

03/22/2021

TITLE PAGE

RFP# 27-21_Building Inspections, Reporting and CM Services

Rock Solid Home Inspections

4590 Ulmerton Rd, Suite 119, Clearwater, FL 33762

(727) 408-1088

office@rocksolidhomeinspection.com

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TAB 1 - Letter of Transmittal

The respondent, Rock Solid Home Inspections, has a clear understanding of the work to be accomplished and make a positive commitment to perform the work outlined in the bid.

Specifically outlined below will show the competence in completing the scope of work for the Down Payment assistance and other tasks.

1. Down Payment Assistance:
 - a. Rock Solid Home Inspections has completed the work outlined regarding the Down Payment Assistance Program
 - i. Currently working the City of Tampa, the City of Clearwater, the City of Largo and the Habitat for Humanities in several counties completing inspections for their specific down payment assistance programs. Additionally, we are working the Solita's house and the new construction program for the City of Tampa.
2. Rock Solid Home inspections is committed to perform the services within the period specified in the RFQ.
3. The Key person that will be the main point of contact is specified below:
Dawn Perkins
Office number: (727) 408-1088
Cell number (813) 784-9911
Dperkins.rshi@gmail.com

TAB 2 - Demonstrated Experience of the Firm and Project Personnel

Provide a statement of qualifications, abilities, experience and expertise in providing the requested services, including:

- a. Describe your organization's fiscal capacity to manage financial reporting, record keeping, accounting systems, policies and procedures, and audit requirements.
 - a. Our organization's fiscal capacity to manage financial reporting, record keeping, accounting systems, policies and procedures, and audit requirements in various ways.
 - b. We have an office staff of 4. This staff handles scheduling, all financial reporting to include accounting and auditing when necessary.
- b. An assessment of the proposer's abilities to meet and satisfy the needs of the City, taking into consideration the requested services, additional services and/or expertise offered that exceed the requirements, or the vendor's inability to meet some of the requirements of the specifications.
 - a. Rock Solid can satisfy the needs of the City to include requested services and any additional services by utilizing our staff and expertise needed to complete the work needed. We have a proven track record of exhibiting the expertise in the areas of conducting HQS inspections, documenting contractors, Davis Bacon documentation and conducting lead based paint testing. We have worked with various organizations to include the City of Tampa, City of Clearwater, City of Largo, Habitat for Humanity for Hillsborough, Pinellas and Pasco counties in the above referenced work.
- c. A detailed response regarding the firm's experience in conducting inspection, reporting and construction management services.
 - a. Rock Solid Home Inspections will not be bidding on the construction management services part of the bid

TAB 3 – Project Plan/Approach/Schedule

Rock Solid Home Inspections will not be bidding on the Home Rehabilitation program or the New Construction.

The section of the bid we will be submitting is the Down Payment Assistance Program.

We are capable to conduct the inspections using the HUD Uniform Physical Condition Standards Form (Attachment B- HUD Uniform Physical Condition Standards Form), perform minimum code inspection, perform lead-based paint inspection – pre-1978 construction, perform re-inspection if necessary and prepare lead clearance certifications when necessary. We have been conducting these inspections for 3 years for various organizations.

TAB 4 – References

City of Clearwater

Date of Services – Began working with the City of Clearwater in 2018 and have continued a business relationship.

Service provided: Home inspections and lead testing for the various first-time home buyer programs. We conduct the inspections and deliver reports to include photos. Additionally, we complete all follow up inspections and review independent inspection reports to determine if any of the findings need to be added to the city reports.

Address: One Clearwater Tower, 600 Cleveland Street, Suite 600 Clearwater, Florida 33755
Contact: Terry Malcom-Smith

Telephone Number: (727) 562-4036

Email address: Terry.Malcolm-Smith@myclearwater.com

City of Tampa Housing

Date of Services – Began working with the City of Tampa in 2018 and have continued a business relationship.

Service provided: Home inspections and lead testing for the various first-time home buyer programs. We conduct the inspections and deliver reports to include photos. Additionally, we complete all follow up inspections and review independent inspection reports to determine if any of the findings need to be added to the city reports.

Address: 4900 W. Lemon St. Tampa, Florida 33609
Contact: Trena.Gaston-Gardner
Telephone Number: (813) 67-3905
Email address: Trena.Gaston-Gardner@tampagov.net

Habitat for Humanity of Hillsborough County

Date of Services – Began working with Habitat for Humanity of Hillsborough County in 2019 and have continued a business relationship.

Service provided: Home inspections and lead testing for the various first-time home buyer programs. We conduct the inspections and deliver reports to include photos. Additionally, we complete all follow up inspections and review independent inspection reports to determine if any of the findings need to be added to the city reports.

Address: 509 East Jackson Street, Tampa, FL 33602
Contact: Michelle Taylor
Telephone Number: (813) 239-2242 x 148
Email address.: mtaylor@habitat-hillsborough.org

City of Largo

Date of Services – Began working with the City of Largo in 2019 and have continued a business relationship.

Service provided: Home inspections and lead testing for the various first-time home buyer programs. We conduct the inspections and deliver reports to include photos. Additionally, we complete all follow up inspections and review independent inspection reports to determine if any of the findings need to be added to the city reports.

Address: 201 Highland Ave No, Largo, FL 33770
Contact: Arrow Woodard
Telephone Number: (727) 586-7489 xt 7212
Email address: AWoodard@largo.com

ITB 27-21 PRICING SHEET: REVISED
Building Inspections, Reporting, and Construction Management Services

	Scope of Work - Tasks	ESTIMATED Annual Number of each task type to be performed	PRICING PER TASK (*see note below)
1)	<u>Rehab Program Cost Proposals</u>		
1a.	Feasibility Inspection	30 each	\$ <u>n/a</u> each
1b.	Lead-based paint testing and risk assessment - pre-1978	20 each	\$ <u>n/a</u> each
1c.	Asbestos testing	20 each	\$ <u>n/a</u> each
1d.	Coordinate with homeowners to prepare and manage scope of work, cost estimate and bid process	10 each	\$ <u>n/a</u> each
1e.	Perform construction draw inspections	4 per project	\$ <u>n/a</u> each draw
2)	<u>DPA Process Cost Proposal</u>		
2a.	Minimum code inspection	30 each	\$ <u>150</u> each
2b.	Lead-based paint testing - pre-1978	5 each	\$ <u>150</u> each
2c.	Re-inspections if needed	3 each	\$ <u>125</u> each
3)	<u>New Construction Cost Proposal</u>		
3a.	Perform construction inspections	5 per project	\$ <u>n/a</u> each draw
4)	<u>Public Facilities Cost Proposal</u>		
4a.	Coordinate with public facility representative to prepare scope of work	7 each	\$ <u>n/a</u> each
4b.	Coordinate with public facility representative to manage bid process per scope of work	7 each	\$ <u>n/a</u> per hour
4c.	Perform construction draw inspections	4 per project	\$ <u>n/a</u> each
5)	<u>Other Tasks</u>		
5a.	Documenting compliance with Davis Bacon requirements	50 hours	\$ <u>25</u> per hour
5b.	Documenting contractors and subcontractors	10 hours	\$ <u>25</u> per hour
5c.	Coordinate with contractor and property owner to prepare change order for City approval	50 hours	\$ <u>n/a</u> per hour
5d.	Background checks on contractors	5 each	\$ <u>100</u> each
		ESTIMATED ANNUAL COST	

*NOTE: "each" price is to be all-inclusive for staff hours (including subcontractor if applicable), travel, fuel,

general equipment usage and general communications regarding projects.

All miscellaneous fees should be submitted under Tab 4 of proposal with pricing sheet. Fees not listed will not be allowed or approved by the City for reimbursement.

Fees not listed will not be allowed or approved by the City for reimbursement.

EXCEPTIONS / ADDITIONAL MATERIAL / ADDENDA

Proposers shall indicate any and all exceptions taken to the provisions or specifications in this solicitation document. Exceptions that surface elsewhere and that do not also appear under this section shall be considered invalid and void and of no contractual significance.

Exceptions (mark one):

****Special Note – Any material exceptions taken to the City's Terms and Conditions may render a Proposal non-responsive.**

☒ No exceptions
☐ Exceptions taken (describe--attach additional pages if needed)

Additional Materials submitted (mark one):

☒ No additional materials have been included with this proposal
☐ Additional Materials attached (describe--attach additional pages if needed)

Acknowledgement of addenda issued for this solicitation:

Prior to submitting a response to this solicitation, it is the vendor's responsibility to confirm if any addenda have been issued.

Addenda Number	Initial to acknowledge receipt

Vendor Name Rock Solid Home Inspectons Date: 03/27/2021

VENDOR INFORMATION

Company Legal/Corporate Name: Rock Solid of Florida, LLC

Doing Business As (if different than above): Rock Solid Home Inspections

Address: 4590 Ulmerton Road , Suite 119

City: Clearwater State: Florida Zip: 33762 -

Phone: 727-408-1088 Fax: _____

E-Mail Address: office@rocksolidhomeinspection.com Website: www.rocksolidhomeinspections.org

DUNS # 117255597

Remit to Address (if different than above):

Address: _____

City: _____ State: _____ Zip: _____

Order from Address (if different from above):

Address: _____

City: _____ State: _____ Zip: _____

Contact for Questions about this proposal:

Name: Dawn Perkins

Fax: _____

Phone: 727-408-1088

E-Mail Address: dperkins.rshi@gmail.com

Day-to-Day Project Contact (if awarded):

Name: Dawn Perkins

Fax: _____

Phone: 727-408-1088

E-Mail Address: dperkins.rshi@gmail.com

____ Certified Small Business

Certifying Agency: _____

____ Certified Minority, Woman or Disadvantaged Business Enterprise

Certifying Agency: _____

Provide supporting documentation for your certification, if applicable.


VENDOR CERTIFICATION OF PROPOSAL

By signing and submitting this Proposal, the Vendor certifies that:

- a) It is under no legal prohibition to contract with the City of Clearwater.
- b) It has read, understands, and is in compliance with the specifications, terms and conditions stated herein, as well as its attachments, and any referenced documents.
- c) It has no known, undisclosed conflicts of interest.
- d) The prices offered were independently developed without consultation or collusion with any of the other respondents or potential respondents or any other anti-competitive practices.
- e) No offer of gifts, payments or other consideration were made to any City employee, officer, elected official, or consultant who has or may have had a role in the procurement process for the services and or goods/materials covered by this contract.
- f) It understands the City of Clearwater may copy all parts of this response, including without limitation any documents and/or materials copyrighted by the respondent, for internal use in evaluating respondent's offer, or in response to a public records request under Florida's public records law (F.S. 119) or other applicable law, subpoena, or other judicial process.
- g) Respondent hereby warrants to the City that the respondent and each of its subcontractors ("Subcontractors") will comply with, and are contractually obligated to comply with, all Federal Immigration laws and regulations that relate to their employees.
- h) Respondent certifies that they are not in violation of section 6(j) of the Federal Export Administration Act and not debarred by any Federal or public agency.
- i) It will provide the materials or services specified in compliance with all Federal, State, and Local Statutes and Rules if awarded by the City.
- j) It is current in all obligations due to the City.
- k) It will accept such terms and conditions in a resulting contract if awarded by the City.
- l) The signatory is an officer or duly authorized agent of the respondent with full power and authority to submit binding offers for the goods or services as specified herein.

ACCEPTED AND AGREED TO:

Company Name: Rock Solid Home Inspections

Signature: 

Printed Name: Andrea Baum

Title: Owner

Date: 03/27/2021

SCRUTINIZED COMPANIES FORMS

SCRUTINIZED COMPANIES AND BUSINESS OPERATIONS WITH CUBA AND SYRIA CERTIFICATION FORM

IF YOUR BID/PROPOSAL IS \$1,000,000 OR MORE, THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE BID/PROPOSAL. FAILURE TO SUBMIT THIS FORM AS REQUIRED MAY DEEM YOUR SUBMITTAL NONRESPONSIVE.

The affiant, by virtue of the signature below, certifies that:

1. The vendor, company, individual, principal, subsidiary, affiliate, or owner is aware of the requirements of section 287.135, Florida Statutes, regarding companies on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or engaging in business operations in Cuba and Syria; and
2. The vendor, company, individual, principal, subsidiary, affiliate, or owner is eligible to participate in this solicitation and is not listed on either the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Sector List, or engaged in business operations in Cuba and Syria; and
3. Business Operations means, for purposes specifically related to Cuba or Syria, engaging in commerce in any form in Cuba or Syria, including, but not limited to, acquiring, developing, maintaining, owning, selling, possessing, leasing or operating equipment, facilities, personnel, products, services, personal property, real property, military equipment, or any other apparatus of business or commerce; and
4. If awarded the Contract (or Agreement), the vendor, company, individual, principal, subsidiary, affiliate, or owner will immediately notify the City of Clearwater in writing, no later than five (5) calendar days after any of its principals are placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Sector List, or engaged in business operations in Cuba and Syria.

Andrea M Baum

Authorized Signature

Andrea Baum

Printed Name

Owner

Title

Rock Solid Home Inspections

Name of Entity/Corporation

STATE OF

Florida

COUNTY OF

Hillsborough

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization on, this 5 day of April, 2021, by Andrea Baum (name of person whose signature is being notarized) as the Owner (title) of Rock Solid of Florida LLC (name of corporation/entity), personally known _____, or produced FL Driver's License (type of identification) as identification, and who did/did not take an oath.



DAWN PERKINS
Commission # HH 035588
Expires August 24, 2024
Bonded Thru Budget Notary Services

Dawn Perkins

Notary Public
Printed Name

My Commission Expires: _____
NOTARY SEAL ABOVE

**SCRUTINIZED COMPANIES THAT BOYCOTT ISRAEL LIST CERTIFICATION FORM
THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE BID/PROPOSAL.
FAILURE TO SUBMIT THIS FORM AS REQUIRED MAY DEEM YOUR SUBMITTAL
NONRESPONSIVE.**

The affiant, by virtue of the signature below, certifies that:

1. The vendor, company, individual, principal, subsidiary, affiliate, or owner is aware of the requirements of section 287.135, Florida Statutes, regarding companies on the Scrutinized Companies that Boycott Israel List, or engaged in a boycott of Israel; and
2. The vendor, company, individual, principal, subsidiary, affiliate, or owner is eligible to participate in this solicitation and is not listed on the Scrutinized Companies that Boycott Israel List, or engaged in a boycott of Israel; and
3. "Boycott Israel" or "boycott of Israel" means refusing to deal, terminating business activities, or taking other actions to limit commercial relations with Israel, or persons or entities doing business in Israel or in Israeli-controlled territories, in a discriminatory manner. A statement by a company that it is participating in a boycott of Israel, or that it has initiated a boycott in response to a request for a boycott of Israel or in compliance with, or in furtherance of, calls for a boycott of Israel, may be considered as evidence that a company is participating in a boycott of Israel; and
4. If awarded the Contract (or Agreement), the vendor, company, individual, principal, subsidiary, affiliate, or owner will immediately notify the City of Clearwater in writing, no later than five (5) calendar days after any of its principals are placed on the Scrutinized Companies that Boycott Israel List, or engaged in a boycott of Israel.

Andrea M Baum

Authorized Signature

Andrea Baum

Printed Name

Owner

Title

Rock Solid Home Inspections

Name of Entity/Corporation

STATE OF Florida

COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization on, this 5th day of April, 2021, by Andrea Baum (name of person whose signature is being notarized, as the owner (title) of Rock Solid of Florida LLC (name of corporation/entity), personally known _____, or produced FL Drivers License (type of identification) as identification, and who did/did not take an oath.



DAWN PERKINS
Commission # HH 035588
Expires August 24, 2024
Bonded Thru Budget Notary Services

Dawn Perkins

Printed Name

My Commission Expires: _____
NOTARY SEAL ABOVE

E-VERIFY ELIGIBILITY FORM

VERIFICATION OF EMPLOYMENT ELIGIBILITY FORM

PER FLORIDA STATUTE 448.095, CONTRACTORS AND SUBCONTRACTORS MUST REGISTER WITH AND USE THE E-VERIFY SYSTEM TO VERIFY THE WORK AUTHORIZATION STATUS OF ALL NEWLY HIRED EMPLOYEES.

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE BID/PROPOSAL. FAILURE TO SUBMIT THIS FORM AS REQUIRED MAY DEEM YOUR SUBMITTAL NONRESPONSIVE.

The affiant, by virtue of the signature below, certifies that:

1. The Contractor and its Subcontractors are aware of the requirements of Florida Statute 448.095.
2. The Contractor and its Subcontractors are registered with and using the E-Verify system to verify the work authorization status of newly hired employees.
3. The Contractor will not enter into a contract with any Subcontractor unless each party to the contract registers with and uses the E-Verify system.
4. The Subcontractor will provide the Contractor with an affidavit stating that the Subcontractor does not employ, contract with, or subcontract with unauthorized alien.
5. The Contractor must maintain a copy of such affidavit.
6. The City may terminate this Contract on the good faith belief that the Contractor or its Subcontractors knowingly violated Florida Statutes 448.09(1) or 448.095(2)(c).
7. If this Contract is terminated pursuant to Florida Statute 448.095(2)(c), the Contractor may not be awarded a public contract for at least 1 year after the date on which this Contract was terminated.
8. The Contractor is liable for any additional cost incurred by the City as a result of the termination of this Contract.

Andrea M. Baum

Authorized Signature

Andrea Baum

Printed Name

Owner

Title

Rock Solid Home Inspections

Name of Entity/Corporation

STATE OF Florida
COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization on this 5th day of April, 2021, by Andrea Baum (name of person whose signature is being notarized) as the owner (title) of Rock Solid of Florida LLC (name of corporation/entity), personally known _____, or produced FL Notary License (type of identification) as identification, and who did/did not take an oath.



DAWN PERKINS
Commission # HH 035588
Expires August 24, 2024
Bonded thru Budget Notary Services

My Commission Expires: _____

NOTARY SEAL ABOVE

Dawn Perkins

Notary Public

Printed Name

Inspector License Information

Home inspectors license information to include:

Type of license
Name
License number
Expiration

Please see <https://www.myfloridalicense.com> for further details

Home Inspector	<u>BIANCO, VITO</u>	Primary	HI10210 Home Insp	Current, Active 07/31/2022
Home Inspector	<u>ROBERTS, KYLOR</u>	Primary	HI10857 Home Insp	Current, Active 07/31/2022
Home Inspector	<u>WINSOR, MICHAEL</u>	Primary	HI12751 Home Insp	Current, Active 07/31/2022
Home Inspector	<u>MOOTSEY, JEDEDIAH</u>	Primary	HI12372 Home Insp	Current, Active 07/31/2022
Home Inspector	<u>HOLMAN, CALEB WAYNE</u>	Primary	HI12558 Home Insp	Current, Active 07/31/2022
Home Inspector	<u>ROBINSON, BRIAN</u>	Primary	HI10864 Home Insp	Current, Active 07/31/2022

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000286103

Entity Name: ROCK SOLID OF FLORIDA, LLC

Current Principal Place of Business:

169 NE LINCOLN CIR. N.
ST. PETERSBURG, FL 33702

Current Mailing Address:

169 NE LINCOLN CIR. N.
ST. PETERSBURG, FL 33702 US

FEI Number: 83-2843254

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPOOR LAW, P.A.
877 EXECUTIVE CENTER DR. W., SUITE 100
ST. PETERSBURG, FL 33702 US

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

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BAUM, ANDREA
Address 169 NE LINCOLN CIR. N.
City-State-Zip: ST. PETERSBURG FL 33702

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREA BAUM

MGR

01/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Rock Solid of Florida LLC	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► S Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 7781 Starkey Road	Requester's name and address (optional)
	6 City, state, and ZIP code Seminole, FL 33777	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number								
			-				-	
or								
Employer identification number								
8	3		-	2	8	4	3	2 5 4

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ► <i>Andrea M. Baw</i>	Date ► <i>8/10/20</i>
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General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
4/2/2021

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 HH Insurance Group LLC 3443 1st Ave N St Petersburg FL 33713	CONTACT NAME: Jacob Holehouse PHONE (A/C, No, Ext): 727 498 5551 FAX (A/C, No): E-MAIL ADDRESS: sales@hhinsgroup.com														
INSURED Rock Solid of Florida LLC 7781 Starkey Rd Largo FL 33777	<table border="1"> <thead> <tr> <th data-bbox="816 426 1430 453">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1430 426 1563 453">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 453 1430 480">INSURER A: Midvale Indemnity Company</td> <td data-bbox="1430 453 1563 480"></td> </tr> <tr> <td data-bbox="816 480 1430 508">INSURER B: Hiscox Insurance Co</td> <td data-bbox="1430 480 1563 508"></td> </tr> <tr> <td data-bbox="816 508 1430 535">INSURER C:</td> <td data-bbox="1430 508 1563 535"></td> </tr> <tr> <td data-bbox="816 535 1430 562">INSURER D:</td> <td data-bbox="1430 535 1563 562"></td> </tr> <tr> <td data-bbox="816 562 1430 590">INSURER E:</td> <td data-bbox="1430 562 1563 590"></td> </tr> <tr> <td data-bbox="816 590 1430 617">INSURER F:</td> <td data-bbox="1430 590 1563 617"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Midvale Indemnity Company		INSURER B: Hiscox Insurance Co		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES
CERTIFICATE NUMBER:
REVISION NUMBER:

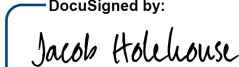
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	GENERAL LIABILITY	A	BPP1084326	1/10/2021	1/10/2022	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$50,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000		\$
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<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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC																				
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<table border="1"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$									
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WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<table border="1"> <tr> <td data-bbox="1154 1272 1268 1304">WC STATU-TORY LIMITS</td> <td data-bbox="1317 1272 1357 1304">OTH-ER</td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$											
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E.L. DISEASE - POLICY LIMIT	\$																			
B	Professional Liability	A	DOVE-100107-PL-P2021	1/10/2021	1/10/2022	Each Claim: \$500,000 Aggregate: \$500,000														

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

Certificate Holder is listed as Additional Insured.

CERTIFICATE HOLDER
CANCELLATION

City of Clearwater Attn: Procurement Division, RFP #27-21 P.O. Box 4748 Clearwater FL 33758-4748	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>DocuSigned by:  </p>
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