


Having carefully examined the IFB Documents, Contractor agrees to the terms contained therein and proposes to furnish all labor, material, and equipment for the entire work for the **TOTAL BID** and to execute an agreement for work, insurance certifications, and other instruments or documents as specified or included in the IFB Documents, and will completely perform the work in strict accordance with the terms of the IFB Documents

TOTAL BID				
Item No. & Description	Number of Units	Unit s	Unit Price	Subtotal
Mobilization & Demobilization	1	L.S.	\$ 76,400.00	\$ 76,400.00
Reconstruction of Dock	1	L.S.	\$ 105,000.00	\$ 105,000.00
Environmental Protection	1	L.S.	\$ 6,000.00	\$ 6,000.00
Site Restoration	1	L.S.	\$ 3,815.00	\$ 3,815.00
Total Bid				\$ 191,215.00

Written in Words: One hundred ninetyone thousand, two hundred and fifteen dollars.

The undersigned Contractor acknowledges that work to be performed shall conform to all Town codes and regulations. Work must be accomplished in a professional manner and meet all standards of any professional trade requiring a license and or permit.

Shore Builders Inc.
Contractor Name
984 NW 244th Drive
Mailing Address
Newberry, FL 32669
City, State and Zip Code
352-339-3322
(Area Code) Telephone Number
6/11/2025
Date


Authorized Signature
Danny Shore
Name (Printed)
President /owner
Title (Printed)
office@shorebuildersinc.net
Email Address

BID SHEET AND ADDENDUM ACKNOWLEDGEMENT
IFB #25-094 LOIS AVENUE MUNICIPAL DOCK REPLACEMENT
(MUST BE COMPLETED AND SUBMITTED WITH BID)

The undersigned Contractor declares that the only person or parties interested in this Invitation for Bid (IFB) as principals are those named herein, that this bid is made without any understanding, contract, or connection with any other person, firm, or corporation providing a bid for the same purpose and that this bid is in all respects fair and without collusion or fraud. The Contractor understands that this bid must be manually signed in ink, otherwise it will be considered unresponsive and subject to rejection.

The undersigned Contractor represents that the Contractor accepts, and that this bid complies with, the IFB Documents and that the Contractor has carefully examined the IFB Documents for the designated work. Contractor affirms that Contractor has carefully examined the location of the designated work and, from its own investigations, is satisfied as to the nature and location of the work, the character, quality, and the quantity of materials, the kind and extent of equipment and other facilities needed for the performance of the work, the general and local conditions and all difficulties that may be encountered, and all other items which may, in any way, affect the work or its performance.

The undersigned Contractor proposes, and agrees if this bid is accepted, that it will contract with the Town to provide all necessary machinery, tools, software, labor, apparatus, and other means necessary to do all the work, and furnish all the materials and equipment specified or referred to in the IFB Documents in the manner and time herein prescribed, and according to the requirements of the Town as therein set forth.

Under provisions of Chapter 112, Florida Statutes, Contractor must disclose with bid the name of any officer, director, or agent who is also an employee of the Town of Longboat Key. Contractor must disclose on an attachment (provided by Contractor) entitled "Submitted Bid Conflict of Interest" the name of any Town employee who owns, directly or indirectly, a five percent (5%) or more interest in the Contractor's firm or any of its branches, or in the firm of any subcontractor to this bid. Absence of such an attachment represents Contractor's certification of no such employee.

The undersigned Contractor understands that the Town reserves the right to reject any or all bids and to waive any informalities and minor irregularities in any bid. The Contractor agrees that this bid shall be good and may not be withdrawn for a period of one hundred twenty (120) days after the scheduled IFB opening.

Contractor acknowledges receipt of the following addenda issued during the solicitation period; the cost of which, if any, is included in bid pricing. If an addendum is issued, the Addendum Acknowledgement below must be submitted with the Bid Submittal at the time and due date of the bid.

ADDENDUM #	ADDENDUM DATE
<u>1</u>	<u>May 30, 2025</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>



TOWN OF LONGBOAT KEY

Kari L. Kennedy, CPPB
Procurement Division
501 Bay Isles Road
Longboat Key, Florida 34228
(941)316-1999
kkennedy@longboatkey.org

IFB 25-094 LOIS AVENUE MUNICIPAL DOCK REPLACEMENT

ADDENDUM #1

Subject: QUESTIONS AND ANSWERS; ATTACHMENTS

Date: May 30, 2025

ALL CONTRACTORS MUST ACKNOWLEDGE RECEIPT OF THIS ADDENDUM BY SIGNING BELOW
AND SUBMITTING THIS EXECUTED DOCUMENT WITH THE BID.

Contractors are hereby notified that this Addendum shall become part of the submitted bid and the subsequent documents, if applicable.

The following items are issued to add to, modify, and clarify the IFB and all associated documents. Bids shall conform to the additions and revisions listed herein. These items shall have full force and effect as the IFB and all associated documents.

Contractor Name: Shore Builders Inc.

Address: 984 NW 244th Drive Newberry, FL 32669

Phone : 352-339-3322

Email: office@shorebuildersinc.net

Authorized Signature: 

Printed Authorized Name: Danny Shore

ATTACHMENTS

- A1. FDEP File No: 41-0457804-002-EE, Manatee County
- A2. Pre-Bid Sign-In Sheet
- A3. Bid Bond Form – Each Bid shall be accompanied by a certified or cashiers check or a bid bond, satisfactory and payable to the Town of Longboat Key, FL in an amount not less than five percent (5%) of the base bid as a guarantee that the bidder will, within ten (10) days after the date of the award of the Contract, execute an agreement and file bonds and insurance as required.

QUESTIONS

- 1. Does the schedule need to be a Gant chart?
Answer: No. It can state your general schedule, timeline and milestones.
- 2. Can we use Lois Ave for storge?
Answer: Yes, Contractors can use Lois Ave parking for storage.
- 3. Can Contractors park their barge overnight?
Answer: Regarding this and the environmental permit, this is allowed so long as the barge is not impacting the seabed at the locations of seagrass at all stages of the tide, impeding navigation of the channel, and/or causing navigational hazard.
- 4. Are the permits already obtained?
Answer: Please see attachment A1.
- 5. What is the engineers estimate?
Answer: A budget will be established by the lowest responsive, responsible bid.
- 6. Are bonds required?
Answer: Yes, a bid bond will be required from all contractors submitting a bid. Please see attachment A3. A performance bond and a labor and material payment bond will be required from the awarded contractor.
- 7. Does the driven depth need to be 24 feet or is there an allowance for driven to refusal?
Answer: Piles shall be driven to a minimum bearing capacity of 1.75 tons and to design tip elevation(s) specified in Project drawings unless otherwise approved by the Engineer of Record.
- 8. Do the projects for Lois and Broadway need to be completed simultaneously?
Answer: No, a schedule will be agreed upon between the awarded Contractor and the Town.
- 9. Is there an anticipated start date?
Answer: The Town anticipates the start date to be as soon as possible with a project completion date of December 2025.

FAIR PRACTICES AFFIDAVIT
(MUST BE COMPLETED AND SUBMITTED WITH BID)

Each Contractor submitting a bid must complete the following affidavit:

STATE OF Florida COUNTY OF Alachua

Danny Shore, makes oath that:
(Name of owner, partner, officer, representative, agent)

- (1) She/he is owner of Shore Builders Inc. the Contractor that
(Title: owner, partner, officer, representative) (Name of firm/business)

has submitted the attached bid;

- (2) She/he is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid;
- (3) Such bid is genuine and is not a collusive or sham bid;
- (4) Neither the said Contractor nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, has in any way colluded, conspired, or agreed, directly or indirectly with any other Contractor, firm or person to submit a collusive or sham bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Contractor, firm or person to fix the price or prices in the attached bid of any other Contractor, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the Town of Longboat Key or any person interested in the proposed contract or the proceeds thereof;
- (5) The undersigned has not given or donated or promised to give or donate directly or indirectly to any official or employee of the Engineer, or the Town of Longboat Key, or the Town of Longboat Key Commissioners, or to anyone else for his benefit any sum of money or other thing of value for aid in assistance in obtaining this contract; and
- (6) The price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Contractor or any of its agents, representatives, owners, employees, or parties in interest, including the undersigned.

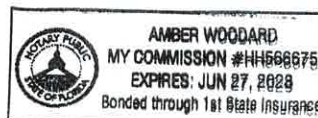

(Signature)
President/owner
(Title)

Subscribed and sworn to before me

This 11 day of June, 2025

She/he is personally known to me or has produced _____ as identification and who did take an oath.


(Signature of Notary)
HH566675 6-27-2028
(Commission Number & Commission Expiration)



ACKNOWLEDGEMENT OF FIRM, IF A CORPORATION

STATE OF Florida COUNTY OF Alachua

The foregoing instruments was acknowledged before me this

6/11/25
(Date)

By: _____
(Name of officer or agent, title of officer or agent)

On behalf of the corporation, pursuant to the powers conferred upon said officer or agent by the corporation. He/she personally appeared before me at the time of notarization and is personally known to me or has produced _____ as identification and did certify to have knowledge of the matters stated in the foregoing instrument and certified the same to be true in all respects.

Subscribed and sworn to (or affirmed) before me this

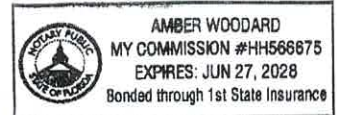
June 11, 2025

(Official Notary Signature and Notary Seal)

Commission Number: HH566675

Amber Woodard
(Name of Notary typed, printed or stamped)

Commission expiration date: 06-27-2028



ACKNOWLEDGEMENT OF FIRM, IF A PARTNERSHIP

STATE OF _____ COUNTY OF _____

N/A

The foregoing instruments was acknowledged before me this

(Date) By: _____
(Name of acknowledging partner or agent)

On behalf of the partnership, pursuant to the powers conferred upon said officer or agent by the corporation. He/she personally appeared before me at the time of notarization and is personally known to me or has produced _____ as identification and did certify to have knowledge of the matters stated in the foregoing instrument and certified the same to be true in all respects.

Subscribed and sworn to (or affirmed) before me this

Commission Number: _____

(Official Notary Signature and Notary Seal)

Commission expiration date: _____

(Name of Notary typed, printed or stamped)

ACKNOWLEDGEMENT OF FIRM, IF AN INDIVIDUAL

STATE OF _____ COUNTY OF _____

N/A

The foregoing instruments was acknowledged before me this

(Date) By: _____
(Name acknowledging)

Who personally appeared before me at the time of notarization and is personally known to me or has produced _____ as identification and did certify to have knowledge of the matters stated in the foregoing instrument and certified the same to be true in all respects.

Subscribed and sworn to (or affirmed) before me this

Commission Number: _____

(Official Notary Signature and Notary Seal)

Commission expiration date: _____

(Name of Notary typed, printed or stamped)

ORGANIZATIONAL STRUCTURE, CLAIMS, AND SUITS
(MUST BE COMPLETED AND SUBMITTED WITH BID)

ORGANIZATION

BIDDER NAME, ADDRESS: Shore Builders Inc.
984 NW 244th Drive Newberry, FL 32669

PHONE # 352-339-3322

E-MAIL ADDRESS office@ShorebuildersInc.net

Type of Business Construction, S corp.

How many years in business: 19

How many years in business under the present business name: 19

Under what other or former names has your organization operated: N/A

If a corporation, answer the following:

Date of incorporation: 2006
State of incorporation: Florida
President's name: Daniel Shore
Vice president's name(s): N/A
Secretary's name: Emily Campbell
Treasurer's name: N/A

If a partnership or joint venture, answer the following:

Date of organization: N/A
Type of partnership (if applicable): _____
Name(s) of general partners: _____

If individually owned, answer the following:

Date of organization: N/A
Name of owner: _____

CLAIMS AND SUITS (if the answer to any of the questions below is yes, please attach details).

BIDDER NAME, ADDRESS: Shore Builders Inc.
984 NW 294th Drive Newberry, FL 32669

Has your organization ever failed to complete any work awarded to it?

☒ NO _____ YES (details attached)

Are there any judgments, claims, and arbitration proceedings or suits pending or outstanding against your organization or officers?

☒ NO _____ YES (details attached)

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five (5) years?

☒ NO _____ YES (details attached)

Has your organization been named as a defendant or brought in as a party to any lawsuits within the last five (5) years?

☒ NO _____ YES (details attached)

Within the last five (5) years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?

☒ NO _____ YES (details attached)

STATEMENT OF LICENSE CERTIFICATE
(MUST BE COMPLETED AND SUBMITTED WITH BID)

Qualifying Firm Name: Shore Builders Inc.

Authorized Firm Qualifying Licensed Person Danny Shore

FL General Contractor or Marine License # CBC1258492

Attach Copy of License

See next page ~~at~~ for license.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

SHORE, DANIEL KRISER

SHORE BUILDERS, INC.
984 NW 244TH DRIVE
NEWBERRY FL 32669

LICENSE NUMBER: CBC1258492

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com



ISSUED: 08/12/2024

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.

SUBCONTRACTORS

(MUST BE COMPLETED AND SUBMITTED WITH BID)

List each subcontractor the bidder proposes to use in performing the Work. Describe the portion of the Work to be performed by each subcontractor.

	Subcontractor, Address, Phone Number	Work to be Performed
1.	N/A	
2.		
3.		
4.		
5.		

REFERENCES FOR BIDDER EXPERIENCE
(MUST BE COMPLETED AND SUBMITTED WITH BID)

Please provide three (3) reference projects for construction projects of similar size and scope performed within last five (5) years. References must apply to projects completed by the Bidder as Prime Contractor.

Projects similar in size and scope shall be projects involving work in and around environmental wetlands, within an Outstanding Florida Water (OFW) and in active public parks. Reference information must be current with the name and telephone number of a responsible entity for each project cited.

Attach additional sheets as needed.

REFERENCE PROJECT 1

Project Name: Manatee Springs State Park
Project Owner: FDEP Contact Name: Calvin Peterson
Address: 11650 NW 115th St.
City: Chiefland State: Florida
Telephone: _____ Email: Calvin.Peterson@CPPI.com

Project cost: \$1537,545.60
Start date & end date: January - October 2024
Summary of work performed: Installed approximately 1000 feet of ADA compliant boardwalk.

REFERENCE PROJECT 2

Project Name: Ichetucknee Springs State Park
Project Owner: FDEP Contact Name: Hyles (TR) Keen
Address: 12087 SW, US-27
City: Ft. White State: Florida
Telephone: 352-339-5101 Email: Hyles.Keen@dep.state.fl.us
Project cost: \$1380,000.00
Start date & end date: Feb - June 2022
Summary of work performed: Installed approximately 500 feet of ADA compliant boardwalk

REFERENCE PROJECT 3

Project Name: Taylor County Boatramp Repairs

Project Owner: Taylor County BOCC Contact Name: Kenneth Dudley

Address: Keaton Beach Road

City: Perry State: Florida

Telephone: _____ Email: county.engineer@Taylorcountygov.com

Project cost: \$ 150,850.00

Start date & end date: April 2025 - current

Summary of work performed: Keaton Beach boatramp and floating docks repair / replacement.

The undersigned guarantees the accuracy and truth of the information provided herein.

Bidder's Name:

By: Danny Shore, its owner / President
(name) (title)

Signature: 

WORK PLAN

(MUST BE COMPLETED AND SUBMITTED WITH BID)

Provide a detailed construction sequence and schedule, depicting each major task to complete the project successfully and on-time.

The plan should include a brief description of the proposed methods of mobilization / demobilization, the development, use, and protection of access areas; and the transport and delivery of construction materials to the site.

* See next page for plan.

WORK PLAN

Schedule:

Week 1: Mobilization

- Mobilize sectional barge

- Install construction fence at parking lot

Week 2 & 3: Demo

- Barge with excavator to demo dock

Week 4-6: Set Piles

- Barge with crane to set piles

Week 7 & 8: Framing and Decking

- Materials delivered via trucks

Week 9: Demobilization

DRUG FREE WORKPLACE CERTIFICATION
(MUST BE COMPLETED AND SUBMITTED WITH BID)

Identical Tie Bids: Preference shall be given to businesses with drug free workplace programs. If two or more bids are equal with respect to price, quantity, and service then a bid received from a business that certifies that it has implemented a drug free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if all or none of the tied vendors have or do not have a drug free workplace program (Florida Statutes Section 287.087). In order to have a drug free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the action 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, and 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 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 business complies fully with the above requirements.

BIDDER:

Shore Builders Inc.
Print or type name of entity

By: [Signature]
Signature

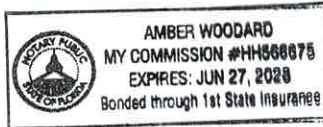
Danny Shore
Print or type name

President/owner
Print or type title

Drug Free Workplace Certification, page 2 of 2

State of Florida, County of Sarasota

The foregoing instrument was acknowledged before me this 11 day of June, 2025 by Amiel Shore [Signature], who is personally known to me or who has produced [Signature], as identification and who did (did not) take an oath and who acknowledged before me that he executed the same for the purposes therein expressed on behalf of said corporation.



[Signature]
NOTARY PUBLIC
Amber Woodard
Typed Name

Commission Expires: 06-27-2028

EQUAL EMPLOYMENT OPPORTUNITY
(MUST BE COMPLETED AND SUBMITTED WITH BID)

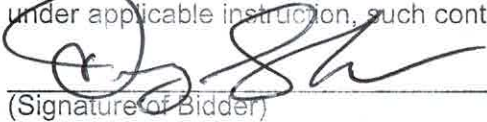
The Town of Longboat Key is an Equal Opportunity/Affirmative Action Employer.

Pursuant to Executive Order 11346 as amended, you are advised that under the provisions of government contracting, contractors and subcontractors are obliged to take affirmative action to provide equal employment opportunity without regard to race, creed, color, national origin, age or sex.

**CERTIFICATION BY PROPOSED PRIME OR SUBCONTRACTOR
REGARDING EQUAL EMPLOYMENT OPPORTUNITY**

This certification is authorized pursuant to Executive Order 11246, Part II, Section 203(b), (30 F. R. 12319-15). Any bidder or prospective contractor, or any of the proposed subcontractors, shall state as an initial part of the bid or negotiations of the contract whether it has participated in any previous contract or subcontract subject to the equal opportunity clause; and, if so, whether it has filed all compliance reports due under applicable instructions.

Where the certification indicated that the prime or subcontractor has not filed a compliance report due under applicable instruction, such contractor shall be required to submit a compliance report.


(Signature of Bidder)

Danny Shore
(Typed name of bidder)

Phone # 352-339-3322 Email Office@shorebuildersinc.net

Address: 984 NW 244th Drive Newberry, FL 32669

1. Bidder has participated in a previous contract or subcontract, subject to the Equal Opportunity Clause: YES ☒ NO ☐
2. Compliance Reports were required to be filed in connection with such contract or subcontract: YES ☐ NO ☒

If YES, state what reports were filed and with what agency.

3. Bidder has filed all compliance reports due under applicable instructions: YES ☒ NO ☐

If answer to Item 3 is NO, please explain in detail on revise side of this certification.

PARTICIPATION IN E-VERIFY PROGRAM
(MUST BE COMPLETED AND SUBMITTED WITH BID)

Contractor hereby certifies compliance with the following:

Pursuant to State of Florida Executive Order No.: 11-116, Contractor shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by Contractor while performing work or providing services for the Town of Longboat Key, FL. Contractor shall also include in any related subcontracts a requirement that subcontractors performing work or providing services for the Town of Longboat Key, FL, on its behalf utilize the E-Verify system to verify employment of all new employees hired by subcontractor.

CONTRACTOR:

Shore Builders Inc.
Business Name

By: 
Signature

Name: Danny Shore
Printed

Title: President / owner
Printed

Date: 06/11/2025

SCRUTINIZED COMPANIES CERTIFICATION
(MUST BE COMPLETED AND SUBMITTED WITH BID)
(Florida Statutes, Section 287.135)

SOLICITATION NUMBER: IFB #25-094

PROJECT NAME: LOIS AVENUE MUNICIPAL DOCK REPLACEMENT

The undersigned, as President of Shore Builders (the "Contractor"), a Florida corp., hereby certifies the following to the Town of Longboat Key, Florida, a political subdivision of the State of Florida, by and on behalf of the Contractor in accordance with the requirements of Florida Statutes, Section 287.135:

- (i) the Contractor is not on the Scrutinized Companies with Activities in Sudan List, and
 - (ii) the Contractor is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List
- (as both such lists are created pursuant to Florida Statutes, Section 215.473); and
- (iii) the Contractor does not have business operations (as that term is defined in Florida Statutes, Section 287.135) in Cuba and Syria; and
 - (iv) the Contractor was not on either of the foregoing lists or conducting business operations in Cuba or Syria; and
 - (v) the Contractor is fully aware of the penalties that may be imposed upon the Contractor for submitting false certification to the Town regarding the foregoing matters; and
 - (vi) the undersigned is duly authorized to execute this Certification.

ATTEST:

As to Contractor Name

Emily Campbell
(Signature)

Emily Campbell
(Print or Type Name)

Date: 6/11/25

Seal:

CONTRACTOR

Shore Builders
(Contractor Name)

By: [Signature]
(Signature)

Its President
(Title of Authorized Representative)

Danny Shore
(Print or Type Name)

Date: 6/11/25

AFFIDAVIT OF COMPLIANCE WITH FOREIGN ENTITY LAWS
(MUST BE COMPLETED AND SUBMITTED WITH BID)

The undersigned, on behalf of the contractor listed below ("Entity"), hereby attests under penalty of perjury as follows:

1. Entity is not owned by the government of a foreign country of concern as defined in Section 287.138, Florida Statutes. (Source: § 287.138(2)(a), Florida Statutes)
2. The government of a foreign country of concern does not have a controlling interest in Entity. (Source: § 287.138(2)(b), Florida Statutes)
3. Entity is not organized under the laws of, and does not have a principal place of business in, foreign country of concern. (Source: § 287.138(2)(c), Florida Statutes)
4. Entity is not owned or controlled by the government of a foreign country of concern, as defined in Section 692.201, Florida Statutes. (Source: § 288.007(2), Florida Statutes)
5. Entity is not a partnership, association, corporation, organization, or other combination of persons organized under the laws of or having its principal place of business in a foreign country of concern, as defined in Section 692.201, Florida Statutes, or a subsidiary of such entity. (Source: § 288.007(2), Florida Statutes)
6. Entity is not a foreign principal, as defined in Section 692.201, Florida Statutes. (Source: § 692.202(5)(a)(1), Florida Statutes)
7. Entity is in compliance with all applicable requirements of Sections 692.202, 692.203, and 692.204, Florida Statutes.
8. (Only applicable if purchasing real property) Entity is not a foreign principal prohibited from purchasing the subject real property. Entity is either (a) not a person or entity described in Section 692.204(1)(a), Florida Statutes, or (b) authorized under Section 692.204(2), Florida Statutes, to purchase the subject property. Entity is in compliance with the requirements of Section 692.204, Florida Statutes. (Source: §§ 692.203(6)(a), 692.204(6)(a), Florida Statutes)
9. The undersigned is authorized to execute this affidavit on behalf of the Entity.

Date: 06/11/25, 2025

Signature: _____

Entity: Shore Builders

Name: Danny Shore

Title: President

State of FL, County of Alachua

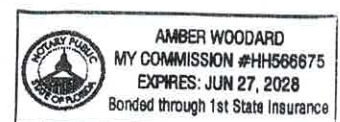
The foregoing instrument was acknowledged before me this 11 day of June, 2025 who is personally known to me or as produced as identification and who did (did not) take an oath and who acknowledge before me that he executed the same for the purposes therein expressed on behalf of said corporation.

NOTARY PUBLIC: _____

Typed Name: _____

Commission Expires: _____

Amber Woodard
Amber Woodard
06-27-2028

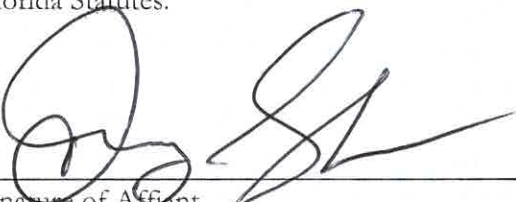


25-048 GMD ROW MAINTENANCE
HUMAN TRAFFICKING AFFIDAVIT – S. 787.06, FLORIDA STATUTES
(MUST BE COMPLETED AND SUBMITTED WITH BID)

Before me, the undersigned authority, personally appeared Danny Shore,
hereinafter referred to as the "Affiant," who after being duly sworn hereby swears or affirms as follows:

1. Affiant is over eighteen years of age. The following information is given from Affiant's own personal knowledge.
2. Affiant is an officer or representative of Shore Builders,
a non-governmental entity, hereinafter referred to as the "Entity." Affiant is authorized to provide this affidavit on behalf of the Entity. Shore Builders
3. Affiant hereby attests, under penalty of perjury, that the Entity does not use coercion for _____
labor or services as defined in s.787.06, Florida Statutes.

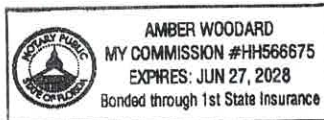
FURTHER AFFIANT SAYETH NOT.

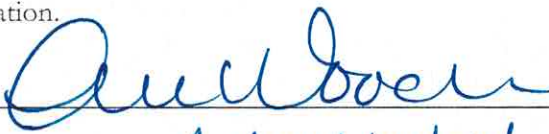


Signature of Affiant

By: Danny Shore
For: Shore Builders
As its: President
Dated: 6/11/2025

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this
11 day of June, 2025, by Danny Shore, on behalf of
Shore Builders, who is personally known to me or who has produced
_____ as identification.





Print Name: Amber Woodard
Notary Public of the State of Florida

My Commission Expires: 06-27-2028

PUBLIC ENTITY CRIMES CERTIFICATION
(MUST BE COMPLETED AND SUBMITTED WITH PROPOSAL)

SWORN STATEMENT UNDER SECTION 287.133(3)(A), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to Town of Longboat Key
(print name of public entity)
by Danny Shore - President / owner
(print individuals name and title)
for Shore Builders Inc.
(print name of entity submitting sworn statement)
whose business address is: 984 NW 244th Drive
City, State and Zip Newberry, FL 32669
and (if applicable) its Federal Employer Identification Number (FEIN) is 20-4418233
(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:
_____.)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentations.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
- a. A predecessor or successor of a person convicted of a public entity crime: or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

☒ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

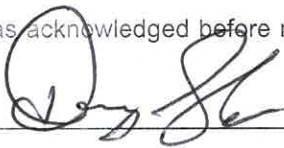
☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the final order)

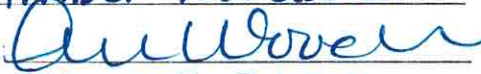
I UNDERSTAND THAT THE SUBMISSION OF THE FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

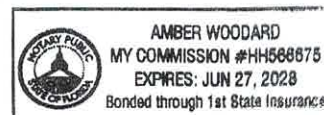
STATE OF Florida COUNTY OF Alachua

The foregoing instrument was acknowledged before me this 11 day of June, 2025 by

Daniel Stone , who is personally known to me or has produced _____, as identification and who did [did not] take an oath and

who acknowledged before me that he executed the same for the purposes therein expressed on behalf of said corporation.

NOTARY PUBLIC: Amber Woodard
Notary Public Signature: 
Commission Expires: 06-27-2028



**Request for Taxpayer
Identification Number and Certification**

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Shore Builders Inc.

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

- ☐ Individual/sole proprietor ☐ C corporation ☒ S corporation ☐ Partnership ☐ Trust/estate
☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)
Notes: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions.

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

984 NW 244th 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.

Social security number

OR

Employer identification number

2 0 - 4 4 1 8 2 3 3

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign
Here

Signature of
U.S. person

Date

3/13/25

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

BIDDER CHECKLIST (MUST BE COMPLETED AND SUBMITTED WITH BID)

Failure to submit the documents below shall result in the Bidder being deemed by the Town as an unresponsive bidder.

All Bidders must acknowledge they have submitted the documents below with the Bid.

- ☒ Submitted Bid Form and Acknowledgement of Addenda
- ☒ Fair Practices Affidavit
- ☒ Affidavit of Organization
- ☒ Organizational Structure, Claims, and Suits
- ☒ Statement of License Certificate
- ☒ List of Subcontractors Form
- ☒ References Form
- ☒ Work Plan
- ☒ Drug-Free Workplace Certification
- ☒ Equal Employment Opportunity
- ☒ Participation in E-Verify Program
- ☒ Scrutinized Companies Certification
- ☒ Compliance with Foreign Entity Laws Affidavit
- ☒ Anti-Human Trafficking Affidavit
- ☒ Public Entity Crimes Certification
- ☒ Signed WS
- ☒ Checklist



SHORBUI-02

AMATTOX

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/6/2025

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 Hub International Florida 2811 NW 41st Street Gainesville, FL 32606	CONTACT NAME: PHONE (A/C, No, Ext): (352) 377-2002 FAX (A/C, No): (352) 376-8393 E-MAIL ADDRESS:																					
INSURED Shore Builders, Inc. 984 NW 244th Drive Newberry, FL 32669	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Southern-Owners Insurance Company</td><td>10190</td></tr><tr><td>INSURER B:</td><td>Auto-Owners Insurance Company</td><td>18988</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Southern-Owners Insurance Company	10190	INSURER B:	Auto-Owners Insurance Company	18988	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER E:																						
INSURER F:																						

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-TEST <input type="checkbox"/> LOC OTHER: General Aggregate		78635692	4/20/2025	4/20/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		5061757700	2/5/2025	2/5/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		5084801100	4/20/2025	4/20/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) <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)
Project: Lois Avenue

CERTIFICATE HOLDER

CANCELLATION

Town of Longboat Key
501 Bay Isles Road
Longboat Key, FL 34228

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

Tyler Mitchell



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/09/2025

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 Kelly White & Associates Insurance, LLC 1622 Hickman Road Jacksonville FL 32216		CONTACT NAME: HOUSE PHONE (A/C, No, Ext): 904-880-8881 E-MAIL ADDRESS: kelly@kwhiteinsurance.com FAX (A/C, No):													
INSURED Shore Builders, Inc. 934 NW 244th Drive Newberry FL 32669		INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A:</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td>American Interstate Ins Co</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table> NAIC # 31895		INSURER A:		INSURER B:		INSURER C:		INSURER D:	American Interstate Ins Co	INSURER E:		INSURER F:	
INSURER A:															
INSURER B:															
INSURER C:															
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INSURER E:															
INSURER F:															

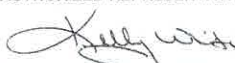
COVERAGES **CERTIFICATE NUMBER:** SHOR2506091444135 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 <input type="checkbox"/> OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NOT OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	AVWCFL3369732025	05/04/2025	05/04/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER USL&H 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)

CERTIFICATE HOLDER**CANCELLATION**

Town of Longboat Key Planning Zoning Bldg Dept 501 Bay Isles Rd Longboat Key FL 34228	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 
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THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310

Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we
Shore Builders, Inc.

984 NW 244th Drive, Newberry, FL 32669

as Principal, hereinafter called the Principal, and

Great Midwest Insurance Company

800 Gessner, Suite 600, Houston, TX 77024

a corporation duly organized under the laws of the State of TX as Surety, hereinafter called the Surety, are held and firmly bound unto

The Town of Longboat Key

501 Bay Isles Rd., Longboat Key, FL 34228

as Obligee, hereinafter called the Obligee, in the sum of **FIVE**

Percent of the amount bid

Dollars (\$)


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

WHEREAS, the Principal has submitted a bid for

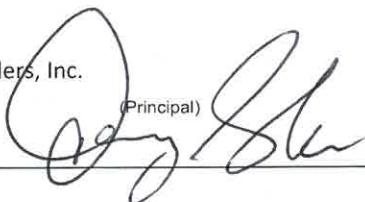
ITB 25-094; Lois Ave. Municipal Dock Replacement, 6901 Lois Ave., Longboat Key, FL 34228

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

Signed and sealed this 13 day of June, 2025.


(Witness)

Shore Builders, Inc.


(Principal) (Seal)

Great Midwest Insurance Company


(Surety)



Benjamin H. French, Attorney-in-Fact & FL Resident Agent

POWER OF ATTORNEY
Great Midwest Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that **GREAT MIDWEST INSURANCE COMPANY**, a Texas Corporation, with its principal office in Houston, TX, does hereby constitute and appoint: Benjamin H. French, Paul A. Locascio, Rebekah F. Sharp, Dale Waldorff, K. Wayne Walker, Trava Ridlon, Brenda W. Neill, William S. Neill, Heather Hudgins, J.E.S. Webb

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **GREAT MIDWEST INSURANCE COMPANY**, on the 1st day of April, 2025 as follows:

Resolved, that the President, or any officer, be and hereby is, authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed One-Hundred Million dollars (\$100,000,000.00), which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed in the Company's sole discretion and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by electronic mail on any power of attorney granted, and the signature of the Secretary, and the seal of the Company may be affixed by electronic mail to any certificate of any such power and any such power or certificate bearing such electronic signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **GREAT MIDWEST INSURANCE COMPANY**, has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 8th day of April, 2025.



GREAT MIDWEST INSURANCE COMPANY

BY Mark W. Haushill
Mark W. Haushill
President

ACKNOWLEDGEMENT

On this 8th day of April 2025, before me, personally came Mark W. Haushill to me known, who being duly sworn, did depose and say that he is the President of **GREAT MIDWEST INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



BY Christina Bishop
Christina Bishop
Notary Public

CERTIFICATE

I, the undersigned, Secretary of **GREAT MIDWEST INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Houston, TX this 13 Day of June 2025



BY Patricia Ryan
Patricia Ryan
Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.