

BID COVER PAGE

City of
Gainesville

Procurement Division

(352) 334-5021 (main)

Issue Date: 12/19/22

INVITATION TO BID: # PWDA-230028-DH

Stormwater Management Continuing Services

PRE-BID MEETING: ☐ Non-Mandatory ☐ Mandatory ☒ N/A ☐ Includes Site Visit

DATE: TIME:

LOCATION:

QUESTION SUBMITTAL DUE DATE January 24, 2023 @ 3:00 pm

All meetings and submittal deadlines are Eastern Time (ET).

DUE DATE FOR UPLOADING BID RESPONSE: January 31, 2023 @ 3:00PM

SUMMARY OF SCOPE OF WORK:

Push button construction services relating to stormwater management facilities including new construction, reconstruction, rehabilitation, repair and maintenance. Activities include but are not limited to removing sediment and trash from basins and traps, erosion repair & stabilization, grading of drainage swales, cleaning/repair/replacement of stormwater structures, construction/modification of detention/retention ponds and stabilization.

For questions relating to this bid, contact: Diane Holder, holdersd@gainesvillefl.gov

Bidder is not in arrears to City upon any debt, fee, tax or contract: ☒ Bidder is NOT in arrears ☐ Bidder IS in arrears

Bidder is not a defaulter, as surety or otherwise, upon any obligation to City: ☒ Bidder is NOT in default ☐ Bidder IS in default

Bidders who receive this bid from sources other than City of Gainesville Procurement Division or DemandStar MUST contact the Procurement Division prior to the due date to ensure any addenda are received in order to submit a responsible and responsive offer. Uploading an incomplete document may deem the offer non-responsive, causing rejection.

ADDENDA ACKNOWLEDGMENT: Prior to submitting my offer, I have verified that all addenda issued to date are considered as part of my offer: Addenda received (list all) # _____

Legal Name of Bidder: Watson Construction Company LLC

DBA: _____

Authorized Representative Name/Title: Douglas Dabney -Owner

E-mail Address: doug.dabney@watsonconstruct.com

FEIN: 80-0219140

Street Address: 940 NW 247th Drive Newberry, FL 32669

Mailing Address (if different): _____

Telephone: (352) 472-9157

Fax: (352) 472-2520

By signing this form, I acknowledge I have read and understand, and my business complies with all General Conditions and requirements set forth herein; and,

☒ Bid is in full compliance with the Specifications.

☐ Bid is in full compliance with specifications except as specifically stated and attached hereto.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: 

SIGNER'S PRINTED NAME: Douglas Dabney

DATE: 01/31/2023

This page must be completed and uploaded to DemandStar.com with your Submittal.

BIDDER VERIFICATION FORM

LOCAL PREFERENCE (Check one)

Local Preference requested: ☐ YES ☒ NO

A copy of the following documents must be included in your submission if you are requesting Local Preference:

- Business Tax Receipt
- Zoning Compliance Permit

QUALIFIED SMALL BUSINESS AND/OR SERVICE DISABLED VETERAN BUSINESS STATUS (Check one)

Is your business qualified, in accordance with the City of Gainesville's Small Business Procurement Program, as a local Small Business? ☐ YES ☒ NO

Is your business qualified, in accordance with the City of Gainesville's Small Business Procurement Program, as a local Service-Disabled Veteran Business? ☐ YES ☒ NO

LIVING WAGE COMPLIANCE

See Living Wage Decision Tree:

(Check one)

- ☒ Living Wage Ordinance does not apply (check all that apply)
- ☐ Not a covered service
 - ☒ Contract does not exceed \$100,000
 - ☐ Not a for-profit individual, business entity, corporation, partnership, limited liability company, joint venture, or similar business, who or which employees 50 or more persons, but not including employees of any subsidiaries, affiliates or parent businesses.
 - ☐ Located within the City of Gainesville enterprise zone.
- ☐ Living Wage Ordinance applies and the completed Certification of Compliance with Living Wage is included with this bid.

NOTE: If Contractor has stated Living Wage Ordinance does not apply and it is later determined Living Wage Ordinance does apply, Contractor will be required to comply with the provision of the City of Gainesville's living wage requirements, as applicable, without any adjustment to the bid price.

REGISTERED TO DO BUSINESS IN THE STATE OF FLORIDA

Is Bidder registered with Florida Department of State's, Division of Corporations, to do business in the State of Florida?

☒ YES ☐ NO (refer to Part 1, 1.5, last paragraph)

If the answer is "YES", provide a copy of SunBiz registration or SunBiz Document Number (# L08000014232)

If the answer is "NO", please state reason why: _____

DIVERSITY AND INCLUSION (Applies to solicitations above \$50,000)

Does your company have a policy on diversity and inclusion? ☐ YES ☒ NO

If yes, please attach a copy of the policy to your submittal.

Note: Possessing a diversity and inclusion policy will have no effect on the City's consideration of your submittal, but is simply being requested for information gathering purposes.

Watson Construction Company LLC

Bidder's Name

Douglas Dabney-Owner

Printed Name/Title of Authorized Representative

01/31/2023

Signature of Authorized Representative

Date

This page must be completed and uploaded to DemandStar.com with your Submittal.

DRUG-FREE WORKPLACE FORM

The undersigned bidder in accordance with Florida Statute 287.087 hereby certifies that
Watson Construction Company LLC

does:

(Name of Bidder)

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 the 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 bidder complies fully with the above requirements.


Bidder's Signature

01/31/2023

Date

In the event of a tie bid, bidders with a Drug Free Workplace Program will be given preference. To be considered for the preference, this document must be completed and uploaded to DemandStar.com with your Submittal.

PART 4 – BID FORM

Stormwater Management Continuing Services

Date: 01/31/2023

The bidder hereby declares that he has examined the site of the work and informed himself fully in regard to all conditions pertaining to the place where the work is to be done, and that he has examined the plans, specifications, agreement and all documents related to the above referenced solicitation for the work and comments hereto attached. The Bidder further declares that the only persons, company or parties interested in this Bid or the Agreement to be entered into, as principals, are named herein; that this Bid is made without connection with any other person, company or parties making a Bid; and it is in all respects fair and in good faith and without collusion or fraud.

The Bidder proposes and agrees, if this Bid is accepted, to contract with City of Gainesville, Florida, through the City Commission, , in the form of Agreement specified, to furnish all necessary materials, equipment, machinery, tools, apparatus, means of transportation, labor and service necessary to complete the work covered by the Bid Solicitation for: Pavement Management (Preservation & Surfacing) Continuing Services and to furnish the prescribed Performance and Payment Bond for as required by the final agreement; and to furnish the required evidence of the specified insurance.

Attached is a list of similar projects and a list of Subcontractors as covered in the Instructions to Bidders.

The Bidder agrees to accept in full compensation for each item the prices named in the schedule incorporated herein and attached as "Bid Schedule". The Bidder understands that the quantities shown on the "Bid Schedule" are approximate only and subject to increase or decrease. Should they be increased or decreased, work will be performed at the unit price bid herein. Actual quantities will be determined upon completion of the work.

This page must be completed and uploaded with your Submittal.

4.1 BID FORM/PAY ITEM LIST

Quantities requested will be placed in a single Work Order for work zones throughout the City. Once mobilized, the City will not require demobilization or remobilization until Work Order is completed.

MAINTENANCE OF TRAFFIC MOBILIZATION – LUMP SUM				
	BID PRICE			
DESCRIPTION	Index 102- (601, 602, 611 or 612)	Index 102- (603 or 605)	Index 102- (613, 614 or 616)	Index 102- (604 or 615)
Mobilization	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00

MAINTENANCE OF TRAFFIC – HOURLY		
DESCRIPTION	BID PRICE	
Index	Cost Per Hour	Minimum Daily Cost
Index 102-601 or Index 102-611	\$ 250.00	\$ 2000.00
Index 102-602 or Index 102-612	\$ 250.00	\$ 2000.00
Index 102-603	\$ 325.00	\$ 2500.00
Index 102-604	\$ 400.00	\$ 3000.00
Index 102-605	\$ NO BID	\$ NO BID
Index 102-613	\$ 425.00	\$ 3500.00
Index 102-614	\$ NO BID	\$ NO BID
Index 102-615	\$ 450.00	\$ 4000.00
Index 102-616	\$ NO BID	\$ NO BID
Off-Duty Law Enforcement	\$ 63.00	\$ 500.00

This page must be completed and uploaded with your Submittal.

PREVENTION, CONTROL, AND ABATEMENT OF EROSION AND WATER POLLUTION	
DESCRIPTION	BID PRICE (PER LF PLAN QUANTITY)
Quantity	Sediment Barrier
0-100	\$ 1500.00 100.00 /LF
101-200	\$ 2000.00 14.00/LF
201-400	\$ 3500.00 12.00/LF
401-700	\$ 5600.00 9.00 /LF
701-1,000	\$ 7500.00 8.00/LF
>1,000	\$ 8000.00 8.00/LF

PREVENTION, CONTROL, AND ABATEMENT OF EROSION AND WATER POLLUTION		
DESCRIPTION	BID PRICE (PER LF PLAN QUANTITY)	
Quantity	Staked Floating Turbidity Boom	Floating Turbidity Boom
0-50	\$ 175.00	\$ 125.00
51-100	\$ 150.00	\$ 100.00
101-200	\$ 95.00	\$ 45.00
>200	\$ 90.00	\$ 40.00

PREVENTION, CONTROL, AND ABATEMENT OF EROSION AND WATER POLLUTION	
DESCRIPTION	BID PRICE (PER EACH PLAN QUANTITY)
Quantity	Inlet Protection System
0-10	\$ 500.00
11-20	\$ 295.00
>20	\$ 295.00

This page must be completed and uploaded with your Submittal.

EARTHWORK AND RELATED ITEMS – EXCAVATION AND EMBANKMENT

DESCRIPTION	BID PRICE (PER CY PLAN QUANTITY)				
Quantity	Regular Excavation	Subsoil Excavation	Lateral Ditch Excavation	Channel Excavation	Sediment Removal Excavation
0-250	\$ NO BID	\$ NO BID	\$ NO BID	\$ NO BID	\$ NO BID
251-500	\$ 45.00	\$ 55.00	\$ NO BID	\$ NO BID	\$ NO BID
501-750	\$ 45.00	\$ 55.00	\$ NO BID	\$ NO BID	\$ NO BID
751-1,000	\$ 45.00	\$ 55.00	\$ NO BID	\$ NO BID	\$ NO BID
1,001-2,000	\$ 45.00	\$ 55.00	\$ NO BID	\$ NO BID	\$ NO BID
2,001-4,000	\$ 45.00	\$ 55.00	\$ NO BID	\$ NO BID	\$ NO BID
4,001-6,000	\$ 45.00	\$ 55.00	\$ NO BID	\$ NO BID	\$ NO BID
>6,000	\$ 45.00	\$ 55.00	\$ NO BID	\$ NO BID	\$ NO BID

EARTHWORK AND RELATED ITEMS – SEDIMENT REMOVAL AND DISPOSAL

DESCRIPTION	BID PRICE (PER CY TRUCK MEASUREMENT)		
Quantity	Material Suitable for Commercial Uses	C&D Disposal	Class I Landfill
0-250	\$ NO BID	\$ NO BID	\$ NO BID
251-500	\$ 45.00	\$ 57.00	\$ NO BID
501-750	\$ 45.00	\$ 57.00	\$ NO BID
751-1,000	\$ 45.00	\$ 57.00	\$ NO BID
1,001-2,000	\$ 45.00	\$ 57.00	\$ NO BID
2,001-5,000	\$ 45.00	\$ 57.00	\$ NO BID
5,001-7,000	\$ 45.00	\$ 57.00	\$ NO BID
>7,000	\$ 45.00	\$ 57.00	\$ NO BID

This page must be completed and uploaded with your Submittal.

EARTHWORK AND RELATED ITEMS – BORROW	
DESCRIPTION	BID PRICE (PER CY TRUCK MEASUREMENT)
Quantity	Borrow
0-250	\$ 390.00
251-500	\$ 30.00
501-750	\$ 30.00
751-1,000	\$ 30.00
1,001-2,000	\$ 30.00
2,001-4,000	\$ 30.00
4,001-6,000	\$ 30.00
>6,000	\$ 30.00

PIPE CULVERTS – DESILTING OF PIPES	
DESCRIPTION	BID PRICE
Pipe Size	PER LF
<15" (Equivalent Diameter)	\$ 350.00
15" (Equivalent Diameter)	\$ 350.00
24" (Equivalent Diameter)	\$ 400.00
30" (Equivalent Diameter)	\$ 450.00
36" (Equivalent Diameter)	\$ 500.00
42" (Equivalent Diameter)	\$ 550.00
48" (Equivalent Diameter)	\$ 600.00
54" (Equivalent Diameter)	\$ NO BID
60" (Equivalent Diameter)	\$ NO BID
66" (Equivalent Diameter)	\$ NO BID
72" (Equivalent Diameter)	\$ NO BID
>84" (Equivalent Diameter)	\$ NO BID

This page must be completed and uploaded with your Submittal.

PIPE CULVERTS – DESILTING OF BOX CULVERTS

DESCRIPTION	BID PRICE (PER CY PLAN QUANTITY)						
	5' Box Height	>5' - 6' Box Height	>6' - 7' Box Height	>7' - 8' Box Height	>8' - 9' Box Height	>9' - 10' Box Height	>10' Box Height
0-50	\$	\$	\$	\$	\$	\$	\$
51-100	\$	\$	\$	\$	\$	\$	\$
101-150	\$	\$	\$	\$	\$	\$	\$
151-200	\$	\$	\$	\$	\$	\$	\$
201-300	\$	\$	\$	\$	\$	\$	\$
>300	\$	\$	\$	\$	\$	\$	\$

INCIDENTAL CONSTRUCTION – REVETMENT SYSTEMS

DESCRIPTION	BID PRICE (PER TON)	
	Riprap, Rubble (Bank and Shore Protection)	Riprap, Rubble (Ditch Lining)
0-25	\$	\$
26-50	\$	\$
51-75	\$	\$
76-100	\$	\$
101-150	\$	\$
151-200	\$	\$
201-300	\$	\$
301-400	\$	\$
401-500	\$	\$
>500	\$	\$

This page must be completed and uploaded with your Submittal.

INCIDENTAL CONSTRUCTION - PERFORMANCE TURF (STABILIZATION)				
DESCRIPTION	BID PRICE (PER SY)			
Quantity	Performance Turf	Performance Turf – Pinned	Seed & Mulch	Hydroseed
0-250	\$	\$	\$	\$
251-500	\$	\$	\$	\$
501-750	\$	\$	\$	\$
751-1,000	\$	\$	\$	\$
1,001-2,000	\$	\$	\$	\$
2,001-4,000	\$	\$	\$	\$
4,001-6,000	\$	\$	\$	\$
>6,000	\$	\$	\$	\$

List of Unit Abbreviations:

SY Square Yards	GL Gallons	SD Side Drain
LS Lump Sum	MG Thousand Gallons	ED Each Day
CY Cubic Yards	GM Gross Miles	CD Cross Drain
EA Each	LF Linear Feet	AC Acre
TN Tons	NM Net Miles	RCP Reinforced Concrete Pipe
HR Hour	AS Assembly	PI Per Intersection

Note: THE CITY RESERVES THE RIGHT TO AWARD THIS BID ON THE BASIS OF EACH LINE INDIVIDUALLY, ANY COMBINATION OF LINE ITEMS OR ALL LINE ITEMS COMBINED AS IT DETERMINES TO BE IN ITS BEST INTEREST. THE CITY RESERVES THE RIGHT TO NOT AWARD ANY LINE ITEM AS IT DETERMINES TO BE IN ITS BEST INTEREST.

Note: THE CITY RESERVES THE RIGHT TO ADD OR DELETE LOCATIONS, SERVICES, ITEMS, OR MATERIALS FROM THIS CONTRACT SHOULD IT BE IN THE BEST INTEREST OF THE CITY. THE CONTRACT PRICE MAY BE ADJUSTED UPON AGREEMENT OF THE CONTRACTOR AND THE CITY'S REPRESENTATIVE AND BASED UPON BID PRICES.

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY BLANK]

This page must be completed and uploaded with your Submittal.

PROPOSED SUBCONTRACTORS FORM

Watson Construction Company LLC

Name of Bidder: _____

This form is for all Subcontractors being utilized on this project.

Name of Contractor: Crown Construction
Address: 11316 NW 120th Terrace Alachua, FL 32618
Scope of Work to be Performed: Concrete Ditch Paving and Concrete Drive
Total \$ Value: \$ TBD % of Total BID/RFP: _____ %

Name of Contractor: SNG Pavement Marking Inc
Address: 1104 NW 50th Ave STE A Gainesville FL 32609
Scope of Work to be Performed: Pavement Markings
Total \$ Value: \$ TBD % 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 form and submit with you bid package.

This page must be completed and uploaded to DemandStar.com with your Submittal.

PROJECT MANAGER AND SUPERINTENDENT OR OWNER'S EXPERIENCE

NAME AND TITLE		ROLE IN THIS PROJECT	YEARS EXPERIENCE	
Douglas Dabney-Owner/Partner		Proj.MGR& Super	TOTAL 24	WITH THIS FIRM 24
RELEVANT PROJECTS				
1. PROJECT TITLE AND LOCATION (city and state) FDOT T2768 Gainesville, FL			YEAR COMPLETED 2021	
BRIEF DESCRIPTION (Brief scope, size, costs, etc.) and SPECIFIC ROLE Paving SR26 & SW 34th St- Project Manager and Superintendent			<input checked="" type="checkbox"/> Check if project completed with current firm	
2. PROJECT TITLE AND LOCATION (city and state) Project 918-7905-SR26 @ Gainesville, FL NW 122nd St			YEAR COMPLETED 2020	
BRIEF DESCRIPTION (Brief scope, size, costs, etc.) and SPECIFIC ROLE to furnish all labor, materials, equipment and apparatus for the construction of Project No. 918-7905, NW 122nd Street and State Road 26 Intersection Modifications Project MGR			<input checked="" type="checkbox"/> Check if project completed with current firm	
3. PROJECT TITLE AND LOCATION (city and state) Project# 918-7901 NW 32nd Ave-Resurfacing Newberry, FL			YEAR COMPLETED 2021	
BRIEF DESCRIPTION (Brief scope, size, costs, etc.) and SPECIFIC ROLE Resurfaced 2 miles for Alachua County-Project Manager			<input checked="" type="checkbox"/> Check if project completed with current firm	
4. PROJECT TITLE AND LOCATION (city and state) Celebration Points - Gainesville FL			YEAR COMPLETED On going	
BRIEF DESCRIPTION (Brief scope, size, costs, etc.) and SPECIFIC ROLE Earthwork and site construction with paving of 300 plus acres-Project Manager			<input checked="" type="checkbox"/> Check if project completed with current firm	
5. PROJECT TITLE AND LOCATION (city and state)			YEAR COMPLETED	
BRIEF DESCRIPTION (Brief scope, size, costs, etc.) and SPECIFIC ROLE			<input type="checkbox"/> Check if project completed with current firm	
6. PROJECT TITLE AND LOCATION (city and state)			YEAR COMPLETED	
BRIEF DESCRIPTION (Brief scope, size, costs, etc.) and SPECIFIC ROLE			<input type="checkbox"/> Check if project completed with current firm	

This page must be completed and uploaded to DemandStat.com with your Submittal

CUSTOMER HISTORY

Name of Bidder: Watson Construction Company,LLC

Provide a list of prior customers for similar services that your bidder has provided within the last . Copy form as necessary.

Customer Name:	CC Oakmont LLC		
Address:	2379 Beville Road		
City, State, Zip:	Daytona Beach, FL 32119		
Point of Contact:	Steve Bovid	Phone Number:	352-213-9422
E-mail:			

Customer Name:	Celebration Pointe Holdings,LLC		
Address:	2579 SW 87th Drive		
City, State, Zip:	Gainesville, FL 32608		
Point of Contact:	Svein Dyrkolboth	Phone Number:	352-258-1572
E-mail:			

Customer Name:	FDOT		
Address:	605 Suwannee Street		
City, State, Zip:	Tallahassee, FL 32399		
Point of Contact:	Kevin W. oner	Phone Number:	352-281-6857
E-mail:			

Customer Name:	Alachua County Public Works		
Address:	5620 NW 120th Lane		
City, State, Zip:	Gainesville, FL 32653		
Point of Contact:	Tim McKenzie	Phone Number:	352-231-4959
E-mail:			

Customer Name:			
Address:			
City, State, Zip:			
Point of Contact:		Phone Number:	
E-mail:			

This page must be completed and uploaded to DemandStar.com with your Submittal.

RESPONSIBLE AGENT FORM

RESPONSIBLE AGENT: Douglas Dabney
ADDRESS: 940 NW 247th Drive Newberry, FL 32669
PHONE NO.: 352-472-9157
FAX NO.: 352-472-2520
EMAIL ADDRESS: doug@watsonconstruct.com

ALTERNATE RESPONSIBLE AGENT: Joni Walsh Durden
ADDRESS: 940 NW 247th Drive Newberry, FL 32669
PHONE NO.: 352-437-2224
FAX NO.: 35-472-2520
EMAIL ADDRESS: jwalsh@watsonconstruct.com

This page must be completed and uploaded to DemandStar.com with your Submittal, if the Living Wage Ordinance applies to bidder.



WATSCON-01

SEGVSSHI TS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/4/2022

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

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

PRODUCER
AssuredPartners, Gainesville
4880 Newberry Road, Suite 180
Gainesville, FL 32607

CONTACT NAME: Shirley Hill Shilts
PHONE (A/C, No, Ext): (352) 378-2511 **FAX (A/C, No):** (352) 378-9801
E-MAIL ADDRESS: Shirley.Shilts@assuredpartners.com

INSURER(S) AFFORDING COVERAGE**NAIC #****INSURER A:** Cincinnati Insurance Company

10677

INSURER B:**INSURER C:****INSURER D:****INSURER E:****INSURER F:****INSURED**

Watson Construction Company LLC
940 NW 247 Drive
Newberry, FL 32669

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 INSD	SUBR WYD	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 checked="" type="checkbox"/> LOC OTHER:			EPP0605779	2/20/2022	2/20/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EMPLOYEE BENEFIT \$ 3,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			EPP0605779	2/20/2022	2/20/2023	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			EPP0605779	2/20/2022	2/20/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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

City of Gainesville
P O Box 490
MS 58
Gainesville, FL 32617-0490

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
Julius Hales
DIVISION DIRECTOR



John Gatin
BUREAU CHIEF
Catherine Thrasher
SAFETY PROGRAM MANAGER

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF STATE FIRE MARSHAL
200 EAST GAINES STREET - Tallahassee, Florida 32399-0342
Tel. 850-413-3644

CERTIFICATE OF COMPETENCY
OFFICIAL COPY

THIS CERTIFIES THAT: Douglas H Dabney
940 NW 247th Drive
Newberry FL 32669
BUSINESS ORGANIZATION: Watson Construction Company, LLC

Contractor V means a contractor whose business is limited to the execution of contracts requiring the ability to fabricate, install, inspect, alter, repair and service the underground piping for a fire protection system using water as the extinguishing agent beginning at the point of service as defined in the act and ending no more than 1 foot above the finished floor.

Issue Date: 07/01/2022
Type: 09
Class: 14
County: Alachua
License/Permit #: FPC21-000105
Expiration Date: 06/30/2024




Chief Financial Officer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/27/2022

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

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

PRODUCER

Arthur J. Gallagher Risk Management Services, Inc.
4350 W Cypress St Suite 300
Tampa FL 33607

CONTACT NAME: Jacquie Monroe

PHONE (A/C No. Ext): 727-797-6250

FAX (A/C No.):

E-MAIL ADDRESS: CertRequests@ajg.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Zenith Insurance Company

13269

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Watson Construction Company, LLC
940 NW 247th Drive
Newberry FL 32669

WATSCON-01

COVERAGES

CERTIFICATE NUMBER: 1695788367

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	ADOL SUBR INSD 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 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	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					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED 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	Z133881307	1/1/2023	1/1/2024	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Excluded officer-Douglas H. Dabney (managing member), Tammy Dabney (managing member)

CERTIFICATE HOLDER

City of Gainesville

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

Matt Doyle



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

CONSTRUCTION INDUSTRY LICENSING BOARD

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

DABNEY, DOUGLAS HALE

**WATSON CONSTRUCTION COMPANY, LLC
940 NW 247TH DRIVE
NEWBERRY FL 32669**

LICENSE NUMBER: CUC1225043

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

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



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

**CONSTRUCTION INDUSTRY LICENSING BOARD
THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES**

DABNEY, DOUGLAS HALE
WATSON CONSTRUCTION COMPANY, LLC
940 NW 247TH DRIVE
NEWBERRY FL 32669

LICENSE NUMBER: CGC1510498

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

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

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.

Watson Construction Company, 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 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) **P**
Notes: 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) **P**

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) _____

Penalties to accounts maintained outside the U.S.

5 Address (number, street, and apt. or suite no.) See instructions.

940 NW 247th Drive

6 City, state, and ZIP code

Newberry, FL 32669

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

8 0 - 0 2 1 9 1 4 0

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign
Here

Signature of
U.S. person **P**

Joni Walsh Durden

Digitally signed by Joni Walsh
DN: cn=Joni Walsh, o=Joni Walsh, email=Joni.Walsh@joniwalsh.com, c=US

Date **P**

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.



CITY OF NEWBERRY

25440 W Newberry Rd, Newberry, FL 32669-0369

LOCAL BUSINESS TAX

Issued: September 30, 2022

Expires: September 30, 2023

License # 0250.1

Fee Paid: \$162.00

Business Name/Address

**WATSON CONSTRUCTION COMPANY
OFFICE
940 NW 247TH DR
NEWBERRY FL 32669-2545**

Local Business Tax Issued To:

**WATSON CONSTRUCTION COMPANY
940 NW 247TH DR
NEWBERRY FL 32669-2545**

**Business Type:
CONTRACTORS**

Judy S. Rice

Judy S. Rice (Oct 4, 2022 13:38 EDT)

CITY CLERK

**NOTE: This Local Business Tax is not transferable, POST IN A CONSPICUOUS PLACE.
This Local Business Tax becomes a receipt only when properly dated and signed.**



CITY OF NEWBERRY

25440 W Newberry Rd, Newberry, FL 32669-0369

LOCAL BUSINESS TAX

Issued: September 30, 2022

Expires: September 30, 2023

License # 0250.1

Fee Paid: \$162.00

Business Name/Address

**WATSON CONSTRUCTION COMPANY
OFFICE
940 NW 247TH DR
NEWBERRY FL 32669-2545**

Local Business Tax Issued To:

**WATSON CONSTRUCTION COMPANY
940 NW 247TH DR
NEWBERRY FL 32669-2545**

**Business Type:
CONTRACTORS**

Judy S. Rice

Judy S. Rice (Oct 4, 2022 13:38 EDT)

CITY CLERK

**NOTE: This Local Business Tax is not transferable, POST IN A CONSPICUOUS PLACE.
This Local Business Tax becomes a receipt only when properly dated and signed.**



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company

WATSON CONSTRUCTION COMPANY, LLC

Filing Information

Document Number L08000014232
FEI/EIN Number 80-0219140
Date Filed 02/07/2008
State FL
Status ACTIVE
Last Event LC NAME CHANGE
Event Date Filed 12/31/2012
Event Effective Date NONE

Principal Address

940 NW 247TH DR
NEWBERRY, FL 32669

Mailing Address

940 NW 247TH DR
NEWBERRY, FL 32669

Changed: 01/08/2011

Registered Agent Name & Address

DABNEY, DOUGLAS H
940 NW 247TH DR
NEWBERRY, FL 32669

Name Changed: 04/08/2020

Address Changed: 01/08/2011

Authorized Person(s) Detail

Name & Address

Title Authorized Member

DABNEY, TAMMY
940 NW 247TH DRIVE
NEWBERRY, FL 32669

Title Authorized Member

DABNEY, DOUGLAS H
 940 NW 247TH DRIVE
 NEWBERRY, FL 32669

Annual Reports

Report Year	Filed Date
2020	04/08/2020
2021	04/27/2021
2022	04/05/2022

Document Images

04/05/2022 -- ANNUAL REPORT	View image in PDF format
04/27/2021 -- ANNUAL REPORT	View image in PDF format
04/08/2020 -- ANNUAL REPORT	View image in PDF format
04/19/2019 -- ANNUAL REPORT	View image in PDF format
04/04/2018 -- ANNUAL REPORT	View image in PDF format
04/06/2017 -- ANNUAL REPORT	View image in PDF format
04/13/2016 -- ANNUAL REPORT	View image in PDF format
04/29/2015 -- ANNUAL REPORT	View image in PDF format
04/22/2014 -- ANNUAL REPORT	View image in PDF format
04/25/2013 -- ANNUAL REPORT	View image in PDF format
12/31/2012 -- LC Name Change	View image in PDF format
04/26/2012 -- ANNUAL REPORT	View image in PDF format
01/08/2011 -- ANNUAL REPORT	View image in PDF format
04/30/2010 -- ANNUAL REPORT	View image in PDF format
04/30/2009 -- ANNUAL REPORT	View image in PDF format
02/07/2008 -- Florida Limited Liability	View image in PDF format

1 of 1
 1 of 1 state(s) view of 1 of 1