

Bejar Construction, Inc.

Bid Contact **Benny Bejar**
Bejarconstruction@msn.com
Ph 954-431-5981

Address **6326 SW 191 Ave**
Pembroke Pines, FL 33332

| Item # | Line Item | Notes | Unit Price | Qty/Unit | Attch. | Docs |
|-----------------|---|-------------------------------|------------------------------|--------------|----------------|------|
| FI-18-03--01-01 | Project Cost for Construction of a New Fire Training Facility | Supplier Product Code: | First Offer - \$2,065,500.00 | 1 / project | \$2,065,500.00 | Y Y |
| FI-18-03--01-02 | Removal of the existing pre-fabricated trailers | Supplier Product Code: | First Offer - \$6,300.00 | 1 / lump sum | \$6,300.00 | Y |
| FI-18-03--01-03 | Builder's Risk Insurance Coverage | Supplier Product Code: | First Offer - \$10,600.00 | 1 / lump sum | \$10,600.00 | Y |
| FI-18-03--01-04 | Additive Alternate #1: 6-1/2" Thick Fibercrete Concrete | Supplier Product Code: | First Offer - \$10,000.00 | 1 / lump sum | \$10,000.00 | Y |
| FI-18-03--01-05 | Additive Alternate #2: Luxury Vinyl Floor Tile (6"x36") | Supplier Product Code: | First Offer - \$7,400.00 | 1 / lump sum | \$7,400.00 | Y |
| FI-18-03--01-06 | Additional Cost to provide a Payment & Performance Bond | Supplier Product Code: | First Offer - \$25,000.00 | 1 / lump sum | \$25,000.00 | Y |
| Supplier Total | | | | | \$2,124,800.00 | |

Bejar Construction, Inc.

Item: **Project Cost for Construction of a New Fire Training Facility**

Attachments

City of Pembroke Pines Fire Training Facility project Bid FL-18-03 Documents.pdf



City of Pembroke Pines

Mandatory Pre-Bid/Site Visit Confirmation Form

The scanned form, signed by both the Contractor and City Representatives must be uploaded in order for the bid to be considered complete.

Benny Bejar_____, who is a representative of
(Printed name of Contractor's representative)**Bejar Construction, Inc.**_____, PERSONALLY came and appeared
(Contractor's Company)

before me and affirms that they have completed the mandatory pre-bid/site visit on this the

11th day of December, 2018 as required by:

Solicitation #:

IFB #FI-18-03

Solicitation Title:

"Construction of a New Fire Training Facility"**Benny Bejar**_____
(Contractor Representative's Printed Name)_____
(Contractor Representative's Signature)**Bejar Construction, Inc.**_____
(Contractor's Company)**954-431-5981**_____
(Contractor's Phone Number)**December 11, 2018**_____
(Date)Giraldo Hernandez_____
(City Representative's Printed Name)_____
(City Representative's Signature)PS
(City Representative's Department)786-343-1079
(City Representative's Phone Number)**December 11, 2018**_____
(Date)

The City requires all questions on the "the BidSync website. Such request must be received by the "Question Due Date," questions received after the "Question Due Date" shall not be answered. Interpretations or clarifications in response to such questions will be issued via BidSync. The issuance of a response via BidSync is considered an Addendum and shall be the only official method whereby such an interpretation or clarification will be made.

THE AMERICAN INSTITUTE OF ARCHITECTS

Bond No. 02450428818-96



AIA Document A310

Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we **Bejar Construction, Inc.**

as Principal, hereinafter called the Principal, and **United States Fire Insurance Company**

a corporation duly organized under the laws of the **State of Delaware**

as Surety, hereinafter called the Surety, are held and firmly bound unto **City of Pembroke Pines**

as Obligee, hereinafter called the Obligee, in the sum of **5 %** of bid amount, not to exceed

Five Percent of 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

Construction of a New Fire Training Facility Bid #FI-18-03

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a 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 **January, 2019**.

Bejar Construction, Inc.

Benny Bejar, President

United States Fire Insurance Company

Odalis Cabrera, Attorney-In-Fact

(Witness)

(Seal)

(Witness)

(Seal)

POWER OF ATTORNEY
UNITED STATES FIRE INSURANCE COMPANY
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY

FI-18-03

02450428818-96

KNOW ALL MEN BY THESE PRESENTS: That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

Burton Harris, Christine Harris, Marina Ramil, Odalis Cabrera

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties not exceeding: **Seven Million, Five Hundred Thousand Dollars (\$7,500,000).**

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney revokes all previous Powers of Attorney issued on behalf of the Attorneys-In-Fact named above and expires on January 31, 2019.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

(a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;

(b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 10th day of March, 2016.



UNITED STATES FIRE INSURANCE COMPANY

ARR

Anthony R. Slimowicz, Senior Vice President

State of New Jersey }
County of Morris }

On this 10th day of March 2016, before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.

SONIA SCALA
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES 3/25/2019

Sonia Scala
Sonia Scala (Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the 7th day of January 2019
UNITED STATES FIRE INSURANCE COMPANY



Al Wright

Al Wright, Senior Vice President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/15/2019

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 W F ROEMER INSURANCE AGENCY INC 3775 NW 124TH AVE CORAL SPRINGS FL 33065 | CONTACT NAME: JONATHAN F REMES PHONE (A/C, No, Ext): (954) 731-5566 FAX (A/C, No): E-MAIL ADDRESS: JREMES@ROEMER-INS.COM INSURER(S) AFFORDING COVERAGE INSURER A: FWCJUA INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |
|---|---|

| | |
|--|---|
| INSURED BEJAR CONSTRUCTION INC 6326 SW 191ST AVENUE PEMBROKE PINES FL 33332 FEIN: 650860667 | NAIC # |
|--|---|

COVERAGES**CERTIFICATE NUMBER:** 1901150002**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 |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input 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 | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N Y | N/A | 0307N282 | 3/27/2018 | 3/27/2019 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00 |

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

CERTIFICATE HOLDER

City of Pembroke Pines
 Building / Zoning
 10100 Pines Blvd. #B
 Pembroke Pines FL 33026
 Phone Number: (954) 731-8438

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/15/2019

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 W.F. Roemer Insurance Agency, Inc. 3775 NW 124 Avenue Coral Springs FL 33065 | CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 954-731-5566 E-MAIL ADDRESS: certificates@roemer-ins.com | | FAX (A/C, No): 954-731-8438 |
| | INSURER(S) AFFORDING COVERAGE INSURER A: National Builders InsuranceCo. INSURER B: American Builders Insurance Co INSURER C: INSURER D: INSURER E: INSURER F: | | NAIC # 16632 11240 |

INSURED BEJAR-1
Bejar Construction, Inc.
6326 SW 191 Avenue
Pembroke Pines FL 33332

COVERAGES **CERTIFICATE NUMBER:** 2052489318 **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 WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|--------------------|---------------|-------------------------|-------------------------|--|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | GLP019280103 | 4/11/2018 | 4/11/2019 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ | |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | GLP019280103 | 4/11/2018 | 4/11/2019 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ | |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | UMB024472701 | 4/11/2018 | 4/11/2019 | EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y / N N / A | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ | |

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

CERTIFICATE HOLDER

CANCELLATION

City of Pembroke Pines
Building / Zoning
10100 Pines Blvd. #B
Pembroke Pines FL 33026

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

Jonathan A. Benito

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BUILDERS RISK NEW BUSINESS

Insured: Bejar Construction, Inc.Effective date: 04/01/2019 - 04/01/2020Status: Work in progressPolicy description: One-shot commercial new constructionLogin name: wfroemerAgency: W F ROEMER INSURANCEProducer code: 02053825Iteration: 1

Producer code * 02053825

Agency legal name W F ROEMER INSURANCE

Agency license number * R006904

E-mail address * jremes@roemer-ins.com

Insured name * Bejar Construction, Inc.

Insured country * United States

Insured Mailing Address

Insured mailing address line 1 * 6326 SW 191st Avenue

Insured mailing address line 2

Insured city * Pembroke Pines

Insured state * FL

Insured zip * 33332

Insured Contact Information

Name Benny Bejar

E-mail address bejarconstruction@msn.com

Phone number 786-299-1072

Insured's form of business * Corporation

If 'Other' is selected enter description

Description of named insured * Contractor

Is the builder's name different than the named insured *

No

If "Yes", provide the builder's name *

Does builder/remodeler/owner/GC have at least 2 years experience * Yes

Number of structures/projects projected for the next 12 months * 3-50

If "Other", enter the number in the field provided. *

Has the builder/remodeler and/or structure had any single loss over \$10,000 in the last 3 years (Include insured/uninsured losses) *

No

If "Yes", include the date, description, and amount of each loss below *

Property country United States

Property state * FL

Property county * BROWARD

Agency legal name (Property state) W F ROEMER INSURANCE

Agency license number (Property state) * R006904

Producing agent legal name (Property state) * JONATHAN REMES

Producing agent license number (Property state) * A217964

Producing agent email address * jremes@roemer-
ins.com

Type of project * New
construction

Type of policy * One-shot
policy

Type of property * Commercial
If "Commercial", choose coverage form *
40471 (web issued
policies)

Policy effective date * 04/01/2019

Policy period * 1 year

Property address line 1 * 1101 SW 208th Avenue

Property address line 2

Property city * Pembroke Pines

Property state * FL

Property zip * 33029

Property location BROWARD
county

Will the contractor or owner be insuring more than one building/structure on this policy *

No

If yes, please provide total estimated completed value of all structures under construction within 100 feet and insured with Zurich, including this one

\$

Construction material *

Masonry Non-Combustible - exterior walls, floors and roof constructed of masonry or fire resistive materials with fire resistance rating of not less than 1 hour.

Protection class * 1 (Properties within 5 road miles of a fire station and within 1,000 feet of a creditable water supply)

Is this structure/project located within 1,000 feet of tidal water or located on a barrier island * No

Number of stories * 1

Intended occupancy * Service

Describe actual occupancy Pembroke Pines Fire Department Training
Facility

Will structure be occupied during construction * No
If "Yes", by whom -Select-
If "Other" enter description

Square footage INCLUDES basement * 7,000

Any previous losses at this location as a result of quake, flood, wind, fire or vandalism *

No

If yes, explain all losses including the peril involved, amount of the loss and the date of the loss

Has the project started * No
If "Yes", date started *

Percent
complete

0%

Expected completion date of project * 04/01/2020

Is the structure modular * No

If insuring multiple buildings (maximum 2 for residential) at one location, please enter the largest single building value under the any one structure limit and the total of all building values under the all covered property limit.

Base Coverages

| Coverage description | Limit | Deductible |
|---|-------------|------------|
| Total completed value of any one structure <i>Greater than \$1,500,000 will require underwriter approval.</i> | \$2,000,000 | |
| Total completed value of all covered property <i>Greater than \$1,500,000 will require underwriter approval.</i> | \$2,000,000 | \$2500 |

Additional Coverages

The following additional coverages apply to this policy. Depending on the policy type and coverage, you may increase the limits by entering the value into the limits field (reporting form policies not eligible for increase). An increase in limit will result in an increase in premium. You may return to the default limit by clicking on the "Reset to default" button.

| Coverage description | Limit |
|---|-------------|
| Back-up or overflow of sewer, drains or sumps | \$25,000 |
| Claim Preparation Expense | \$10,000 |
| Contract Penalties | \$25,000 |
| Debris removal | \$50,000 |
| Fire department service charge | \$25,000 |
| Ordinance or law | |
| Loss to the undamaged portion of the building | Included |
| Demolition cost | \$1,000,000 |
| Increased cost of construction | \$1,000,000 |
| Combined aggregate for demolition cost and increased cost of construction | \$1,000,000 |
| Pollution clean up and removal | \$25,000 |
| Reward | \$25,000 |

| Coverage description | Limit |
|--|-----------|
| Scaffolding, construction forms and temporary structures | \$50,000 |
| Scaffolding re-erection | \$25,000 |
| Property at a temporary storage location | \$100,000 |
| Property in transit | \$100,000 |
| Valuable papers and records | \$50,000 |

The following optional coverages are available by endorsement for an additional premium charge.

| Coverage description | Limit | Deductible |
|---|-------|------------------|
| Better green endorsement | \$0 | \$2,500 |
| Building rating -Select- | | |
| Business income and extra expense | | |
| Select coverage option * No coverage | | |
| Expediting expense | \$0 | \$2,500 |
| Change order endorsement | | \$2,500 |
| Include the change order endorsement * Yes | | |
| What is the percentage? * 10 | | |
| Development/subdivision fences, walls or signs | \$0 | \$2,500 |
| Earthquake | \$0 | \$ Flat |
| Earthquake zone * Zone 4 | | Deductible |
| What is the building shape * If 'Other' | | OR |
| Include coverage on the structure's exterior walls with more than 10% of masonry veneer * | | % Values at Risk |
| | | \$10,000 |
| | | Minimum |

| Coverage description | Limit | Deductible |
|--|-------|-------------|
| Flood | \$0 | \$ Flat |
| Flood zone * -Select- | | Deductible |
| Basement * | | OR |
| Does this project consist of multiple buildings * | | % Values at |
| How many buildings are in this project * | | Risk |
| <i>If this risk is held underwriting will be requesting the following information with respects to projects involving multiple buildings:</i> | | \$10,000 |
| | | Minimum |
| <ol style="list-style-type: none"> 1. Number of buildings in the project 2. Number of stories per building 3. Value of each building 4. Square footage of each building 5. Start and completion date of each building 6. Will permanent coverage be placed on each building as it is completed? 7. Distance between each building (provide a plot plan) | | |
| Testing | | |
| Add testing coverage * No | | |
| Building Systems only? * | | |
| Waiver of coinsurance | | |
| Add waiver of coinsurance * No | | |
| Extended permission to occupy endorsement | | |
| Add extended permission to occupy endorsement * No | | |
| How many days of occupancy will the insured require until the expiration date of the policy * | | |
| 90 | | |
| Soft costs | \$0 | -Select- |
| <i>Soft costs include:</i> | | |
| <ol style="list-style-type: none"> 1. Advertising & promotion expense 2. Interests on Construction Loan 3. Architect, Engineer & Consultant Fees 4. Real estate & Property Tax Assessments 5. Commissions or fees for renegotiation of leases 6. Insurance Premiums 7. Legal and Accounting Fees 8. Fees for Licenses & Permits* | | |
| Wind coverage | | |
| Do you want to exclude wind coverage * No | | |
| Wind deductible option * Named Storm | | |
| | | Deductible |
| Wind deductible percentage 3% | | |
| Named storm deductible | | |
| * | | |
| Equipment Breakdown | | |
| Add Equipment Breakdown coverage * No | | |

| Coverage description | Limit | Deductible |
|--|-------|------------|
| Limited Rain, Snow or Sleet | | |
| Add limited rain, snow or sleet coverage * | No | |

Since the risk is located in a coastal county or within the State of Florida with wind coverage the following windstorm questions are required.

Percent complete by November 1 * 70%

When will the building be capped (reach its highest point) * 7/1/2019

When will the building be fully enclosed * 9/1/2019

What percentage of the structure is glass * 10%

Is the glass impact resistant * Yes

Current Interests

Columns headers that are underlined can be sorted by clicking on the column header.

| # | <u>Name</u> | Address | City | State/Province | Postal Code | Phone | <u>Type</u> | <u>Effective Date</u> | <u>Status</u> |
|---|-------------|---------|------|----------------|-------------|-------|-------------|-----------------------|---------------|
|---|-------------|---------|------|----------------|-------------|-------|-------------|-----------------------|---------------|

Please Note: This quote if issued will be invoiced on a direct bill basis. Upon issuance, US Assure will process a premium invoice for this policy within 24-48 hours and mail it to the address listed on the policy. Should you have questions about our billing process, contact us at (800) 800 – 3907, option 2.

| Base coverages | Limit | Rate | Premium |
|---|-------------|---------|------------|
| Total completed value of any one structure | \$2,000,000 | | |
| Total completed value of all covered property | \$2,000,000 | \$0.478 | \$9,560.00 |
| \$2,500 deductible applicable to losses to covered property | | | |
| Additional coverages | Limit | Rate | Premium |
| Back-up or overflow of sewer, drains or sumps | \$25,000 | \$0.00 | \$0.00 |
| Claim Preparation Expense | \$10,000 | \$0.00 | \$0.00 |
| Contract Penalties | \$25,000 | \$0.00 | \$0.00 |
| Debris removal | \$50,000 | \$0.00 | \$0.00 |
| Fire department service charge | \$25,000 | \$0.00 | \$0.00 |
| Ordinance or Law | | | |
| Loss to the undamaged portion of the building | Included | | |
| Demolition cost | \$1,000,000 | | |

| Base coverages | Limit | Rate | Premium |
|---|-------------|---------|-------------|
| Increased cost of construction | \$1,000,000 | | |
| Combined Aggregate for Demolition Cost and Increased Cost of Construction | \$1,000,000 | \$0.00 | \$0.00 |
| Pollution clean up and removal | \$25,000 | \$0.00 | \$0.00 |
| Reward | \$25,000 | \$0.00 | \$0.00 |
| Scaffolding re-erection | \$25,000 | \$0.00 | \$0.00 |
| Scaffolding, construction forms and temporary structures | \$50,000 | \$0.00 | \$0.00 |
| Property at a temporary storage location | \$100,000 | \$0.00 | \$0.00 |
| Property in transit | \$100,000 | \$0.00 | \$0.00 |
| Valuable papers and records | \$50,000 | \$0.00 | \$0.00 |
| Optional coverages | Limit | Rate | Premium |
| Change order endorsement | \$200,000 | \$0.478 | \$956.00 |
| Named storm deductible 3% | | n/a | n/a |
| Totals and surcharges | | | Premium |
| Premium all coverages | | | \$10,516.00 |
| Total fully earned policy premium | | | \$10,516.00 |

Direct Bill Payment Plan (\$10,516.00) *

Prior to binding coverage with Zurich, you (the agent) will need to provide the customer with a printed copy of the attached disclosure notice (/zis/programs.nsf/allforms/U-GU-632/\$FILE/U-GU-632.pdf) terms required by the Terrorism Risk Insurance Act of 2002 or verbally advise the customer of the attached disclosure notice (/zis/programs.nsf/allforms/U-GU-632/\$FILE/U-GU-632.pdf) terms.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

The undersigned is an authorized representative of the applicant and certifies that reasonable enquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.

Insured's Signature: X

Agent's Signature: _____

Date: X

Date: _____

**Market leadership**

Zurich has been providing comprehensive solutions for more than 140 years around the globe

Financial strength

We demonstrate strength and stability:
AA- S&P and A+ A.M. Best ratings

Industry experience

Zurich insures 90% of Fortune 500 companies, and provides cutting-edge insights for 25 industries

Exceptional people

We are a values-based organization and live the Zurich Commitment in all we do, which includes acting responsibly and following our core values

Delivering when it matters

Industry leading claims service in North America

Zurich Insurance Group (Zurich) offers insurance solutions around the globe through its member companies.

Rating as of March 31, 2016. A.M. Best and S&P's ratings are under continuous review and subject to change and/or affirmation. For the latest ratings, access the ratings section on www.zurichna.com. The rating represents the overall financial status of the individual member companies of Zurich in North America, including Zurich American Insurance Company in the United States and Zurich Insurance Company Ltd. (Canadian Branch) in Canada; and is not a recommendation of the specific policy provisions, rates or practices of each issuing insurance company. The Zurich logo and Zurich are trademarks of Zurich Insurance Company Ltd. © 2016 Zurich American Insurance Company. All rights reserved.
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A1-U-GU-1220-B CW (09/16) 112008270

Zurich Programs Builders Risk and Installation



Quote Proposal

Attention W F ROEMER INSURANCE:

Thank you for the opportunity to provide you with a quote proposal. The quote is based on the underwriting and rating information, including deductibles and retention, provided to date and may be subject to additional rating, pricing or underwriting considerations. Also, acceptability may be subject to an Engineering and Safety Services survey and compliance with its recommendations.

This is a proposal for insurance. It is not an insurance policy. The coverages offered in this proposal are based on information received through the agent and may not include all available coverages. The agent and the customer should discuss the need for any additional or optional coverages. Coverage descriptions are abbreviated and do not indicate in force coverage. Only the policy itself provides coverage.

This proposal is not a part of and is not incorporated into the insurance policy. If there is any conflict between the coverage descriptions shown in this proposal and the actual insurance policy, the insurance policy prevails. The insurance policy supercedes this proposal.

Thank you,

Builders Risk Underwriter
US Assure
8230 Nations Way
Jacksonville, Florida 32256
800-800-3907

This is a proposal for insurance. It is not an insurance policy. Only the policy itself provides coverage. The coverages offered in this proposal are based on information received through the agent and may not include all available coverages. The client and their agent should discuss any additional or optional coverages needed. Coverage descriptions are abbreviated and do not indicate in force coverage. This proposal is not a part of and is not incorporated into the insurance policy. If there is any conflict between the coverage descriptions shown in this proposal and the actual insurance policy, the insurance policy prevails. The insurance policy supercedes this proposal.

Zurich Programs

Builders Risk and Installation



Our Builders Risk Plan offers world-class coverages, flexibility and service to agents and builders nationwide. For more than 30 years, we've been pioneering the development of insurance solutions for construction professionals and have protected the property interests of builders and developers on even the most intricate residential and commercial construction projects. The Builders Risk product offers a wide spectrum of property coverage. Here are few highlights of the coverage offered:

- Construction Forms, Scaffolding and Temporary Structures up to \$50,000
- Re-erection of scaffolding if caused by or results from a covered cause of loss up to \$25,000
- Valuable Papers and Records – Cost of Research up to \$50,000
- Outdoor Trees, Shrubs, Plants and Lawns
- Additional Debris Removal expense is covered up to but not exceeding \$50,000
- Coverage for Pollutant Clean-up and Removal of land and water for up to \$25,000 for each 12 month period of the policy.
- Fire Department Service Charge up to \$25,000
- Reward up to \$25,000
- Waiver of Coinsurance clause if loss is less than or equal to \$25,000
- Foundations
- Our valuation can include profit up to 20% for new structures only if included in the Limit of Insurance you selected
- Broad Collapse coverage
- Back-up or overflow of sewers, drains or sumps up to \$25,000
- Paving, Curbing, Fences and Outdoor Fixtures
- Ordinance or Law demolition and increased cost Coverage up to \$1,000,000 limit for construction of new structures only
- Inadvertent omission in reporting on a monthly reporting form policy
- Model Homes and Model Home Contents coverage can be added on a reporting form policy

Strong, reliable insurance protection is available from Zurich Programs. Zurich Programs is an integral part of Zurich North America.

Zurich Financial Services (www.zurich.com) is an insurance-based financial services provider with a global network that focuses its activities on its key markets in North America and Europe. Founded in 1872, Zurich is headquartered in Zurich, Switzerland. Through its offices in more than 50 countries, 57,000 Zurich employees serve clients in more than 120 countries. In North America, Zurich (www.zurichna.com) is a leading commercial property-casualty insurance provider serving the global corporate, large corporate, middle market, specialties and programs sectors.

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Zurich Programs

Builders Risk and Installation



Quote Proposal

Premium Summary

Prepared For Bejar Construction, Inc.
6326 SW 191st Avenue
Pembroke Pines, FL 33332

Presented By W F ROEMER INSURANCE
3775 NW 124 AVENUE
CORAL SPRINGS, FL 33065
+1 954 731 5566

Proposed Policy Period **From** 04/01/2019 **To** 04/01/2020
(12:01 a.m. Standard Time at your address as stated herein)

| Coverage and premium information | | |
|---|------------------------------------|--------------------------------|
| This is intended only as a brief outline and does not alter any of the coverages, conditions, exclusions or provisions contained in the policy. | Type of coverage | Total Premium (all locations)* |
| | Builders Risk | \$10,516.00 |
| | Proposed Policy Premium* | \$10,516.00 |
| | State Taxes & Surcharges | \$0.00 |
| | Total fully earned policy premium* | \$10,516.00 |

* Premium quotation valid for 30 days from the date on the first page of this proposal.

Policy is fully earned

See attached Disclosure of Terrorism Premium.

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Zurich Programs

Builders Risk and Installation



| Primary Builders Risk Coverages | Deductible | Total Limits | Premium |
|---|------------|--------------|---------|
| Coverage Limit at Any One Building or Structure | \$2,500 | \$2,000,000 | |
| All Covered Property at all Locations | \$2,500 | \$2,000,000 | \$9,560 |
| Additional Coverages: | | | |
| Back-up or Overflow of Sewer, Drains or Sumps | None | \$25,000 | \$0 |
| Claim Preparation Expense | None | \$10,000 | \$0 |
| Contract Penalties | None | \$25,000 | \$0 |
| Debris Removal | None | \$50,000 | \$0 |
| Fire Department Service Charge | None | \$25,000 | \$0 |
| Ordinance or law | \$2,500 | \$1,000,000 | |
| Loss to the undamaged portion of the building | \$2,500 | Included | |
| Demolition cost | \$2,500 | \$1,000,000 | |
| Increased cost of construction | \$2,500 | \$1,000,000 | |
| Combined Aggregate for Demolition Cost and Increased Cost of Construction | \$2,500 | \$1,000,000 | \$0 |
| Pollutant Clean-Up and Removal | None | \$25,000 | \$0 |
| Rewards | None | \$25,000 | \$0 |
| Re-erection of Scaffolding | None | \$25,000 | \$0 |
| Scaffolding, Construction Forms and Temporary Structures | None | \$50,000 | \$0 |
| Property at a Temporary Storage Location | \$2,500 | \$100,000 | \$0 |
| Property in Transit | \$2,500 | \$100,000 | \$0 |
| Valuable Papers and Records | None | \$50,000 | \$0 |
| Coverage Extensions | Deductible | Total Limits | Premium |
| Profit | | If included | |
| Contract Change Order Coverage | \$2,500 | \$200,000 | \$956 |

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Zurich Programs

Builders Risk and Installation



| Special Conditions | Deductible | Total Limits | Premium |
|------------------------|------------|--------------|---------|
| Named storm deductible | 3% | | n/a |

Quote Proposal

24-hour Claim Service

Our claim representatives understand businesses like yours and recognize how difficult a business shutdown can be for you. So, while they provide service that's fast, responsive and fair, their ultimate goal is to minimize your business disruption and get you back to full operation as promptly as possible.

In the event you have a loss, we now offer online loss reporting with immediate acknowledgement. Your claim is assigned to a local claim office, usually within two hours of reporting the loss, but generally no longer than 24 hours. You can also call us toll-free at 1-888-279-9375.

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Zurich Programs Builders Risk and Installation



Quote Proposal

Customer and Agent Information

Named Insured: Bejar Construction, Inc.
Agency Name: W F ROEMER INSURANCE

Customer Location Information

Location Address:

1101 SW 208th Avenue
Pembroke Pines, FL 33029

Protection Class: 1

Construction: Masonry Non-Combustible

of Stories: 1

Primary occupancy: Service

Additional Interests

Additional Insured - Other - The City of Pembroke Pines
601 City Center Way
Pembroke Pines, FL 33025

This is a proposal for insurance. It is not an insurance policy. Only the policy itself provides coverage. The coverages offered in this proposal are based on information received through the agent and may not include all available coverages. The client and their agent should discuss any additional or optional coverages needed. Coverage descriptions are abbreviated and do not indicate in force coverage. This proposal is not a part of and is not incorporated into the insurance policy. If there is any conflict between the coverage descriptions shown in this proposal and the actual insurance policy, the insurance policy prevails. The insurance policy supercedes this proposal.



THIS DISCLOSURE DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER ANY POLICY.

DISCLOSURE OF IMPORTANT INFORMATION RELATING TO TERRORISM RISK INSURANCE ACT SCHEDULE*

Premium attributable to risk of loss from certified acts of terrorism for lines of insurance subject to TRIA:

\$0

*Any information required to complete this Schedule, if not shown above, will be shown in the quote or proposal.

A. Disclosure of Premium

In accordance with the federal Terrorism Risk Insurance Act ("TRIA"), as amended, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to the risk of loss from terrorist acts certified under that Act for lines subject to TRIA. That portion of premium attributable is shown in the Schedule above. The premium shown in the Schedule above is subject to adjustment upon premium audit, if applicable.

B. Disclosure of Federal Participation in Payment of Terrorism Losses

The United States Government may pay a share of insured losses resulting from an act of terrorism. The federal share will decrease by 5% from 85% to 80% over a five year period while the insurer share increases by the same amount during the same period. The schedule below illustrates the decrease in the federal share:

January 1, 2015 – December 31, 2015 federal share: 85%

January 1, 2016 – December 31, 2016 federal share: 84%

January 1, 2017 – December 31, 2017 federal share: 83%

January 1, 2018 – December 31, 2018 federal share: 82%

January 1, 2019 – December 31, 2019 federal share: 81%

January 1, 2020 – December 31, 2020 federal share: 80%

C. Disclosure of \$100 Billion Cap on All Insurer and Federal Obligations

If aggregate insured losses attributable to terrorist acts certified under TRIA exceed \$100 billion in a calendar year (January 1 through December 31) and an insurer has met its deductible under the program, that insurer shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

D. Availability

As required by TRIA, we have made available to you for lines subject to TRIA coverage for losses resulting from acts of terrorism certified under TRIA with terms, amounts and limitations that do not differ materially from those for losses arising from events other than acts of terrorism.

E. Definition of Act of Terrorism under TRIA

TRIA defines "act of terrorism" as any act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act ("TRIA"), to be an act of terrorism. The Terrorism Risk Insurance Act provides that the Secretary of Treasury shall certify an act of terrorism:

1. To be an act of terrorism;
2. To be a violent act or an act that is dangerous to human life, property or infrastructure;

3. To have resulted in damage within the United States, or outside of the United States in the case of an air carrier (as defined in section 40102 of Title 49, United States Code) or a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), or the premises of a United States mission; and
4. To have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

No act may be certified as an "act of terrorism" if the act is committed as part of the course of a war declared by Congress (except for workers' compensation) or if losses resulting from the act, in the aggregate for insurance subject to TRIA, do not exceed \$5,000,000.



(OFFICE USE ONLY) Vendor number:

Please entirely complete this vendor information form along with the IRS Form W-9, and upload it to the BidSync website with your submittal.

Vendor Information Form

| | | | |
|--|--|-----------------------------|------------------|
| Operating Name (Payee) | | BEJAR CONSTRUCTION, LLC | |
| Legal Name (as filed with IRS) | | BEHRY BEJAR | |
| Remit-to Address (For Payments) | | 6326 S.W. 191 AVE | |
| | | PEMBROKE PINES, FL. 33332 | |
| Remit-to Contact Name: | | BEHRY BEJAR | Title: PRESIDENT |
| Email Address: | | BEJARCONSTRUCTION@GMAIL.COM | |
| Phone #: | | 954-431-1981 | Fax # N/A |
| Order-from Address (For purchase orders) | | 6326 S.W. 191 AVE | |
| | | PEMBROKE PINES FL. 33332 | |
| Order-from Contact Name: | | BEHRY BEJAR | Title: PRESIDENT |
| Email Address: | | BEJARCONSTRUCTION@GMAIL.COM | |
| Phone #: | | 954-431-1981 | Fax # N/A |
| Return-to Address (For product returns) | | BEJAR CONSTRUCTION, LLC | |
| Return-to Contact Name | | BEHRY BEJAR | Title: PRESIDENT |
| Email Address: | | BEJARCONSTRUCTION@GMAIL.COM | |
| Phone #: | | 954-431-1981 | Fax # N/A |
| Payment Terms: | | 30 DAYS | |

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:

65-0860667

Social Security No.:

Name & Title of Applicant

BEHRY BEJAR, PRESIDENT

Signature of Applicant

Date

1/14/19

W-9
Form
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service**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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
BEHUM BEJAT

2 Business name/disregarded entity name, if different from above
BEJAT CONSTRUCTION, LLC

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.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ 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.

☐ Other (see instructions) ► _____

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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
6326 S.W. 191 AVE

6 City, state, and ZIP code
PEMBROKE PINES FL. 33332

7 List account number(s) here (optional)

Requester's name and address (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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 6 | 5 | - | 0 | 8 | 6 | 0 | 6 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|

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 ► _____ Date ► **1/14/19**

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.

Form W-9 (Rev. 11-2017)

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Form W-9 (Rev. 11-2017)

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

| IF the entity/person on line 1 is a(n) . . . | THEN check the box for . . . |
|--|---|
| • Corporation | Corporation |
| • Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes. | Individual/sole proprietor or single-member LLC |
| • LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation) |
| • Partnership | Partnership |
| • Trust/estate | Trust/estate |

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

Form W-9 (Rev. 11-2017)

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for ... | THEN the payment is exempt for ... |
|--|---|
| Interest and dividend payments | All exempt payees except for 7 |
| Broker transactions | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 4 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt payees 1 through 5 ² |
| Payments made in settlement of payment card or third party network transactions | Exempt payees 1 through 4 |

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

Form W-9 (Rev. 11-2017)

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|--|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) other than an account maintained by an FFI | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Two or more U.S. persons (joint account maintained by an FFI) | Each holder of the account |
| 4. Custodial account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 5. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| 6. Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| 7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A)) | The grantor [*] |
| For this type of account: | Give name and EIN of: |
| 8. Disregarded entity not owned by an individual | The owner |
| 9. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| 11. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 12. Partnership or multi-member LLC | The partnership |
| 13. A broker or registered nominee | The broker or nominee |

| For this type of account: | Give name and EIN of: |
|---|-----------------------|
| 14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
| 15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B)) | The trust |

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



City of Pembroke Pines

Attachment N

U.S. Department of Homeland Security's E-Verify System Affirmation Statement**IFB # FI-18-03 "Construction of a New Fire Training Facility"**

Contractor/Proposer/Bidder acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of,

- a) all persons employed by Contractor/Proposer/Bidder to perform employment duties within Florida during the term of the Contract, and,
- b) all persons (including subcontractors/vendors) assigned by Contractor/Proposer/Bidder to perform work pursuant to the Contract.

The Contractor/Proposer/Bidder acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the Contract is a condition of the Contract.

Contractor/Proposer/Bidder Company Name: BEJAN CONSTRUCTION, INC

Authorized Company Person's Signature: [Signature]

Authorized Company Person's Title: PRESIDENT

Date: 1/15/19



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

BEJAR, BENNY B

BEJAR CONSTRUCTION INC

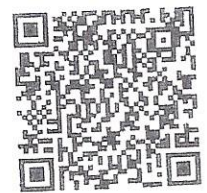
6326 SW 191ST AVE

PEMBROKE PINES FL 33332

LICENSE NUMBER: CGC059731

EXPIRATION DATE: AUGUST 31, 2020

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.

BEJAR CONSTRUCTION INC
 BENNY BEJAR
 6326 SW 191 AVE
 PEMBROKE PINES FL 33332

CITY OF PEMBROKE PINES
 601 CITY CENTER WAY, LBTR-4TH FLOOR
 PEMBROKE PINES, FL 33025

LOCAL BUSINESS TAX RECEIPT

ACCOUNT-NO: 20120838/01
 RECEIPT-NO: 180582

RECEIPT-YEAR: OCTOBER 1, 2018 thru SEPTEMBER 30, 2019

BUS-NAME : BEJAR CONSTRUCTION INC
 BUS-ADDR : 6326 SW 191 AVE
 PEMBROKE PINES FL 33332

NOTICE

In the event the business to which this receipt was issued changes hands, the receipt will become null and void. An application for a new receipt must be made.

BUS-DESCR : RESTRICTED**GENERAL CONTRATOR

RECEIPT-TYPE: RESTRICTED LICENSE

BUSINESS-CLASSIFICATION

| INV/UNITS | EFFECTIVE | PERMIT-NUMBER/COMMENTS | RCT-TYPE |
|-----------|------------|------------------------|----------|
| 0 | 10/01/2018 | | P/Pines |

CGC. CONTRACTOR - GENERAL

Benny Bejar

President



EXPERIENCE:

Mr. Bejar has experience in the field supervision and project management for a number of School Board and Government jobs in South Florida. As President of Bejar Construction he has been involved with overseeing the day to day operations and project management overseeing numerous projects while supervising various project managers. As owner he has been involved and responsible for all phases of coordination throughout the projects and has been involved with both CM @ Risk and Design-Build contracts. He has had extensive experience in negotiating contracts with sub-contractors and has been involved with coordinating scopes of work and coordination with Owners Representatives and Architects. He has experience in reviewing shop drawings, job cost control and assembly of bid packages to bidding sub-contractors, assisted in GMP submittals and negotiations, punch list coordination and all aspects of project close-out. Mr. Bejar is proficient in the use of Primavera Project Planner, Microsoft Office, Excel, Word and Prolog Manager Software and is fluent in both English and Spanish.



GREENADVANTAGE CERTIFIED

CITY OF RESIDENCE:

Pembroke Pines, FL

PERCENTAGE OF TIME FOR PROJECT:

100% Estimating and Construction Manager

YEARS WITH THIS FIRM:

12 Years

EDUCATION:

Bachelor's of Science Construction Management
Florida International University

Associates of Arts
Miami Dade Community College

AFFILIATIONS:

CGC 059731
Green Advantage Certified

PROJECT EXPERIENCE:

Devon Aire K-8 Conversion, New Construction;
MDCPS \$23 million (CM @ Risk)
Rockway Middle School, New Construction;
MDCPS \$13.2 million (CM @ Risk)
South Miami Elementary, New Construction;
MDCPS \$18.2 million (CM @ Risk)
South Hialeah Elementary, New Construction;
MDCPS \$19 million (CM @ Risk)

Little Haiti Cultural Center \$2,000,000.00

OTHER RELEVANT PROJECTS:

Golden Beach Pavilion, Town of Golden Beach,
\$685,000.00
Original Parrot Jungle Entrance (Historical), Village
of Pinecrest, \$325,000.00
Liberty Park Renovations, Town of Davie,
\$195,500.00
Ed Burke Recreational Bldg. Village of Biscayne
Park, \$125,000.00

State of Florida

Department of State

I certify from the records of this office that BEJAR CONSTRUCTION, INC. is a corporation organized under the laws of the State of Florida, filed on July 27, 1998.

The document number of this corporation is P98000066671.

I further certify that said corporation has paid all fees due this office through December 31, 2018, that its most recent annual report/uniform business report was filed on January 9, 2018, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Ninth day of January, 2018*



Ken DeFuria
Secretary of State

Tracking Number: CC3099876761

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

oM L v o P ô v o ~

References

| | City Projects | Address | Contact | Phone Number |
|----|---|--|-------------------------------------|--------------|
| 1 | Golden Beach | One Golden Beach Drive Golden Beach, Florida 33154 | Mr. Alex Diaz Town Manager | 305-932-0744 |
| 2 | Village of Pinecrest | 12645 Pinecrest Parkway Pinecrest, Florida 33156 | Mr. Leo Llanos Building Official | 305-234-2121 |
| 3 | Village of Biscayne Park | 640 N.E. 114th Street Biscayne Park, Florida 33161 | Mr. Krishan Manner Town Manager | 305-899-8000 |
| 4 | City of Coral Gables Public Works Department | 2800 S.W. 72nd Avenue Miami, Florida 33155 | Mrs. Grettel Duran | 305-460-5053 |
| 5 | City of Coral Gables Public Works Department | 2800 S.W. 72nd Avenue Miami, Florida 33155 | Mrs. Lis Ferrer | 305-460-5031 |
| 7 | City of South Miami | 6130 Sunset Drive South Miami, Florida 33143 | Mr. Stephen Davis | 305-668-7238 |
| 8 | Town Of Davie | 6591 Orange Drive Davie, Florida 33314 | Mr. Keith Pursell | 954-797-1000 |
| 9 | City of Lauderhill | 5581 W. Oakland Park Blvd. Lauderhill, Florida 33313 | Mr. Indar Maharaj | 954-730-4225 |
| 10 | Town of Southwest Ranches | 13400 Griffin Road Southwest Ranches, Florida | Mrs. Emily McCord | 954-434-0008 |
| 11 | City of Oakland Park | 5399 N. Dixie Highway, Suite #3 Oakland Park, Florida 33334 | Mr. John Perez | 954-275-5457 |
| 12 | City of Pembroke Pines | City of Pembroke Pines Public Service | Mr. Steven Buckland | 954-214-8530 |

áP

| | Architects | Address | Contact | Phone Number |
|---|-------------------------------|---|---------------------|--------------|
| 1 | JSA Group, Inc | 12229 S.W. 132nd Court Miami, Florida 33186 | Mr. Julio Sanchez | 305-251-7923 |
| 2 | RJ Heisenbottle Architects | 2199 Ponce De Leon Blvd. Coral Gables, Florida 33134 | Mr. Andre Montalvan | 305-446-7799 |
| 3 | Arbab Engineer, Inc. | 3363 N.E. 163rd Street, Suite 701 North Miami Beach, Florida 33160 | Mr. Ali Arbab | 305-940-3088 |
| 4 | The Russell Partnership, Inc. | 7428 S.W. 48th Street Miami, Florida 33155 | Mr. Terry Holt | 305-663-7301 |
| 5 | Paul A. Buzinec, AIA | 2121 Ponce De Leon #1010 Coral Gables, Florida 33134 | Mr. Paul A. Buzinec | 305-444-7411 |
| 6 | Mateu Architecture, Inc. | 18001 Old Cutler Road, Suite 550 Palmetto Bay, Florida 33157 | Mr. Roney Mateu | 305-233-3304 |

| | Vendors | Address | Contact | Phone Number |
|---|---------------------------|---|--------------------|--------------|
| 1 | Central Concrete Supermix | 4300 S.W. 74th Avenue Miami, Florida 33155-7520 | Mr. Manuel Menedez | 305-264-5334 |
| 2 | Lopefra Corporation | 7855 N.W. 29th Street - Suite 182 Doral, Florida 33122 | Accounting | 305-266-3896 |
| 3 | John Abell Corporation | 10500 SW 186 Street Miami, Florida 33157 | Accounting | 305-253-4440 |
| 4 | Florida Lumber | 2431 N.W. 20th Street Miami, Florida 33142 | Accounting | 305-635-6412 |



BEJAR CONSTRUCTION, INC.

STATE CERTIFIED GENERAL CONTRACTORS

Completed Project Last 2 Years

Village of Biscayne Park:

Project: Village of Biscayne Park Annex Building
 Owner: Village of Biscayne Park
 Owner Representative: Mr. Krishan Manner, Village Manager
 Telephone Number: 305-899-8000
 Design Consultant: The Russell Partnership, Inc.
 Contract Amount: \$898,000.00
 Date of Completion: June 15, 2015
 Percent performed by own forces: 25% (\$224,500.00)

Village of Pinecrest:

Project: Pinecrest Gardens Coverwalkway Replacement
 Owner: Village of Pinecrest
 Owner Representative: Mr. Leo Llanos, Building Official
 Telephone Number: 305-234-2121
 Design Consultant: Trelles Cabarrocas Architect
 Contract Amount: \$894,215.00
 Date of Completion: June 20, 2016
 Percent performed by own forces: 50% (\$447,108.00)

Village of Pinecrest:

Project: Pinecrest Gardens Cypress Hall Interior Renovation
 Owner: Village of Pinecrest
 Owner Representative: Mr. Leo Llanos, Building Official
 Telephone Number: 305-234-2121
 Design Consultant: Buckler Architects
 Contract Amount: \$810,687.00
 Date of Completion: December 15, 2017
 Percent performed by own forces: 15% (\$121,604.00)

City of Weston:

Project: Peace Mound Park Restroom Building
 Owner: City of Weston
 Owner Representative: Mr. Karl Thompson, Public Works Director
 Telephone Number: 954-385-2000
 Design Consultant: SynalovskiRomanikSaye
 Contract Amount: \$314,380.00
 Date of Completion: January 15, 2018
 Percent performed by own forces: 10% (\$31,438.00)

City of Oakland Park:

Project: Jaco Pastorius Connector Plaza
 Owner: City of Oakland Park
 Owner Representative: Mr. Dincer Akin
 Telephone Number: 954-736-6983
 Design Consultant: Craven Thompson and Associates
 Contract Amount: \$1,213,611.00
 Date of Completion: November 1, 2016
 Percent performed by own forces: 2% (24,272.00)

6326 SW 191 Ave. Pembroke Pines Fl. 33332 Tel: 1 (954) 431-5981 Fax: 1 (954) 431-4627



BEJAR CONSTRUCTION, INC.

STATE CERTIFIED GENERAL CONTRACTORS

Current Work Load:

City of Sunrise:

Project: Nob Hill Recreational Center (HVAC Replacement)
 City: City of Sunrise
 Owners Representative: Mrs. Meghan Kaufold, Project Manager
 Owner Rep. Contact Info.
 Office Number: 954-292-8920
 Email: mkaufold@sunrise.fl.gov
 Architect: WZA Architects
 Contract Amount: \$371,074.00
 Percent Completion: 99% Completed
 Completion Date: January 18, 2019

City of Coral Gables:

Project: War Memorial Youth Center Playground Replacement
 City: City of Coral Gables
 Owners Representative: Mr. David Galeano, Project Manager
 Owner Rep. Contact Info.
 Office Number: 786-348-5676
 Email: dgaleano@coralgables.com
 Architect: MC Harry Architects.
 Contract Amount: \$343,534.00
 Percent Completion: 99% Completed
 Completion Date: January 14, 2019

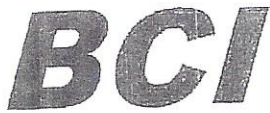
Village of Pinecrest:

Project Name: Pinecrest Gardens Coverwalkway Shelter
 City: Village of Pinecrest
 Owner Representative: Mr. Leo Llanos, Building Official
 Owner Rep. Contact Info.
 Office: 305-234-2121
 Email: llanos@pinecrest-fl.gov
 Architect: Design Build
 Contract Amount: \$65,000.00
 Percent Completion: 75% Completed
 Completion Date: January 30, 2019

City of Lauderhill:

Project Name: West Wind Park Improvement Building
 City: City of Lauderhill
 Owner Representative: Mr. Vince Miller
 Owner Rep. Contact Info:
 Office: 954-730-3044
 Email: vmiller@klauderhill-fl.gov
 Architect: Bermello Ajamil Architects
 Contract Amount: \$491,890.00
 Percent Completion: 10%
 Completion Date: August 15, 2019

6326 SW 191 Ave. Pembroke Pines Fl. 33332 Tel: 1 (954) 431-5981 Fax: 1 (954) 431-4627



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BEJAR CONSTRUCTION, INC.

STATE CERTIFIED GENERAL CONTRACTORS

Current Work Load:

City of Weston:

Project: City of Weston Public Works Interior Renovation
City: City of Weston
Owners Representative: Mr. Karl Thompson, Public Works Director
Owner Rep. Contact Info.
Office Number: 954-385-2000
Email: Kthompson@westonfl.org
Architect: SynalovskiRomanikSaye
Contract Amount: \$426,305.00
Percent Completion: 75% Completed
Completion Date: March 27, 2018

Town of Golden Beach:

Project: Entrance Renovation
City: Town of Golden Beach
Owners Representative: Mr. Alex Diaz, Town Manager
Owner Rep. Contact Info.
Office Number: 305-932-0744
Email: Alexdiaz@goldenbeach.us
Architect: J.S.A. Group, Inc.
Contract Amount: \$283,320.00
Percent Completion: 50% Completed
Completion Date: March 30, 2018

Town of Golden Beach:

Project Name: Beach Restroom Renovation
City: Town of Golden Beach
Owner Representative: Mr. Alex Diaz, Town Manager
Owner Rep. Contact Info.
Office: 305-932-0744
Email: Alexdiaz@goldenbeach.us
Architect: Peacock Architect
Contract Amount: \$446,518.00
Percent Completion: 25% Completed
Completion Date: April 20, 2018

6326 SW 191 Ave. Pembroke Pines Fl. 33332 Tel: 1 (954) 431-5981 Fax: 1 (954) 431-4627



STATE CERTIFIED GENERAL CONTRACTORS

BEJAR CONSTRUCTION, INC.

Completed Projects:

- | | |
|---|---|
| <p>1) Golden Beach Pavilion (Historical) 399 Golden Beach Boulevard Golden Beach, Florida Project completion: July 30, 2008 Project Amount: \$ 695,000.00</p> <p>2) Original Parrot Jungle Entrance (Historical) 11000 S.W. 57th Avenue Pinecrest, Florida Project Completion: December 15, 2008 Project Amount: \$325,000.00</p> <p>3) Little Haiti Cultural Center 212 N.E. 59th Terrace Miami, Florida Project Completion: April 10, 2007 Project Amount: \$1,835,000.00</p> <p>4) John F. Kennedy Middle School 10011 N.W. 167th Street North Miami, Florida Project Completion: August 10, 2006 Project Amount: \$350,000.00</p> <p>5) Olem Shoes Corp. 801 N.W. 21st Street Miami, Florida Project Completion: July 23, 2006 Project Amount: \$185,000.00</p> <p>6) Heller Residence 636 Belle Meade Island Drive Miami, Florida Project Completion: December 15, 2007 Project Amount: \$635,000.00</p> <p>7) Hammock Community Park 11200 S.W. 152nd Avenue Miami, Florida Project Completion: July 10, 2005 Project Amount: \$75,000.00</p> <p>8) Byrd Residence 7560 S.W. 57th Avenue South Miami, Florida Project Completion: May 18, 2004 Project Amount: \$450,000.00</p> | <p>9) Leewood Elementary School 10343 S.W. 124th Avenue Miami, Florida Project Completion: February 20, 2009 Project Amount: \$78,185.00</p> <p>10) City of Miami Gardens 20915 N.W. 38th Court 2815 N.W. 212th Street Project Completion: May 31, 2010 Project Amount: \$98,531.00</p> <p>11) Cutler Ridge Middle School Miami, Florida Project Completion: April 15, 2010 Project Amount: \$18,000.00</p> <p>12) Alston Residence 2981 N.W. 172nd Terrace Miami Gardens, Florida Project Completion: August 1, 2009 Project Amount: \$124,756.00</p> <p>13) Miami-Dade County Parks & Recreation Devonaire Storage Facility 12450 S.W. 104th Avenue Miami, Florida Project Completion: December 31, 2009 Project Amount: \$93,600.00</p> <p>14) State Contracting and Engineering Pinecrest Preparatory School Project Completion: September 15, 2009 Project Amount: \$404,500.00</p> <p>15) Mobley Building (CRA South Miami) 5825 S.W. 68th Street South Miami, Florida Project Completion: July 13, 2010 Project Amount: \$463,500.00</p> <p>16) Devonaire Park 10241 S.W. 122nd Avenue Miami, Florida Project Completion: August 20, 2009 Project Amount: \$97,000.00</p> |
|---|---|

6326 SW 191 Ave. Pembroke Pines Fl. 33332 Tel: 1 (954) 431-5981 Fax: 1 (954) 431-4627

CITY CLERK'S OFFICE
CITY OF PEMBROKE PINES
19 JAN 15 AM 9:31

Supplier: **Bejar Construction, Inc.**

CONTACT INFORMATION FORM

IN ACCORDANCE WITH IFB # **FI-18-03** titled “**Construction of a New Fire Training Facility**” 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 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: **Bejar Construction, Inc.**

STREET ADDRESS: **6326 SW 191 Avenue**

CITY, STATE & ZIP CODE: **Pembroke Pines, Fl. 33332**

PRIMARY CONTACT FOR THE PROJECT:

NAME: **Benny Bejar** TITLE: **President**

E-MAIL: **Bejarconstruction@msn.com**

TELEPHONE: **954-431-5981** FAX: **N/A**

AUTHORIZED APPROVER:

NAME: **Benny Bejar** TITLE: **President**

E-MAIL: **Bejarconstruction@msn.com**

TELEPHONE: **954-431-5981** FAX: **N/A**

SIGNATURE: **Benny Bejar**

B) Proposal Checklist

-

Are all materials, freight, labor and warranties included?

Yes ☒**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.

Base Pricing:

| Item # | Location | Total Cost |
|--------|---|--------------------------------------|
| 1) | Project Cost for Construction of a New Fire Training Facility | Price to be Submitted Via BidSync |
| 2) | Additional Cost to provide a Payment & Performance Bond | Price to be Submitted Via BidSync |

Supplier: **Bejar Construction, Inc.**



City of Pembroke Pines

Attachment C

NON-COLLUSIVE AFFIDAVIT

BIDDER is the **Benny Bejar**,

(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 **Benny Bejar**

Title **President**

Name of Company **Bejar Construction@msn.com**

Supplier: **Bejar Construction, Inc.**



City of Pembroke Pines

Attachment D

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

1. This sworn statement is submitted **Bejar Construction, Inc.** (name of entity submitting sworn statement) whose business address is **6326 SW 191 Avenue** and (if applicable) its Federal Employer Identification Number (FEIN) is **65-0860667**. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: .)
2. My name is **Benny Bejar** and my
(Please print name of individual signing)

relationship to the entity named above is **President**.
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 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.)**

Benny Bejar
Bidder's Name/Signature

Bejar Construction, Inc.
Company

01-10-19
Date

Supplier: Bejar Construction, Inc.



City of Pembroke Pines

Attachment E

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: **Bejar Construction, Inc.**

PRINTED NAME / AUTHORIZED SIGNATURE: **Benny Bejar**

Supplier: Bejar Construction, Inc.



City of Pembroke Pines

Attachment F

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: **Bejar Construction, Inc.**

PRINTED NAME / AUTHORIZED SIGNATURE: **Benny Bejar**

3

4

Supplier: **Bejar Construction, Inc.**



City of Pembroke Pines

Attachment G

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 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;

☐ **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: **Bejar Construction, Inc.**

AUTHORIZED OFFICER NAME / SIGNATURE: **Benny Bejar**

Supplier: **Bejar Construction, Inc.**



City of Pembroke Pines

Attachment H

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.

Benny Bejar
Authorized Signature

Benny Bejar
Authorized Signer Name

Bejar Construction, Inc.
Company Name

Attachment I



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

p. 56

Supplier: **Bejar Construction, Inc.**



City of Pembroke Pines

Attachment J

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:

Bejar Construction, Inc.
6326 SW 191 Avenue
Pembroke Pines, Florida 33332

Contact Person's Name and Title: **Benny Bejar, President**

Contact Person's E-mail Address: **Bejarconstruction@msn.com**

PROPOSER'S Telephone and Fax Number: **954-431-5981**

PROPOSER'S License Number: **CGC059731**

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

PROPOSER'S Federal Identification Number: **65-0860667**

Number of years your organization has been in business **20**

State the number of years your firm has been in business under your present business name **20**

State the number of years your firm has been in business in the work specific to this solicitation: **20**

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

Benny Bejar, President

The business is a: Sole Proprietorship ☐ Partnership ☐ Corporation ☒

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.

- - -
None

At what address was that business located?

None

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

Security Bond Associates, Inc.

10131 SW 40th Street

Miami, Florida 33165-3947

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).

Yes

See attached

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

Has the Proposer, its principals, officers or predecessor organization(s) been CONVICTED OF A Public Entity Crime, debarred or suspended from bidding by any government entity? If so, provide details.

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.

Yes

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

No

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

State ,General Contractor specializing in new construction, Interior build out, site work, interior renovation, park improvements.

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.

Bejar Construction, Inc.
(Company Name)

Benny Bejar
(Printed Name/Signature)

Supplier: **Bejar Construction, Inc.**



City of Pembroke Pines

Attachment M

REFERENCES FORM

Provide specific examples of similar contracts. References should be 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: **Town of Golden Beach**

Address: **OneGoldenBeach Drive**

City/State/Zip: **Golden Beach, Florida 33154**

Contact Name: **Mr. Alex Diaz**Title: **Town Manager**

E-Mail Address: **alexldiaz@goldenbeach.us**

Telephone: **305-932-0744**Fax:

Project Information:

Name of Contractor Performing the work: **Bejar Construction, Inc.**

Name and location of the project: **Town of Golden Beach**

Nature of the firm's responsibility on the project: **Bejar Construction, Inc.**

6426 SW 191 Avenue

Pembroke Pines, Florida 33332

Project duration: **365**Completion (Anticipated) Date: **4-20-18**

Size of project: **1000sf** Cost of project: **950,000.00**

Work for which staff was responsible: **Construction Management, Concrete work, Drywall and Framing**

Contract Type: **General Contractor**

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

REFERENCES FORM

Provide specific examples of similar contracts. References should be 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: **Village of Biscayne Park**

Address: **600 NE 114th Street**

City/State/Zip: **Biscayne Park, Florida 33161**

Contact Name: **Mr. Krishan Manner**Title: **Village Manager**

E-Mail Address: **kmanners@biscayneparkfl.gov**

Telephone: **305-899-8000**Fax:

Project Information:

Name of Contractor Performing the work: **Bejar Construction, Inc.**

Name and location of the project: **Village of Biscayne Park Annex Building**

Nature of the firm's responsibility on the project: **Bejar Construction, Inc.**

6326 SW 191 avenue
Pembroke Pines, Fl. 33332

Project duration: **180**Completion (Anticipated) Date: **6-15-15**

Size of project: **7000sf** Cost of project: **898,000.00**

Work for which staff was responsible: **Construction Management, Concrete, Drywall and Framing and Mics. Work.**

Contract Type: **General Contractor**

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

REFERENCES FORM

Provide specific examples of similar contracts. References should be 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: **Village of Pinecrest**

Address: **12645 Pinecrest Parkway**

City/State/Zip: **Pinecrest, Florida 33156**

Contact Name: **Mr. Leo Llanos**Title: **Building Official**

E-Mail Address: **llanos@pinecrest-fl.gov**

Telephone: **305-234-2121**Fax:

Project Information:

Name of Contractor Performing the work: **Bejar Construction, Inc.**

Name and location of the project: **Pinecrest Gardens Coverwalkway**

Nature of the firm's responsibility on the project: **Bejar Construction, Inc.**

6326 SW 191 Avenue

Pembroke Pines, Florida 33332

Project duration: **365**Completion (Anticipated) Date: **6-20-16**

Size of project: **10000sf** Cost of project: **894,215**

Work for which staff was responsible: **Foundation, Concrete columns, Oolite installation, roof framing and roofing system**

Contract Type: **General Contractor**

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

REFERENCES FORM

Provide specific examples of similar contracts. References should be 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 North Miami Beach**

Address: **17011 NE 19th Avenue**

City/State/Zip: **North Miami Beach, Florida 33162**

Contact Name: **Mr. Gustavo Bolado**Title: **President**

E-Mail Address: **construkomusa@hotmail.com**

Telephone: **954-999-6085**Fax:

Project Information:

Name of Contractor Performing the work: **Bejar Construction, Inc.**

Name and location of the project: **Charter School New Construction**

Nature of the firm's responsibility on the project: **Bejar Construction, Inc.**

6326 SW 191 Avenue

Pembroke Pines, Florida 33332

Project duration: **180**Completion (Anticipated) Date: **8-20-17**

Size of project: **20,000sf** Cost of project: **2.3 million**

Work for which staff was responsible: **Construction Management**

Contract Type: **General Contractor**

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

REFERENCES FORM

Provide specific examples of similar contracts. References should be 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 Weston**

Address: **17200 Royal Palm Boulevard**

City/State/Zip: **Weston, Florida 33326**

Contact Name: **Mr. Karl Thompson**Title: **Asst. City Manager**

E-Mail Address: **kthompson@westonfl.org**

Telephone: **954-385-2600**Fax:

Project Information:

Name of Contractor Performing the work: **Bejar Construction, Inc.**

Name and location of the project: **City of Weston Public Works Building**

Nature of the firm's responsibility on the project: **Bejar Construction, inc.**

6326 SW 191 Avenue

Pembroke Pines, Florida 33332

Project duration: **120**Completion (Anticipated) Date: **8-15-18**

Size of project: **8000sf** Cost of project: **450,000.00**

Work for which staff was responsible: **Construction Management, Interior renovation**

Contract Type: **General Contractor**

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