NOTE TO BIDDER: Use preferably BLACK ink for completing this BID form.

BID FORM

To: The City of Key West

Address: 1300 White Street, Key West, Florida 33040

Project Title: MOORING FIELD INSPECTIONS/REPLACEMENTS

ITB #21-004

Bidder's contact person for additional information on this BID:

Company Name: LIVE FLYER, INC.

Address: 330 COQUINA AVE, ORMOND BEACH, FL 32174

Contact Name & Telephone #: John Ward (407) 921-9282

Email Address: JOHN@LIVEFLYERINC.COM

BIDDER'S DECLARATION AND UNDERSTANDING

The undersigned, hereinafter called the Bidder, declares that the only persons or parties interested in this Bid are those named herein, that this Bid is, in all respects, fair and without fraud, that it is made without collusion with any official of the Owner, and that the Bid is made without any connection or collusion with any person submitting another Bid on this Contract.

The Bidder further declares that he has carefully examined the Contract Documents, that he has personally inspected the Project, that he has satisfied himself as to the quantities involved, including materials and equipment, and conditions of work involved, including the fact that the description of the quantities of work and materials, as included herein, is brief and is intended only to indicate the general nature of the work and to identify the said quantities with the detailed requirements of the Contract Documents, and that this Bid is made according to the provisions and under the terms of the Contract Documents, which Documents are hereby made a part of this Proposal.

The Bidder further agrees that the Owner may "non-perform" the work in the event that the low bid is in excess of available funding. Non-performance will be determined prior to Notice of Award.

The intent of the Bid Documents is to describe a functionally complete project (or part thereof) to be constructed in accordance with the Contract Documents. Any work, materials, or equipment that may reasonably be inferred from the Contract Documents, as being required to produce the intended result shall be supplied, whether or not specifically called for in the Contract Documents.

CERTIFICATES OF INSURANCE

CONTRACTOR is to secure, pay for, and file with the City of Key West, prior to commencing any work under the Contract, all certificates for workers' compensation, public liability, and property damage liability insurance, and such other insurance coverages as may be required by specifications

and addenda thereto, in at least the following minimum amounts with specification amounts to prevail if greater than minimum amounts indicated. Notwithstanding any other provision of the Contract, the CONTRACTOR shall provide the minimum limits of liability insurance coverage as follows:

Type of Insurance	Limits	Comments
Commercial General Liability	$1,000,000	The proposers may have these coverages combined in 1 policy
Watercraft Liability	$1,000,000	
Business Automobile Liability	$1,000,000	
Workers' Compensation	Statutory	
Employers Liability	$1,000,000/$1,000,000/$1,000,000	
USL&H and Jones Act Coverage	$1,000,000	

CONTRACTOR shall furnish an original Certificate of Insurance indicating, and such policy providing coverage to, City of Key West named as an additional insured on a PRIMARY and NON CONTRIBUTORY basis utilizing an ISO standard endorsement at least as broad as CG 2010 (11/85) or its equivalent, (combination of CG 20 10 07 04 and CG 20 37 07 04, providing coverage for completed operations, is acceptable) including a waiver of subrogation clause in favor of City of Key West on all policies. CONTRACTOR will maintain the General Liability and Umbrella Liability insurance coverages summarized above with coverage continuing in full force including the additional insured endorsement until at least 3 years beyond completion and delivery of the work contracted herein.

Notwithstanding any other provision of the Contract, the CONTRACTOR shall maintain complete workers' compensation coverage for each and every employee, principal, officer, representative, or agent of the CONTRACTOR who is performing any labor, services, or material under the Contract. Further, CONTRACTOR shall additionally maintain the following minimum limits of coverage:

Bodily Injury Each Accident	$1,000,000
Bodily Injury by Disease Each Employee	$1,000,000
Bodily Injury by Disease Policy Limit	$1,000,000

The City of Key West confirms that the scope of services specified in the Contract requires work on or near a navigable waterway. Water description: City of Key West Mooring Field. Therefore, the CONTRACTOR's workers' compensation policy shall be endorsed to provide the following:

- Workers Compensation/Employer Liability
- USL&H Coverage (Longshore and Harbor Workers' Compensation Act) Endorsement
- WC 000106A
- Jones Act Coverage* Endorsement WC 000201A

Note: Jones Act (Crew) coverage may be provided under the P&I policy, if Contractor is using an OWNED vessel during the course of the work.

CONTRACTOR shall provide the City of Key West with a Certificate of Insurance verifying compliance with the workman's compensation coverage as set forth herein and shall provide as often as required by the City of Key West such certification which shall also show the insurance company, policy number, effective and expiration date, and the limits of workman's compensation coverage under each policy.

CONTRACTOR's insurance policies shall be endorsed to give 30 days written notice to the City of Key West in the event of cancellation or material change, using form CG 02 24, or its equivalent.

Certificates of Insurance submitted to the City of Key West will not be accepted without copies of the endorsements being requested. This includes additional insured endorsements, cancellation/material change notice endorsements, and waivers of subrogation. Copies of USL&H Act and Jones Act endorsements will also be required if necessary. PLEASE ADVISE YOUR INSURANCE AGENT ACCORDINGLY.

CONTRACTOR will comply with any and all safety regulations required by any agency or regulatory body including but not limited to OSHA. CONTRACTOR will notify City of Key West immediately by telephone at (305) 809-3811 any accident or injury to anyone that occurs on the jobsite and is related to any of the work being performed by the CONTRACTOR.

SURETY AND INSURER QUALIFICATIONS

All bonds, insurance contracts, and certificates of insurance shall be either executed by or countersigned by a licensed resident agent of the Surety or insurance company, having his place of business in the State of Florida, and in all ways complying with the insurance laws of the State of Florida. Further, the said Surety or insurance company shall be duly licensed and qualified to do business in the State of Florida.

START OF CONSTRUCTION AND CONTRACT COMPLETION TIME

The Bidder further agrees to complete each inspection within the first two (2) weeks of the month that an inspection is required. Normal Inspections will be conducted in March, July, and November of each year. However, first inspection will occur in January 2021.

LIQUIDATED DAMAGES

In the event the Bidder is awarded the Contract and fails to complete the work within the time limit or extended time limit agreed upon, as more particularly set forth in the Contract Documents, liquidated damages shall be paid to the Owner at the rate of **$100** per day for all work awarded until the work has been satisfactorily completed as provided by the Contract Documents. Sundays and legal holidays shall be excluded in determining days in default. Weather delays will be considered.

Owner will recover such liquidated damages by deducting the amount owed from the final payment or any retainage held by Owner.

ADDENDA

The Bidder hereby acknowledges that he has received Addenda No's. One(1), Two(2), Three(3) . (Bidder shall insert No. of each Addendum received) and agrees that all addenda issued are hereby made part of the Contract Documents, and the Bidder further agrees that his Bid(s) includes all impacts resulting from said addenda.

SALES AND USE TAXES

The Bidder agrees that all federal, state, and local sales and use taxes are included in the stated bid prices for the work.

UNIT PRICE WORK ITEMS

The Bidder further proposes to accept as full payment for the Work proposed herein the amounts computed under the provisions of the Contract Documents and based on the following unit price amounts.

The Bidder agrees that the unit price represent a true measure of labor and materials required to perform the Work, including all allowances for overhead and profit for each type of work called for in these Contract Documents. The amounts shall be shown in both words and figures. In case of discrepancy, the amount shown in words shall govern.

TOTAL UNIT PRICE BASE BID

ITEM	NO. UNITS	UNITS	$ PER UNIT	TOTAL FOR ONE EVENT
Inspection/ Replacement of mooring system	149	ea	$ 160.00	$ 23,840.00

Total in Words: TWENTY THREE THOUSAND, EIGHT HUNDRED FORTY DOLLARS, NO CENTS

*Note: The above total price for Inspection/Replacement reflects the total cost for one inspection event and replacement of City provided full rig (excluding anchor) if necessary. The award of the contract will be based on this price (lowest/responsive bidder). However, the City will enter into a three (3) year contract for three (3) inspections per year with the lowest/responsive bidder. An increase to the unit price of the contract will be allowed on each anniversary date of the contract. Increase will be based on the average change in the U.S. Department of Commerce Consumer Price Index (CPI) for All Urban Consumers, as reported by the Bureau of Labor Statistics for the 12 months prior to the renewal date. Additional inspections may be requested at the above price due to storm or other events. The contract may be extended for two (2) year terms following the requirements set forth in the bid document.

List items to be performed by CONTRACTOR's own forces and the estimated total cost of these items. (Use additional sheets if necessary.)

All work planned to be self-performed _____ _____

_____ _____

_____ _____

SUBCONTRACTORS

The Bidder further proposes that the following subcontracting firms or businesses will be awarded subcontracts for the following portions of the work if the Bidder is awarded the Contract:

None

Name

_____, _____, _____, _____

Street City State Zip

None

Name

_____, _____, _____, _____

Street City State Zip

None

Name

_____, _____, _____, _____

Street City State Zip

SURETY

SURETY BOND PROFESSIONALS, INC. whose address is

205 UNION STREET, SOUTH NATICK, MA, 01760

Street City State Zip

BIDDER

The name of the Bidder submitting this Bid is

LIVE FLYER, INC. doing business at

330 COQUINA AVE, ORMOND BEACH, FL, 32174

Street City State Zip

which is the address to which all communications concerned with this Bid and with the Contract shall be sent.

The names of the principal officers of the corporation submitting this Bid, or of the partnership, or of all persons interested in this Bid as principals are as follows:

JOHN WARD - PRESIDENT / COO (51% OWNERSHIP SHARES)

ANN SCHWARTING - VP / SECRETARY (49% OWNERSHIP SHARES)

If Sole Proprietor or Partnership

IN WITNESS hereto the undersigned has set his (its) hand this _____ day of _____ 20____.

_____
Signature of Bidder

_____
Title

If Corporation

IN WITNESS WHEREOF the undersigned corporation has caused this instrument to be executed and its seal affixed by its duly authorized officers this _____ day of DECEMBER 20 20.

(SEAL)

LIVE FLYER, INC.
Name of Corporation

By _____
JOHN WARD
Title President / COO
Attest _____
Secretary
ANN SCHWARTING

FLORIDA BID BOND

BOND NO. CIC1905902

AMOUNT: $ 5% of Bid

KNOW ALL MEN BY THESE PRESENTS, that Live Flyer, Inc.

hereinafter called the PRINCIPAL, and Capitol Indemnity Corporation

a corporation duly organized under the laws of the State of Wisconsin

having its principal place of business at P.O. Box 5900, Madison, WI 53705 - 0900

in the State of Wisconsin,

and authorized to do business in the State of Florida, as SURETY, are held and firmly bound unto City of Key West

hereinafter called the OBLIGEE, in the sum of Five Percent of Amount Bid

DOLLARS ($ 5% of Bid) for the payment for which we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these present.

THE CONDITION OF THIS BOND IS SUCH THAT:

WHEREAS, the PRINCIPAL is herewith submitting his or its Bid for the KEY WEST MOORING FIELD INSPECTION/REPLACEMENT, said Bid, by reference thereto, being hereby made a part hereof.

WHEREAS, the PRINCIPAL contemplates submitting or has submitted a bid to the OBLIGEE for the furnishing of all labor, materials (except those to be specifically furnished by the CITY), equipment, machinery, tools, apparatus, means of transportation for, and the performance of the work covered in the Bid and the detailed Specifications, entitled:

KEY WEST MOORING FIELD INSPECTION/REPLACEMENT

WHEREAS, it was a condition precedent to the submission of said bid that a cashier's check, certified check, or bid bond in the amount of 5 percent of the base bid be submitted with said bid as a guarantee that the Bidder would, if awarded the Contract, enter into a written Contract with the CITY for the performance of said Contract, within 10 working days after written notice having been given of the award of the Contract.

NOW, THEREFORE, the conditions of this obligation are such that if the PRINCIPAL within 10 consecutive calendar days after written notice of such acceptance, enters into a written Contract with the OBLIGEE and furnishes the Performance and Payment Bonds (Not required as part of this contract), each in an amount equal to 100 percent of the base bid, satisfactory to the CITY, then this obligation shall be void; otherwise the sum herein stated shall be due and payable to the OBLIGEE and the Surety herein agrees to pay said sum immediately upon demand of the OBLIGEE in good and lawful money of the United States of America, as liquidated damages for failure thereof of said PRINCIPAL.

Signed and sealed this 30th day of December, 2020.

PRINCIPAL
Live Flyer, Inc.

By _____

SS

Capitol Indemnity Corporation
SURETY

By Mark D. Leskanic, Attorney-in-Fact

STATE OF Florida)
:
COUNTY OF Volusia)

CAPITOL INDEMNITY CORPORATION
POWER OF ATTORNEY

CIC1905902
Bond Number

KNOW ALL MEN BY THESE PRESENTS, That the **CAPITOL INDEMNITY CORPORATION**, a corporation of the State of Wisconsin, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

---------- MARK D. LESKANIC; MATTHEW LESKANIC ----------

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

---------- ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: $20,000,000.00 ----------

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **CAPITOL INDEMNITY CORPORATION** at a meeting duly called and held on the 15th day of May, 2002.

"**RESOLVED**, that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner – Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the **CAPITOL INDEMNITY CORPORATION** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 1st day of January, 2020.

Attest:

Ryan J. Byrnes
Senior Vice President,
Chief Financial Officer and Treasurer

Suzanne M. Broadbent
Assistant Secretary

CAPITOL INDEMNITY CORPORATION — CORPORATE SEAL — WISCONSIN

CAPITOL INDEMNITY CORPORATION

John L. Sennott, Jr.
Chief Executive Officer and President

STATE OF WISCONSIN }
COUNTY OF DANE } S.S.:

On the 1st day of January, 2020 before me personally came John L. Sennott, Jr., to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is Chief Executive Officer and President of **CAPITOL INDEMNITY CORPORATION**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

DAVID J. REGELE — NOTARY PUBLIC — STATE OF WISCONSIN

David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN }
COUNTY OF DANE } S.S.:

I, the undersigned, duly elected to the office stated below, now the incumbent in **CAPITOL INDEMNITY CORPORATION**, a Wisconsin Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 30th day of December, 2020.

CAPITOL INDEMNITY CORPORATION — CORPORATE SEAL — WISCONSIN

Andrew B. Diaz-Matos
Senior Vice President, General Counsel and Secretary

THIS DOCUMENT HAS BEEN GENERATED FOR A SPECIFIC BOND. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

PORT & MARINE SERVICES
201 William Street
Key West, FL
33040

ADDENDUM NO. 1

KEY WEST MOORING FIELD
INSPECTION / REPALCEMENT
ITB #21-004

The information contained in this Addendum adds information to be included in the Bid and is hereby made a part of the Contract Documents. The referenced bid package is hereby addended in accordance with the following items:

GENERAL NOTES:

1. All requests for information must be submitted in writing no later than December 21, 2020

QUESTIONS & CLARIFICATIONS:

1. Will contractor be able to work 7 days/week to inspect all 149 buoys consecutively?

   The are no restrictions on workdays

2. Do we need to live within 30 miles of Key West to qualify to bid?

   No

3. Must we have an address inside of the 30 miles (above) of Key west for the last year.

   No

4. Must employ 50% of the staff also living within the 30 mile limit.

   No

All other elements of the Contract and Bid documents, including the Bid Date shall remain unchanged.

All Bidders shall acknowledge receipt and acceptance of this **Addendum No. 1** by submitting the addendum with their proposal. Proposals submitted without acknowledgement or without this Addendum may be considered non-responsive.

Signature JOHN WARD

LIVE FLYER, INC.
Name of Business

PORT & MARINE SERVICES
201 William Street
Key West, FL
33040

ADDENDUM NO. 2

KEY WEST MOORING FIELD
INSPECTION / REPALCEMENT
ITB #21-004

The information contained in this Addendum adds information to be included in the Bid and is hereby made a part of the Contract Documents. The referenced bid package is hereby addended in accordance with the following items:

CLARIFICATION:

All requests for additional information are to be submitted to Mark Tait, Marinas Manager, by email at: mtait@cityofkeywest-fl.gov

All other elements of the Contract and Bid documents, including the Bid Date shall remain unchanged.

All Bidders shall acknowledge receipt and acceptance of this **Addendum No. 2** by submitting the addendum with their proposal. Proposals submitted without acknowledgement or without this Addendum may be considered non-responsive.

Signature JOHN WARD

LIVE FLYER, INC.
Name of Business

PORT & MARINE SERVICES
201 William Street
Key West, FL
33040

ADDENDUM NO. 3

KEY WEST MOORING FIELD
INSPECTION / REPALCEMENT
ITB #21-004

The information contained in this Addendum adds information to be included in the Bid and is hereby made a part of the Contract Documents. The referenced bid package is hereby addended in accordance with the following items:

GENERAL NOTES:

1. Performance and Payment Bonds are not required for this proposed contract.
2. Bid Bonds shall be for 1 year of service (3x's bid amount)

QUESTIONS & CLARIFICATIONS:

1. For items that need replaced, will we have all of the hardware on site and do this at the time of the inspections based on the criteria or done at another time?

   Complete new assembled rigs will be onsite. Defective rig shall be replaced during inspection. Defective rigs shall be returned to owner

2. If replacement of hardware is needed, how is this arranged with the pending vessels that may be using the buoy at the time?

   Vessels attached to defective rigs will be disconnected by contractor and reattached to replaced rig

3. Are we able to anchor in this area independent of the buoys or need to use/share the buoys with other vessels temporarily?

   No, the mooring field is a no anchor zone

4. The due date of the inspections is known in the first 2 weeks of the month required but is this the allotted time for each inspection or just the deadline and can start earlier to ensure deadlines are meet?

   Inspections are required every 4 months. Deadlines can be adjusted due to weather conditions

All other elements of the Contract and Bid documents, including the Bid Date shall remain unchanged.

All Bidders shall acknowledge receipt and acceptance of this **Addendum No. 3** by submitting the addendum with their proposal. Proposals submitted without acknowledgement or without this Addendum may be considered non-responsive.

Signature JOHN WARD	LIVE FLYER, INC.
	Name of Business

EXPERIENCE OF BIDDER

The Bidder states that he is an experienced CONTRACTOR and has completed similar projects within the last 3 years.

(List similar projects, with types, names of OWNERs, construction costs, ENGINEERs, and references with phone numbers. Use additional sheets if necessary.

City of Jacksonville - Public Works Department

Ribault River Floating Channel Marker Installation ($54,990)

Mr. Aaron Heric - Projects Manager

214 North Hogan Street, Jacksonville, FL 32202

(904) 255-8731 AHeric@CoJ.net

Lake County Board of County Commissioners

Blueway Paddling Trails Marker Maintenance ($43,263)

Mr. Gallus Quigley - Recreation Coordinator-Trails

2401 Woodlea Road, Tavares, FL 32778

(352) 742-3866 GQuigley@LakeCountyFL.gov

EXPERIENCE OF BIDDER

The Bidder states that he is an experienced CONTRACTOR and has completed similar projects within the last 3 years.

(List similar projects, with types, names of OWNERs, construction costs, ENGINEERs, and references with phone numbers. Use additional sheets if necessary.

Clay County Board of County Commissioners

Multiple County Wide Derelict Vessel Removals ($77,612)

Ms. Karen Thomas - Director of Constractural Services

477 Houston Street, Green Cove Springs, FL 32043

(904) 278-3766 Karen.Thomas@ClayCountyGov.com

Palm Beach County & Florida Department of Environmental Protection

Jewell Cove Living Shoreline - Mangrove Pods ($86,963)

Ms. Carolyn Beisner - Senior Project Manager

2300 North Jog Road, West Palm Beach, FL 33411

(561) 233-2400 CBeisner@PBCGov.org

EXPERIENCE OF BIDDER

The Bidder states that he is an experienced CONTRACTOR and has completed similar projects within the last 3 years.

(List similar projects, with types, names of OWNERs, construction costs, ENGINEERs, and references with phone numbers. Use additional sheets if necessary.

City of Holly Hill - Public Works, Parks & Recreation

Design / Build Pedestrian Bridge Replacement ($212,268)

Mr. Antoine Khoury, P.E. - City Engineer / Public Works Director

1065 Ridgewood Avenue, Holly Hill, FL 32117

(386) 248-9493 AKhoury@HollyHillFL.org

City of Destin - Parks & Recreation Department

Clement Taylor Seawall Replacement ($244,741)

Ms. Lisa Firth - Parks Director

4200 Indian Bayou Trail, Destin, FL 32541

(850) 685-6087 LFirth@CityofDestin.com

Department of Environmental Resources Management
2300 North Jog Road, 4th Floor
West Palm Beach, FL 33411-2743
(561) 233-2400
FAX: (561) 233-2414
www.pbcgov.com/erm

December 8, 2020

Mr. John Ward
Live Flyer Inc.
330 Coquina Avenue
Ormond Beach, Florida 32174

To Whom It May Concern:

The Jewell Cove Mangrove Pod Project was a pilot project successfully constructed by Live Flyer, Inc. The company owner, John Ward placed a sectional barge along the existing seawall with a crane. He acquired the limestone rock and arranged the trucking and loading of the rock onto the barge. He then pushed the barge around the bridge with a rigid inflatable boat. Using a hydraulically controlled excavator with a thumb, he placed the limerock revetment in five discrete piles to provide additional oyster and mangrove habitat in the Lake Worth Lagoon. The five pods were planted with five mangroves in each pod.

The planting of large mangroves into rock was a novel concept and John and his crew were enthusiastic and helpful in coming up with a new approach to the creation of additional wetland habitat.

ERM would like to thank John for his timely performance in the construction of the living shoreline project.

Sincerely,

Carolyn Beisner,
Project Manager

HOLLY HILL
FLORIDA

CITY OF HOLLY HILL
1065 Ridgewood Avenue Holly Hill, Florida 32117
www.hollyhillfl.org

Building, Zoning, Licensing & Inspections
386-248-9442
Fax 386-248-9498

City Clerk
386-248-9441
Fax 386-248-9448

City Manager
386-248-9425
Fax 386-248-9448

Economic Development
386-248-9424
Fax 386-248-9448

Finance
386-248-9427
Fax 386-248-9448

Human Resources
386-248-9440
Fax 386-248-9448

Information Technology
386-248-9449
Fax 386-248-9448

Public Works
386-248-9463
Fax 386-248-9499

Recreation
386-248-9460
Fax 386-248-9446

Utility Billing
386-248-9432
Fax 386-248-9448

October 2, 2020

Mr. John Ward - President
Live Flyer, Inc.
330 Coquina Ave.
Ormond Beach, FL 32174
john@liveflyerinc.com
(407) 921-9282

RE: Design / Build Holly Hill Pedestrian Bridge Replacement

Dear Mr. Ward,

It is with great pleasure that this referral letter is published on behalf of Live Flyer, Inc. for their high-level performance in; designing, permitting, procuring and constructing the Holly Hill Pedestrian Bridge. Having been selected as the low cost producer and enjoying the highest technical score in the City's Design / Build Request for Proposal solicitation, Live Flyer, Inc. was selected over several firms.

From the onset, your firm established and maintained excellent communications and coordination, so that the City was always aware of the current status of any given component of the work or potential risk factor. One-to-one scale mock-ups of the proposed work were fabricated for the City to ensure program objectives were consistently achieved and adjustments incorporated as needed to accommodate any concern raised by the City.

As the worst of the virus pandemic impacts occurred during the project permitting phase, the U.S. Army Corps of Engineer's compliance group was particularly affected, causing an extensive permit review delay. However, Live Flyer's persistence ensured that requisite permits were garnered and accelerated field work production, to mitigate the impact of the virus and successfully complete the work on time and within budget.

Sincerely,

Steven Juengst
Acting Assistant Public Works Director
City of Holly Hill
sjuengst@hollyhillfl.org
(386) 248-9463

Administrative & Contractual Services
PO Box 1366
Green Cove Springs, FL 32043

Physical Address:
477 Houston Street
Admin. Bldg., 4th Floor
Green Cove Springs, FL 32043

Phone: 904-278-3766
904-278-3761
904-284-6388

Fax: 904-278-3728

Monday, April 8, 2019

Mr. John Ward
Live Flyer Inc.
330 Coquina Ave.
Ormond Beach, FL 32174

Re: Letter of Appreciation and Recommendation

Mr. Ward,

It is my pleasure to provide you a letter of recommendation for future marine projects. Thank you for your professionalism and timely performance in removing several derelict vessels from the waterways of Clay County this past year.

Thank you for your motivation and quick performance in removal and disposal of several vessels that were aground and/or partially sunk. Your extensive knowledge and timely performance allowed us to meet grant removal deadlines and community commitments. It should also be noted that several residence shared their appreciation of your professionalism, kindness, and timely removal as well.

With your assistance, we were successful in reaching our goals of enhancing the environment and boater safety here in County. Please feel free to share this letter of recommendation with other agencies as well as my contact information for reference purposes. I look forward to working with you and your company on future projects.

Sincerely,

Karen Thomas

Karen Thomas, CPPB, FCCN
Dir. Of Administrative and Contractual Services

CANAVERAL
PORT AUTHORITY

13-November-2018

Mr. John Ward
Live Flyer, Inc.
330 Coquina Avenue
Ormond Beach, FL 32174
(407) 921-9282

RE: Letter of Recommendation

To whom it may concern,

As John Ward has successfully demonstrated his knowledge, skill and desire to consistently achieve all project goals in the construction of several marine projects within Port Canaveral, it is my pleasure to recommend him for this classification of work.

His enthusiastic and optimistic attitude are contagious, which serve to motivate and energize project staff. Routinely, John has used resourcefulness and a "can do" attitude to overcome challenges and solve problems with creative planning and persistence.

I would not hesitate to have John on any of my marine projects. If you would like to further discuss his record and qualifications please contact me.

Thank you,

Tom Foxhoven
Project Director
Canaveral Port Authority
(321) 783-7831 x255

SLASPA
SAINT LUCIA AIR AND SEA PORTS AUTHORITY
Complementing Your Every Move
Manoel Street, PO Box 651, Castries, Tel: (758) 457 6100, Fax: (758) 457 6190. E-mail: info@slaspa.com www.slaspa.com

Friday, March 1, 2019

Live Flyer, Inc.
Attn: John Ward
330 Coquina Avenue
Ormond Beach, FL 32174
John@LiveFlyerInc.com
(407) 921-9282

TO WHOM IT MAY CONCERN

RE: Referral Letter (Proven Past Performance)

Regarding the Bulkhead Rehabilitation of the North Wharf in Castries, Saint Lucia BWI, John Ward successfully planned, procured and executed urgent soil anchor stabilization of the existing quay wall suffering significant deflection from plan location and thereby threatening, not just mooring of cruise vessels, but the retail tenants lining the wharf.

Having restrained the existing quay wall, constructed in the colonial era by the British, Mr. Ward furnished and installed hundreds of steel sheet piling, more than thirty meters in length, to establish a consistent and unyielding berthing line tied back to cast in place deadman and concrete encapsulation of the entire splash zone to enhance useful life.

The Saint Lucia Air and Sea Ports Authority (SLASPA) is pleased to report that all project goals were achieved; personnel safety, quality of the work performed, completion cost/ schedule, while maintaining frequent vessel berthings within the active construction area. Therefore, we highly recommend Mr. Ward and please contact us as needed for any more clarification required.

Sincerely,
SAINT LUCIA AIR AND SEA PORTS AUTHORITY

.....
DAREN CENAC
General Manager (Ag.)

JACOBS ch2m

JACOBS CH2M
445 Challenger Road
Suite 130
Cape Canaveral FL 32920
321-392-4808
www.jacobs.com

November 2, 2018

Mr. John Ward
Live Flyer Inc.
330 Coquina Avenue
Ormond Beach, Florida
32174

To Whom It May Concern:

Since 2004 I have had the pleasure of working with John Ward on marine construction projects at Port Canaveral. These projects included concrete and steel pile driving, bulkhead walls, monopile and multi-pile mooring dolphins, dredging, grouted tie-back anchors, and articulated grouted scour protection mats.

Throughout these projects, John demonstrated a thorough knowledge of marine construction, and I always found that the construction workers under John conducted their work in a professional manner. When unexpected challenges arose, John responded to each with timely solutions and a "can do" attitude.

It is without hesitation that I submit this letter of recommendation for John Ward. John's extensive experience, professionalism, and knowledge will allow him to build a highly competent marine construction company. I look forward to working with John again on future projects. If you require any further information, please do not hesitate to contact me.

Sincerely,

Gary D. Ledford, P.E.
Project director

GRL Dynamic Measurements and Analyses
engineers, inc.

November 13, 2018

Dear Sir or Madame,

Having enjoyed working with Mr. John Ward in the design and construction of marine deep foundation systems throughout Florida and the Caribbean since 1999, I highly recommend Mr. Ward as having extensive knowledge and skill in heavy civil marine construction.

John's ability to consistently overcome difficult and varied field conditions, as well as unexpected soil strata has been routinely demonstrated. Additionally, his resilience to create alternative solutions in order to achieve all project goals has been consistent.

Therefore, please consider this document my professional support and recommendation for John Ward within the field of marine construction. We look forward to working together in the future and please contact me for more information as needed.

Thank you,

Mohamad Hussein, P.E.
V.P./GRL Engineers, Inc.
8000 South Orange Ave., suite 225
Orlando, Florida 32809
Office phone: (407) 826-9539
Cell phone: (407) 257-0934
www.GRLEngineers.com

GRL Dynamic Measurements and Analyses
engineers, inc.

www.pile.com

ANTI – KICKBACK AFFIDAVIT

ITB #21-004: KEY WEST MOORING FIELD INSPECTION/REPLACEMENT

STATE OF FLORIDA)
: SS
COUNTY OF VOLUSIA)

I, the undersigned hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employees of the City of Key West as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

By: _____
JOHN WARD - PRESIDENT / COO (LIVE FLYER, INC.)

Sworn and subscribed before me this 28TH day of DECEMBER, 2020.

NOTARY PUBLIC, State of ~~FLORIDA~~ Georgia at Large

My Commission Expires: 11/9/24

TIA J LEWIS
NOTARY PUBLIC
Dougherty County
State of Georgia
My Comm. Expires Nov. 09, 2024

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

ITB #21-004: KEY WEST MOORING FIELD INSPECTION/REPLACEMENT

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 with Bid or Bid for ITB #21-004 KEY WEST MOORING FIELD INSPECTION / REPLACEMENT

2. This sworn statement is submitted by LIVE FLYER, INC.
(Name of entity submitting sworn statement)

whose business address is 330 COQUINA AVE, ORMOND BEACH, FL 32174

and (if applicable) its Federal Employer Identification Number (FEIN) is 47-1045970

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement N/A

3. My name is JOHN WARD
(Please print name of individual signing)

and my relationship to the entity named above is PRESIDENT / COO

4. 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 with the United States, including but not limited to, any bid or contract for goods or services to be provided to any public or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, material misrepresentation.

5. 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 guilt, in any federal or state trial court of record relating to charges brought by indictment information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

6. 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 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 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 Paragraph 287.133(1)(8), 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 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).

   _X_ 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, AND (Please indicate which additional statement applies.)

   _____ There has been a proceeding concerning the conviction before a hearing of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer 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 a hearing officer of the State of

   Florida, Division of Administrative Hearings. The final order entered by the hearing officer 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 put on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

JOHN WARD
(Signature)
23-DECEMBER-2020
(Date)

STATE OF FLORIDA

COUNTY OF VOLUSIA

PERSONALLY APPEARED BEFORE ME, the undersigned authority,

JOHN WARD who, after first being sworn by me, affixed his/her
(Name of individual signing)

Signature in the space provided above on this 23rd day of DECEMBER, 2020.

My commission expires: 11/9/24

Tia J Lewis
NOTARY PUBLIC

TIA J LEWIS
NOTARY PUBLIC
Dougherty County
State of Georgia
My Comm. Expires Nov. 09, 2024

CITY OF KEY WEST INDEMNIFICATION FORM

ITB #21-004: KEY WEST MOORING FIELD INSPECTION/REPLACEMENT

To the fullest extent permitted by law, the CONTRACTOR expressly agrees to indemnify and hold harmless the City of Key West, their officers, directors, agents and employees *(herein called the "indemnitees") from liabilities, damages, losses and costs, including but not limited to, reasonable attorney's fees and court costs, such legal expenses to include costs incurred in establishing the indemnification and other rights agreed to in this Paragraph, to persons or property, to the extent caused by the negligence, recklessness, or intentional wrongful misconduct of the CONTRACTOR, its Subcontractors or persons employed or utilized by them in the performance of the Contract. Claims by indemnitees for indemnification shall be limited to the amount of CONTRACTOR's insurance or $1 million per occurrence, whichever is greater. The parties acknowledge that the amount of the indemnity required hereunder bears a reasonable commercial relationship to the Contract and it is part of the project specifications or the bid documents, if any.

The indemnification obligations under the Contract shall not be restricted in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for the CONTRACTOR under Workers' Compensation acts, disability benefits acts, or other employee benefits acts, and shall extend to and include any actions brought by or in the name of any employee of the CONTRACTOR or of any third party to whom CONTRACTOR may subcontract a part or all of the Work. This indemnification shall continue beyond the date of completion of the work.

CONTRACTOR: 330 COQUINA AVE, ORMOND BEACH, FL 32174
Address

Signature

JOHN WARD
Print Name

President / COO
Title

DATE: 30-DECEMBER-2020

SEAL:

NON-COLLUSION AFFIDAVIT

STATE OF FLORIDA)
: SS
COUNTY OF VOLUSIA)

I, the undersigned hereby declares that the only persons or parties interested in this Proposal are those named herein, that this Proposal is, in all respects, fair and without fraud, that it is made without collusion with any official of the Owner, and that the Proposal is made without any connection or collusion with any person submitting another Proposal on this Contract.

By: _____
JOHN WARD - PRESIDENT / COO

Sworn and subscribed before me this

28th day of DECEMBER, 2020.

_____
NOTARY PUBLIC, State of ~~Florida~~ Georgia at Large

My Commission Expires: NOV-9-2024

TIA J LEWIS
NOTARY PUBLIC
Dougherty County
State of Georgia
My Comm. Expires Nov. 09, 2024

EQUAL BENEFITS FOR DOMESTIC PARTNERS AFFIDAVIT

ITB #21-004: KEY WEST MOORING FIELD INSPECTION/REPLACEMENT

STATE OF FLORIDA)
: SS
COUNTY OF VOLUSIA)

I, the undersigned hereby duly sworn, depose and say that the firm of LIVE FLYER, INC. provides benefits to domestic partners of its employees on the same basis as it provides benefits to employees' spouses per City of Key West Ordinance Sec. 2-799.

By: _____
JOHN WARD - PRESIDENT / COO

Sworn and subscribed before me this

28th Day of DECEMBER, 2020.

_____
NOTARY PUBLIC, State of ~~FLORIDA~~ Georgia at Large

My Commission Expires: 11/9/24

TIA J LEWIS
NOTARY PUBLIC
Dougherty County
State of Georgia
My Comm. Expires Nov. 09, 2024

CONE OF SILENCE AFFIDAVIT

ITB #21-004: KEY WEST MOORING FIELD INSPECTION/REPLACEMENT

STATE OF FLORIDA)
: SS
COUNTY OF VOLUSIA)

I the undersigned hereby duly sworn depose and say that all owner(s), partners, officers, directors, employees and agents representing the firm of LIVE FLYER, INC. have read and understand the limitations and procedures regarding communications concerning City of Key West issued competitive solicitations pursuant to City of Key West Ordinance Section 2-773 Cone of Silence (attached).

Sworn and subscribed before me this

28th Day of DECEMBER, 2020.

NOTARY PUBLIC, State of ~~FLORIDA~~ Georgia at Large

My Commission Expires: 11/9/24

TIA J LEWIS
NOTARY PUBLIC
Dougherty County
State of Georgia
My Comm. Expires Nov. 09, 2024

Ron DeSantis, Governor

Halsey Beshears, Secretary

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

WARD, JOHN V JR

LIVE FLYER, INC.
330 COQUINA AVE
ORMOND BEACH FL 32174

LICENSE NUMBER: SCC131152095

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

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

INDIANA UNIVERSITY

Eppley Institute for Parks and Public Lands

congratulates and honors

John Ward

who has successfully fulfilled the requirements for

Florida Keys National Marine Sanctuary Boater Education

and is hereby awarded a

CERTIFICATE OF COMPLETION

proValens Learning

Stephen A. Wolter
Executive Director, Eppley Institute for Parks and Public Lands
Indiana University

eppley institute for Parks and Public Lands

Issued: June 6, 2019

Department of
Environmental Protection

2600 Blair Stone Road, M.S. 3565
Tallahassee, Florida 32399-2400

May 14, 2019

Congratulations on successfully completing the Florida Stormwater Erosion and Sedimentation Control Inspector Training Program. I greatly appreciate your participation in and successful completion of this course. I hope that it has helped you to better understand Florida's stormwater problems and the importance of proper design, construction, and maintenance of erosion and sediment controls during construction, in order to assure the proper long-term operation and maintenance of stormwater systems after construction is completed.

Attached you will find your numbered certificate and wallet card. Please let me know if there are any errors in the certificate or card, or in the grading of your exam. If I can be of further assistance, please do not hesitate to contact me at 850/245-8294 or via email: halton.lunsford@dep.state.fl.us.

John V. Ward

DEPARTMENT OF
ENVIRONMENTAL PROTECTION
STORMWATER EROSION AND SEDIMENTATION CONTROL
INSPECTOR TRAINING PROGRAM

John V. Ward

Class Date *January 30, 2019*
Inspector Number *42678*

QUALIFIED STORMWATER MANAGEMENT INSPECTOR
CURRENTLY DOES NOT EXPIRE

QUALIFIED STORMWATER MANAGEMENT INSPECTOR

The undersigned hereby acknowledges that

John V. Ward

has successfully met all requirements necessary to be fully qualified through the Florida Department of Environmental Protection Stormwater Erosion and Sedimentation Control Inspector Training Program

January 30, 2019

Inspector Number 42678

Hal Lunsford
Statewide Training Coordinator

Kevin Coyne
WQRP Program Administrator

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/22/2020

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(les) 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
Brown & Brown of Florida, Inc.
1201 W Cypress Creek Rd
Suite 130
Fort Lauderdale FL 33309

CONTACT NAME:
PHONE (A/C, No, Ext): (954) 776-2222 **FAX (A/C, No):** (954) 776-4446
E-MAIL ADDRESS: Marinecerts@bbftlaud.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : New York Marine And General Insurance Company	16608
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Live Flyer, Inc.
330 Coquina Ave
Ormond Beach FL 32174

COVERAGES **CERTIFICATE NUMBER:** 20-21 Final Master **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Marine Contractor Legal Liability GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	ML202000002114	12/21/2020	12/21/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	Y	Y	AU202000016680	12/21/2020	12/21/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Protection & Indemnity - Watercraft Liability	Y	Y	ML202000002114	12/21/2020	12/21/2021	P&I Limit - Each Occ. Crew - 2	$1,000,000

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

The City of Jacksonville its members, officials, officers, employees and agents are an additional Insured per the blanket additional insured endorsement and waiver of subrogation is in favor of the certificate holder per the blanket waiver of subrogation as respects General Liability, Auto & Watercraft Liability, but only if required by written contract,subject to all of the policy terms, conditions, limitations and/or exclusions. Coverages are Primary and non- Contributory. 30 day notice of cancellation to the City of Jacksonville applies all policies except 10 days for nonpayment.

Project: Ribault River Channel Marker

CERTIFICATE HOLDER
City of Jacksonville
117 W Duval Street Ste 335
Jacksonville FL 32202

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/22/2020

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

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

PRODUCER	CONTACT NAME:	
Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	PHONE (A/C, No, Ext): (954) 776-2222	FAX (A/C, No): (954) 776-4446
	E-MAIL ADDRESS: Marinecerts@bbftlaud.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : New York Marine And General Insurance Company	16608
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Live Flyer, Inc.
330 Coquina Ave
Ormond Beach FL 32174

COVERAGES **CERTIFICATE NUMBER:** 20-21 Final Master **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Marine Contractor Legal Liability GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	ML202000002114	12/21/2020	12/21/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	Y	Y	AU202000016680	12/21/2020	12/21/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Protection & Indemnity - Watercraft Liability			ML202000002114	12/21/2020	12/21/2021	P&I Limit - Each Occ. Crew - 2	$1,000,000

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

Re: DEP Contract No. CN (BDC34-19/20); Jewell Cove Living Shoreline - Mangrove Pods Project as respects general and automobile liability coverages, Florida Department of Environmental Protection and the Board of Trustees of the Internal Improvement Trust Fund are additional insured, when required by contract. The indicated General Liability, Automobile Liability policies contain a waiver of subrogation, when required by contract, in favor of the additional insureds stated above to the extent permitted by law subject to all of the policy terms, conditions, limitations and/or exclusions.

CERTIFICATE HOLDER

City of Lake Worth Beach
1749 3rd Avenue South
Lake Worth FL 33460

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/22/2020

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

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

PRODUCER	CONTACT NAME:	
Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	PHONE (A/C, No, Ext): (954) 776-2222	FAX (A/C, No): (954) 776-4446
	E-MAIL ADDRESS: Marinecerts@bbftlaud.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : New York Marine And General Insurance Company	16608
INSURED Live Flyer, Inc. 330 Coquina Ave Ormond Beach FL 32174	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 20-21 Final Master **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Marine Contractor Legal Liability GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:			ML202000002114	12/21/2020	12/21/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			AU202000016680	12/21/2020	12/21/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Protection & Indemnity - Watercraft Liability			ML202000002114	12/21/2020	12/21/2021	P&I Limit - Each Occ. Crew - 2	$1,000,000

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

CERTIFICATE HOLDER

County of Volusia - Contractor Licensing
123 W. Indiana Ave
DeLand FL 32720

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/22/2020

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 Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	CONTACT NAME: PHONE (A/C, No, Ext): (954) 776-2222 FAX (A/C, No): (954) 776-4446 E-MAIL ADDRESS: Marinecerts@bbftlaud.com
INSURED Live Flyer, Inc. 330 Coquina Ave Ormond Beach FL 32174	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: New York Marine And General Insurance Company — 16608 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 20-21 Final Master **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Marine Contractor Legal Liability [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	ML202000002114	12/21/2020	12/21/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	Y	Y	AU202000016680	12/21/2020	12/21/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Protection & Indemnity - Watercraft Liability			ML202000002114	12/21/2020	12/21/2021	P&I Limit - Each Occ. Crew - 2	$1,000,000

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

DEP Contract No. CN(BDC18-17/18), as respects general and automobile liability coverages, Florida Department of Environmental Protection and the Board of Trustees of the Internal Improvement Trust Fund are included as additional insured, when required by contract. The indicated General Liability, Automobile Liability policies contain a waiver of subrogation, when required by contract, in favor of the additional insureds stated above to the extent permitted by law. The General Liability and Auto are primary and non-contributory.
Project No. 19-0402 and the name is Blueway Marker Maintenance.
Thirty (30) days notice of cancellation, except Ten (10) days for non-payment of Premium.

CERTIFICATE HOLDER

Department of Environmental Protection c/o Bureau of Design and
3900 Commonwealth Blvd. MS 520
Tallahassee FL 32399-3000

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/22/2020

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 Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	**CONTACT NAME:** **PHONE (A/C, No, Ext):** (954) 776-2222 **FAX (A/C, No):** (954) 776-4446 **E-MAIL ADDRESS:** Marinecerts@bbftlaud.com
INSURED Live Flyer, Inc. 330 Coquina Ave Ormond Beach FL 32174	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** New York Marine And General Insurance Company — 16608 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 20-21 Final Master **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Marine Contractor Legal Liability GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	ML202000002114	12/21/2020	12/21/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	Y	Y	AU202000016680	12/21/2020	12/21/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A	Protection & Indemnity - Watercraft Liability			ML202000002114	12/21/2020	12/21/2021	P&I Limit - Each Occ. Crew - 2	$1,000,000

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

The certificate holder is an additional insured per the blanket additional insured endorsement and Waiver of subrogation is in favor of the certificate holder per the blanket waiver of subrogation endorsement as respects Automobile & General Liability, but only if required by written contract subject to all of the policy terms, conditions, limitations and/or exclusions. Coverage is primary and non-contributory if required by written contract.
Marker and Post Repair and Maintenance for Blueway Trails
19-0402

CERTIFICATE HOLDER

Lake County, A Political Subdivision of the State of Florida and the
Board of Commissioners
PO Box 7800
Tavares FL 32778

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/22/2020

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

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

PRODUCER	CONTACT NAME:	
Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	PHONE (A/C, No, Ext): (954) 776-2222	FAX (A/C, No): (954) 776-4446
	E-MAIL ADDRESS: Marinecerts@bbftlaud.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Live Flyer, Inc. 330 Coquina Ave Ormond Beach FL 32174	INSURER A: New York Marine And General Insurance Company	16608
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 20-21 Final Master **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Marine Contractor Legal Liability [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	Y		ML202000002114	12/21/2020	12/21/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			AU202000016680	12/21/2020	12/21/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Protection & Indemnity - Watercraft Liability			ML202000002114	12/21/2020	12/21/2021	P&I Limit - Each Occ. Crew - 2	$1,000,000

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

The cert holder is an additional insured per the blanket additional insured endorsement as respects General Liability, but only if required by written contract subject to all of the policy terms, conditions, limitations and/or exclusions.

CERTIFICATE HOLDER

Mobro Marine
606 Leonard C Taylor Pkwy
Green Cove Springs FL 32043

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

AGENCY CUSTOMER ID: 00258450

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY		NAMED INSURED
Brown & Brown of Florida, Inc.		Live Flyer, Inc.
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

Water Quality Insurance Syndicate
WQIS
Policy #V1637820
3/18/20-3/18/21

Limit Section A & B - $5,000,000
Section C - $1,000,000
Section H - $100,000

New York Marine & General
Inland Marine / Equipment
12/21/19-12/21/20

(1) 2 ea x 40' x 10' x 5'x $30,000 / ea

(2) 2 ea x 20' x 10' x 5' x $20,000 / ea

(3) 2 ea x 25' x 12" spuds x $2,500 / ea

Leased Rented Limits
$200,000

Scheduled Equipment
Limit $180,000

Deductible
$2,500

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/22/2020

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

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

PRODUCER	CONTACT NAME:	
Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	PHONE (A/C, No, Ext): (954) 776-2222	FAX (A/C, No): (954) 776-4446
	E-MAIL ADDRESS: Marinecerts@bbftlaud.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : New York Marine And General Insurance Company	16608
INSURED Live Flyer, Inc. 330 Coquina Ave Ormond Beach FL 32174	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 20-21 Final Master **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Marine Contractor Legal Liability GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	Y		ML202000002114	12/21/2020	12/21/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			AU202000016680	12/21/2020	12/21/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Protection & Indemnity - Watercraft Liability			ML202000002114	12/21/2020	12/21/2021	P&I Limit - Each Occ. Crew - 2	$1,000,000

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

The cert holder is an additional insured per the blanket additional insured endorsement as respects General Liability, but only if required by written contract subject to all of the policy terms, conditions, limitations and/or exclusions.

Synergy Rents is loss payee in regards to rented or leased equipment.

CERTIFICATE HOLDER

Synergy Equipment
1830 Mason Ave
Daytona Beach, FL 32117

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

AGENCY CUSTOMER ID: 00258450

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY		NAMED INSURED
Brown & Brown of Florida, Inc.		Live Flyer, Inc.
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

New York Marine & General
Marine General Liability Package
12/21/20-12/21/21

Hull & Protection & Indemnity Including Maritime Employers Liability

Sectional Barge $20,000 each
Spud Barge $2,500 each

Scheduled Equipment
Limit $130,000

Deductible
$2,500

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/22/2020

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
Brown & Brown of Florida, Inc.
1201 W Cypress Creek Rd
Suite 130
Fort Lauderdale FL 33309

CONTACT NAME:
PHONE (A/C, No, Ext): (954) 776-2222 FAX (A/C, No): (954) 776-4446
E-MAIL ADDRESS: Marinecerts@bbftlaud.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: New York Marine And General Insurance Company	16608
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Live Flyer, Inc.
330 Coquina Ave
Ormond Beach FL 32174

COVERAGES **CERTIFICATE NUMBER:** 20-21 Final Master **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Marine Contractor Legal Liability GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:			ML202000002114	12/21/2020	12/21/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			AU202000016680	12/21/2020	12/21/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Protection & Indemnity - Watercraft Liability			ML202000002114	12/21/2020	12/21/2021	P&I Limit - Each Occ. Crew - 2	$1,000,000

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

Job Site:
Mangrove Pods/Old Bridge
90 Lake Ave
Palm Beach, FL 33480

CERTIFICATE HOLDER

United Rentals
1860 Martin Luther King
Jr. Blvd
Riviera Beach FL 33404

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 11/4/2020 **EXPIRATION DATE:** 11/4/2022

PERSON: ANN SCHWARTING **EMAIL:** ANN@LIVEFLYERINC.COM

FEIN: 471045970

BUSINESS NAME AND ADDRESS:

LIVE FLYER, INC.

330 COQUINA AVE

ORMOND BEACH, FL 32174

SCOPE OF BUSINESS OR TRADE:

Salvage Operation No Wrecking or Any Structural Operations	Marine Pile Driving-Dock & Seawall-Jetty Or Breakwater-Dike Or Revetment Construction All Operations To Completion & Drivers

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

JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 11/4/2020 **EXPIRATION DATE:** 11/4/2022

PERSON: JOHN V WARD **EMAIL:** LIVEFLYER@ ICLOUD.COM

FEIN: 471045970

BUSINESS NAME AND ADDRESS:

LIVE FLYER, INC.

330 COQUINA AVE

ORMOND BEACH, FL 32174

SCOPE OF BUSINESS OR TRADE:

Salvage Operation No Wrecking or Any Structural Operations	Marine Pile Driving-Dock & Seawall-Jetty Or Breakwater-Dike Or Revetment Construction All Operations To Completion & Drivers

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