# SECTION 8: BID FORMS

## BID FORM 8A: BID SUBMITTAL CHECKLIST

- ☐ Form 8B: Acknowledgement and Pricing Proposal
- ☐ Form 8C: Drug Free/Tie Preference Statement
- ☐ Form 8D: Public Entity Crimes Statement
- ☐ Form 8E: Anti-Collusion Statement
- ☐ Form 8F: Statement of Vendor Qualifications
- ☐ Form 8G: Professional References for Previous Experience
- ☐ Form 8H: Listing of Subcontractors
- ☐ Form 8I: Bid Price Sheet
- ☐ Independent Contractors Agreement
- ☐ Attachment: Bid Proposal
- ☐ Copy of License(s)
- ☐ Insurance Certificate
- ☐ Submission of one (1) original marked "ORIGINAL" and one (1) digital (flash drive) copy.

BY: MAWS MOWING

*Name of Business*

*Authorized Signature*

Mike Walker OWNER

*Printed Name and Title*

3/21/2023

*Date*

**THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR BID.**

# BID FORM 8B: Bid Form
# Acknowledgement and Pricing Proposal

PROJECT IDENTIFICATION: **CONTRACTED MOWING AND LANDSCAPE SERVICES**

BID IDENTIFICATION AND NUMBER: BID NO. 23-B-007

THIS BID IS SUBMITTED TO: **CITY OF SOUTH DAYTONA**
**OFFICE OF THE CITY MANAGER**
**1672 S. RIDGEWOOD AVENUE**
**SOUTH DAYTONA, FLORIDA 32119**

Name of Bidder: MICHAEL Walker
MAWS MOWING LLC

Mailing Address: 249 McGregor Rd

Street Address: 249 McGregor Rd.

City/State/Zip: Deland Fl. 32720

Phone Number: (386) 717-6780 FAX Number: (_____) _____

I have carefully examined the Invitation to Bid (ITB), Instructions to Vendors, General and/or Special Conditions, Specifications, and any other documents accompanying or made a part of this invitation.

I hereby propose to furnish the goods or services specified in the Invitation to Bid at the prices or rates as finally negotiated. I agree that my bid will remain firm for a period of up to ninety (90) days in order to allow the City of South Daytona adequate time to evaluate the proposed bid. Furthermore, I agree to abide by all conditions of the Invitation to Bid.

I certify that all information contained in this Bid is truthful to the best of my knowledge and belief. I further certify that I am a duly authorized to submit this Bid on behalf of the Vendor / Contractor as its act and deed and that the Vendor / Contractor is ready, willing and able to perform if awarded the contract.

I propose and agree, if this Bid is accepted, to enter into an Agreement with the City in the form included in the Contract Documents to furnish all necessary materials, equipment, machinery, tools, apparatus, transportation and labor and to complete all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Bid and in accordance with the Contract Documents.

I will accept as full compensation for completion of the project in full compliance with the Contract Documents, the lump sum price for the work items submitted herein with this Bid.

I further certify that this Bid is made without prior understanding, Contract, connection, discussion, or collusion with any person, firm or corporation submitting a Bid for the same product or service; no officer, employee or agent of the City of South Daytona City Council or of any other Vendor interested in said ITB; and that the undersigned executed this Vendor's Acknowledgement with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

I further certify that having read and examined the specifications and documents for the designated services and understanding the general conditions for contract under which services will be performed, does hereby propose to furnish all labor, equipment, and material to provide the services set forth in the ITB.

# BID FORM 8C:
# Drug-Free Preference Statement

IDENTICAL TIE BIDS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids, proposals, statements, or replies that are equal with respect to price, quality, and service are received by the city for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program.

In order to have a drug-free workplace program, a business shall:

(1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

(2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.

(3) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).

(4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

(5) Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.

(6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of Section 287.087, Florida Statutes.

As an authorized representative of the firm, I certify that this firm complies fully with the above requirements.

MAWS Mowing LLC
*(Name of Bidding Firm)*

*(Signature of person signing form)*

Michael A Walker Owner
*(Printed name and Title of person signing form)*

STATE OF Florida
COUNTY OF Volusia

This document was sworn to (or affirmed) and subscribed before me by ~~means of~~ X physical presence or ___ online notarization, this 30 day of March 2023 he/she is personally known to me or has presented _____ as identification.

JENNIFER ROBINSON
MY COMMISSION # HH 165538
EXPIRES: September 17, 2025
Bonded Thru Notary Public Underwriters

*Notary Public*
My Commission Expires: Sept. 17, 2026

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.**

I hereby declare that the following listing states any clarifications, any and all variations from and exceptions to the requirements of the specifications and documents. The undersigned further declares that the "work" will be performed in strict accordance with such requirements and understands that any exceptions to the requirements of the specifications and documents may render the Bid non-responsive.

**ADDENDUM ACKNOWLEDGEMENT**

I have carefully examined the Invitation to Bid (ITB), Instructions to Vendors, General and/or Special Conditions, Specifications, and any other documents accompanying or made a part of this Invitation to Bid.

I acknowledge receipt and incorporation of the following addenda, and the cost, if any, of such revisions has been included in the price of the bid proposal.

Addendum Number:_____ Date: _____ Addendum Number:_____ Date: _____

Addendum Number:_____ Date: _____ Addendum Number:_____ Date: _____

*Please note that the City may award contracts to multiple contractors.*

## BID

The undersigned offers to furnish all materials, equipment and labor for construction of the "BID NO. 23-B-007, CONTRACTED MOWING AND LANDSCAPE SERVICES," for the City of South Daytona, Florida, complete in every respect in strict accordance with the drawings, specifications, exhibits, figures and any future changes therein.

The LUMP SUM bid total is:

NINETY-FIVE THOUSAND FOUR HUNDRED Dollars

*(In Words)*

*(In Figures)* $ 95,400.

*The bid is outlined in Section 8I on the Bid Pricing Sheet.*

**IN WITNESS WHEREOF,** Bidder has hereunto executed this form this 30 day of MARCH, 2023.

MAWS MOWING LLC

*(Name of Bidding Firm)*

*(Signature of person signing form)*

Michael A. Walker

*(Printed name and Title of person signing form)*

STATE OF Florida
COUNTY OF Volusia

This document was sworn to (or affirmed) and subscribed before me by means of X physical presence or ___ online notarization, this 30 day of March, 2023

he/she is personally known to me or has presented _____ as identification.

JENNIFER ROBINSON
MY COMMISSION # HH 165538
EXPIRES: September 17, 2025
Bonded Thru Notary Public Underwriters

*Notary Public*
My Commission Expires: Sept. 17, 2026

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.**

# BID FORM 8D:
# Public Entity Crimes Statement

*(To be signed in the presence of notary public or other officer authorized to administer oaths.)*

Before me, the undersigned Authority, personally appeared affiant who, being by me first duly sworn, made the following statement:

This sworn statement is submitted with Bid, Proposal **or** Contract No 23-B-007 for Contracted Mowing/landscaping. This sworn statement is submitted by Maws Mowing LLC whose business address is 249 McGregor Rd Deland Fl 32720 and (if applicable) its Federal Employer Identification Number (FEIN) is 82-1115049. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: 82-1115049.)

My name is Michael A Walker and my relationship to the entity named above is Sole Proprietor.
(relationship such as sole proprietor, partner, president, vice president)

(1) I understand that a public entity crime as defined in Section 287.133 of the Florida Statutes includes 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 in Florida or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any proposal or contract for goods or services to be provided to any public entity or such an agency or political subdivision and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy or material misrepresentation.

(2) I understand that "convicted" or "conviction" is defined by the Florida Statutes to mean a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilt or nolo contendere.

(3) I understand that "affiliate" is defined by the Florida Statutes to mean (1) a predecessor or successor of a person or a corporation convicted of a public entity crime, or (2) an entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime, or (3) those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate, or (4) a person or corporation who knowingly entered into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months.

(4) I understand that a "person" as defined in Paragraph 287.133(i)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

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

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

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

_____ There has been a proceeding concerning the conviction before a hearing officer 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).

As an authorized representative of the firm, I certify that this firm complies fully with the above requirements.

MAWS MOWING LLC
*(Name of Bidding Firm)*

_____ *(Signature of person signing form)*

Michael A. Walker
*(Printed name and Title of person signing form)*

STATE OF Florida
COUNTY OF Volusia

This document was sworn to (or affirmed) and subscribed before me by means of X physical presence or ___ online notarization, this 30 day of March, 2023 he/she is personally known to me or has presented _____ as identification.

JENNIFER ROBINSON
MY COMMISSION # HH 165538
EXPIRES: September 17, 2025
Bonded Thru Notary Public Underwriters

*Notary Public*
My Commission Expires: Sept. 17, 2026

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.**

JENNIFER ROBINSON
MY COMMISSION # HH 165939
EXPIRES: September 17, 2026
Bonded Thru Notary Public Underwriters

## BID FORM 8E:
## Anti-Collusion Statement

By signing this form, the Proposer agrees that this Bid is made without any other understanding, agreement, or connection with any person, corporation, or firm submitting a bid for the same purpose and that the bid is in all respects fair and without collusion or fraud.

**SIGN** in ink in the space provided below. Unsigned Bids will be considered incomplete, and will be disqualified, and rejected.

IT IS AGREED BY THE UNDERSIGNED VENDOR THAT THE SIGNING AND DELIVERY OF THE BID REPRESENTS THE VENDORS ACCEPTANCE OF THE TERMS AND CONDITIONS OF THE FOREGOING SPECIFICATIONS, CONTRACT AND PROVISIONS, AND IF AWARDED, THIS CONTRACT WILL REPRESENT THE AGREEMENT BETWEEN THE VENDORS AND THE CITY OF SOUTH DAYTONA.

_____ Michael A Walker

*(Signature of person signing form)* *(Printed name and Title of person signing form)*

Name of Bidder: Maws Mowing LLC

Address: 249 McGregor Rd

_____

City/State/Zip: Deland FL 32720

Phone Number: (386) 717 6780 FAX Number: (_____) _____

FEIN Number: 82-1115049

**NO** Bid may be withdrawn for a period of ninety (90) days subsequent to the submittal of the Bids, without the consent of the City of South Daytona.

**NO BID (REASON):** _____

_____

_____

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.**

# BID FORM 8F:
# Statement of Vendor Qualifications

The undersigned warrants that he or she is duly authorized to complete this document, and hereby affirms that the information contained in this Form is complete, true, and correct to the best of their knowledge and belief. If necessary, questions may be answered on separate paper and attached, with any additional information that may be pertinent.

(1) Name of Vendor. Maws Mowing LLC

(2) Permanent main office address. 249 McGregor Rd - Deland Fl 32720

(3) Date organized. July 2010

(4) If a corporation, where incorporated. N/A

(5) How many years have you been engaged in the contracting business under your present firm or trade name? 13

(6) Contracts on hand: (Schedule these, showing amount of each contract and the appropriate anticipated dates of completion.)

(7) General character of work performed by your company. Landscaping

(8) Have you ever failed to complete any work awarded to you? If so, where and why? no

(9) Have you ever defaulted on a contract? If so, where and why? no

(10) List the more important projects recently completed by your company, stating the approximate cost for each and the month and year completed.

(11) List your major equipment currently owned or leased. Zero turn mowers, Tractor, Trailer, Weedeaters, Blowers, edgers

(12) Experience in work similar to this type of project. Subdivisions in Deland, Lake Helen, Have mowed these parks 2x.

(13) Background and experience of the principal members of your organization, including the officers.

(14) The undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the City in verification of the recitals comprising this Statement of Vendor Qualifications.

Maws Mowing LLC
*(Name of Bidding Firm)*

*(Signature of person signing form)*

Michael A Walker Owner
*(Printed name and Title of person signing form)*

STATE OF Florida
COUNTY OF Volusia

This document was sworn to (or affirmed) and subscribed before me by means of X physical presence or ___ online notarization, this 30 day of March, 2023, he/she is personally known to me or has presented _____ as identification.

JENNIFER ROBINSON
MY COMMISSION # HH 165538
EXPIRES: September 17, 2025
Bonded Thru Notary Public Underwriters

*Notary Public*
My Commission Expires: Sept. 17, 2026

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.**

# BID FORM 8G:
# Professional References for Previous Experience

The Vendor proposes that he/she is qualified to perform the referenced work and has successfully done so on recent projects similar in nature and size. The City reserves the right to check references and confirm information provided herein.

Please provide three (3) current and correct references from clients for similar services. (Do not include the City of South Daytona)

***Reference 1:***

| | |
|---|---|
| *Company Name:* | Alexander Pointe Subdivision |
| *City, State:* | DeLand, Florida |
| *Contact Person:* | Melissa Cooper |
| *Telephone Number:* | |
| *Email Address:* | |
| *Description of Goods or Services provided:* | Bushhog, Contract Mowing, Edging, Weeding, etc. |
| *Contract Amount:* | $1,708.00 per month |
| *Start/End Date of Contract:* | 2010 to Present |

***Reference 2:***

| | |
|---|---|
| *Company Name:* | Woods of Lake Helen HOA |
| *City, State:* | Lake Helen, Florida |
| *Contact Person:* | Roxann Reid |
| *Telephone Number:* | 407-921-3354 |
| *Email Address:* | |
| *Description of Goods or Services provided:* | Landscaping Services for HOA |
| *Contract Amount:* | $1,400.00 per month |
| *Start/End Date of Contract:* | 2010 to 2018, 2021 to Present |

***Reference 3:***

| | |
|---|---|
| *Company Name:* | Alexander Pointe HOA |
| *City, State:* | DeLand, Florida |
| *Contact Person:* | Susan Femino- Floyd |
| *Telephone Number:* | (407) 878-4162 |
| *Email Address:* | NA |
| *Description of Goods or Services provided:* | Landscaping Services for HOA |
| *Contract Amount:* | $1,900 per month |
| *Start/End Date of Contract:* | 2010-Present |

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.**

## BID FORM 8H:
## Listing of Subcontractors

The Vendor proposes that the following subcontractors are qualified to perform the referenced work and have successfully done so on recent projects similar in nature and size. All subcontractors whose work product accounts for 5% or more of the total contract value shall be listed. Upon approval of subcontractors listed, the successful Vendor shall not substitute subcontractors without approval from the City. Vendor shall attach additional sheets as necessary.

***Subcontractor 1:***

| | | | |
|---|---|---|---|
| *Name:* | N/A | | |
| *City, State:* | | | |
| *Description of Work:* | | | |
| *Percent of Contract Price:* | | *Previous Experience Together:* | ☐ Yes<br>☐ No |

***Subcontractor 2:***

| | | | |
|---|---|---|---|
| *Name:* | N/A | | |
| *City, State:* | | | |
| *Description of Work:* | | | |
| *Percent of Contract Price:* | | *Previous Experience Together:* | ☐ Yes<br>☐ No |

***Subcontractor 3:***

| | | | |
|---|---|---|---|
| *Name:* | N/A | | |
| *City, State:* | | | |
| *Description of Work:* | | | |
| *Percent of Contract Price:* | | *Previous Experience Together:* | ☐ Yes<br>☐ No |

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.**

## BID FORM 8I:
## Bid – Price Sheet

Cost to provide mowing with clipping collection, edging, shrub pruning, brush pruning, weeding, planting bed maintenance, tree maintenance, hard surface cleaning, litter removal, leaf removal, applications of fertilizers, and ground cover pruning. for a three (3) year period at fixed rates, to include all labor, materials and equipment, as described in the bid document:

October, November, December, January, February, March – Two visits per month

April, May, June, July, August, September – Four visits per month

Total visits per year: 36

Park of Honor – 755 Olive Street

| | |
|---|---|
| *Per Visit:* | $600 |
| *Annual Cost:* | $21,600 |

Central Park - 1991 Magnolia Avenue

| | |
|---|---|
| *Per Visit:* | $250 |
| *Annual Cost:* | $9,000 |

Melodie Park – 2200 Oriole Lane

| | |
|---|---|
| *Per Visit:* | $650 |
| *Annual Cost:* | $23,400 |

Ned Wagner Park – 2801 Oak Lea Drive

| | |
|---|---|
| *Per Visit:* | $250 |
| *Annual Cost:* | $9,000 |

Piggotte Community Center – 504 Big Tree Road

| | |
|---|---|
| *Per Visit:* | $350 |
| *Annual Cost:* | $12,600 |

Reed Canal Park – 919 Reed Canal Road

| | |
|---|---|
| *Per Visit:* | Not able to bid on Reed Canal Park |
| *Annual Cost:* | N/A |

Magnolia Park – 1987 South Magnolia Avenue

| | |
|---|---|
| *Per Visit:* | $550.00 |
| *Annual Cost:* | $19,800 |

| | |
|---|---|
| *Total Annual Cost for the above locations:* | $95,400 |

Optional / Additional Services to be provided as directed by the City of South Daytona:

City Hall Complex – 1672 S. Ridgewood Avenue

| | |
|---|---|
| *Per Visit:* | $300 |

Riverfront Veterans Memorial Park – 1933 S. Palmetto Avenue

| | |
|---|---|
| *Per Visit:* | $700 |

James Street Park – 1700 James Street

| | |
|---|---|
| *Per Visit:* | $150 |

Blaine O'Neal Park – 980 Big Tree Road

| | |
|---|---|
| *Per Visit:* | $600 |

Foster Way Vacant Lot – end of Foster Way (Parcel # 534416001133)

| | |
|---|---|
| *Per Visit:* | $650 |

Residential Lawn Cutting for Code Compliance Abatements

| | |
|---|---|
| *Per Visit:* | $100 - $150 depending on size/condition |

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.**

DIVISION OF CORPORATIONS




# Detail by Entity Name

Florida Limited Liability Company
MAW'S MOWING "LIMITED LIABILITY COMPANY"

**Filing Information**

| | |
|---|---|
| **Document Number** | L17000105210 |
| **FEI/EIN Number** | 82-4115049 |
| **Date Filed** | 05/11/2017 |
| **Effective Date** | 05/08/2017 |
| **State** | FL |
| **Status** | ACTIVE |
| **Last Event** | REINSTATEMENT |
| **Event Date Filed** | 01/22/2019 |

**Principal Address**

249 MCGREGOR ROAD
DELAND, FL 32720

**Mailing Address**

249 MCGREGOR ROAD
DELAND, FL 32720

**Registered Agent Name & Address**

WALKER, MICHAEL A.
249 MCGREGOR ROAD
DELAND, FL 32720

Name Changed: 01/22/2019

**Authorized Person(s) Detail**

**Name & Address**

Title MGR

WALKER, MICHAEL A, SR
249 MCGREGOR ROAD
DELAND, FL 32720

**Annual Reports**

| Report Year | Filed Date |
|---|---|
| 2021 | 03/15/2021 |
| 2022 | 04/06/2022 |

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000105210

**FILED**
**Mar 21, 2023**
**Secretary of State**
**1679418362CC**

***Entity Name:*** MAWS MOWING "LIMITED LIABILITY COMPANY"

**Current Principal Place of Business:**

249 MCGREGOR ROAD
DELAND, FL 32720

**Current Mailing Address:**

249 MCGREGOR ROAD
DELAND, FL 32720

**FEI Number: 82-1115049**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALKER, MICHAEL A
249 MCGREGOR ROAD
DELAND, FL 32720 US

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

SIGNATURE: MICHAEL WALKER 03/21/2023

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | WALKER, MICHAEL A SR |
| Address | 249 MCGREGOR ROAD |
| City-State-Zip: | DELAND FL 32720 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: MICHAEL A. WALKER OWNER 03/21/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date

MIKEWAL-01 RPUGH

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/28/2023

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 License # L086639
Mel Himes & Associates Insurance Agency, Inc.
892 Deltona Blvd
Deltona, FL 32725

CONTACT NAME:
PHONE (A/C, No, Ext): (386) 574-3030 FAX (A/C, No): (386) 574-9209
E-MAIL ADDRESS: processing@melhimesinsurance.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Southern Owners Insurance Company | 10190 |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

INSURED
Mike Walker , Dba Maws Mowing
249 McGregor Rd
Deland, FL 32720

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 | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE X OCCUR | X | | 72733475 | 8/25/2022 | 8/25/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 300,000 |
| | | | | | | | MED EXP (Any one person) | $ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB / OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB / CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED / RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER STATUTE / OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) | N / A | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |

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

CERTIFICATE HOLDER

City of South Daytona
1672 South Ridgewood Avenue
South Daytona, FL 32119

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
Mel Himes Jr

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

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

**Give Form to the requester. Do not send to the IRS.**

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
MAWS Mowing LLC

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

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

☑ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

*(Applies to accounts maintained outside the U.S.)*

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

Requester's name and address (optional)

6 City, state, and ZIP code
DeLand, FL 32720

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

**Social security number**
5 9 2 - 0 9 - 1 7 8 0

or

**Employer identification number**
- 

## Part II Certification

Under penalties of perjury, I certify that:

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

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

**Sign Here** Signature of U.S. person ▶ Date ▶ 3-20-23

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See* What is backup withholding, *later.*