

**BID FORM  
24-PW003**

**SEASIDE GARDENS DRAINAGE IMPROVEMENTS**

**THIS BID IS SUBMITTED BY:**

\_\_\_\_\_  
Company Name

**SCHEDULE OF VALUES**

| ID  | BID ITEM                                 | EST. QTY | UNIT | UNIT PRICE | TOTAL PRICE      |
|---|--|----------|------|------------|------------------|
| <b>1.0 Seaside Gardens Drainage Improvements</b>            |  |          |      |            |                  |
| 1.1   | 36" HDPE Pipe                            | 190      | LF   | \$295      | \$56,050         |
| 1.2   | Excavation                               | 419      | CY   | \$27       | \$11,313         |
| 1.3   | Sidewalk Replacement                     | 17       | SY   | \$82       | \$1,394          |
| 1.4   | Pavement                                 | 29       | Ton  | \$310      | \$8,990          |
| 1.5   | Base                                     | 171      | SY   | \$65       | \$11,115         |
| 1.6   | Structure                                | 2        | EA   | \$3,500    | \$7,000          |
| 1.7   | Seawall Repair                           | 36       | SF   | \$52       | \$1,872          |
| 1.8   | Pipe Abandonment-Removal                 | 32       | CY   | \$175      | \$5,600          |
| 1.9   | Tide Valve- Ultraflex Inline Check Valve | 1        | EA   | \$36,500   | \$36,500         |
| <b>1.0 Seaside Gardens Drainage Improvements Subtotal =</b> |  |          |      |            | <b>\$139,834</b> |

**BID TOTAL =** **\$139,834.00**

- A. All bid items, on this form and within the Schedule of Values, must be filled in completely.
- B. Schedule of Values is representative. Bid must be reflective of the Construction plans prepared by RESPEC Company, LLC, Dated April 2024.
- C. The Bidder's grand total above is his total bid based on his unit prices and lump sum prices and the estimated quantities required for each section. This figure is for information only at the time of opening bids. The City will make the tabulation from the unit prices and lump sum price bid. If there is an error in the base bid total by the Bidder, it shall be changed as only the unit prices and lump sum price shall govern.
- D. The undersigned Bidder proposes and agrees, if this Bid is accepted, to enter into an agreement with the City of Holmes Beach in the form of the Contract approved by the City and for the Contract Sum and within the Contract Time indicated in this Bid and in accordance with all other terms and conditions of the Contract Documents.

**SCRUTINIZED COMPANIES CERTIFICATION**

**24-PW003**

**SEASIDE GARDENS DRAINAGE IMPROVEMENTS**

Respondent Vendor Name: Newson Construction & Consulting  
 Vendor FEIN: 90-2435086  
 Vendor's Authorized Representative Name and Title: Rondell Newson - Owner  
 Address: 118 SW 21<sup>st</sup> Ter  
 City: Cape Coral State: FL Zip: 33991  
 Phone Number: 239-478-3485  
 Email Address: ronnewson@icloud.com

Section 287.135, Florida Statutes, prohibits agencies from contracting with companies, for products or services over \$1,000,000, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. Both lists are created pursuant to section 215.473, Florida Statutes.

As the person authorized to sign on behalf of Respondent, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject company to civil penalties, attorney's fees, and/or costs.

Certified By: Rondell Newson  
 AUTHORIZED SIGNATURE  
 Print Name and Title: Rondell Newson Owner  
 Date: 7/29/24

**BIDDER'S QUALIFICATIONS AND REFERENCES**

**24-PW003**

**SEASIDE GARDENS DRAINAGE IMPROVEMENTS**

(To be completed by Bidder and submitted with bid)

*Newsom Construction & Consulting LLC*

Company Name

1. Provide the number of years the Bidder has been engaged in the contracting business, under the present business name: 8
2. Provide the number of years the Bidder has experience in work of a nature similar to that covered in the bid documents: 20
3. Has Bidder ever failed to satisfactorily complete a contract awarded to them, except as follows: (Name any and all exceptions and reasons therefore)

*N/A*

4. The following contracts have been satisfactorily completed within the last three years for the persons, firms, or authorities indicated:

|    | YEAR        | TYPE OF WORK             | CONTRACT AMOUNT | LOCATION AND FOR WHOM PERFORMED |
|----|-------------|--------------------------|-----------------|---------------------------------|
| a. | <i>2024</i> | <i>Drainage Imp</i>      | <i>\$75K</i>    | <i>City of Cape Coral</i>       |
| b. | <i>2023</i> | <i>Hurricane Repairs</i> | <i>\$60K</i>    | <i>City of Fort Myers</i>       |
| c. | <i>2023</i> | <i>Interna Imp</i>       | <i>\$140K</i>   | <i>City of Punta Gorda</i>      |
| d. |             |                          |                 |                                 |
| e. |             |                          |                 |                                 |

5. The following persons may be contacted for information concerning the contract work listed above (list a reference for each contract named):

|    | NAME/TITLE             | ADDRESS                                | PHONE               |
|----|------------------------|--|---------------------|
| a. | <i>Tristan Treiber</i> | <i>1015 Cultural Park Cape Coral</i>   | <i>239-574-0749</i> |
| b. | <i>Joe Trapp</i>       | <i>2751 Jacksonwide St Fort Myers</i>  | <i>239-371-7655</i> |
| c. | <i>Kurt Pentelenc</i>  | <i>340 Gulf Breeze Ave Punta Gorda</i> | <i>941-639-4344</i> |

|  |                                  |
|--|----------------------------------|
| Authorized Signature <i>Randell Newsom</i> | Print Name <i>Randell Newsom</i> |
| Date <i>7/29/24</i>                        | Title <i>Owner</i>               |

**CERTIFICATION OF NON-BOYCOTT OF ISRAEL FORM  
24-PW003**

**SEASIDE GARDENS DRAINAGE IMPROVEMENTS**

This certification is required by Section 4725 of the Florida Revised Statutes. This form is incorporated as part of any contract between Contractor/Vendor if: (i) Contractor/Vendor is a company with ten (10) or more employees; and (ii) the contract involves the acquisition or disposal of services, supplies, information technology, or construction and has a total potential value of \$100,000 or more.

**Certification:**

If Contractor/Vendor is a "company," Contractor/Vendor certifies that it, and any company affiliated with it, does not boycott Israel and will not boycott Israel during the term of its contract with the City of Holmes Beach. In this certification, the terms "company" and "boycott Israel" shall have the meanings described in Section 4725 of the Florida Revised Statutes.

|   |  |
|---|--|
| Vendor/Contractor Name or Company Name    | <i>Newsom Construction &amp; Contracting</i> |
| Street Address                            | <i>118 SW 21<sup>ST</sup> Ter</i>            |
| City                                      | <i>Cape Coral</i>                            |
| State                                     | <i>FL</i>                                    |
| Zip Code                                  | <i>33991</i>                                 |
| Phone Number                              | <i>239-478-3485</i>                          |
| Printed Name of Authorized Representative | <i>Rondell Newsom</i>                        |
| Title of Authorized Representative        | <i>Owner</i>                                 |
| Signature of Authorized Representative    | <i>Rondell Newsom</i>                        |
| Date                                      | <i>7/27/24</i>                               |

**BIDDER'S REGISTRATION FORM**


(To be completed by Bidder and submitted with bid)

| INDEPENDENT BIDDER REGISTRATION |                                      |                        |                                     |             |
|---------------------------------|--------------------------------------|------------------------|-------------------------------------|-------------|
| Bidder's License #              | CLC 1522190                          |                        |                                     |             |
| Date                            | 7/1/16                               | Fed ID #               | 90-2435086                          |             |
| Corporate Name of Company       | Newson Construction + Consulting     |                        |                                     |             |
| Street Address                  | 118 SW 21st Ter Cape Coral, FL 33991 |                        |                                     |             |
| Mailing Address                 | 118 SW 21st Ter Cape Coral, FL 33991 |                        |                                     |             |
| Email Address                   | ronnewson@icloud.com                 |                        |                                     |             |
| Phone                           | 239-478-3485                         | Fax                    |                                     |             |
| Name of Principal Contact       | Rondell Newson                       |                        |                                     |             |
| Type of Business                | <input type="checkbox"/>             | Sole Proprietor        | <input type="checkbox"/>            | Partnership |
|                                 | <input type="checkbox"/>             | Non-Profit 501(c)(3)   | <input checked="" type="checkbox"/> | Corporation |
|                                 | <input type="checkbox"/>             | Other (please explain) |                                     |             |

| INSURANCE                              |             |          |  |
|--|-------------|----------|--|
| Workers Compensation                   |             |          |  |
| Carrier                                |             |          |  |
| Address                                |             |          |  |
| Phone                                  |             | Fax      |  |
| Policy Number                          |             |          |  |
| Minimum Limits of Coverage             | Minimum     | Provided |  |
| Bodily Injury Each Accident            | \$1,000,000 |          |  |
| Bodily Injury/Disease/Employee         | \$1,000,000 |          |  |
| Bodily Injury/Disease/Policy Limit     | \$1,000,000 |          |  |
| 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 |          |  |

| General Liability          |                                   |          |
|----------------------------|-----------------------------------|----------|
| Carrier                    |                                   |          |
| Address                    |                                   |          |
| Phone                      |                                   | Fax      |
| Policy Number              |                                   |          |
| Policy Limits (\$)         |                                   |          |
| A.M. Best Rating           |                                   |          |
| Minimum Limits of Coverage | Minimum                           | Provided |
| Auto Liability             | \$1,000,000 Combined Single Limit |          |
| General Liability          | \$2,000,000 Aggregate             |          |
|                            | \$2,000,000 Products Aggregate    |          |
|                            | \$1,000,000 Any One Occurrence    |          |
|                            | \$1,000,000 Personal Injury       |          |
| Additional Liability       | \$1,000,000 Occurrence/Aggregate  |          |
| Professional Liability     | \$1,000,000 Per Claim/Aggregate   |          |

**BIDDER CERTIFIES, UNDER PENALTY OF PERJURY, THAT THE FOREGOING INFORMATION IS CURRENT AND ACCURATE AND AUTHORIZES OWNER, AND ITS AGENTS AND REPRESENTATIVES TO OBTAIN A CREDIT REPORT AND/OR VERIFY ANY OF THE ABOVE INFORMATION.**

|  |                                  |
|--|----------------------------------|
| Authorized Signature  | Print Name <i>Parkell Newson</i> |
| Date <i>7/29/29</i>  | Title <i>Owner</i>               |





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/29/2024

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).

|  |   |  |
|--|---|--|
| <b>PRODUCER</b><br>AUTOMATIC DATA PROCESSING INSURANCE AGENCY, INC.<br>1 ADP BOULEVARD<br>Roseland, NJ 07068 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____<br>E-MAIL: _____<br>ADDRESS: _____ |  |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>  |  |
| <b>INSURED</b><br>Newson Construction & Consulting LLC<br>118 SW 21st Ter<br>Cape Coral, FL 33991-4303       | INSURER A : NorGUARD Insurance Company <span style="float:right">NAIC # 31470</span>                        |  |
|  | INSURER B :   |  |
|  | INSURER C :   |  |
|  | INSURER D :   |  |
|  | INSURER E :   |  |
|  | INSURER F :   |  |

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


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

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |            |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|------------|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: _____ |           |          |               |                         |                         | EACH OCCURRENCE                           | \$ 0       |
|          |  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 0       |
|          |  |           |          |               |                         |                         | MED EXP (Any one person)                  | \$ 0       |
|          |  |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 0       |
|          |  |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 0       |
|          |  |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 0       |
|          |  |           |          |               |                         |                         |   | \$         |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY                |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$         |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$         |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$         |
|          |  |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$         |
|          |  |           |          |               |                         |                         |   | \$         |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED: _____ RETENTION \$: _____   |           |          |               |                         |                         | EACH OCCURRENCE                           | \$         |
|          |  |           |          |               |                         |                         | AGGREGATE                                 | \$         |
|          |  |           |          |               |                         |                         |   | \$         |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br>Y  | N/A      | NEWC501313    | 02/27/2024              | 02/27/2025              | X PER STATUTE                             | OTH-ER     |
|          |  |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$ 100,000 |
|          |  |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$ 100,000 |
|          |  |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$ 500,000 |

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

Employees: Full Time: 1; Part Time: 0 Governing Class Description: CARPENTRY-DETACHED 1/2 FAMILY DWGS  
Exclusions:  
Rondell Newson, Member;

**CERTIFICATE HOLDER** **CANCELLATION**

|  |  |
|--|--|
| City of Holmes Beach<br>5801 Marina Dr<br>Holmes Beach, FL 34217 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE:  |
|--|--|

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

**CONSTRUCTION INDUSTRY LICENSING BOARD**

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

**NEWSON, RONDELL TREMAINE**

NEWSON CONSTRUCTION & CONSULTING, LLC

118 SW 21ST TERRACE

CAPE CORAL FL 33991

LICENSE NUMBER: CGC1522190

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)

ISSUED: 06/05/2024

Do not alter this document in any form.

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



# State of Florida

## Minority & Veteran Business Certification

NEWSON CONSTRUCTION & CONSULTING LLC

Is certified under the provisions of  
287 and 295.187, Florida Statutes, for a period from:  
03/20/2024 to 03/20/2026



J. Todd Inman  
Florida Department of Management Services

**ONLY COMPLETE THE SECTION BELOW IF YOU BELIEVE YOU ARE NOT REQUIRED TO PROVIDE THE CERTIFICATION LISTED ABOVE FOR THE REASONS CITED BELOW**

I am not required to provide the certification listed above because (select one):

- I am not a "company" as defined in Section 4725 of the Florida Revised Statutes.
- The contract between the Contractor/Vendor and the City of Holmes Beach does not involve the acquisition or disposal of services, supplies, information technology, or construction.
- The contract between the Contractor/Vendor and the City of Holmes Beach does not have a total potential value of \$100,000 or more.

Rondell Newson  
Name

  
Signature

7/29/24  
Date

**LIST OF PROPOSED SUBCONTRACTORS**

**24-PW003**

**SEASIDE GARDENS DRAINAGE IMPROVEMENTS**

(To be completed by Bidder and submitted with bid)


Newson Construction & Consulting LLC  
 Company Name

The undersigned Bidder hereby designates, as follows, all major subcontractors whom they propose to utilize for the major areas of work for the project. The Bidder is further notified that all subcontractors shall be properly licensed, bondable, and shall be required to furnish the City with a Certificate of Insurance in accordance with the contract's general conditions. Failure to furnish this information shall be grounds for rejection of the Bidder's bid. (If no subcontractors are proposed, state "None" on first line below).

| NO. | SUBCONTRACTOR NAME & ADDRESS | SCOPE OF WORK | LICENSE NUMBER |
|-----|------------------------------|---------------|----------------|
|     | Kavallo Inc                  | DRAINAGE      | '              |
|     |                              |               |                |
|     |                              |               |                |
|     |                              |               |                |
|     |                              |               |                |
|     |                              |               |                |
|     |                              |               |                |

|                      |            |
|----------------------|------------|
| Authorized Signature | Print Name |
| Date                 | Title      |

E. Contractor accepts all the terms and conditions of the Contract Documents. This Bid will remain subject to acceptance for 120 days after the day of the Bid opening.

|                      |   |                            |
|----------------------|---|----------------------------|
| Company Name         | Newson Construction + Consulting LLC  |                            |
| Email                | CON@NEWSON@ICLOUD.COM   |                            |
| Authorized Signature |  | Print Name Brandell Newson |
| Date                 | 7/29/24   | Title Owner                |

**ADDENDUM SHEET**

**24-PW003**

**SEASIDE GARDENS DRAINAGE IMPROVEMENTS**

(To be completed by Bidder and submitted with bid)

\_\_\_\_\_  
Company Name

In submitting this Bid, Bidder represents that Bidder has examined all the Contract Documents, performed all necessary Pre-Bid investigations, attended the mandatory Pre- Bid Meeting (if any), received the Pre-Bid Meeting minutes (if any), and received the following Addenda:

| ADDENDUM # | DATE |
|------------|------|
|            |      |
|            |      |
|            |      |
|            |      |
|            |      |
|            |      |
|            |      |
|            |      |
|            |      |

|                                 |                                  |
|---------------------------------|----------------------------------|
| Signature <i>Rondell Newsen</i> | Print Name <i>Rondell Newsen</i> |
| Date <i>7/29/24</i>             | Title <i>Owner</i>               |



*Discover the Difference.*

City of Holmes Beach  
City Clerk  
Attn: ITB #24-PW003  
5801 Marina Drive  
Holmes Beach, FL 34217

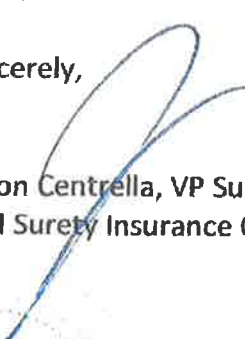
**Re: NEWSON CONSTRUCTION & CONSULTING, LLC**

We are providing this information at the request and on behalf of our client NEWSON CONSTRUCTION & CONSULTING, LLC. United Casualty and Surety Insurance Company is the current provider of surety bonds for our client NEWSON CONSTRUCTION & CONSULTING, LLC. United Casualty and Surety Insurance Company carries an A.M. Best "A- V" rating and has a treasury listing of \$2,187,000.

NEWSON CONSTRUCTION & CONSULTING, LLC is in excellent standing with United Casualty and Surety Insurance Company and the company would favorably consider requests to provide bonds of \$500,000, single, and \$1,500,000 aggregate bonded program for them. We continue to be confident of our customer's ability to perform and we recommend them for your favorable consideration.

This letter is not to be construed as an agreement to provide surety bonds for any project but is offered as an indication of our experience and confidence in this firm. Any specific requests for bonds will be underwritten on their own merits after a careful review of all final contract documents and other pertinent underwriting information at the time of the request.

Sincerely,

  
Jason Centrella, VP Surety, Allstar Surety Co., Managing General Agent for United Casualty and Surety Insurance Company

Allstar Financial Group, Inc.

Post Office Box 600962 · Jacksonville · FL · 32260-0962

11481 Old St. Augustine Rd · Suite 104  
Jacksonville · FL · 32258

T 904.230.1324 · Toll Free 1.800.639.4958

F 904.230.0921 · Toll Free 866.417.7327

SURETY · FIDELITY · INSURANCE



**POWER OF ATTORNEY**

172158

KNOW ALL MEN BY THESE PRESENTS: That United Casualty and Surety Insurance Company, a corporation of the State of Nebraska, and US Casualty and Surety Insurance Company and United Surety Insurance Company, assumed names of United Casualty and Surety Insurance Company (collectively, the Companies), do by these presents make, constitute and appoint:

**Jeffery L. Booth, Jason S. Centrella, James E. Feldner, Scott E. Stoltzner, Arthur S. Johnson, Stefan E. Tauger, Melanie J. Stokes, Alicia Anne Suarez, Alane Skaff**

its true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include riders, amendments, and consents of surety, providing the bond penalty does not exceed Three Million Seven Hundred Fifty Thousand & 00/100 Dollars ( \$3,750,000.00 ). This Power of Attorney shall expire without further action on December 31<sup>st</sup>, 2025.

This Power of Attorney is granted under and by authority of the following resolutions adopted by the Board of Directors of the Companies at a meeting duly called and held on the 1<sup>st</sup> day of July, 1993:

Resolved that the President, Treasurer, or Secretary be and they are hereby authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as its acts to execute and acknowledge for and on its behalf as Surety any and all bonds, recognizances, contracts of Indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected Officers of the Company in their own proper persons.

That the signature of any officer authorized by Resolutions of this Board and the Company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereunto affixed, this 23rd day of May, 2024

**UNITED CASUALTY AND SURETY INSURANCE COMPANY**  
 US Casualty and Surety Insurance Company  
 United Surety Insurance Company



Corporate Seals

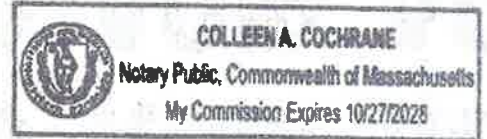
R. Kyle Fowler  
 R. Kyle Fowler, Treasurer

Commonwealth of Massachusetts  
 County of Suffolk ss:

On this 23rd day of May, 2024, before me, Colleen A. Cochrane, a notary public, personally appeared, R. Kyle Fowler, Treasurer of United Casualty and Surety Insurance Company, US Casualty and Surety Insurance Company and United Surety Insurance Company, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the Commonwealth of Massachusetts that the foregoing paragraph is true and correct.  
 WITNESS my hand and seal.

Colleen A. Cochrane (Seal)  
 Notary Public Commission Expires: 10/27/2028



I, Robert F. Thomas, President of United Casualty and Surety Insurance Company, US Casualty and Surety Insurance Company and United Surety Insurance Company do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Boston, Massachusetts this 17<sup>th</sup> day of

JULY, 2024

Corporate Seals



Robert F. Thomas  
 Robert F. Thomas, President

**IMMIGRATION CERTIFICATION AFFIDAVIT**

**24-PW003**

**SEASIDE GARDENS DRAINAGE IMPROVEMENTS**

The City of Holmes Beach will not intentionally award city contracts to any Consultant who knowingly employs unauthorized alien workers constituting a violation of the employment provisions contained in Section 274A (e) of the Immigration and Naturalization Act (INA) (8 U.S.C. 1324a).

The City of Holmes Beach may consider the employment by any Consultant of Unauthorized Aliens a violation of section 274A(e) of the INA. Such violation by the recipient of the employment provisions contained in Section 274A(e) of the INA shall be grounds for the unilateral cancellation of the contract by the City of Holmes Beach.

The bidder attests that they are fully compliant with all applicable immigration laws (Specifically to the 1986 Immigration Act and subsequent amendments).

Newson Construction Services, Inc.

[Company Name]

Rendell James O'Connell

[Signature & Title]

STATE OF FLORIDA

COUNTY OF Manatee

Sworn to (or affirmed and subscribed before me by means of physical presence or online notarization this 30 day of Jul, 2024, by Rendell Newson

Personally known: \_\_\_\_\_ OR Produced Identification Florida Drivers License

Type of Identification Produced: \_\_\_\_\_

(seal)



**Scott A. Greise**  
Notary Public  
State of Florida  
Comm# HH102392  
Expires 3/10/2025

Signature of Notary Public

Scott Greise

Print, Type/Stamp Name of Notary