced MOT Training- Certified until 2024
- OSHA Training Courses
- Competent Person/ Trench Safety
- First Aid/ CPR
- Qualified Stormwater Management Inspector- Certified in 2017
- State of Florida Notary

SKILLS

Detail oriented and exceptional communication with Owners, Engineers, Subcontractors, Inspectors and colleagues to complete a project on time and within budget.



201 S. Apopka Ave.
Inverness, FL 34452
Phone: (352) 726-3940
Fax: (352) 726-5250

Charles (Chuck) Croft III
General Superintendent

201 South Apopka Avenue
Inverness, FL

PHONE: 352-726-3940
CELL: 352-302-4716

SUMMARY OF QUALIFICATIONS

- Over 25 years of experience
- Heavy Highway and Utilities
- Gravity, Storm, Sewer, and Water Mains
- Time Management
- Project Management
- Estimating
- Prolific in field management, equipment, and materials
- Complaint Handling and Resolutions
- Team building/training
- Purchasing
- Maintaining/building of company client relations

EXPERIENCE

Midsouth Inc.- Inverness, FL (fka Pospiech Contracting)
Pospiech Contracting, Inc. – Inverness, FL

Vice President and General Superintendent, May 2015 - October 2022 (Pospiech Contracting Inc.)

General Superintendent, October 2022 to Present (Midsouth Inc.)

- General Superintendent of Underground Utilities division. Field experience at all levels of the underground utility and road construction industry. Responsible for field supervision, personnel and equipment management, and hands-on construction of all underground utilities/sitework.

Croft Contracting, Inc. – Inverness, FL

President, August 2004 – May 2015 (Croft Contracting Inc. merged with Pospiech Contracting Inc.)

- President of Croft Contracting, Inc. Field/Managerial experience at all levels of the underground utility and road construction industry. Responsible for office/field supervision, personnel and equipment management, and hands-on construction of all underground utilities and sitework.

Pospiech Contracting, Inc. – Inverness, FL

Vice President, May 1990 – August 2004

- Vice President and Superintendent of Underground Utilities division. Field experience at all levels of the underground utility and road construction industry. Responsible for field supervision, personnel and equipment management, and hands-on construction of all underground utilities. Previous positions include general superintendent of road operations, site and utility foreman and operator.



EXPERIENCE

(Continued)

C.C. Croft, Inc. (Owner, Cleve Croft) – Inverness, FL
Operator, *May 1986 - May 1990*

- Operator of all types of equipment for site, road and underground utility construction projects.

EDUCATION

- Madison High School – 1989
- Advanced MOT Training- Certified
- OSHA Training Course
- Competent Person / Trench Safety – Course 2018
- Certification- HDPE Fusing – 2010
- Certified with Forestry for Debris Burning

SKILLS

Prolific in field management of personnel, equipment and materials required for underground utility, road and site development. Experience with field correspondence and project management necessary for any size utility or road project.

**SECTION VIII
ATTACHMENT 12
CORPORATE AFFIDAVIT**

(To be filled in and executed if the Vendor/Contractor is a Corporation)

STATE OF FLORIDA]

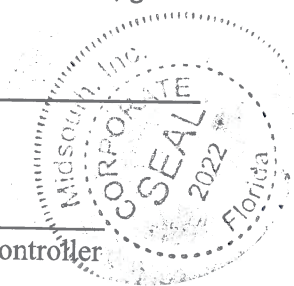
COUNTY OF HERNANDO]

Margaret Durham being duly sworn, deposes and says that ~~he~~^{she} is secretary of Midsouth Inc., a corporation organized and existing under and by virtues of the laws of the State of Florida, and having its principal office at:

201 South Apopka Ave, Inverness, FL 34452 (Address)

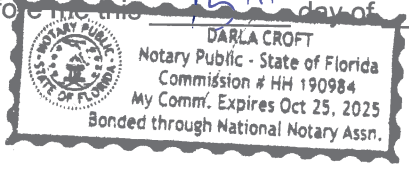
Affiant further says that he is familiar with the records, minute books and bylaws of Midsouth Inc. (Name of Corporation) of the corporation, is duly authorized to sign Controller/Asst. Secretary (Title)

the Bid for Hernando County Elgin Blvd Force Main for said corporation by virtues of: Resolution of the Board of Directors 12/31/2022
(State whether a provision of bylaws or a Resolution of the Board of Directors. If by Resolution, give date of adoption).



Margaret Durham
Affiant Margaret Durham, Controller

Sworn to before me this 15th day of May, 2023.



[Signature]
Notary Public

This document should be completed and returned with your submittal.

PERFORMANCE AND PAYMENT BOND

KNOW ALL MEN BY THESE PRESENTS, that _____, hereinafter referred to as the "Vendor/Contractor," as Principal, and _____ hereinafter called "Surety," as Surety, are held and firmly bound unto Hernando County, hereinafter referred to as the "County," a political subdivision of the State of Florida as Obligee, in the full and just sum of \$_____ dollars, lawful money of the United States of America, to the payment of which sum, well and truly to be made, the Vendor/Contractor and Surety bind themselves, their representatives, and each of their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Vendor/Contractor has entered into a certain written Contract with the "County" dated the _____ day of _____, 20____, for the _____, with conditions and provisions as are further described in the aforementioned Contract, which Contract is by reference made a part hereof for the purpose of explaining this bond.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS such that if Vendor/Contractor shall fully, promptly and faithfully perform said Contract and all obligations thereunder, including all obligations imposed by the Contract documents (which include the Solicitation-Offer-Award (Cover Page), Advertisement of Bid, Solicitation Instruction, General Conditions, Special Conditions, Scope and Specifications, Bid Form, Required Forms and Certifications, Exhibits, Agreement Form, Form(s) of Contract Bond(s), Plans and Specifications and such alterations thereof as may be made as provided for therein) and shall promptly make payments to all claimants for any and all labor and materials used or reasonably required for use or furnished in connection with the performance of said Contract, and shall perform all other covenants and obligations of this bond, then this obligation shall be void; otherwise it shall remain in full force and effect.

1. The undersigned shall indemnify and save harmless the County against and from all costs, expenses and damages, including litigation costs and attorney's fees arising out of, or in connection with the neglect, default or want of care or skill, including patent infringement on the part of said Vendor/Contractor, his agents, servants or employees in the execution or performance of said Contract.
2. The undersigned shall promptly make payment to all persons supplying services, labor, materials or supplies used directly or indirectly by said Vendor/Contractor, or any Sub-Contractor or Sub-Contractors, in the prosecution of the work provided for in said Contract.
3. The undersigned agrees to promptly pay the County any difference between the sum to which the Vendor/Contractor would be entitled on the completion of the Contract, and the sum which the County may be obligated to pay for the completion of said work by the Vendor/Contractor or otherwise, including any damages, direct or indirect, or consequential, which the County may sustain by reason of the failure of the Vendor/Contractor to properly and promptly perform and abide by all of the provisions of said Contract.
4. Subject to the County's priority, claimants covered by Section 713.01 of the Florida Statutes (current version) shall have a direct right of action against the Principal and Surety under this obligation, after written notice of the performance of labor or delivery of materials or supplies, and non-payment therefor. Any claimant who seeks to recover against the Principal or Surety under this obligation must also satisfy the notice requirements and time limitations of Section 255.05 of the Florida Statutes (current version).
5. The Vendor/Contractor shall save the County harmless from any and all damages, expenses and costs which may arise by virtue of any defects in said work or materials within

a period of one (1) year from the date of initial acceptance of the completed project, if applicable.

Signed and sealed this _____ day of _____, 20_____.

VENDOR/CONTRACTOR, AS PRINCIPAL:

SURETY:

Principal Firm Name

Surety Name

By:

By:

Signature (Seal)

Signature (Seal)

Typed Name and Title

Typed Name and Title

WITNESS:

Signature

Signature

Typed Name and Title

Typed Name and Title

EMERGENCY TELEPHONE NUMBERS

PROJECT NAME: ELGIN BOULEVARD FORCE MAIN PROJECT

COUNTY PROJECT NO.: 23-CG0043/GL

C.E.O. NO.: _____

The following are the business and home telephone numbers where project key personnel can be reached at all times. In addition, the emergency telephone numbers of other vital agencies are listed:

	<u>BUSINESS NO.:</u>	<u>MOBILE NO.:</u>
VENDOR/CONTRACTOR'S PROJECT MANAGER	() _____	() _____
VENDOR/CONTRACTORS REPRESENTATIVE	() _____	() _____
COUNTY/PROJECT MANAGER	() _____	() _____

OTHER EMERGENCY NUMBERS

SHERIFF'S OFFICE	(352) 754-6850
FLORIDA HIGHWAY PATROL	(352) 754-6767
FLORIDA REGIONAL EMS	(352) 754-8991
BROOKSVILLE FIRE RESCUE	(352) 544-5445
EAST HERNANDO COUNTY FIRE RESCUE	(352) 540-4350
NORTHWEST HERNANDO COUNTY FIRE RESCUE	(352) 592-5618
WITHLACOOCHEE RIVER ELECTRIC	(352) 596-4000 EXT. 3145
DUKE ENERGY	(800) 700-8744
CHARTER COMMUNICATIONS (FKA: BRIGHT HOUSE CABLE)	(800) 892-0803
FLORIDA GAS TRANSMISSION	(352) 527-1898
TECO - PEOPLES GAS	(877) 832-6747
HERNANDO COUNTY UTILITIES	(352) 754-4037
HERNANDO COUNTY SCHOOL TRANSPORTATION	(352) 797-7003
HERNANDO COUNTY TRAFFIC SIGNAL SYSTEM	(352) 754-4064 EXT. 139
DEPARTMENT OF PUBLIC WORKS	(352) 754-4060
ENGINEERING DIVISION	(352) 754-4062
FLORIDA DEPARTMENT OF TRANSPORTATION	(352) 797-5700

**HERNANDO COUNTY UTILITY COORDINATION
FOR CONSTRUCTION SITES**

PROJECT NAME: ELGIN BOULEVARD FORCE MAIN PROJECT

COUNTY PROJECT NO.: 23-CG0043/GL

C.E.O. NO.: _____

"I hereby certify that the coordination of the locations, connections, and relocations, as needed of all utilities in the project limits, has occurred with the respective utility, County's and/or their official representatives. This certification regards the coordination only at this time and does not reflect actual work performed. Utility verification forms are attached from each respective utility verifying coordination and stating known conflicts. This form shall be completed by the Vendor/Contractor(s) and approved by Hernando County prior to initiating construction."

- THERE ARE NO KNOWN UTILITY CONFLICTS AFFECTING THIS PROJECT'S CONSTRUCTION TIME AND/OR COSTS.
- THERE ARE NOTED UTILITY CONFLICTS AFFECTING THIS PROJECT'S CONSTRUCTION TIME AND/OR COSTS.

VENDOR/CONTRACTOR INFORMATION

Signature

Date

Name and Title

Street or P. O. Box

City

State

Zip Code

Telephone: Area Code Number

Emergency Number

Traffic Sub-Contractor Telephone

Emergency Number

Hernando County Approved By:

Date

HERNANDO COUNTY UTILITY VERIFICATION
FOR CONSTRUCTION SITES

PROJECT NAME: ELGIN BOULEVARD FORCE MAIN PROJECT

COUNTY PROJECT NO.: 23-CG0043/GL

C.E.O. NO.: _____

"I HEREBY CERTIFY THAT _____ HAS EXAMINED
(Utility Name)
THE PLANS AND CONSTRUCTION LIMITS OF THIS PROJECT. WE KNOW OF NO
CONSTRUCTION/UTILITY CONFLICTS WITH OUR FACILITIES AT THIS TIME, UNLESS NOTED
BELOW."

UTILITY COMPANY NAME

Signature

Date

Name and Title

Street or P. O. Box

City

State

Zip Code

Telephone Number: Area Code Number

Known Conflict Information

HERNANDO COUNTY MAINTENANCE OF TRAFFIC PLAN
FOR CONSTRUCTION SITES

PROJECT NAME: ELGIN BOULEVARD FORCE MAIN PROJECT

COUNTY PROJECT NO.: 23-CG0043/GL

C.E.O. NO.: _____

"I hereby certify that the Maintenance of Traffic (MOT) Plan, as described in the attached construction plans or referenced by Florida Department of Transportation Standard Indexes, has been installed and will be maintained for this construction project. The MOT Plan reflects requirements applicable to protecting motorists and workers around the construction area. The MOT Plan shall be utilized, as applicable, by all Vendor/Contractors on the project. The MOT Plan provides compliance with approved Hernando County and State of Florida MOT Standards. This form shall be completed by the Vendor/Contractor(s) and approved by Hernando County prior to initiating construction."

UTILITY COMPANY NAME

Signature

Date

Name and Title

Street or P.O. Box

City

State

Zip Code

Telephone Number: Area Code Number

Known Conflict Information

STORM WATER POLLUTION PREVENTION PLAN
FOR STORM WATER DISCHARGES FROM CONSTRUCTION SITES

PROJECT NAME: ELGIN BOULEVARD FORCE MAIN PROJECT

COUNTY PROJECT NO.: 23-CG0043/GL

C.E.O. NO.: _____

"I hereby certify that the Storm Water Pollution Prevention Plan has been received by the undersigned for the construction site described in the Construction Plans. The Storm Water Pollution Prevention Plan reflects requirements applicable to protecting surface water resources in sediment and erosion site plans or site permits, or storm water management site plans or site permits approved by State or local officials. The Storm Water Pollution Prevention Plan provides compliance with approved issued permits, erosion and sediment control plans and storm water management plans. I certify, under penalty of law, that the Storm Water Pollution Prevention Plan will be installed and maintained, until all construction activities are complete.

Company Name

Signature

Date

Name and Title

Street or P.O. Box

City

State

Zip Code

Telephone: Area Code Number

UTILITY CONTACT LIST

PROJECT NAME: ELGIN BOULEVARD FORCE MAIN PROJECT

COUNTY PROJECT NO.: 23-CG0043/GL

C.E.O. NO.: _____

The following are the contact names and business telephone numbers of utility representatives with infrastructure specifically located in the project limits. Additionally, the telephone numbers of various utilities in Hernando County and other vital agencies are listed:

<u>UTILITY NAME</u>	<u>REPRESENTATIVE</u>	<u>PHONE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COUNTY UTILITY NUMBERS

WITHLACOOCHEE RIVER ELECTRIC	(352) 596-4000	EXT. 3145
DUKE ENERGY	(800) 700-8744	
CHARTER COMMUNICATIONS (FKA: BRIGHT HOUSE CABLE)	(800) 892-0803	
FLORIDA GAS TRANSMISSION	(352) 527-1898	
TECO - PEOPLES GAS	(877) 832-6747	
HERNANDO COUNTY UTILITIES	(352) 754-4037	

OTHER VITAL NUMBERS

SHERIFF'S OFFICE	(352) 754-6850	
FLORIDA HIGHWAY PATROL	(352) 754-6767	
FLORIDA REGIONAL EMS	(352) 754-8991	
BROOKSVILLE FIRE RESCUE	(352) 544-5445	
EAST HERNANDO COUNTY FIRE RESCUE	(352) 540-4350	
NORTHWEST HERNANDO COUNTY FIRE RESCUE	(352) 592-5618	
HERNANDO COUNTY SCHOOL TRANSPORTATION	(352) 797-7003	
HERNANDO COUNTY TRAFFIC SIGNAL SYSTEM	(352) 754-4064	EXT. 139
DEPARTMENT OF PUBLIC WORKS	(352) 754-4060	
ENGINEERING DIVISION	(352) 754-4062	
FLORIDA DEPARTMENT OF TRANSPORTATION	(352) 797-5700	



We are pleased to announce that Smith Contracting Inc. and Pospiech Contracting Inc. have started a new Underground Utility company, Midsouth Inc.

Midsouth Inc. is an Underground Utility and Sitework company that specializes in Heavy Highway and Underground Utilities. Midsouth Inc. is a State of Florida licensed Underground Utility Excavation Contractor, Midsouth Inc. will continue to provide the same experience, integrity and quality of work as you are used to with Smith Contracting Inc. and Pospiech Contracting Inc. By combining our management, crews and office staff, we will have the opportunity exceed our previous capabilities.

We are using our combined project experience and references from both Pospiech Contracting Inc. and Smith Contracting Inc. for bidding purposes. We have noted the references as either a Pospiech Contracting project or Smith Contracting project. Please feel free to contact the references provided.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

CONSTRUCTION INDUSTRY LICENSING BOARD

THE UNDERGROUND UTILITY & EXCAVATION CO HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

SMITH, WILLIAM SCOTT SR

MIDSOUTH, INC.
201 S APOPKA AVENUE
INVERNESS FL 34452

LICENSE NUMBER: CUC1225979

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA
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LICENSE NUMBER: CUC1225979

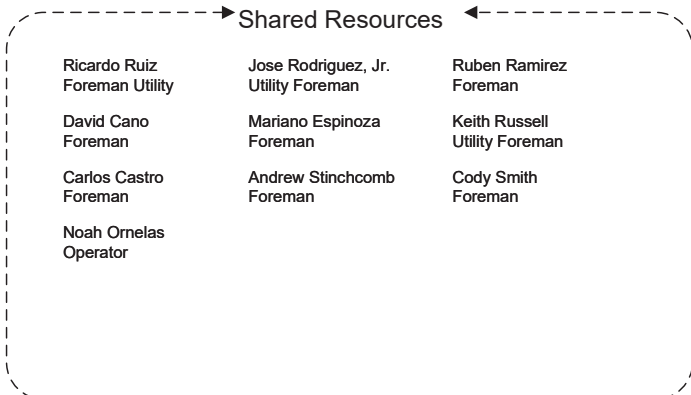
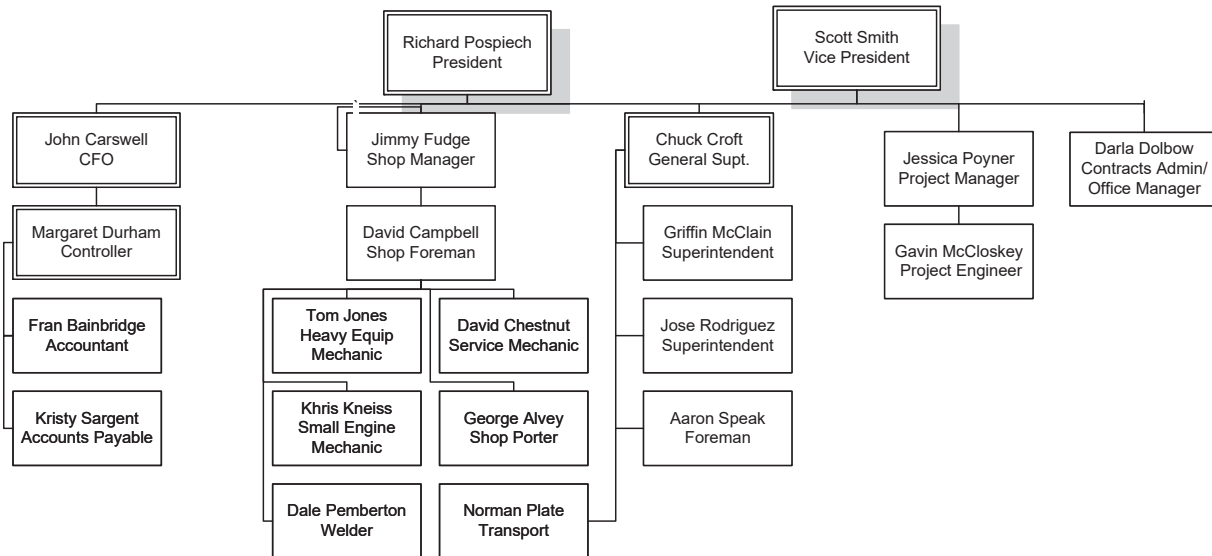
EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



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SCOTT SMITH

P.O. Box 615 Webster, FL 33597 (863) 640-1923

Summary of Qualifications

More than 24 years of experience in underground utility, land development, heavy highway, FDOT, airport, water and wastewater treatment plants, construction engineering and inspection, contracting, construction claims, estimating, project management and heavy equipment management.

Experience

Midsouth, Inc., Inverness, FL
Vice President October 2022 – Present

Smith Contracting, LLC., Webster, FL (*Smith Contracting, LLC. and Pospiech Contracting, Inc. merged to form Midsouth, Inc.*)
Owner September 2017 – October 2022

Ripa & Associates, LLC., Tampa, FL
Superintendent September 2016 – August 2017

Pospiech Contracting, Inc., Inverness, FL
Vice President of Operations March 2013 – August 2016

Marcobay Construction, Inc., Lakeland, FL
Project Manager/Estimator November 2005 – March 2013

CenState Contractors, Inc., Winter Haven, FL
Project Manager/Estimator August 1999 – November 2005

Licenses, Skills and Training

Florida Certified General Contractor – CGC1533388
Florida Certified Underground Contractor – CUC1225979
Florida Class V Fire Contractor – FPC23-000009
Primavera SureTrak, OSHA 30 Hour, Microsoft Programs, OSHA Trenching and Excavation, Confined Space, CPR, HCSS HeavyBid & HeavyJob, Advanced Maintenance of Traffic, Timberline, Certified F.D.E.P. Stormwater Inspector, Explorer Bluebeam, Div. of Forestry Certified Burner

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P22000077864

Entity Name: MIDSOUTH, INC.

Current Principal Place of Business:

201 S. APOPKA AVENUE
INVERNESS, FL 34452

Current Mailing Address:

201 S. APOPKA AVENUE
INVERNESS, FL 34452

FEI Number: 92-0659280

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARSWELL, JOHN CFO
201 S. APOPKA AVENUE
INVERNESS, FL 34452 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN CARSWELL

04/19/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, DIRECTOR, SECRETARY
Name POSPIECH, RICHARD
Address 201 S. APOPKA AVENUE
City-State-Zip: INVERNESS FL 34452

Title VP, DIRECTOR
Name SMITH, WILLIAM SCOTT
Address 201 S. APOPKA AVENUE
City-State-Zip: INVERNESS FL 34452

Title VP
Name CARSWELL, JOHN M VP CFO
Address 201 S. APOPKA AVENUE
City-State-Zip: INVERNESS FL 34452

Title CONTROLLER, ASST. SECRETARY
Name DURHAM, MARGARET
Address 201 S. APOPKA AVENUE
City-State-Zip: INVERNESS FL 34452

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M CARSWELL

VP, CFO

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date

TRENCH SAFETY ACT COMPLIANCE FORM

1. The Vendor/Contractor acknowledges the existence of the Florida Trench Safety Act at §553.60 through 553.64, Florida Statutes (current version) (hereinafter called the "Act") and the requirements established herein.
2. The Vendor/Contractor further acknowledges that the Act stabled the Federal excavation safety standards set forth at 29 CFR Part 1926, Subpart P as the Interim State standard applicable to this project.
3. The Vendor/Contractor will comply with all applicable trench safety standards, during all phases of the work, if awarded the Contract, and will ensure that all subcontractors will also comply with the Act.
4. The Vendor/Contractor will consider the geotechnical information available from the County, from its own sources and all other relevant information in its design of the trench safety system it will employ on the subject project. The Vendor/Contractor acknowledges that the County is not obligated to provide such information, that Vendor/Contractor is not to rely solely on such information if provided, and that Vendor/Contractor is solely responsible for the selection of the data on which he relies in designing said safety system, as well as for the system itself.
5. The Vendor/Contractor acknowledges that included in the total price in the Bid Form are costs for complying with the Florida Trench Safety Act, which is in effect as of October 1, 1990. The undersigned further identifies the costs to be \$ 1.00 per lineal foot.
6. The amount in Item 5 herein includes the trench safety compliance methods and the units of each safety measure. The unit costs and the unit prices are shown solely for the purpose of compliance with the procedural requirements of the Act.

	Trench Safety Compliance Method	Unit (LF, SY)	Quantity	Unit Cost	Extended Cost
A.	sloping/trench box as needed	LF	7290	\$ 1.00	\$ 7,290.00
B.				\$	\$
C.				\$	\$
D.				\$	\$
	TOTAL:				\$7,290.00

Use additional blank sheets to further itemize if more room is required.

7. Acceptance of the bid to which this certification and disclosure applies in no way represents that the County or its representatives have evaluated or determined that the above costs are adequate to comply with the applicable trench safety requirements, nor does it in anyway relieve the undersigned of his sole responsibility for complying all applicable safety requirements.

Company: Midsouth Inc.

By: Margaret Durham Margaret Durham, Controller/Asst Sec.
 Authorized Signature Date 5/15/2023

This document should be completed and returned with your submittal.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. MIDSOUTH INC.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	<input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions. 201 S APOPKA AVENUE		Requester's name and address (optional)
6 City, state, and ZIP code INVERNESS, FL 34452			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
9	2	-	0	6	5	9	2	8	0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>William S Smith</i>	Date ▶ 1/18/2023
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.