

Bidding Company Name: Johnson-Davis Incorporated

PROPOSAL
TO
TOWN OF JUPITER UTILITIES

Town of Jupiter
210 Military Trail
Jupiter, Florida 33458

Gentlemen:

The undersigned, as Bidder, hereby declares that the only Persons, company, or parties interested in the Proposal or the Contract to be entered into, as principals, are named herein; and that this Proposal is made without connection with any other person, company, or parties making a Bid or Proposal; and that it is in all respects fair and in good faith without collusion or fraud.

That the Bidder has carefully and to his full satisfaction examined the attached Instructions to Bidders, General Conditions, Supplementary Conditions, detailed Specifications, and Form of Contract and Bond, together with the accompanying plans, and that he has read all addenda issued prior to the opening of Bids; and that he has fully examined the site and the project documents and hereby agrees to furnish, unless otherwise provided, all implements, machinery, equipment, transportation, tools, materials, supplies, labor and other things necessary to the prosecution and completion of the work, to wit:

Perform miscellaneous Utility infrastructure maintenance, repairs and/or improvements for the Town's Water and Stormwater systems under an hourly priced contract for the provisions of crews with equipment. Crews and equipment shall be available on as needed basis with no guarantee by the Town of the amount of usage. Work may include non-emergency and emergency work. The Town will direct purchase materials for non-emergency work with the Contractor providing the materials list. For emergency work, Contractor will purchase the materials after providing the Owner with an estimate of such. In both cases, the Contractor will be responsible for material delivery, schedule and coordination with the material vendor. This is a two year contract with the provision for contract extensions as described in the bid documents.

It is proposed that the project herein described shall be constructed for the Unit Prices as follows, all in accordance with the requirements and provisions of the Contract Documents.

**On-call Contract For Utility
Infrastructure Repairs
& Improvements
(JW 13-08)**

Bid Schedule of Values

Item No.	Item Description	Estimated Quantity	Unit	Unit Price	Total Amount
Bid Items:					
1	Indemnification	1	LS	\$ 100.00	\$ 100.00
2	Bonds and Insurance	1	LS	\$ 100 ⁰⁰	\$ 100 ⁰⁰
3	4 Man Underground Construction Crew	1	HR	\$ 228 ⁰⁰	\$ 228 ⁰⁰
4	Overtime Multiplier for 4 Man Underground Crew	MULT.	%	\$.25	\$ 57 ⁰⁰
5	Combined Backhoe Loader	1	HR	\$ 86 ⁰⁰	\$ 86 ⁰⁰
6	Hydraulic Excavator with Operator	1	HR	\$ 158 ⁰⁰	\$ 158 ⁰⁰
7	Dewatering with 4" Hydraulic Pump	1	HR	\$ 44 ⁰⁰	\$ 44 ⁰⁰
8	Dewatering with Well Points	1	DAY	\$ 550 ⁰⁰	\$ 550 ⁰⁰
Total Bid Price: (Item Nos. 1-8)=					\$ 1323⁰⁰

Total Bid Price (in numbers): \$ 1323⁰⁰

Total Bid Price (in words): Thirteen hundred twenty three
dollars & zero cents

JOHNSON-DAVIS, INC.
604 Hillbrath Drive
Lantana, FL 33462
Phone (561) 588-1170
Fax (561) 585-5252

QUALIFICATION REQUIREMENTS

Only Bidders and Subcontractor(s) who are qualified as outlined below will be considered for contract award. Qualified bidders shall have completed at least four (4) similar projects over the last five (5) years, all of which should be of similar scope and magnitude to this project.

NOTE: In order to be deemed acceptable for the purpose of determining Bidder Qualification, similar projects shall be listed below and have all information completed (blanks correctly filled in) including contact names and telephone numbers of both the Owner and Engineer.

As Bidder, we certify the following:

(1) NAME & LOCATION OF PROJECT Little Club Water System Imp.
Jupiter, FL

BIDDER WAS PRIME CONTRACTOR [] SUBCONTRACTOR (CHECK ONE)

YEAR OF PROJECT 2012/2013

SCOPE OF WORK Replace portions of an existing water system

APPROXIMATE VALUE \$428,000-

OWNER OF PROJECT Town of Jupiter

OWNER CONTACT NAME AND PHONE NUMBER Amanda Burnes, P.E.

ENGINEERING FIRM Kimley-Horn

ENGINEER CONTACT NAME AND PHONE NUMBER Jason Lee 561-840-0256

ENGINEER ADDRESS 1920 Wekiva Way, Suite 210, W.P.B., FL 33411

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(2) NAME & LOCATION
OF PROJECT

PS A39 to PS A7 Force main
Replacement Project - Town of Palm Beach

BIDDER WAS PRIME CONTRACTOR SUBCONTRACTOR (CHECK ONE)

YEAR OF PROJECT 2012/2013

SCOPE OF WORK FM replacement on Ocean Ave in Palm Bch.

APPROXIMATE VALUE \$3,815,000

OWNER OF PROJECT Town of Palm Bch.

OWNER CONTACT NAME
AND PHONE NUMBER Chuck Langley 561-838-5440

ENGINEERING FIRM Mathews Consulting

ENGINEER CONTACT NAME
AND PHONE NUMBER Dave Mathews 561-655-6125

ENGINEER ADDRESS 477 S Rosemary Ave, Suite 330, WPB

(3) NAME & LOCATION
OF PROJECT

Pipeline Continuing Construction Project
PBCWUD

BIDDER WAS PRIME CONTRACTOR SUBCONTRACTOR (CHECK ONE)

YEAR OF PROJECT 2010 until 2013

SCOPE OF WORK Various Projects throughout P.B. County

APPROXIMATE VALUE Ca. 800,000

OWNER OF PROJECT Palm Bch. Co. Water Utilities Dept

OWNER CONTACT NAME
AND PHONE NUMBER Adam Galicki 561-493-6122

ENGINEERING FIRM In-house

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ENGINEER CONTACT NAME AND PHONE NUMBER N/A

ENGINEER ADDRESS N/A

(4) NAME & LOCATION OF PROJECT Riviera Bch. Marina - Upland Utilities

BIDDER WAS PRIME CONTRACTOR [] SUBCONTRACTOR (CHECK ONE)

YEAR OF PROJECT 2012

SCOPE OF WORK New Water and sewer for marina upgrades

APPROXIMATE VALUE \$950,000

OWNER OF PROJECT City of Riviera Bch.

OWNER CONTACT NAME AND PHONE NUMBER Mario Loqiza 561-845-4185

ENGINEERING FIRM Suntech Engineering

ENGINEER CONTACT NAME AND PHONE NUMBER Clifford Loutan 954-777-3123

ENGINEER ADDRESS 21 NW 2nd St. Delray Bch. FL

NOTE

Bidder: Additional projects to assist Owner in determining qualifications are welcome. Copy this form and attach additional pages as needed.

Major Subcontractors: Provide four (4) similar projects, copy this form and have all information completed (blanks correctly filled in) and attach to proposal.

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If awarded the contract, the undersigned agrees to execute the attached contract within fifteen (15) calendar days from the date set forth in the Notice of Award and to fully complete all necessary work within the time limits specified below after date of written Notice to Proceed, with such extensions of time as are provided for in the Agreement and General Conditions.

Substantial Completion: 730 calendar days from Notice to Proceed

Final Completion: 730 calendar days from Notice to Proceed

The undersigned understands the Contract time starts on date in Notice to Proceed.

There is enclosed a bid guarantee consisting of five percent (5%) of \$300,000.

The undersigned agrees that all bid documents issued for this project, including addenda, have been reviewed and site visits performed, as necessary to provide a comprehensive bid. The undersigned acknowledges receipt of 13 (insert number) Addenda for this project.

The undersigned furthermore agrees that, in case of failure on his part to execute said contract and bonds within (15) days after being awarded the contract, the check, bond, or other security accompanying his bid and the money payable thereon, shall become the property of the Town, by forfeit as agreed and liquidated damages; otherwise the check or bond accompanying his proposal shall be returned to the undersigned.

The undersigned acknowledges that payments made by the Town of Jupiter will be made via electronic funds transfers (EFT) and vendor will provide the Town of Jupiter with the information required to make EFT payments.

The undersigned, if awarded the contract, agrees to furnish at time of signing the contract, a payment bond and a performance bond, each in the amount of 100% of the contract as set forth in "Instructions to Bidders".

The Inspector General of Palm Beach County has the authority to investigate and audit matters relating to the negotiation and performance of this Contract and in furtherance thereof may demand and obtain records and testimony from the Contractor and its subcontractors and lower tier subcontractors. The Contractor understands and agrees that in addition to other remedies and consequences provided by law, the failure of the Contractor or its subcontractors or lower tier subcontractors to fully cooperate with the Office of Inspector General of Palm Beach County when requested may be deemed by the municipality to be a material breach of this contract justifying its termination. The Office of Inspector General in Palm Beach County is established by Palm Beach County Code, Section 2-421 - 2-440. Failure to cooperate with the Inspector General or interfering with or impeding any investigation shall be in violation of Palm Beach County Code, Section 2-421 - 2-440, and be punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

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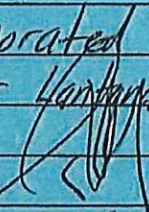
The undersigned states that this proposal is the only proposal for this project in which he is interested.

DATE OF BID SUBMISSION May 21, 2013

FIRM NAME Johnson-Davis Incorporated

BUSINESS ADDRESS 604 Hillbrath Dr Lantana, FL 33462

BUSINESS TELEPHONE 561-588-1170

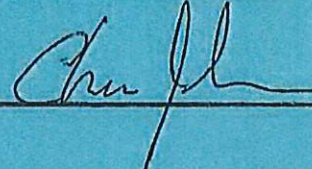
SIGNATURE OF RESPONSIBLE OFFICIAL 

PRINT NAME & TITLE Scott J. Johnson, President

STATE OF INCORPORATION Florida

FULL NAMES & ADDRESSES OF PERSONS OR PARTIES INTERESTED IN THE FOREGOING BID, AS PRINCIPALS: See attached

Attest Christopher Johnson, Sec./Tr.



JOHNSON-DAVIS, INC.
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Lantana, FL 33462
Phone (561) 588-1170
Fax (561) 585-5252

CORPORATE CERTIFICATE

PROJECT NAME: On Call Contract for Utility Infrastructure Rep. & Imp.
BID NUMBER: W-13-08

I, Christopher Johnson, certify:

1. That I am the Secretary/Treasurer of the Corporation Officer named in the foregoing Bid Proposal; and
2. That Scott J. Johnson who signed said Bid Proposal on behalf of the Contractor was then President of the said Corporation; Officer and authorized to sign the Bid Proposal, and is authorized to sign Contracts and other instruments on behalf of Corporation; and
3. That submitting said Bid Proposal and entering into a Contract with the Owner for the construction of the work based upon said Bid Proposal, is within the scope of the corporate powers of the Corporation.
4. That the Corporation is in good standing and authorized to do business in the State of Florida.

Signed and sealed this 21 day of May, 2013 A.D.

[Signature]
Signature
Christopher Johnson
Corporate Seal

Sworn to and subscribed before me this 21 day of May, 2013, by Chris Johnson, who is personally known to me, or who produced _____ as identification.

[Signature]
Signature of Notary

NOTARY PUBLIC-STATE OF FLORIDA
Larisa Ditu Pelkey
Commission #DD946380
Expires: JAN. 22, 2014
BONDED THROUGH ATLANTIC BONDING CO., INC.

Notary Seal

Commission No.: 01.22.2014

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2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 538772

Entity Name: JOHNSON - DAVIS INCORPORATED

Current Principal Place of Business:

604 HILLBRATH DRIVE
LANTANA, FL 33462

Current Mailing Address:

604 HILLBRATH DRIVE
LANTANA, FL 33462

FEI Number: 59-1753888

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, SCOTT J
604 HILLBRATH DRIVE
LANTANA, FL 33462 US

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

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name JOHNSON, SCOTT J.
Address 19826 LOXAHATCHEE POINT DRIVE
City-State-Zip: JUPITER FL 33458

Title TS
Name JOHNSON, CHRISTOPHER
Address 310 VIA VILLAGO
City-State-Zip: HYPOLUXO FL 33462

Title VP
Name HOPLER, ROBERT A
Address 11370 TWELVE OAKS WAY
City-State-Zip: NORTH PALM BEACH FL 33408

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT J JOHNSON

PRESIDENT

01/02/2013

Electronic Signature of Signing Officer/Director

Date



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

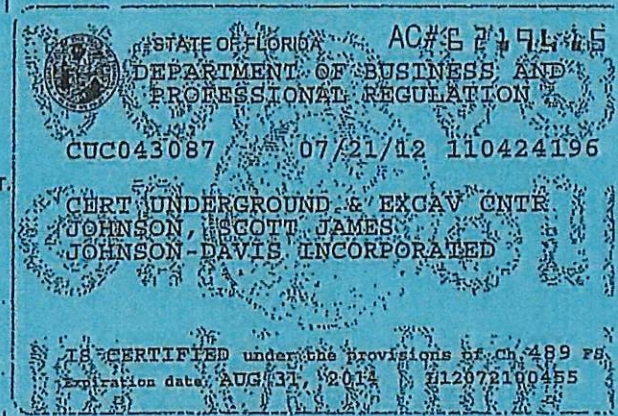
JOHNSON, SCOTT JAMES
JOHNSON-DAVIS INCORPORATED
604 HILLBRATH DRIVE
LANTANA FL 33462

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Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's Initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND - MICROPRINTING - LINEMARK™ PATENTED PAPER

C# 6219415

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12072100455

DATE	BATCH NUMBER	LICENSE NBR
07/21/2012	110424196	CUC043087

The UNDERGROUND UTILITY & EXCAVATION CO
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS
Expiration date: AUG 31, 2014

JOHNSON, SCOTT JAMES
JOHNSON-DAVIS INCORPORATED
604 HILLBRATH DRIVE
LANTANA FL 33462

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

CONTRACTOR SAFETY QUALIFICATION FORM

SECTION 1: COMPANY INFORMATION			
Company Name: <i>Johnson-Davis Incorporated</i>			
Address 1: <i>604 Hillbrath Dr</i>			
Address 2:			
City, State, Zip: <i>Lantana, FL 33462</i>			
Telephone No.: <i>561-588-1170</i>			
Fax No.: <i>561-585-5252</i>			
SECTION 2: NAME(S) AND RELATIONSHIPS OF PARENT COMPANY, AFFILIATES, SUBSIDIARIES, PARTNERS			
Company Name: <i>N/A</i>			
Address:			
City, State, Zip:			
Relationship:			
Company Name:			
Address:			
City, State, Zip:			
Relationship:			
SECTION 3: INSURANCE COVERAGE			
3.1	Please attach certificates showing the extent of coverage, exclusions and deductibles for the following: <i>See attached</i>		
	- General Business Liability Insurance	- Professional Liability Insurance	
	- Contractors Pollution Liability Insurance	- Workman's Compensation Insurance	
3.2	How long have you been covered by your current provider of Workman's Compensation Insurance? <i>Approx. 10 years</i>		
3.3	List the Experience Modification Ratio (EMR) that has been applied to your company's workman's compensation insurance policy for the past five years:		
	Year	Intrastate EMR	Interstate EMR
	<i>2013</i>	<i>0.85</i>	<i>N/A</i>
	<i>2012</i>	<i>1.06</i>	↓
	<i>2011</i>	<i>1.02</i>	↓
	<i>2010</i>	<i>1.09</i>	↓
	<i>2009</i>	<i>0.99</i>	↓
			Comments

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/20/2013

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

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

PRODUCER J. Michael Callaway, CIC Weakes & Callaway, Inc. 3945 West Atlantic Avenue Delray Beach FL 33445-3902	CONTACT NAME: Lorraine Prager	
	PHONE (A/C, No, Ext): (561) 278-0448 FAX (A/C, No): (561) 278-2391	
	E-MAIL ADDRESS: lprager@weakescallaway.com	
INSURED Johnson-Davis, Inc. 604 Hillbrath Drive Lantana FL 33462	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: National Fire Ins Co of Hfd	20478
	INSURER B: Continental Casualty Co.	20443
	INSURER C: Amerisure Insurance Company	19488
	INSURER D: Continental Insurance Co	35289
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 13-14 Liability REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X X	C4034930892	3/1/2013	3/1/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		BLANKET ADDITIONAL			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		INSURED ENDORSEMENT			MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> LIMITED POLLUTION		BLANKET WAIVER OF			PERSONAL & ADV INJURY \$ 1,000,000
	WORKSITE		SUBROGATION			GENERAL AGGREGATE \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER:		CONTRACTUAL LIABILITY			PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					\$
A	AUTOMOBILE LIABILITY	X X	C5083043699	3/1/2013	3/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS					UNINSURED MOTORIST \$ 50,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	X X	C5083043671	3/1/2013	3/1/2014	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB		FOLLOW FORM			AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PER PROJECT AGGREGATE			\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	X	WC208139001	3/1/2013	3/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	BLANKET WAIVER OF			E.L. EACH ACCIDENT \$ 500,000
	(If yes, describe under DESCRIPTION OF OPERATIONS below)		SUBROGATION			E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
D	OWNED EQUIPMENT		C5083043685	3/1/2013	3/1/2014	LIMIT 5,044,472
	INSTALLATION FLOATER		BLANKET ALL JOB SITES			LIMIT 100,000

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

CERTIFICATE HOLDER

Johnson-Davis, Inc.
604 Hillbrath Dr.
Lantana, FL 33462

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

J Michael Callaway CI

CONTRACTOR SAFETY QUALIFICATION FORM

3.4 List the contact information for an insurance broker who can verify your EMR's:

Name: Kim Lopez c/o Weekes & Callaway, Inc.

Address 1: 3945 W. Atlantic Ave.

Address 2:

City, State, Zip: Delray Beach, FL 33445

Telephone No.:

If you do not have an EMR, please explain:

SECTION 4: INJURY AND FATALITY INFORMATION

4.1 Please transfer the numbers and rates of injuries and illnesses from your firm's OSHA No. 200 Logs to the table below:

Statistic	Year: <u>2010</u>		Year: <u>2011</u>		Year: <u>2012</u>	
	No.	Rate	No.	Rate	No.	Rate
Lost Workday Cases	<u>1</u>	<u>0.63</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Restricted Workday Cases	<u>3</u>	<u>1.80</u>	<u>0</u>	<u>0</u>	<u>3</u>	<u>1.76</u>
Medical Treatment (not First Aid) Cases	<u>2</u>	<u>3.13</u>	<u>1</u>	<u>0.62</u>	<u>6</u>	<u>3.52</u>
Total Illness Cases	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Recordable Cases	<u>5</u>	<u>3.13</u>	<u>1</u>	<u>0.60</u>	<u>6</u>	<u>3.52</u>
Fatalities	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

4.2 If your company has had fatalities in the past three years include location, cause and corrective actions in the space below:

N/A

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CONTRACTOR SAFETY QUALIFICATION FORM

SECTION 5: SAFETY MEETINGS

5.1 Do you require that *documented* safety meetings be held for:

- Field Supervisors? Yes No Frequency: Weekly
- Employees? Yes No Frequency: Weekly
- New Hires? Yes No Frequency: Orientation/Weekly
- Subcontractors? Yes No Frequency: Weekly

SECTION 6: SAFETY AUDITS

6.1 Will a representative of your company audit safety practices on this job?

Yes No

Name: Kennie Hatfield Title: Safety Director

How frequently will the representative visit the project site? Bi Weekly

SECTION 7: HEALTH AND SAFETY PROGRAM

7.1 Does the company have a health and safety program? If yes, please give details below. (The contractor is encouraged to attach a copy of the program to satisfy this requirement).

Yes - attached

7.2 Please give the name and telephone number of your company's health and safety officer, if any:

Name: Kennie Hatfield Title: Director of Safety & Risk Manager

Telephone No.: 561-275-7669

SECTION 8: HEALTH AND SAFETY CITATIONS

8.1 Attach a list of any State or Federal Health and Safety citations received during the past three years.

N/A

SECTION 9: SIGNATURE OF COMPANY OFFICER

I certify that to the best of my knowledge, information, and belief formed after reasonable inquiry, the information submitted is true, accurate, and complete.

Name (print): Scott J. Johnson Title: President

Signature: [Signature] Date: 5-21-13

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