

WEST VILLAGES IMPROVEMENT DISTRICT

**CONTRACTOR'S PREQUALIFICATION STATEMENT
(CONSTRUCTION OF PUBLIC INFRASTRUCTURE IMPROVEMENTS AND
MAINTENANCE SERVICES)**

Shippo Excavating Inc.
Contractor

CONTRACTOR PREQUALIFICATION STATEMENT

Application for Contractor Prequalification (Attach Additional Sheets if Necessary)

DATE SUBMITTED 5/16, 2022

1. Applicant Shipp's Excavating Inc. ☐ A Partnership
[Company Name] ☒ A Corporation
☐ A Subsidiary Corporation
2. Parent Company Name N/A
3. Parent Company Address:
Street Address N/A
P. O. Box (if any) N/A
City N/A State N/A Zip Code N/A
Telephone _____ Fax no. _____
1st Contact Name N/A Title N/A
2nd Contact Name _____ Title _____
4. Applicant Company Address (if different):
Street Address 1073 Alston Lane
P. O. Box (if any) _____
City Englewood State Florida Zip Code 34223
Telephone 941-270-0892 Fax no. N/A
1st Contact Name Jonathan Shipp's Title Pres.
2nd Contact Name Jay Barrett Title Superintendent
5. List the location of the office from which the applicant would perform work for the West Villages Improvement District work.
Street Address 405 Commercial Court Suite E
City Venice State Florida Zip Code 34292
Telephone 941-270-0892 Fax no. N/A
1st Contract Name Jonathan Shipp's Title Pres.

6. Is the applicant Company incorporated in the State of Florida? yes ☒ no ()

6.1 If yes, provide the following:

- o Is the Company in good standing with the Florida Department of State Division of Corporations? yes ☒ no ()

If no, please explain _____

- o Date incorporated March 27, 1978 Charter No. 567004

6.2 If no, provide the following:

- o The State with whom the applicant company is incorporated in? N/A

- o Is the company in good standing with the State? yes () no () N/A

In no, please explain N/A

- o Date incorporated N/A Charter No. N/A

- o Is the applicant company authorized to do business in the State of Florida? yes () no () N/A

7. Is the applicant company a registered or licensed contractor with the State of Florida? yes ☒ no ()
Provide copies of all licenses listed.

7.1 If yes, provide the following:

- o Type of registration (i.e. certified general contractor, certified electrical contractor, etc.) underground utility

- o License No. CUC1225528 Expiration Date Aug. 31 2022

- o Qualifying individual Eric Monville Title _____

- o List company(s) currently qualified under this license Shippo Excavating Inc.

7.2 Is the applicant Company a registered or licensed Contractor with Sarasota County? yes ☒ no ()

7.3 Has the applicant Company performed work for an independent special district previously? yes () no ☒

8. Is the applicant company prequalified by the Florida Department of Transportation? yes () no (X)

If yes, provide the following:

o Work Class Ratings N/A

o Maximum Capacity Rating N/A

9. Name of Applicant's Bonding Company FCCI Insurance Company

Address 6300 University Pkwy Sarasota, FL 34240

Approved Bonding Capacities: Aggregate Limit \$ 2,000,000
Single Project Limit \$ 1,500,000
Total Current Contracts Bonded \$ 1,346,000.00

Note: All bonds and insurance policies obtained by Applicant required herein shall be issued by companies authorized to do business in the State of Florida and shall have a financial strength rating of A or better, and a financial size category of X or higher, as rated by A.M. Best Company.

Name of Applicant's Bonding Agency Ben Brown Ins.

Address 3731 S. Tuttle Ave. Sarasota, FL 34239

Contact Name Ryan Brown Phone 941-487-3519

10. List the Applicant's total annual dollar value of work completed for each of the last three (3) years starting with the latest year and ending with the most current year (2019) 2,832,631 (2020) 8,339,867.36 (2021) 9,777,069.90

11. List the classification(s) (refer to attached listing) of work the applicant is applying for prequalification based on the applicant company's ability to self perform the work (excluding general contracting).

Excavation / Earthwork Water/Sewer Facilities
Roadways Irrigation Facilities
Stormwater Management Facilities Canal/Drainage Maint.

12. What are the applicant company's current insurance limits? If contractor does not have a certain category of coverage listed below, please note none. (provide a copy of applicant's certificate of insurance)

General Liability \$ 1,000,000
Automobile Liability \$ 1,000,000
Workers Compensation \$ 1,000,000
Contractor's Pollution Liability \$ 1,000,000
Umbrella Liability/Excess Liability \$ 2,000,000

Contractors Additional Insured Status
- General Liability yes
- Auto Liability yes

Per Project Aggregate Limit
- General Liability 2,000,000

Waiver of Subrogation in favor of District
- General Liability yes
- Auto Liability yes
- Workers' Compensation yes

Note: Applicant must provide a certification that their insurance carrier is authorized to conduct business in Florida. Coverage must be provided on a primary, non-contributory basis.

13. Has the applicant company been cited by OSHA for any job site or company office/shop safety violations in the past two years? yes () no (✓)

If yes, please describe each violation, fine, and resolution N/A

13.1 What is the applicant's current worker compensation rating? .69

- 13.2 Has the applicant company experienced any worker injuries resulting in a worker losing more than ten (10) working days as a result of the injury in the past two years? yes () no (✓)

If yes, please describe each incident N/A

14. Please state whether or not your company or any of its affiliates are presently barred or suspended from bidding or contracting on any state, local or federal-aid contracts in any state(s)? Yes _____ No (✓)
If so, state the name(s) of the company(ies) N/A

the state(s) where barred or suspended N/A
and the period(s) of debarment or suspension N/A

15. What is the construction or maintenance experience of the principal supervisory construction or maintenance personnel of your organization? (Attach resumes here.)

INDIVIDUAL'S NAME	PRESENT POSITION OR OFFICE	MAGNITUDE AND TYPE OF WORK*	YEARS OF CONSTRUCTION /MAINTENANCE EXPERIENCE	YEARS WITH FIRM	IN WHAT CAPACITY?
Tyler Glazier	Project Manager Estimator		9	1	PM/Estimator
Jay Barrett	Superintendent		44	2.5	Superintendent
Jon Shipp	President		17	17	Owner/operator
John Manville	Project Manager Estimator		12	6mo	PM/Estimator
Rick Hale	Superintendent		45	1	Superintendent

*Give in sufficient detail for the District to evaluate your experience in the classifications of work for which you are requesting prequalification.

16. Have you ever failed to complete any work awarded to you? Yes _____ No ☒ If so, where and why? _____

17. Has any officer or partner of your organization ever been an officer, partner, or owner of some other organization that has failed to complete a construction or maintenance contract? Yes _____ No ☒
 If so, state name of individual, other organization and reason therefore.

18. List any and all litigation with owners or major subcontractors to which the Applicant has been a party in the last five (5) years and describe the outcome or resolution.

19. Has the Applicant or any of its affiliates ever been either disqualified or denied prequalification status by a governmental entity? No If so, discuss the circumstances surrounding such denial or disqualification as well as the date thereof. _____

20. Within the past five (5) years, has the Applicant failed to complete a project within the scheduled contract time? No If so, discuss the circumstances surrounding such failure to complete a project on time as well as the date thereof.

21. Does the Applicant have adequate equipment to perform normal construction or maintenance operations for each class of work for which prequalification is sought? Yes ☒ No _____ If no, please explain:

Shippo Excavating Inc.

Date 5/6/2022

What is the experience of the key management and supervisory personnel of the applicant company for both administration as well as operations? (Attach resumes of key personnel here)

[illegible]

COMPANY OWNED MAJOR EQUIPMENT
(Attach additional sheets if necessary)

Company Name Shipp's Excavating Inc. Date 5/16/22

QUANTITY	DESCRIPTION	CAPACITY	NO. LOCATED IN	
			FLORIDA	OTHER
1	D6 CAT DOZER			
1	336 CAT Excavator			
1	470G CAT Excavator			
1	Kenworth Dump Truck 202-1			
1	12H Caterpillar Grader			
1	2018 Water Truck (Kenworth)			
1	2018 Ford 150 Truck			
1	2020 GMC 3500 Sierra Truck			
1	644 K JD Loader			
1	350G JD Excavator			
1	2021 260E JD Haul Truck			
1	305.5 CAT mini EX			
1	2016 Ram Truck			
1	2016 JD LOADER			
2	D5 CAT 2020 Dozer			
1	D4 CAT DOZER			

COMPANY OWNED MAJOR EQUIPMENT
(Attach additional sheets if necessary)

Company Name Shippo Excavating Inc. Date _____

QUANTITY	DESCRIPTION	CAPACITY	NO. LOCATED IN	
			FLORIDA	OTHER
1	Dodge Duraline P/U			
2	CAT 259 skid			
1	CAT 299 skid			
2	ROLLERS			
1	700K Dozer			
1	544K LOADER			
4	Pump(s)			
5	GPS			
	JD 4630 Tractor			
	F350 Service Truck			
	sterling Dump truck			
2	MF 40E Grade tractors			
1	JD 135G Excavator			
2	18'-20' Machine trailers			
2	20-30' Heavy Log Trailers			

Company Name Shippo Excavating Inc.

Company Name

Date _____

5/16/2022

Furnish requested information about all of applicant's active contracts, whether as prime or subcontracts, whether in progress or awarded but not yet started, and regardless of with whom contracted. All amounts to be shown to nearest \$1,000. Contractor may consolidate and list as a single item all contracts which individually do not exceed 3% of total active contracts and in total do not exceed 20% of the active total contracts.

[illegible]

Company Name Shippo Excavating, Inc. Date 5/16/2022

List all projects completed in the last two years for which the contract value individually exceeded 3% of the applicant's annual total work completed for the year the project was started. Include in the list projects that were started earlier than two years but were completed within the last two years.

[illegible]

¹ 'Prime or Sub' should indicate whether applicant performed the work as a prime contractor or as a subcontractor.

2 'Owner Name/Location' should indicate the Owner of the project if the applicant performed the work as a prime contractor or the general contractor if the applicant performed the work as a subcontractor.

³ Name & Phone Number of Owner's Representative on this Project' should list a reference from the business entity listed in the previous column familiar with applicant's contract performance.

The undersigned hereby authorize(s) and request(s) any person, firm or corporation to furnish any pertinent information requested by the West Villages Improvement District, or their authorized agents, deemed necessary to verify the statements made in this application or attachments hereto, or necessary to determine whether the West Villages Improvement District should prequalify the applicant for bidding on its construction or maintenance projects, including such matters as the applicant's ability, standing, integrity, quality of performance, efficiency and general reputation.

The undersigned acknowledges and consents to the use of the evaluation criteria set forth under the Section herein titled "Determination of Qualified Prospective Bidder."

The undersigned acknowledges that the West Villages Improvement District can terminate its use of the prequalification list for bidding purposes at any time.

Shippo Excavating Inc.
Name of Applicant Company

By: _____

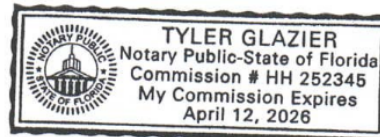
Jonathan Shippo - President
[Type Name and Title of Person Signing]

This 16th day of May, 2022

(Corporate Seal)

Sworn to before me this 16th day of May, 2022.

Tyler Glazier
Notary Public/Expiration Date
(Seal)



Applicant acknowledges receipt of the following addenda:

Addendum No. _____ Date _____

Addendum No. _____ Date _____

AFFIDAVIT FOR INDIVIDUAL

State of Florida
County of Sarasota

SS:

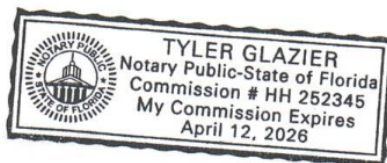
Jonathan Shipps, being duly sworn, deposes and says that the statements and answers to the questions concerning experience contained herein are correct and true as of this date; and that he/she understands that intentional inclusion of false, deceptive or fraudulent statements on this application constitutes fraud; and, that the District considers such action on the part of the applicant to constitute good cause for denial, suspension or revocation of a certificate of qualification for bidding on West Villages Improvement District projects.

[Signature]
Signature
Jonathan Shipps
Print Name

Sworn to before me this 16th day of May, 2022.

[Signature]
Notary Public/Expiration Date:

(SEAL)



AFFIDAVIT FOR PARTNERSHIP

State of Florida
County of Sarasota

ss:

Jonathan Shipps, is a member of the firm of Shipps Excavating, Inc., being duly sworn, deposes and says that the statements and answers to the questions of the foregoing experience questionnaire are correct and true as of the date of this affidavit; and, that he/she understands that intentional inclusion of false, deceptive or fraudulent statements on this application constitutes fraud; and, that the District considers such action on the part of the applicant to constitute good cause for denial, suspension or revocation of a certificate of qualification for bidding on West Villages Improvement District projects.

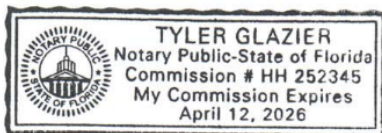
Signature

Print Name

Sworn to before me this 16th day of May, 2022.

Notary Public/Expiration Date:

(SEAL)



AFFIDAVIT FOR CORPORATION

State of Florida
County of Sarasota

SS: 592-98-8766

(title) President
of the Shippo Excavating Inc.
(a corporation described herein) being duly sworn, deposes and says that the statements and answers to the questions in the foregoing concerning experience are correct and true as of the date of this affidavit; and, that he/she understands that intentional inclusion of false, deceptive or fraudulent statements in this application constitutes fraud; and, that the District considers such action on the part of the applicant to constitute good cause for denial, suspension or revocation of a certificate of qualification for bidding on West Villages Improvement District projects.

[Signature]
(Officer must sign here)

Jonathan Shippo

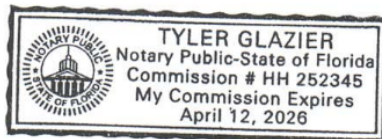
Print Name

CORPORATE SEAL

Sworn to before me this 16th day of May, 2022.

[Signature]
Notary Public/Expiration Date:

(SEAL)



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

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

1. This sworn statement is submitted to West Villages Improvement District for Prequalification of Construction and/or Maintenance Contractors.

2. This sworn statement is submitted by Shipp's Excavating Inc.
[Print Name of Entity Submitting Sworn Statement]
whose business address is 1078 Alston Ln, Englewood, FL 34223
and (if applicable) its Federal Employer Identification Number (FEIN) is 59-1822757
(If the entity has no FEIN, include the Social Security Number of the individual signing this
sworn statement: _____.)

3. My name is Jonathan Shipp's and my relationship to the
entity named above is President

4. I understand that a "public entity crime" as defined in Section 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid 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 misrepresentation.

5. I understand that "convicted" or "conviction" as defined in Section 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 jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

6. I understand that an "affiliate" as defined in Section 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime; or,
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The 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.

7. I understand that a "person" as defined in Section 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.

8. 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 officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity, have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☒ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity or an affiliate of the entity, has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND (please indicate which additional statement applies):

_____ There has been a proceeding concerning the conviction before an Administrative Law Judge of the State of Florida, Division of Administrative Hearings. The final order entered by the Administrative Law Judge did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

_____ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before an Administrative Law Judge of the State of Florida, Division of Administrative Hearings. The final order entered by the Administrative Law Judge determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

☒ The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Florida Department of Management Services.)

Signature

Print Name

Date:

Jonathan Shipps
Jonathan Shipps
5/16/2022

STATE OF Florida
COUNTY OF Sarasota

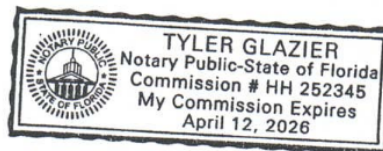
PERSONALLY APPEARED BEFORE ME, the undersigned authority, _____

Jonathan Shipps who, after first being sworn by me, affixed his/her signature in the
(name of individual signing)

space provided above on this 16th day of May 2022.

Tyler Glazier
NOTARY PUBLIC

My commission expires:



CONTRACTOR CLASSIFICATION LISTING

Construction

1. Excavation/Earthwork
2. Roadways, including Paying, Repair and Resurfacing
3. Stormwater Management Facilities
4. Water and Sewer Facilities
5. Irrigation Facilities
6. Landscape Installation
7. Hardscape Facilities
8. Streetlighting

Maintenance

1. Exotic Vegetation Removal
2. Canal/Drainage Maintenance
3. Landscape and Irrigation Maintenance
4. Lake and Littoral Maintenance
5. Streetlighting

DETERMINATION OF QUALIFIED PROSPECTIVE BIDDER

The West Villages Improvement District ("District") is authorized to maintain a list of qualified contractors ("Qualified Prospective Contractors") to submit bids for the procurement of District construction and maintenance projects. Any Qualified Prospective Contractor desiring to submit a bid to provide work for the District must submit a properly completed Contractor's Prequalification Statement to the District Engineer for review and evaluation.

The District shall evaluate the Contractor's Prequalification Statement and based on the District's judgment of the information provided, shall issue in writing to the contractor, the District's rating as to the classification(s) of the Work and the maximum Bid dollar amount for which the Qualified Prospective Contractor can submit a Bid to the District.

A Qualified Prospective Contractor shall mean a prospective contractor which in the sole judgment of the District has the capability, in all respects, to perform fully the contract requirements, and the business integrity and reliability which will assure good faith performance. In determining the Qualified Prospective Contractor's qualifications, the following criteria will be considered:

- The ability, capacity, and skill of the contractor to perform the contract or provide the work required;
- Whether the contractor can perform the contract or provide the work promptly, or within the time specified, without delay or interference;
- The character, integrity, reputation, judgment, experience, and efficiency of the contractor;
- The quality of performance of previous contract or work. For example, the following information will be considered:
 - o The cost overrun incurred by owners on previous contracts with contractor;
 - o The contractor's compliance record with contract general conditions on other projects;
 - o The contractor's record for completion of the work within the Contract Time or within Contract Milestones and contractor's compliance with scheduling and coordination requirements on other projects;
 - o The quality, availability, and adaptability of the goods or work to the particular use required;
 - o The contractor's demonstrated cooperation with owners, architects, engineers, and others on previous contracts; and
 - o Whether the work performed and materials furnished on other contracts were in accordance with the contract documents; and
 - o Whether contractor has performed previous work for an independent special district.
- The previous and existing compliance by the Prospective Bidder with laws and ordinances relating to contracts or work;

- The sufficiency of the financial resources and ability of the contractor to perform the contract or provide the work;
- The ability of the contractor to fulfill its guarantee and warranty period;
- Such other information as may be secured by the Board having a bearing on the decision to award a contract to include, but not be limited to:
 - o The ability, experience, and commitment of the contractor to properly and reasonably plan, schedule, coordinate, and execute the work; and,
 - o Whether the contractor has ever been debarred from bidding or found ineligible for bidding on any other projects.
- The District will make such inquiries and investigations as deemed necessary to verify and evaluate the applicant's statements regarding:
 - o The necessary organization and management including experience possessed by the applicant's employees;
 - o Adequate equipment, as shown on the equipment list, to perform normal operations for each class of work in the industry such as that called for in the contract documents in force at the time of application;

For construction services, any contractor pre-qualified and considered eligible by the Department of Transportation to bid to perform the type of work the project entails shall be presumed to be qualified.

If herein required, or if requested by the District at any time after the conclusion of the initial pre-qualification process, the Qualified Prospective Contractor shall submit a certified financial statement(s) in a form acceptable to the District, prepared no later than the past 180 days, indicating current financial resources, current bonding capacity, liabilities, capital equipment, in its sole discretion, may adjust the Qualified Prospective Contractor's Prequalification contract limits

Furthermore, a Qualified Prospective Contractor acknowledges the right of the District to determine a Qualified Prospective Contractor to be not qualified to submit a Bid in response to the District's Advertisement for Bids at the sole determination of the District for, but not necessarily limited to, any of the following specific reasons:

- Failure to submit a properly completed Contractor's Prequalification Statement in accordance with the above requirements;
- Failure of the Qualified Prospective Contractor's rating by the District as to classification of the Work and the maximum Bid dollar amount to meet the requirements of the Bid;
- Reason to believe that collusion exists among Bidders;

- Determination of lack of competency as may be revealed by qualification statements, financial statements, experience records, or other sources;
- The Qualified Prospective Contractor's uncompleted work load which, in the judgment of the Board, may cause detrimental impact on timely completion of the project being bid; or
- The Qualified Prospective Contractor's Surety is unacceptable to District.
- Submission of excessive or unreasonable suggested modifications to the District's Standard Form of Construction or Maintenance Contract.

Any contractor submitting a Contractor's Prequalification Statement, which in its judgment is adversely affected by the District's rating as to the contractor's qualifications and wishes to protest such decision must file with the District a notice of protest in writing within seventy-two (72) hours (excluding Saturdays, Sundays and state holidays) after receipt of the notice of the District's ranking, and shall file a formal written protest within seven (7) days (including Saturdays, Sundays and state holidays) after the date of filing of the notice of protest. The formal written protest shall state with particularity facts and law upon which the protest is based. **Failure to timely file a notice of protest or failure to timely file a formal written protest shall constitute a waiver of all further proceedings under Florida law and the District's Rules of Procedure.** You may obtain a copy of the District's Rules of Procedure by contacting the District Manager's Office at 2501A Burns Road, Palm Beach Gardens, FL 33410.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/26/2021

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

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

PRODUCER Ben Brown Insurance Agency 3731 S Tuttle Ave Sarasota FL 34239-6410		CONTACT NAME: Jessica Belvitch - certificates PHONE (A/C, No, Ext): (941) 487-3502 FAX (A/C, No): (941) 365-3143 E-MAIL ADDRESS: certificates@benbrownins.com	
INSURED Shipps Excavating and Grading, Inc PO Box 295 Venice FL 34284-0295		INSURER(S) AFFORDING COVERAGE INSURER A: Southern Owners Insurance Co INSURER B: Auto-Owners Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 10190 18988	

COVERAGES

CERTIFICATE NUMBER: 21/All

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			20489085	09/10/2021	09/10/2022	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 <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5148789703	09/10/2021	09/10/2022	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 <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			5071945601	09/10/2021	09/10/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Rented/Leased Equipment Contractors Equipment Form			20489085	09/10/2021	09/10/2022	Limit \$500,000 Deductible \$1,000

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

CERTIFICATE HOLDER

CANCELLATION

Evidence of insurance Confirm with agency	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

RetailFirst®

Insurance Company

A Stock Insurer • P.O. Box 988 • Lakeland, FL 33802-0988

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

NCCI Carrier Code Number 31399

Policy number 520-61609

Item 1. Insured

Name Shipps Excavating and Grading, Inc.
and
Mailing Address 438 Pendleton Dr
Venice, FL 34292

RISK I.D. 093554779

☐ Individual ☒ Corporation
☐ Partnership ☐ Subchapter "S"
☐ Other

FEIN 59-1822757

Other Workplaces not shown above:

SEE EXTENSION OF INFORMATION PAGE ITEM 1

Item 2. Policy Period

The policy period is from 12/10/21 12:01 a.m. to 12/10/22 12:01 a.m. at the insured's mailing address.

Item 3. Coverage

- A. Workers Compensation Insurance; Part One of the policy applies to the Workers Compensation Law of the states listed here:
Florida
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:
- | | | |
|---------------------------|--------------|---------------|
| Bodily Injury by Accident | \$ 1,000,000 | each accident |
| Bodily Injury by Disease | \$ 1,000,000 | each employee |
| Bodily Injury by Disease | \$ 1,000,000 | policy limit |
- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
- D. This policy includes these endorsements and schedules:
SEE EXTENSION OF INFORMATION PAGE ITEM 3.D

Item 4. Premium

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis: Total Estimated Annual Renumeration	Rate per \$100 of Renumeration	Estimated Annual Premium
SEE EXTENSION OF INFORMATION PAGE ITEM 4 - PREMIUM				

Total Estimated Annual Premium \$ 34,328.05

Expense Constant \$ 160.00

Minimum Premium \$ 763.00

Total Cost \$ 34,488.05

Countersigned by 

Date 12/16/21

8016 Pinkerton Insurance Group

wi Date Prepared: 12/16/21