

## EXHIBIT A

### **BID FORM**

**BID:** 22-175 Annual Lawn Maintenance for County Parks

**E-BID OPENING DATE:** 2:00 pm, Wednesday, June 23, 2021

**TO:** The County Commissioners, County of Alachua:

The undersigned, as Contractor, hereby declares that he has carefully read and examined the specifications and with full knowledge of all conditions, under which the equipment and services herein contemplated must be furnished, hereby proposes and agrees to furnish the equipment and services according to the requirements as set out in the specifications for said equipment and service:

Section #	QUADRANT #1	Bid Amount Per Mowing
2.23.1.1	High Springs Boat Ramp	\$ 25 <sup>00</sup>
2.23.1.2	Cellon Oak	\$ 60 <sup>00</sup>
2.23.1.3	Monteochea	\$ 75 <sup>00</sup>
2.23.1.4	Poe Springs Park	\$ 750 <sup>00</sup>
<b>Quadrant #1 Total</b>		\$ 910 <sup>00</sup>
<b>Cost per Acre (Section 3.0 Changes to Acreage Mowed)</b>		\$ 231.18

Section #	QUADRANT #2	Bid Amount Per Mowing
2.23.2.1	Lake Alto	\$ 111.75
2.23.2.2	Santa Fe Lake	\$ 111.75
2.23.2.3	Melrose Boat Ramp	\$ 111.75
2.23.2.4	Owens-Illinois	\$ 111.75
2.23.2.5	Copeland	\$ 111.75
<b>Quadrant #2 Total</b>		\$ 558.75
<b>Cost per Acre (Section 3.0 Changes to Acreage Mowed)</b>		\$ 15 <sup>00</sup>

**BID FORM (CONTINUED)****EXHIBIT A****BID NUMBER: 22-175: Annual Lawn Maintenance for County Parks**

Section #	QUADRANT #3	Bid Amount Per Mowing
<u>2.23.3.1</u>	Holden	\$ 35 <sup>00</sup>
<u>2.23.3.2</u>	Lochloosa	\$ 35 <sup>00</sup>
<u>2.23.3.3</u>	Kate Barnes Boat Ramp – formerly known as M.K. Rawlings	\$ 130 <sup>00</sup>
<u>2.23.3.4</u>	Grove Park	\$ 35 <sup>00</sup>
<u>2.23.3.5</u>	Earl P. Powers	\$ 130 <sup>00</sup>
<u>2.23.3.6</u>	Cynthia Moore Chestnut and Clark Butler Nature Preserves	\$ 130 <sup>00</sup>
<b>Quadrant #3 Total</b>		<b>\$ 595<sup>00</sup></b>
<b>Cost per Acre (Section 3.0 Changes to Acreage Mowed)</b>		<b>\$ 15<sup>00</sup></b>

Section #	QUADRANT #4	Bid Amount Per Mowing
<u>2.23.4.1</u>	Squirrel Ridge	\$ 150 <sup>00</sup>
<u>2.23.4.2</u>	Veterans Park – formerly known as Kanapaha	\$ 600 <sup>00</sup>
<u>2.23.4.3</u>	Watcrmelon Pond	\$ 75 <sup>00</sup>
<u>23.3.4.4</u>	Jonesville Park	\$ 1,200 <sup>00</sup>
<b>Quadrant #4 Total</b>		<b>\$ 2025<sup>00</sup></b>
<b>Cost per Acre (Section 3.0 Changes to Acreage Mowed)</b>		<b>\$ 22.75</b>

<b>Grand Total all Quadrants #1-4</b>	<b>\$ 3,988.75</b>
---------------------------------------	--------------------

Acknowledge Receipt of Addendum(s) (if applicable circle):

#1  Yes No    #2 Yes No    #3 Yes No    #4 Yes NoBidder: Stacey Chandler Company: SLC Ocala LLCAddress: 3129 NE 14<sup>th</sup> Street Ocala, FL 34470Authorized Signature: Stacey Chandler Title: OwnerClearly Print Name: Stacey ChandlerPhone: 352 489-7431 Fax: \_\_\_\_\_ Date: 6-16-2021Email Address: Stacey.SLC.inc@gmail.com

**EXHIBIT B**

SLC Ocala LLC

(Insert Name of Corporation)

**CORPORATE RESOLUTION  
GRANTING SIGNING AUTHORITY  
AND AUTHORITY TO CONDUCT BUSINESS**

The Board of Directors ("Directors") of SLC Ocala LLC, a

(insert name of company)

LLC

corporation (the "Corporation"), at a duly and properly

(insert state of incorporation)

held meeting on the 16 day of June, 2021, did hereby consent to, adopt, ratify, confirm and approve the following recitals and resolutions:

**WHEREAS**, the Corporation is a duly formed, validly existing corporation in good standing under the laws of the State of Florida and is authorized to do business in the State of Florida; and

**WHEREAS**, the Corporation desires to grant certain persons the authority to execute and enter into contracts and conduct business on behalf of the Corporation.

**NOW, THEREFORE, BE IT RESOLVED**, that any of the following officers and employees of the Corporation listed below are hereby authorized and empowered, acting along, to sign, execute and deliver any and all contracts and documents on behalf of the Corporation, and to do and take such other actions, including but not limited to the approval and execution of contracts, purchase orders, amendments, change orders, invoices, and applications for payment, as in his or her judgment may be necessary, appropriate or desirable, in connection with or related to any bids, proposals, or contracts to, for or with to Alachua County, a charter county and political subdivision of the State of Florida:

NAME

TITLE

Stacey Chandler

Caner

**BE IT RESOLVED THAT**, these resolutions shall continue in full force and effect, and may be relied upon by Alachua County, until express written notice of their rescission or modification has been received by the Procurement Manager of Alachua County. Any revocation, modification or replacement of these resolutions must be accompanied by documentation satisfactory to the Procurement Manager of Alachua County, establishing the authority for the changes.

**IN WITNESS WHEREOF**, I have executed my name as Secretary and have hereunto affixed the corporate seal of the above-named Corporation this 16 day of June, 2021, and do hereby certify that the foregoing is a true record of a resolution duly adopted at a meeting of the Board of Directors of the Corporation and that said meeting was held in accordance with state law and the Bylaws of the Corporation, and that the resolution is now in full force and effect without modification or rescission.

(Corporate Seal) Secretary of the Corporation

By:

Stacey Chandler

(Print Secretary's Name)

## **EXHIBIT C**

### **PUBLIC RECORD DECLARATION OR CLAIM OF EXEMPTION**

As a bidder or proposer, any document you submit to Alachua County may be a public record and be open for personal inspection or copying by any person. In Florida ‘public records’ are defined as all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency. Section 119.011, F.S. A document is subject to personal inspection and copying unless it falls under one of the public records exemptions created under Florida law. Please designate what portion of your bid or proposal, if any, qualifies to be exempt from inspection and copying:

(Execute either section I. or II, but not both; bidder may not modify language)

#### **I. NO EXEMPTION FROM PUBLIC RECORDS LAW**

No part of the bid or proposal submitted is exempt from disclosure under the Florida public records law, Ch. 119, F.S.

Bidder's Signature:  Date: 6-16-2021

--- OR ---

#### **II. EXEMPTION FROM PUBLIC RECORDS LAW AND AGREEMENT TO INDEMNIFY AND DEFEND ALACHUA COUNTY**

The following parts of the bid or proposal submitted are exempt from disclosure under the Florida public records law because: (list exempt parts and legal justification. i.e. trade secret):

---

---

By claiming that all or part of the bid or proposal is exempt from the public records law, the undersigned bidder or proposer agrees to protect, defend, indemnify and hold the County, its officers, employees and agents free and harmless from and against any and all claims arising out of a request to inspect or copy the bid or proposal. The undersigned bidder or proposer agrees to investigate, handle, respond to, provide defense (including payment of attorney fees, court costs, and expert witness fees and expenses up to and including any appeal) for and defend any such claim at its sole cost and expense through counsel chosen by the County and agrees to bear all other costs and expenses related thereto, even if they (claims, etc.) are groundless, false, or fraudulent.

Bidder's Signature:  Date: 6-16-2021

## **EXHIBIT D**

### **Small Business Enterprise (SBE) Program Participation Form**

**BID NUMBER: 22-175 Annual Lawn Maintenance for County Parks**

## ***OPTION 1***

**I certify that our Company is an Alachua County Certified Small Business Enterprise (SBE) registered prior to the Bid opening.**

**Circle One:**

**Yes (If yes, complete and sign the last page of this Exhibit)**

**No (If No, proceed to Option 2).**

## ***OPTION 2***

**I certify that our Company will perform ALL work and that no subcontractors will be utilized for this bid.**

**Circle One:**

**Yes (If yes, complete and sign the last page of this Exhibit)**

**No (If No, proceed to Option 3.)**

## **EXHIBIT D**

**BID NUMBER: 22-175 Annual Lawn Maintenance for County Parks**

### ***OPTION 3***

**SBE Participation.** I certify that our Company has contacted the Alachua County's Certified SBEs listed below. I state that the following information regarding SBE Subcontractors is true and correct to the best of my knowledge and belief.

Alachua County has adopted a 15% SBE participation goal and policies which encourage participation of Small Business Enterprises (SBE) in the provision of labor, time, supplies, services or construction items of any kind materials.

**SBEs are located in the Alachua County Small Business Enterprise Directory.**

Subcontractor (any business entity holding a subcontract with the prime vendor) services are defined as, "a contract with another business entity that obtains labor, time, supplies, services or construction items of any kind."

Vendors submitting bids under this solicitation are to identify the intended SBE subcontractors. These SBEs have agreed to perform the work for the total dollar value and percentage of the bid set forth below.

**If SBE subcontractors are not utilized and listed below or if option 1 or 2 was not chosen, you must proceed to Option 4 and document your Good Faith Effort.**

SBE Name of Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_

Scope of Work to be Performed: \_\_\_\_\_

Total \$ Value: \$ \_\_\_\_\_ % of Total BID/RFP: \_\_\_\_\_ %  
SBE Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Scope of Work to be Performed: \_\_\_\_\_

Total \$ Value: \$ \_\_\_\_\_ % of Total BID/RFP: \_\_\_\_\_ %

SBE Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Scope of Work to be Performed: \_\_\_\_\_

Total \$ Value: \$ \_\_\_\_\_ % of Total BID/RFP: \_\_\_\_\_ %

## **EXHIBIT D**

### **BID NUMBER: 22-175 Annual Lawn Maintenance for County Parks**

### **OPTION 4**

**SBE Good Faith Effort.** To be considered responsive all Vendors **should have** SBE Participation or demonstrate a good faith effort to utilize SBE subcontractors. **If option 1, 2 or 3 was not chosen the Vendor should complete the section below substantiating compliance with good faith effort requirements.**

In accordance with Article 11, of the Alachua County Procurement Code, I have solicited and received responses from the following Alachua County certified SBE companies. (The SBE vendor's response should be recorded in the section below.)

Name of SBE Company: \_\_\_\_\_

Date SBE Contacted: \_\_\_\_\_

SBE Contact Name and Phone #: \_\_\_\_\_

SBE Response when contacted: \_\_\_\_\_

Name of SBE Company: \_\_\_\_\_

Date SBE Contacted: \_\_\_\_\_

SBE Contact Name and Phone #: \_\_\_\_\_

SBE Response when contacted: \_\_\_\_\_

Name of SBE Company: \_\_\_\_\_

Date SBE Contacted: \_\_\_\_\_

SBE Contact Name and Phone #: \_\_\_\_\_

SBE Response when contacted: \_\_\_\_\_

Name of SBE Company: \_\_\_\_\_

Date SBE Contacted: \_\_\_\_\_

SBE Contact Name and Phone #: \_\_\_\_\_

SBE Response when contacted: \_\_\_\_\_

Name of SBE Company: \_\_\_\_\_

Date SBE Contacted: \_\_\_\_\_

SBE Contact Name and Phone #: \_\_\_\_\_

SBE Response when contacted: \_\_\_\_\_

## **EXHIBIT D**

**BID NUMBER: 22-175 Annual Lawn Maintenance for County Parks**

**I as the undersigned Vendor certify that I have completed one of the option(s) below (Circle One):**

**OPTION 1**

**OPTION 2**

**OPTION 3**

**OPTION 4**

**If you are unable to certify that, you have completed to the best of your knowledge and belief **OPTION 1, OPTION 2, OPTION 3 or OPTION 4**, CALL (48 hours prior to bid opening) Procurement at 352.374.5202, for direction.**

Vendor Name: SLC Ocala LLC Date: 6-16-2021

Signature:  Title: Owner

Printed Name: Stacey Chandler

## EXHIBIT E

### **ALACHUA COUNTY GOVERNMENT MINIMUM WAGE (GMW) FORM**

#### **BID 22-175 Annual Lawn Maintenance for County Parks**

The undersigned certifies that all employees, contracted and subcontracted, completing services as part of this Bid/RFP are paid, and will continue to be paid, in accordance with Chapter 22, Article 12 of the Alachua County Code.

Please mark the appropriate box below that applies to how you pay your employees:

Employees involved with Alachua County projects are paid a minimum of **\$15.00** hourly or the current prevailing wage and are provided health benefits?

Employees involved with Alachua County projects are paid a minimum of **\$17.00** hourly or the current prevailing wage but are not provided health benefits?

Bidder: Stacey Chandler Company: SIC Ocale LLC

Address: 3129 NE 18<sup>th</sup> ST Ocale, FL 34470

Authorized Signature:  Title: Owner

Clearly Print Name: Stacey Chandler

Phone: 352-584-7931 Fax: \_\_\_\_\_ Date: 6-16-2021

Email Address: StaceySICinc@gmail.com

## **EXHIBIT F**

### **DRUG FREE WORKPLACE**

Florida Statute, Section 287.087 states that whenever two or more bids, proposals, or replies 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 proposal, or reply received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process.

The undersigned vendor in accordance with §287.087, Florida Statute hereby certifies that

SLC Ocala LLC

Name of Business

Does:

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 such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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

  
\_\_\_\_\_  
Bidder's Signature

6-16-2021  
\_\_\_\_\_  
Date

## EXHIBIT G

### **Proposed Subcontractors (Non-Small Business Enterprise) Form**

**BID NUMBER: 22-175 Annual Lawn Maintenance for County Parks**

**This form is for all Non-Small Business Enterprise subcontractors being utilized on this project that are not included on Exhibit D.**

Name of Contractor: None

Address: \_\_\_\_\_

Scope of Work to be Performed: \_\_\_\_\_

Total \$ Value: \$ \_\_\_\_\_ % of Total BID/RFP: \_\_\_\_\_ %

Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Scope of Work to be Performed: \_\_\_\_\_

Total \$ Value: \$ \_\_\_\_\_ % of Total BID/RFP: \_\_\_\_\_ %

Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Scope of Work to be Performed: \_\_\_\_\_

Total \$ Value: \$ \_\_\_\_\_ % of Total BID/RFP: \_\_\_\_\_ %

Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Scope of Work to be Performed: \_\_\_\_\_

Total \$ Value: \$ \_\_\_\_\_ % of Total BID/RFP: \_\_\_\_\_ %

If additional space is required for your subcontractor listing, make copies of this **Exhibit G** and submit with your bid package.

## EXHIBIT H

### BIDDER'S QUESTIONNAIRE

Bidder's Name: SLC Ocala LLC

Bidder's Address: 3129 NE 14<sup>th</sup> St Ocala FL Phone: 352-484-7431

Number of years in this type of service? 25 Number of years licensed in Alachua County: 5

Number of employees "ON THE JOB" each week: 12 Number of employees "ON CALL" each week: 12

Will you subcontract any part of this work: Yes  No

If so, give details:

---

---

List all major equipment which will be available upon commencement of the agreement to perform the required service: 8 mowers,

Do you currently hold any municipality contracts: Yes  No

If so, please indicate below:

Marien County parks

List three references of firms receiving similar service to that requested in this bid (comparable facility size):

- 1) Firm: Marien County parks Phone: 352-239-3876  
Contact Person: Greg Crilly
- 2) Firm: City of Ocale parks Phone: 352-425-4401  
Contact Person: Bill Rodrigues
- 3) Firm: City of Ocale parks Phone: 352-817-4493  
Contact Person: Julie Johnson

Are your employees screened by: (indicate below)

- 1) Polygraph
- 2) General Interview
- 3) Background Investigation
- 4) Police Record Check
- 5) Additional

Have any leases, contracts or agreements for services held by your firm ever been canceled or terminated before the end of the term by either party: Yes  No  If the answer is yes, state the location and circumstances on an "attachment" to this questionnaire.

What constitutes your normal business days and working hours: Monday - Saturday 7 to 7

Describe below, your firm's operational plan for providing the services under this agreement:

Two Full time crews of eight

The undersigned swears to the truth and accuracy of all statements and answers contained herein:

DATE: 6-16-2021 AUTHORIZED SIGNATURE: 

**EXHIBIT I**  
**RESPONSIBLE AGENT FORM**

The Contractor shall designate a responsible agent and alternate as necessary, for all dealings, communications, or notices or contracts between Alachua County and the contractor by completing and returning this Responsible Agent Form. Any notice or communication to or from the responsible agent shall be deemed to be a communication to the contractor

RESPONSIBLE AGENT: Stacey Chandler

ADDRESS: 3129 NE 14<sup>th</sup> St Ocala, FL 34470

PHONE NO.: 352-584-7431

FAX NO.: none

EMAIL ADDRESS: StaceySIC.inc@gmail.com

ALTERNATE RESPONSIBLE AGENT: Austin Chandler

ADDRESS: 3129 NE 14<sup>th</sup> St Ocala, FL 34470

PHONE NO.: 352-572-8585

FAX NO.: none

EMAIL ADDRESS: Chandleraustin1294@gmail.com

SIGNED: G. Mac DATE: 6-16-2021

**EXHIBIT J**  
**TYPE “A” INSURANCE REQUIREMENTS**  
**“ARTISAN CONTRACTORS / SERVICE CONTACTS”**

**The Contractor shall procure and maintain for the duration of this contract insurance against claims for injuries to persons or damages to property, which may arise from or in connection with the performance of the work hereunder by the contractor/vendor, his agents, representatives, employees or subcontractors.**

**COMMERCIAL GENERAL LIABILITY**

Coverage must be afforded under a per occurrence form policy for limits not less than \$1,000,000 General Aggregate, \$1,000,000 Products / Completed Operations Aggregate, \$1,000,000 Personal and Advertising Injury Liability, \$1,000,000 each Occurrence, \$50,000 Fire Damage Liability and \$5,000 Medical Expense.

**AUTOMOBILE LIABILITY**

Coverage must be afforded including coverage for all Owned vehicles, Hired and Non-Owned vehicles for Bodily Injury and Property Damage of not less than \$1,000,000 combined single limit each accident.

**WORKERS COMPENSATION AND EMPLOYER’S LIABILITY**

Coverage to apply for all employees at STATUTORY Limits in compliance with applicable state and federal laws; if any operations are to be undertaken on or about navigable waters, coverage must be included for the USA Longshoremen & Harbor Workers Act.

Employer’s Liability limits for not less than \$100,000 each accident; \$500,000 disease policy limit and \$100,000 disease each employee must be included.

**BUILDER’S RISK / INSTALLATION FLOATERS (when applicable)**

When this contract or agreement includes the construction of and/or the addition to a permanent structure or building; including the installation of machinery and/or equipment, the following insurance coverage must be afforded:

Coverage Form: Completed Value, All Risk in an amount equal to 100% of the value upon completion or value of equipment to be installed.

When applicable: Waiver of Occupancy Clause or Cessation of Insurance clause. Flood Insurance as available under the National Flood Insurance Program.

**EMPLOYEE FIDELITY COVERAGE (only applicable to vendors whose employees handle funds)**

Employee Dishonesty coverage must be afforded for not less than \$500,000 Blanket all employees ISO Form

## **OTHER INSURANCE PROVISIONS**

The policies are to contain, or be endorsed to contain, the following provisions:

### **I Commercial General Liability and Automobile Liability Coverages**

a. The Alachua County Board of County Commissioners, its officials, employees and volunteers are to be covered as an Additional Insured as respects: Liability arising out of activities performed by or on behalf of the Contractor/Vendor; to include Products and/or Completed Operations of the Contractor/Vendor; Automobiles owned, leased, hired or borrowed by the Contractor.

b. The Contractor's insurance coverage shall be considered primary insurance as respects the County, its officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officials, employees or volunteers shall be excess of Contractor/Vendor's insurance and shall be non-contributory.

### **II All Coverages**

The Contractor/Vendor shall provide a Certificate of Insurance to the County with a notice of cancellation. The certificate shall indicate if cover is provided under a "claims made" or "per occurrence" form. If any cover is provided under claims made from the certificate will show a retroactive date, which should be the same date of the contract (original if contact is renewed) or prior.

## **SUBCONTRACTORS**

The Contractor/Vendor shall be responsible for all subcontractors working on their behalf as a condition of this agreement. All subcontractors of the Contractor/Vendor shall be subject to the same coverage requirements stated herein.

**CERTIFICATE HOLDER:** **Alachua County Board of County Commissioners**

## **MAIL, EMAIL or FAX CERTIFICATES**

<b>Department Contact:</b>	<b>John Morris</b>
<b>Department:</b>	<b>Parks &amp; Open Space</b>
<b>Phone:</b>	<b>352.548.1219</b>
<b>Email:</b>	<b><a href="mailto:jmorris@alachuacounty.us">jmorris@alachuacounty.us</a></b>
<b>Bid:</b>	<b>22-175 Annual Lawn Maintenance for County Parks</b>

Request for Taxpayer  
Identification Number and Certification► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.Give Form to the  
requester. Do not  
send to the IRS.Print or type.  
See Specific Instructions on page 3.

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

SLC OCALA 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.

 Individual/sole proprietor or  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.

Requester's name and address (optional)

1102 SE 10TH ST

6 City, state, and ZIP code

OCALA, FL 34471

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 6 - 1 4 1 8 6 4 1

**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  
HereSignature of  
U.S. person ►

Date ► 1-15-2021

**General Instructions**

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

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

**Purpose of Form**

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

- Form 1099-INT (interest earned or paid)

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

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

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/02/2021

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 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		CONTACT NAME:		
Hiscox Inc. 520 Madison Avenue 32nd Floor New York, NY 10022		PHONE (A/C, No. Ext):	(888) 202-3007	FAX (A/C, No.):
		E-MAIL ADDRESS:	contact@hiscox.com	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Hiscox Insurance Company Inc		10200
INSURED		INSURER B:		
SLC OCALA LLC 3129 NE 14TH ST OCALA FL 34470		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
							LIMITS	
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	UDC-4857339-CGL-21	06/02/2021	06/02/2022	EACH OCCURRENCE	\$ 1,000,000	
	DAMAGE TO RENTED PREMISES (Ea occurrence)					\$ 100,000		
	MED EXP (Any one person)					\$ 5,000		
	PERSONAL & ADV INJURY					\$ 1,000,000		
	GENERAL AGGREGATE					\$ 2,000,000		
	PRODUCTS - COMP/OP AGG					\$ S/T Gen. Agg.		
OTHER:	\$							
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO					BODILY INJURY (Per person)	\$		
OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$		
Hired AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
DED	RETENTION \$						\$	
UMBRELLA LIAB						EACH OCCURRENCE	\$	
EXCESS LIAB						AGGREGATE	\$	
							\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y / N	N / A			PER STATUTE	OTHE	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below						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

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



JIMMY PATRONIS  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**NON-CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 6/25/2020

**EXPIRATION DATE:** 6/25/2022

**PERSON:** STACEY CHANDLER

**EMAIL:** MARK@PSCOCALA.COM

**FEIN:** 844299799

**BUSINESS NAME AND ADDRESS:**

SOUTHERN LAWN EQUIPMENT LLC

3401 SE 33RD CT

OCALA, FL 34471

**SCOPE OF BUSINESS OR TRADE:**

Machinery Dealer NOC-Store Park NOC-All Employees &  
or Yard-& Drivers Drivers

---

**IMPORTANT:** Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to subsection 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.