

## Paul Bange Roofing

Bid Contact **Richard Gotshall**  
**Joey@Paulbangeroofing.com**  
**Ph 954-981-7663**

Address **7000 SW 21st Place**  
**Davie, FL 33317**

Supplier Code **286774**

Qualifications **PP-DRUGFREE PP-EQUAL PP-LBTR PP-LOCAL PP-SCRUTINIZED PP-SWORN PP-VENDORINFO PP-VOSB PP-W9**

| Item #           | Line Item   | Notes                         | Unit Price                        | Qty/Unit                        | Attch. Docs |
|------------------|---|-------------------------------|-----------------------------------|---------------------------------|-------------|
| PSPW-20-14-01-01 | West Campus Building E Project Cost                         | <b>Supplier Product Code:</b> | <b>First Offer - \$387,628.15</b> | 1 / project <b>\$387,628.15</b> | Y Y         |
| PSPW-20-14-01-02 | West Campus Building P project Cost                         | <b>Supplier Product Code:</b> | <b>First Offer - \$168,697.30</b> | 1 / project <b>\$168,697.30</b> | Y           |
| PSPW-20-14-01-03 | Academic Village Campus Gym/Cafeteria Building Project Cost | <b>Supplier Product Code:</b> | <b>First Offer - \$546,704.10</b> | 1 / project <b>\$546,704.10</b> | Y           |
| PSPW-20-14-01-04 | FSU Campus Building A Project Cost                          | <b>Supplier Product Code:</b> | <b>First Offer - \$126,178.50</b> | 1 / project <b>\$126,178.50</b> | Y           |
| PSPW-20-14-01-05 | East Campus Building P Project Cost                         | <b>Supplier Product Code:</b> | <b>First Offer - \$165,808.33</b> | 1 / project <b>\$165,808.33</b> | Y           |
| PSPW-20-14-01-06 | East Campus Building M Project Cost                         | <b>Supplier Product Code:</b> | <b>First Offer - \$139,333.54</b> | 1 / project <b>\$139,333.54</b> | Y           |
| PSPW-20-14-01-07 | Cost to Provide Payment and Performance Bond                | <b>Supplier Product Code:</b> | <b>First Offer - 2.50%</b>        | 1 / project <b>2.50%</b>        | Y           |

| Item #           | Line Item   | Notes                         | Unit Price                   | Qty/Unit        | Attch. Docs      |
|------------------|---|-------------------------------|------------------------------|-----------------|------------------|
| PSPW-20-14-02-01 | Additional Work: Additional Work- Stucco Repair               | <b>Supplier Product Code:</b> | <b>First Offer - \$30.00</b> | 1 / square foot | <b>\$30.00</b> Y |
| PSPW-20-14-02-02 | Additional Work: Additional Work- Lightweight Concrete Repair | <b>Supplier Product Code:</b> | <b>First Offer - \$25.00</b> | 1 / square foot | <b>\$25.00</b> Y |

|                  |  |                               |                              |                 |                |   |
|------------------|--|-------------------------------|------------------------------|-----------------|----------------|---|
| PSPW-20-14-02-03 | Additional Work: Additional Work- Steel Decking Repair | <b>Supplier Product Code:</b> | <b>First Offer - \$50.00</b> | 1 / square foot | <b>\$50.00</b> | <b>Y</b>                                |
| PSPW-20-14-02-04 | Additional Work: Additional Work- Plywood              | <b>Supplier Product Code:</b> | <b>First Offer - \$8.00</b>  | 1 / square foot | <b>\$8.00</b>  | <b>Y</b>                                |
|                  |  |                               |                              |                 |                | <b>Lot Total      \$113.00</b>          |
|                  |  |                               |                              |                 |                | <b>Supplier Total    \$1,534,462.92</b> |

## Paul Bange Roofing

### Item: West Campus Building E Project Cost

#### Attachments

Certainteed SPECIMEN Warranty 2020.pdf

Bid Bond 2020.pdf

Warranty PP 2020.pdf

Eagle Warranty.pdf

Date Issued: **Warranty No.** **20 Years From:** CT Specification: **BUR(M)-I-4-A**  
**Owner: City of Pembroke Pines, 601 City Center Way, Pembroke Pines, FL, 33025, 954 261-7207**  
**Building** Roofing Areas  
Applied By: **Paul Bange Roofing Inc, 7000 SW 21st Pl, Davie, FL, 33317, 954-981-7663**

## Coverage

## Exclusions from Coverage

# WARRANTY

# SPECIMEN WARRANTY

of the roof system and hence not  
, fasteners (non-CT brand), liquid  
ssories, decorative or reflective

f decks or other bases over which

1. Natural disasters, including, but not limited to, cyclones, tornadoes, hurricanes or other winds exceeding Force 9 on the Beaufort scale, lightning, earthquakes, flood, hail or fire;
2. Falling objects, civil insurrection, war, riot or vandalism;
3. Settlement, deflection, movement, moisture content, inadequate attachment or other deficiencies of the roof deck, pre-existing roof system, walls, foundations or any other part of the building structure, insulation or other materials underlying the roof system;
4. Failure of the roof system caused or contributed by:
  - a. Maintenance, repair or work on the roof unrelated to the roof system, such as mechanical, electrical or plumbing;
  - b. Infiltration or condensation of moisture in, through or around the walls, copings and metal components, pitch pans, building structure or underlying or surrounding materials;
  - c. Traffic of any nature or use of the roof surface as a storage area, walking or recreational surface or for any other similar purpose;
  - d. Movement or deterioration of metal work used in conjunction with the roof system;
  - e. Deposits of solids or liquids which may cause deterioration of the roof system;
  - f. Building design or construction;
  - g. Lack of positive drainage, to completely remove water from the roof system per NRCA guidelines; or
  - h. Installation over a wet surface or substrate;
5. Failure to adhere to CertainTeed's Commercial Roof Maintenance Program;
6. Unauthorized application on excluded buildings or structures (see CT's General Recommendations);
7. Any change in the building's basic usage unless approved in advance in writing by CT;
8. Any use of roofing material of any kind or nature not approved in CT's Commercial Roof Systems Specifications;
9. Placement of any additional structures on the roof system such as, but not limited to, equipment or framework used in connection with air conditioning units, transmission and/or reception devices, signs and/or water towers;
10. Failure to maintain the watertight integrity of the roof system; owner must make repairs within 30 days of notification by CT to non-warranted items that affect the watertight integrity of the roof system.

In addition, CT will not be responsible for, or have any liability for, changes to the appearance of the roof system that do not result in roof leaks. This includes, but is not limited to: the loss of granules from the cap sheet and/or surface cracking or blistering due to weathering or normal wear and tear from the elements.

## **Non-Warranted Repairs**

Repairs must be made by a CT Gold Star or Silver Star roofing contractor or roofing contractor approved in advance by CT. Should a nonwarranted repair be made by any roofing contractor, payment must be remitted to the roofing contractor within 30 days from completion of the work or the Limited Warranty will be void. Should non-warranted repairs not be made within 30 days of notification by CT, the Limited Warranty will be void.

## Two-Year Inspection

A mandatory inspection will be made of the roofing membrane within 2 years from the date of application. If for any reason CT or its authorized representative is not granted access to perform the inspection this Limited Warranty shall be void.



**20 YEAR ASPHALTIC MEMBRANE NDL  
LIMITED WARRANTY**

#### **Unapproved Repairs, Alterations, Deletions or Additions**

All repairs, alterations, deletions or additions to any aspect of the roof, or any material contiguous thereto, must have prior written approval of CertainTeed Roofing Warranty & Technical Services Department (CertainTeed Roofing Products Group, Technical Services Department, 20 Moores Road, Malvern, PA 19355, (800) 396-8134). If owner, without prior written consent of CT, makes or permits any repairs, alterations, deletions or additions to the roof, all of CT's obligations, duties and coverage under this Limited Warranty will terminate.

#### **Notice of Claims**

Any claim or request for CT to perform under this Limited Warranty must be made by owner to CT in writing to the above listed address or by visiting [www.ctroof.com](http://www.ctroof.com) within thirty (30) days of discovery of the defect (notification to the contractor is not considered notice to CT) or CT will have no responsibility for the repairs. This notice of claim must include a general description of the alleged defect and a copy of the roof maintenance records. Owner shall grant access to the entire roof system as necessary for CT to investigate a claim. If access is not granted, CT shall have the right to determine, at its sole discretion, that this Limited Warranty is void as to that portion of the roof system to which access is denied. Should the investigation of the leak be determined not to be covered under this Limited Warranty, any costs associated with the leak investigation shall be the owner's responsibility.

**NOTE: In the event an emergency repair(s) are performed under this Limited Warranty, owner may make essential**

**contents, owner may make essential**  
**that would have been covered**

# **SPECIMEN WARRANTY**

#### **Modifications**

Only CertainTeed Roofing Warranty & Technical Services Department may make modifications to this Limited Warranty or review or inspect

any roof system. Issuance of this Limited Warranty does not affect the terms or conditions of this Limited Warranty.

Application of a roof system that deviates from CT's Commercial Roof Systems Specifications voids coverage, unless prior written approval is provided by CertainTeed Roofing Warranty & Technical Services Department.

#### **Transferability of Warranty**

This Limited Warranty may be transferred to a subsequent owner only if CertainTeed Roofing Warranty & Technical Services Department is notified at the above listed Malvern address within thirty (30) days of real estate title transfer and upon payment of the applicable transfer fee to CT. Failure to transfer this Limited Warranty pursuant to these stated conditions terminates CT's warranty obligations. If it is determined at CT's sole discretion that the roof is in a state of poor maintenance or in disrepair, CT reserves the right to reject the transfer and void this Limited Warranty. All transfer fees will be refunded minus the cost of any applicable inspection and administrative fees.

#### **Conditions Pertaining to Warranty Effectiveness**

This Limited Warranty shall become effective only upon the occurrence of all the following events:

1. Receipt of roofing contractor's notice of completion;
2. CT final inspection and completion of all punchlist items
3. Payment of CT's warranty fee to CT; and
4. Owner's payment to roofing contractor for installation and supplies.

Should a dispute arise between any of the parties (contractor, owner, CT) as to whether or not any of these Conditions Pertaining to Warranty Effectiveness have been satisfied, CT will hold the Limited Warranty in abeyance until such time as the parties agree that all Conditions have been satisfied.

#### **Exclusive Warranty and Limitations of Remedies**

THIS DOCUMENT CONSTITUTES THE EXCLUSIVE WARRANTY AND SOLE REMEDIES PROVIDED BY CERTAINTEED. THE WARRANTY AND REMEDIES CONTAINED IN THIS DOCUMENT ARE EXPRESSLY IN LIEU OF ANY AND ALL OTHER OBLIGATIONS, GUARANTEES, WARRANTIES AND REPRESENTATIONS, WHETHER WRITTEN, ORAL, IMPLIED BY STATUTE, AT LAW OR IN EQUITY, INCLUDING WITHOUT LIMITATION, THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR USE AND FITNESS FOR A PARTICULAR PURPOSE. SOME STATES OR JURISDICTIONS MAY NOT ALLOW THE EXCLUSION OF IMPLIED WARRANTIES, SO THE ABOVE EXCLUSION MAY NOT APPLY TO YOU. CERTAINTEED'S OBLIGATIONS, RESPONSIBILITIES AND LIABILITY SHALL BE LIMITED TO REPAIRING OR REPLACING THE DEFECTIVE PRODUCT AS SET FORTH IN THIS LIMITED WARRANTY. IN NO EVENT SHALL CERTAINTEED BE LIABLE FOR ANY SPECIAL, INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING ANY DAMAGE TO THE PROPERTY, THE BUILDING OR ITS CONTENTS, OR FOR INJURY TO ANY PERSONS, THAT MAY OCCUR AS A RESULT OF THE USE OF CERTAINTEED'S PRODUCTS OR AS A RESULT OF THE BREACH OF THIS WARRANTY. IF YOUR STATE OR JURISDICTION DOES NOT ALLOW EXCLUSIONS OR LIMITATIONS OF SPECIAL, INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES, THE ABOVE LIMITATIONS MAY NOT APPLY TO YOU. THIS LIMITED WARRANTY GIVES YOU SPECIFIC LEGAL RIGHTS AND YOU MAY HAVE OTHER RIGHTS THAT MAY VARY BY STATE OR JURISDICTION.

#### **Agreement to Binding Arbitration**

Any and all claims, disputes and other matters in question that may occur between owner, the contractor, and/or CT, arising out of, in connection with, or relating to this Limited Warranty or breach thereof, shall be submitted to BINDING ARBITRATION for resolution. The arbitration shall be conducted by the American Arbitration Association under its Construction Industry Arbitration Rules then in effect, unless the parties mutually agree otherwise. This agreement to arbitrate shall be specifically enforceable under the Federal Arbitration Act, 9 U.S.C. § 2 or the applicable state arbitration laws. The award rendered by the arbitrator shall be final, and judgment may be entered upon such award in accordance with applicable law in any court having jurisdiction thereof.

#### **Examination or Inspection**

Examination or Inspection CT does not practice engineering or architecture. Roof inspections made by CT or an authorized agent of CT or issuance of this Limited Warranty does not constitute an approval of the roof, roof design plans or specifications, or construction or installation of the roof. Roof designs, construction plans or installation of the roof system should be approved by owner or owner's professional.

**Note: All referenced documents/forms available at [www.certainteed.com](http://www.certainteed.com).**

AIA Document A310

## Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we Paul Bange Roofing Inc.,

7000 SW 21st Place, Davie, FL 33317 (Here insert full name and address or legal title of Contractor)

as Principal, hereinafter called Principal, and, FCCI Insurance Company, 6300 University

Parkway, Sarasota, FL 34240 (Here insert full name and address or legal title of Surety)

a corporation duly organized under the laws of the State of Florida

as Surety, hereinafter called the Surety, are held and firmly bound unto

City of Pembroke Pines, 601 City Center Way, 4th Floor, Pembroke Pines, FL 33025

(Here insert full name and address or legal title of Corporation)

as Obligee, hereinafter called the Obligee, in the sum of Five percent of the bid amount

Dollars (\$ 5% of bid amount),

for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for City of Pembroke Pines - #PSPW-20-14-

Roof Replacements for Various School Buildings

(Here insert full name and address description of project)

NOW THEREFORE, if the obligee shall accept the bid of the principal and the principal shall enter into Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this 7th day of December, 2020

  
(Witness)

Paul Bange Roofing Inc.  
(Principal)   
  
Richard L. Gotshall, Vice President

  
(Witness)

FCCI Insurance Company  
(Surety)   
  
Tina Mangum, Attorney-In-Fact



## GENERAL POWER OF ATTORNEY

Know all men by these presents: That the FCCI Insurance Company, a Corporation organized and existing under the laws of the State of Florida (the "Corporation") does make, constitute and appoint:

Dirk D DeJong; Sharon R. Myers; Tina Mangum

Each, its true and lawful Attorney-In-Fact, to make, execute, seal and deliver, for and on its behalf as surety, and as its act and deed in all bonds and undertakings provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the sum of (not to exceed \$10,000,000.00): \$10,000,000.00

This Power of Attorney is made and executed by authority of a Resolution adopted by the Board of Directors. That resolution also authorized any further action by the officers of the Company necessary to effect such transaction.

The signatures below and the seal of the Corporation may be affixed by facsimile, and any such facsimile signatures or facsimile seal shall be binding upon the Corporation when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached.

In witness whereof, the FCCI Insurance Company has caused these presents to be signed by its duly authorized officers and its corporate Seal to be hereunto affixed, this 25<sup>th</sup> day of June, 2020.

Attest: Christina D. Welch  
Christina D. Welch, President



Christina D. Welch  
Christina D. Welch, EVP, General Counsel,  
Chief Audit & Compliance Officer, Secretary  
FCCI Insurance Company

State of Florida  
County of Sarasota

Before me this day personally appeared Christina D. Welch, who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 2/27/2023



Peggy Snow  
Notary Public

State of Florida  
County of Sarasota

Before me this day personally appeared Christina D. Welch, who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 2/27/2023



Peggy Snow  
Notary Public

## CERTIFICATE

I, the undersigned Secretary of FCCI Insurance Company, a Florida Corporation, DO HEREBY CERTIFY that the foregoing Power of Attorney remains in full force and has not been revoked; and furthermore that the February 27, 2020 Resolution of the Board of Directors, referenced in said Power of Attorney, is now in force.

Dated this 7<sup>th</sup> day of December, 2020

Christina D. Welch

Christina D. Welch, EVP, General Counsel, Chief Audit & Compliance Officer, Secretary FCCI Insurance Company

# Paul Bange Roofing Warranty

Owner: Paul Bange Roofing, Inc.  
Address:

City of Pembroke Pines - PSPW-20-14.

Warranty Begins: \_\_\_\_\_

Warranty Expires

Warranty No. \_\_\_\_\_

Date

Paul Bange Roofing, Inc

*Limits and Conditions Paul Bange Roofing's Extended Warranty. This Agreement is not a contract of insurance.*

*Warranty to owner: Paul Bange Roofing, Inc. warrants workmanship for a period of Five (5) Years Warranty on the Roof Replacement but reserves the right to supervise or inspect all work subsequently performed by other parties to the roof for a reasonable fee. Without this supervision or inspection, all warranties are null and void. Warranty is transferable to new owner upon written application (subject to approval) and payment of 10% of contract.*

**STATE CERTIFICATE CC C033691 LICENSED AND INSURED**

# Congratulations on Your New Eagle Concrete Tile Roof



## Enjoy An Added Sense of Security By Registering Your Warranty Today.

To register your Product Warranty with Eagle Roofing Products Florida LLC, visit our Warranty Website:  
[www.erwarranty.com](http://www.erwarranty.com)

Please keep this Warranty Card handy or have your Roofing Contract/Spec Sheet nearby, as you will need the information below to register your warranty. If you live in a community where the property management team is responsible for the care of your roof, the management company is responsible for the warranty registration.

Once your warranty has been properly registered, you will receive a PDF copy of your Eagle Warranty, via email, which you can print and/or save for your records. You can also go to our warranty website, anytime, to download a copy as well.

**DO NOT MAIL THIS FORM.** If you do not have Internet access or need assistance in registering your warranty, please call 1-888-470-0236.

Contractor/Company Name:

Installation Date:

Tile Profile:

Tile Color:



USA Owned. USA Made.

Florida LLC

1575 County Rd 470  
Sumterville, FL 33585

[www.eagleroofing.com](http://www.eagleroofing.com)

Connect with us!



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**Thank You for choosing Eagle Roofing Products!  
We are proud to be your company of choice.**

**Supplier: Paul Bange Roofing****CONTACT INFORMATION FORM**

IN ACCORDANCE WITH “**PSPW-20-14**” titled “**Roof Replacements for Various School Buildings**” attached hereto as a part hereof, the undersigned submits the following:

**A) Contact Information**

The Contact information form shall be electronically signed by one duly authorized to do so, and in case signed by a deputy or subordinate, the principal's properly written authority to such deputy or subordinate must accompany the proposal. This form must be completed and submitted through [www.bidsync.com](http://www.bidsync.com) as part of the bidder's submittal. The vendor must provide their pricing through the designated lines items listed on the BidSync website.

**COMPANY INFORMATION:**

COMPANY: **Paul Bange Roofing, Inc.**

STREET ADDRESS: **7000 SW 21st Pl.**

CITY, STATE & ZIP CODE: **Davie FL 33317**

**PRIMARY CONTACT FOR THE PROJECT:**

COMPANY: **Joey Belviso**

STREET ADDRESS: **7000 SW 21St. Pl.**

CITY, STATE & ZIP CODE: **Davie FL 33317**

**AUTHORIZED APPROVER:**

NAME: **Joey Belviso** TITLE: **Project Manager**

E-MAIL: **joey@paulbangeroofing.com**

TELEPHONE: **9542140149** FAX:

**B) Proposal Checklist**

|  |   |
|--|---|
| Are all materials, freight, labor and warranties included?   | Yes <input checked="" type="checkbox"/> |
| <b>Did you include copies of all warranties in your bid package, per the instructions in section 1.4.3? This is a requirement.</b> | Yes <input checked="" type="checkbox"/> |

Did you make sure to submit the following items, as stated in section 1.5 “Proposal Requirements” of the bid package?

|  |   |
|--|---|
| Attachment A - Contact Information Form  | Yes <input checked="" type="checkbox"/> |
| Attachment B - Non-Collusive Affidavit   | Yes <input checked="" type="checkbox"/> |
| Attachment C - Proposer’s Completed Qualification Statement  | Yes <input checked="" type="checkbox"/> |
| Attachment F - References Form   | Yes <input checked="" type="checkbox"/> |
| Attachment G - Mandatory Pre-Bid Meeting Form  | Yes <input checked="" type="checkbox"/> |
| Does your proposal exceed \$200,000 for this construction project?<br>If so, please include a Proposal Security (Bid Bond or Cashier’s Check) along with a separate line item to provide a Payment and Performance Bond. (See Bid Package for details) | Yes <input checked="" type="checkbox"/> |

Did you make sure to update the following documents found under the “Vendor Registration” group of “Qualifications” on the BidSync website for the City of Pembroke Pines?

|   |   |
|---|---|
| Vendor Information Form                               | Yes <input checked="" type="checkbox"/> |
| Form W-9 (Rev. October 2018)                          | Yes <input checked="" type="checkbox"/> |
| Sworn Statement on Public Entity Crimes Form          | Yes <input checked="" type="checkbox"/> |
| Local Vendor Preference Certification                 | Yes <input checked="" type="checkbox"/> |
| Local Business Tax Receipts                           | Yes <input checked="" type="checkbox"/> |
| Veteran Owned Small Business Preference Certification | Yes <input checked="" type="checkbox"/> |
| Equal Benefits Certification Form                     | Yes <input checked="" type="checkbox"/> |
| Vendor Drug-Free Workplace Certification Form         | Yes <input checked="" type="checkbox"/> |
| Scrutinized Company Certification                     | Yes <input checked="" type="checkbox"/> |

## C) Sample Proposal Form

*The following sample price proposal is for information only. The vendor must provide their pricing through the designated lines items listed on the BidSync website.*

|   |  |
|---|--|
| <b>West Campus Building E - 1680 SW 184 Ave Pembroke Pines, Fl. 33029</b>                             |  |
| Project Cost  | <b>Price to be Submitted Via BidSync</b>   |
| <b>West Campus Building P - 1680 SW 184 Ave Pembroke Pines Fl. 33029</b>                              |  |
| Project Cost  | <b>Price to be Submitted Via BidSync</b>   |
| <b>Academic Village Campus Gym/Cafeteria Building - 17189 Sheridan Street Pembroke Pines Fl 33331</b> |  |
| Project Cost  | <b>Price to be Submitted Via BidSync</b>   |
| <b>FSU Campus Building A - 501 SW 172 Ave. Pembroke Pines FL 33027</b>                                |  |
| Project Cost  | <b>Price to be Submitted Via BidSync</b>   |
| <b>East Campus Building P - 10801 Pembroke Road Pembroke Pines FL 33025</b>                           |  |
| Project Cost  | <b>Price to be Submitted Via BidSync</b>   |
| <b>East Campus Building M - 10801 Pembroke Road Pembroke Pines FL 33025</b>                           |  |
| Project Cost  | <b>Price to be Submitted Via BidSync</b>   |
| <b>Additional Work</b>  |  |
| Additional Work- Stucco Repair (sqft)   | <b>Price to be Submitted Via BidSync</b>   |
| Additional Work- Lightweight Concrete Repair (sqft)   | <b>Price to be Submitted Via BidSync</b>   |
| Additional Work- Steel Decking Repair (sqft)  | <b>Price to be Submitted Via BidSync</b>   |
| Additional Work- Plywood (sqft)   | <b>Price to be Submitted Via BidSync</b>   |
| <b>Payment and Performance Bond</b>   |  |
| Cost to Provide Payment and Performance Bond for the project, in the form of a percent                | <b>Percent to be Submitted Via BidSync</b> |

**Supplier: Paul Bange Roofing**

City of Pembroke Pines

**Attachment B****NON-COLLUSIVE AFFIDAVIT****BIDDER is the Representative,**

(Owner, Partner, Officer, Representative or Agent)

BIDDER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

Neither the said BIDDER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other BIDDER, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any BIDDER, firm, or person to fix the price or prices in the attached Bid or any other BIDDER, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other BIDDER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

Printed Name/Signature **Joey Belviso**Title **Project Manager**Name of Company **Paul Bange Roofing, Inc.**

## Supplier: Paul Bange Roofing



*City of Pembroke Pines*

Attachment C

### **PROPOSER'S QUALIFICATIONS STATEMENT**

PROPOSER shall furnish the following information. Failure to comply with this requirement will render Bid non-responsive and shall cause its rejection. Additional sheets shall be attached as required.

PROPOSER'S Name and Principal Address:

**Paul Bange Roofing, Inc.  
7000 SW 21st. Pl. Davie, Fl. 33317**

PROPOSER'S License Number: **033691**

**(Please attach certificate of status, competency, and/or state registration.)**

Number of years your organization has been in business **30**

State the number of years your firm has been in business under your present business name **30**

State the number of years your firm has been in business in the work specific to this solicitation: **30**

Names and titles of all officers, partners or individuals doing business under trade name:

**Paul Bange- Owner  
Rich Gotshall-VP  
Joey Belviso-Project Manager**

IF USING A FICTITIOUS NAME, SUBMIT EVIDENCE OF COMPLIANCE WITH FLORIDA FICTITIOUS NAME STATUTE.

Under what former name has your business operated? Include a description of the business. Failure to include such information shall be deemed to be intentional misrepresentation by the City and shall render the proposer non-responsive.

**N/A**

At what address was that business located?

**N/A**

Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract:

**N/A**

Have you ever failed to complete work awarded to you. If so, when, where and why?

**NO**

Have you personally inspected the proposed WORK and do you have a complete plan for its performance?

**Yes**

Will you subcontract any part of this WORK? If so, give details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s).

**No**

The foregoing list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.

List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.

**none**

List and describe all successful Bond claims made to your surety (ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).

**none**

List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.

**none**

List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.

**none**

Are you an Original provider sales representative distributor, broker, manufacturer other, of the commodities/services proposed upon? If other than the original provider, explain below.

**none**

Have you ever been debarred or suspended from doing business with any governmental agency? If yes, please explain:

**none**

Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years:

**none**

The PROPOSER acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by CITY in awarding the contract and such information is warranted by PROPOSER to be true. The discovery of any omission or misstatement that materially affects the PROPOSER's qualifications to perform under the contract shall cause the CITY to reject the Bid, and if after the award, to cancel and terminate the award and/or contract.

**Paul Bange Roofing, Inc.**  
(Company Name)

**Joey Belviso**  
(Printed Name/Signature)

## Supplier: **Paul Bange Roofing**

### **REFERENCES FORM**

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

#### **Reference Contact Information:**

Name of Firm, City, County or Agency: **Paul Bange Roofing**

Address: **7000 SW 21st Pl.**

City/State/Zip: **Davie Fl 33317**

Contact Name: **Joey Belviso** Title:

E-Mail Address: **joey@paulbangeroofing.com**

Telephone: **9542140149** Fax:

#### **Project Information:**

Name of Contractor Performing the work: **Paul Bange Roofing**

Name and location of the project: **City of Pembroke Pines Various Buildings**

Nature of the firm's responsibility on the project: **re-roof**

Project duration: **365 days** Completion (Anticipated) Date: **TBD**

Size of project: **Various** Cost of project: **Various**

Work for which staff was responsible: **roofing**

Contract Type:

The results/deliverables of the project:

### **REFERENCES FORM**

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

#### **Reference Contact Information:**

Name of Firm, City, County or Agency: **City of Pembroke Pines**

Address: **8300 S. Palm Dr**

City/State/Zip: **Pembroke Pines**

Contact Name: **Matt** Title: **Project Manager**

E-Mail Address: **mdesharnais@ppines.com**

Telephone: **9542617207** Fax:

**Project Information:**

Name of Contractor Performing the work: **Paul Bange Roofing Inc.**

Name and location of the project: **Various City Buildings**

Nature of the firm's responsibility on the project: **reroof**

Project duration: **180 days** Completion (Anticipated) Date: **11/2020**

Size of project: **60000** Cost of project: **1.2m**

Work for which staff was responsible: **reroof**

Contract Type: **aia**

The results/deliverables of the project: **complete**

**REFERENCES FORM**

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

**Reference Contact Information:**

Name of Firm, City, County or Agency: **Villa San Remo HOA**

Address: **8400 Cordoba Ln.**

City/State/Zip: **boca Raton**

Contact Name: **Chris Tuller** Title: **LCAM**

E-Mail Address:

Telephone: **9547528119** Fax:

**Project Information:**

Name of Contractor Performing the work: **Paul Bange Roofing INC.**

Name and location of the project: **Villa San Remo**

Nature of the firm's responsibility on the project: **reroof**

Project duration: **180 days`** Completion (Anticipated) Date: **10/19**

Size of project: **85000** Cost of project: **1.2m**

Work for which staff was responsible: **reroof**

Contract Type: **aia**

The results/deliverables of the project: **complete**

**REFERENCES FORM**

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

**Reference Contact Information:**

Name of Firm, City, County or Agency: **The Glades at Boca Lago**

Address: **21933 Arriba Real**

City/State/Zip: **Bocan Raton fl 33433**

Contact Name: **Steve Unger** Title: **LCAM**

E-Mail Address:

Telephone: **5614830227** Fax:

**Project Information:**

Name of Contractor Performing the work: **Paul Bange Roofing Inc.**

Name and location of the project: **The Glades At Boca Lago**

Nature of the firm's responsibility on the project: **reroof**

Project duration: **1 year** Completion (Anticipated) Date: **4/2021**

Size of project: **348000** Cost of project: **4.2m**

Work for which staff was responsible: **reroof**

Contract Type: **aia**

The results/deliverables of the project: **In progress**

### **REFERENCES FORM**

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

#### **Reference Contact Information:**

Name of Firm, City, County or Agency: **Cesta Window Products**

Address: **Miami**

City/State/Zip: **Miami**

Contact Name: **David Springer** Title: **GM**

E-Mail Address:

Telephone: **9542995583** Fax:

#### **Project Information:**

Name of Contractor Performing the work: **Paul Bange Roofing Inc.**

Name and location of the project: **Cesta Window Products**

Nature of the firm's responsibility on the project: **reroof**

Project duration: **90 days** Completion (Anticipated) Date: **11/2019**

Size of project: **40000** Cost of project: **395k**

Work for which staff was responsible: **reroof**

Contract Type: **standard**

The results/deliverables of the project: **complete**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/15/2020

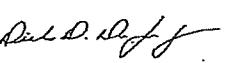
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN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

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

|  |  |   |        |
|--|--|---|--------|
| PRODUCER   |  | CONTACT NAME:                                 |        |
| Frank H. Furman, Inc.<br>1314 East Atlantic Blvd.<br>P.O. Box 1927<br>Pompano Beach FL 33061 |  | PHONE (A/C, No. Ext): (954) 943-5050          |        |
|  |  | FAX (A/C, No.): (954) 942-6310                |        |
|  |  | E-MAIL ADDRESS: jenny@furmaninsurance.com     |        |
|  |  | INSURER(S) AFFORDING COVERAGE                 | NAIC # |
|  |  | INSURER A: Ironshore Specialty Ins            | 25445  |
| INSURED  |  | INSURER B: North River Insurance Company (us) | 21105  |
| Paul Bange Roofing Inc. and BD & M Trucking Inc.<br>7000 SW 21st Place                       |  | INSURER C: Bridgefield Employers Ins Co       | 10701  |
| Davie FL 33317   |  | INSURER D: Aspen Specialty Insurance Co       | 10717  |
|  |  | INSURER E:                                    |        |
|  |  | INSURER F:                                    |        |

| COVERAGES   |   | CERTIFICATE NUMBER: 2020 Master              |               | 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 SUBR INSD WWD                           | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
| A   | X COMMERCIAL GENERAL LIABILITY<br><br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |  | RCS00129-06   | 4/19/2020               | 4/19/2021               | EACH OCCURRENCE                           | \$ 1,000,000 |
|   | GEN'LAGGREGATE LIMIT APPLIES PER:<br>POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER:  |  |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000   |
| B   | AUTOMOBILE LIABILITY<br><br>X ANY AUTO<br>ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br>X HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS                   |  | 133-745468-5  | 4/19/2020               | 4/19/2021               | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|   | BODILY INJURY (Per person)  |  |               |                         |                         | \$  |              |
| A   | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE   |  | RUS00282-00   | 4/19/2020               | 4/19/2021               | BODILY INJURY (Per accident)              | \$           |
|   | PROPERTY DAMAGE (Per accident)  |  |               |                         |                         | \$  |              |
| C   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N<br><input checked="" type="checkbox"/> N | N/A           | 083032424<br>083032424  | 6/16/2019<br>6/16/2020  | E.L. EACH ACCIDENT                        | \$ 1,000,000 |
|   | E.L. DISEASE - EA EMPLOYEE  |  |               |                         |                         | \$ 1,000,000                              |              |
| D   | POLLUTION LIABILITY   |  | ER00FUQ20     | 3/2/2020                | 3/2/2021                | E.L. DISEASE - POLICY LIMIT               | \$ 1,000,000 |
|   | 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 |  | 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  |  |
|                    |  | Dirk DeJong/TP    |  |

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Ron DeSantis, Governor

Halsey Beshears, Secretary

**dbor**  
Florida



## STATE OF FLORIDA

## DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

### CONSTRUCTION INDUSTRY LICENSING BOARD

THE ROOFING CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**BANGE, PAUL EDWARD**

PAUL BANGE ROOFING INC  
7000 SW 21 PL  
DAVIE FL 33317

LICENSE NUMBER: CCC033691

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at [MyFloridaLicense.com](http://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.



# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

VALID OCTOBER 1, 2020 THROUGH SEPTEMBER 30, 2021

DBA: PAUL BANGE ROOFING INC  
Business Name:

Receipt #: 185-1697  
ROOFING/SHEET METAL CONTRACTOR  
Business Type: (ROOFING CONTRACTOR)

Owner Name: PAUL EDWARD BANGE  
Business Location: 7000 SW 21 PL  
DAVIE  
Business Phone: 954-981-7663

Business Opened: 09/22/1989  
State/County/Cert/Reg: CCC033691  
Exemption Code:

| Rooms | Seats | Employees | Machines | Professionals |
|-------|-------|-----------|----------|---------------|
|       |       | 10        |          |               |

| Number of Machines: |              | For Vending Business Only |         |             |                 |            |
|---------------------|--------------|---------------------------|---------|-------------|-----------------|------------|
|                     |              | Vending Type:             |         |             |                 |            |
| Tax Amount          | Transfer Fee | NSF Fee                   | Penalty | Prior Years | Collection Cost | Total Paid |
| 27.00               | 0.00         | 0.00                      | 0.00    | 0.00        | 0.00            | 27.00      |

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

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

Mailing Address:

PAUL EDWARD BANGE  
7000 SW 21 PL  
DAVIE, FL 33317

Receipt #13B-19-00007109  
Paid 07/16/2020 27.00

**2020 - 2021**

# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

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Exemption Code:

| Rooms | Seats | Employees | Machines | Professionals |
|-------|-------|-----------|----------|---------------|
|       |       | 10        |          |               |

| Signature  | For Vending Business Only |         |         |             |                 |            |
|------------|---------------------------|---------|---------|-------------|-----------------|------------|
|            | Vending Type:             |         |         |             |                 |            |
| Tax Amount | Transfer Fee              | NSF Fee | Penalty | Prior Years | Collection Cost | Total Paid |
| 27.00      | 0.00                      | 0.00    | 0.00    | 0.00        | 0.00            | 27.00      |

Receipt #13B-19-00007109  
Paid 07/16/2020 27.00



### **EQUAL BENEFITS CERTIFICATION FORM FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES**

Except where federal or state law mandates to the contrary, a Contractor awarded a Contract pursuant to a competitive solicitation shall provide benefits to Domestic Partners and spouses of its employees, irrespective of gender, on the same basis as it provides benefits to employees' spouses in traditional marriages.

The Contractor shall provide the City and/or the City Manager or his/her designee, access to its records for the purpose of audits and/or investigations to ascertain compliance with the provisions of this section, and upon request shall provide evidence that the Contractor is in compliance with the provisions of this section upon each new bid, contract renewal, or when the City Manager has received a complaint or has reason to believe the Contractor may not be in compliance with the provisions of this section. Records shall include but not be limited to providing the City and/or the City Manager or his/her designee with certified copies of the Contractor's records pertaining to its benefits policies and its employment policies and practices.

The Contractor must conspicuously make available to all employees and applicants for employment the following statement:

**"During the performance of a contract with the City of Pembroke Pines, Florida, the Contractor will provide Equal Benefits to its employees with spouses, as defined by Section 35.39 of the City's Code of Ordinances, and its employees with Domestic Partners and all Married Couples".**

The posted statement must also include a City contact telephone number and email address which will be provided to each contractor when a covered contract is executed.

#### **SECTION 1 DEFINITIONS**

1. **Benefits** means the following plan, program or policy provided or offered by a contractor to its employees as part of the employer's total compensation package which may include but is not limited to sick leave, bereavement leave, family medical leave, and health benefits.
2. **Cash Equivalent** mean the amount of money paid to an employee with a domestic partner or spouse in lieu of providing benefits to the employee's domestic partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee for his or her spouse from a traditional marriage.
3. **Covered Contract** means a contract between the City and a contractor awarded subsequent to the date when this section becomes effective valued at over \$25,000 or the threshold amount required for competitive bids as required in section 35.18(A) of the Procurement Code.
4. **Domestic Partner** shall mean any two (2) adults of the same or different sex who have registered as domestic partners with a governmental body pursuant to state or local law authorizing such registration, or with an internal registry maintained by the employer of at



## City of Pembroke Pines

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least one of the domestic partners. A contractor may institute an internal registry to allow for the provision of equal benefits to employees with domestic partners who do not register their partnerships pursuant to a governmental body authorizing such registration, or who are located in a jurisdiction where no such governmental domestic partnership registry exists. A contractor that institutes such registry shall not impose criteria for registration that are more stringent than those required for domestic partnership registration by the City of Pembroke Pines.

5. **Equal benefits** means the equality of benefits between employees with spouses and/or dependents of spouses and employees with domestic partners and/or dependents of domestic partners, and/or between spouses of employees and/or dependents of spouses and domestic partners of employees and/or dependents of domestic partners.
6. **Spouse** means one member of a married pair legally married under the laws of any state within the United States of America or any other jurisdiction under which such marriage is legally recognized, irrespective of gender.
7. **Traditional marriage** means a marriage between one man and one woman.

### SECTION 2 CERTIFICATION OF CONTRACTOR

The firm providing a response, by virtue of the signature below, certifies that it is aware of the requirements of Section 35.39 "City Contractors providing Equal Benefits for Domestic Partners and all Married Couples" of the City's Code of Ordinances, and certifies the following (**Check only one box below**):

A. Contractor currently complies with the requirements of this section; or

B. Contractor will comply with the conditions of this section at the time of contract award; or

C. Contractor will not comply with the conditions of this section at the time of contract award: or

D. Contractor does not comply with the conditions of this section because of the following allowable exemption (**Check only one box below**):

1. The Contractor does not provide benefits to employees' spouses in traditional marriages;

2. The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;



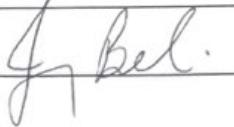
**City of Pembroke Pines**

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- 3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;
- 4. The Contractor is a governmental agency;

**The certification shall be signed by an authorized officer of the Contractor. Failure to provide such certification (by checking the appropriate boxes above along with completing the information below) shall result in a Contractor being deemed non-responsive.**

COMPANY NAME: Paul Bange Roofing, Inc.

AUTHORIZED OFFICER NAME / SIGNATURE: Joey Belviso 



## LOCAL VENDOR PREFERENCE CERTIFICATION

### SECTION 1 GENERAL TERM

#### LOCAL PREFERENCE

The evaluation of competitive bids is subject to section 35.36 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with either of the following objective criteria as of the bid or proposal submission date stated in the solicitation. A local business shall be defined as:

1. "Local Pembroke Pines Vendor" shall mean a business entity which has maintained a permanent place of business with full-time employees within the City limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the City of Pembroke Pines.

OR;

2. "Local Broward County Vendor" shall mean or business entity which has maintained a permanent place of business with full-time employees within the Broward County limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the Broward County or the city within Broward County where the business resides.

A preference of five percent (5%) of the total evaluation point, or five percent (5%) of the total price, shall be given to the **Local Pembroke Pines Vendor(s)**; A preference of two and a half percent (2.5%) of the total evaluation point for local, or two and a half percent (2.5%) of the total price, shall be given to the **Local Broward County Vendor(s)**.

#### COMPARISON OF QUALIFICATIONS

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the city from giving any other preference permitted by law instead of the preferences granted, nor prohibit the city to select the bid or proposal which is the most responsible and in the best interests of the city.

### SECTION 2 AFFIRMATION

#### LOCAL PREFERENCE CERTIFICATION:

Place a check mark here only if affirming bidder meets requirements above as a Local Pembroke Pines Vendor.  
In addition, the business must attach a current business tax receipt from the City of Pembroke Pines along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.

Place a check mark here only if affirming bidder meets requirements above as a Local Broward County Vendor.  
In addition, the business must attach a current business tax receipt from the Broward County or the city within Broward County where the business resides along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.

Place a check mark here only if affirming bidder does not meet the requirements above as a Local Vendor.

Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for Local Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for Local Vendor Preference based on their sub-contractors' qualifications.

COMPANY NAME: Paul Bange Roofing, Inc.

PRINTED NAME / AUTHORIZED SIGNATURE: Joey Belviso



**SWORN STATEMENT ON PUBLIC ENTITY CRIMES  
UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).**

1. This sworn statement is submitted Paul Bange Roofing, Inc.  
(name of entity submitting sworn statement)  
whose business address is 7000 SW 21st Pl. Davie, FL 33317  
and (if applicable) its Federal Employer Identification Number (FEIN) is  
47-4319607 . (If the entity has no FEIN, include the Social Security  
Number of the individual signing this sworn statement: Joey Belviso.)

2. My name is Joey Belviso and my  
(Please print name of individual signing)  
relationship to the entity named above is Project Manager.

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

4. I understand that a "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in 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, nonjury trial, or entry of a plea of guilty or nolo contendere.

5. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

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



*City of Pembroke Pines*

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joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

6. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity, 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.
7. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**  
 A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.  
 B) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in 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, AND **(Please indicate which additional statement applies.)**  
 B1) There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. **(Please attach a copy of the final order.)**  
 B2) The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. **(Please attach a copy of the final order.)**  
 B3) The person or affiliate has not been placed on the convicted vendor list. **(Please describe any action taken by or pending with the Department of General Services.)**

Joey Belviso

Bidder's Name

**Paul Bange Roofing, Inc.**

Company Name

Signature

1/20/20

Date



City of Pembroke Pines

**SCRUTINIZED COMPANY CERTIFICATION  
PURSUANT TO FLORIDA STATUTE § 287.135.**

I, Joey Belviso, on behalf of Paul Bange Roofing, Inc.,  
Print Name and Title Company Name  
certify that Paul Bange Roofing, Inc. :  
Company Name

1. Does not participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel list; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Syria.

Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and 2) Contracting with companies, for goods or services over \$1,000,000.00 that are on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector list, created pursuant to s. 215.473, or are engaged in business operations in Syria.

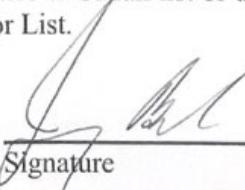
As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled "Contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

Joey Belviso

Print Name / Title

Paul Bange Roofing, Inc.

Company Name

  
Signature



## VENDOR DRUG-FREE WORKPLACE CERTIFICATION FORM

### SECTION 1 GENERAL TERM

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

**IDENTICAL TIE BIDS** - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids that are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drugfree workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after each conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

### SECTION 2 AFFIRMATION

Place a check mark here only if affirming bidder complies fully with the above requirements for a Drug-Free Workplace.

Place a check mark here only if affirming bidder does not meet the requirements for a Drug-Free Workplace.

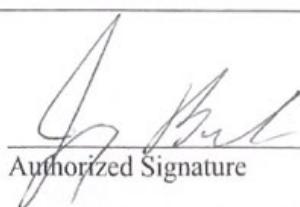
Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for Drug-Free Workplace Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for Drug-Free Workplace Preference based on their sub-contractors' qualifications.

**Paul Bange Roofing, Inc.**

Company Name

**Joey Belviso**

Authorized Signer Name



Authorized Signature



(OFFICE USE ONLY) Vendor number:

## Vendor Information Form

|  |                                   |        |                 |
|--|-----------------------------------|--------|-----------------|
| Operating Name (Payee)                   | Paul Bange Roofing                |        |                 |
| Legal Name (as filed with IRS)           | Paul Bange Roofing, INC.          |        |                 |
| Remit-to Address (For Payments)          | 7000 SW 21st Pl. Davie, FL. 33317 |        |                 |
|  |                                   |        |                 |
|  |                                   |        |                 |
| Remit-to Contact Name:                   | Joey Belviso                      | Title: | Project Manager |
| Email Address:                           | Joey@paulbangeroofing.com         |        |                 |
| Phone #:                                 | (954) 214-0149                    | Fax #  |                 |
| Order-from Address (For purchase orders) | 7000 SW 21st Pl. Davie, FL. 33317 |        |                 |
|  |                                   |        |                 |
| Order-from Contact Name:                 | Rich Gotshall                     | Title: | Vice President  |
| Email Address:                           | Rich@paulbangeroofing.com         |        |                 |
| Phone #:                                 | (954) 981-7663                    | Fax #  |                 |
| Return-to Address (For product returns)  | 7000 SW 21st Pl. Davie, FL. 33317 |        |                 |
|  |                                   |        |                 |
| Return-to Contact Name                   |                                   | Title: |                 |
| Email Address:                           |                                   |        |                 |
| Phone #:                                 |                                   | Fax #  |                 |
| Payment Terms:                           |                                   |        |                 |

Type of Business (please check one and provide Federal Tax identification or social security Number)

Corporation  
 Sole Proprietorship/Individual  
 Partnership  
 Health Care Service Provider  
 LLC - C (C corporation) - S (S corporation) - P (partnership)  
 Other (Specify):

Federal ID Number:

Social Security No.:

Name & Title of Applicant Joey Belviso - Project Manager

Signature of Applicant J. Bel. Date 12/04/2020



## VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE CERTIFICATION

### SECTION 1 GENERAL TERM

#### VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE

The evaluation of competitive bids is subject to section 35.37 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to veteran owned small businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with the following objective criteria as of the bid or proposal submission date stated in the solicitation. A veteran owned small business shall be defined as:

1. "Veteran Owned Small Business" shall mean a business entity which has received a "Determination Letter" from the United States Department of Veteran Affairs Center for Verification and Evaluation notifying the business that they have been approved as a Veteran Owned Small Business (VOSB).

A preference of two and a half percent (2.5%) of the total evaluation point, or two and a half percent (2.5%) of the total price, shall be given to the **Veteran Owned Small Business (VOSB)**. This shall mean that if a **VOSB** submits a bid/quote that is within 2.5% of the lowest price submitted by any vendor, the **VOSB** shall have an option to submit another bid which is at least 1% lower than the lowest responsive bid/quote. If the **VOSB** submits a bid which is at least 1% lower than that lowest responsive bid/quote, then the award will go to the **VOSB**. If not, the award will be made to the vendor that submits the lowest responsive bid/quote. If the lowest responsive and responsible bidder IS a "Local Pembroke Pines Vendor" (LPPV) or a "Local Broward County Vendor" (LBCV) as established in Section 35.36 of the City's Code of Ordinances, entitled "Local Vendor Preference", then the award will be made to that vendor and no other bidders will be given an opportunity to submit additional bids as described herein.

If there is a **LPPV**, a **LBCV**, and a **VOSB** participating in the same bid solicitation and all three vendors qualify to submit a second bid, the **LPPV** will be given first option. If the **LPPV** cannot beat the lowest bid received by at least 1%, an opportunity will be given to the **LBCV**. If the **LBCV** cannot beat the lowest bid by at least 1%, an opportunity will be given to the **VOSB**. If the **VOSB** cannot beat the lowest bid by at least 1%, then the bid will be awarded to the lowest bidder.

If multiple **VOSBs** submit bids/quotes which are within 2.5% of the lowest bid/quote and there are no **LPPV** or **LBCV** as described in Section 35.36 of the City's Code of Ordinance, entitled "Local Vendor Preference", then all **VOSBs** will be asked to submit a **Best and Final Offer (BAFO)**. The award will be made to the **VOSB** submitting the lowest **BAFO** providing that that **BAFO** is at least 1% lower than the lowest bid/quote received in the original solicitation. If no **VOSB** can beat the lowest bid/quote by at least 1%, then the award will be made to the lowest responsive bidder.

#### COMPARISON OF QUALIFICATIONS

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the city from giving any other preference permitted by law instead of the preferences granted, nor prohibit the city to select the bid or proposal which is the most responsible and in the best interests of the city.

### SECTION 2 AFFIRMATION

#### VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE CERTIFICATION:

Place a check mark here only if affirming bidder meets requirements above as a Veteran Owned Small Business. In addition, the bidder must attach the "Determination Letter" from the U.S. Dept. of Veteran Affairs Center.

Place a check mark here only if affirming bidder does not meet the requirements above as a VOSB.

Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for VOSB Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for VOSB Preference based on their sub-contractors' qualifications.

COMPANY NAME: Paul Bange Roofing, Inc.

PRINTED NAME / AUTHORIZED SIGNATURE: Joey Belviso

**Request for Taxpayer  
Identification Number and Certification**► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.Give Form to the  
requester. Do not  
send to the IRS.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.<br><i>PAUL BANGE Roofing</i>  |  |
| 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.<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►<br><small>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.</small><br><input type="checkbox"/> Other (see instructions) ► |  |
| 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><small>Exempt payee code (if any) _____</small><br><small>Exemption from FATCA reporting code (if any) _____</small><br><small>(Applies to accounts maintained outside the U.S.)</small>   |  |
| 5 Address (number, street, and apt. or suite no.) See instructions.<br><i>7000 SW 21 PLACE</i>  |  |
| 6 City, state, and ZIP code<br><i>DAVIE, FLORIDA 33317</i>  |  |
| 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         |                      |   |                      |   |                      |                      |                      |
| <input type="text"/>           | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| or                             |                      |   |                      |   |                      |                      |                      |
| Employer identification number |                      |   |                      |   |                      |                      |                      |
| <i>65 - 0124936</i>            |                      |   |                      |   |                      |                      |                      |

**Part II Certification**

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ►

Date

**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](http://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.*