



**MONROE COUNTY  
SCHOOL DISTRICT**

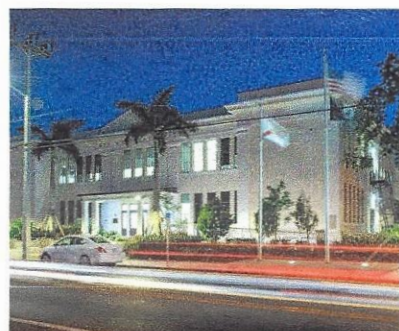
**ITB 2019910**

**UPPER KEYS ANNEX RENOVATION**

**DUE: FEBRUARY 13, 2019**

**ORIGINAL**

10145 NW 19th Street Doral, FL 33172  
305-468-6604 | [info@bcgconstruction.net](mailto:info@bcgconstruction.net)  
<http://burkeconstructiongroup.com>





**ITB 2019910 – Upper Keys Annex Renovation**

**District School Board of Monroe County  
Internal Services Department / Purchasing Division**

**PROPOSAL FORM**

**ITB 2019910 – Upper Keys Annex Renovation**

**BID DUE /BID OPENING DATE/TIME: JANUARY 29, 2019 AT 10:00 AM**

**RETURN ONE (1) SIGNED ORIGINAL, TWO (2) COPIES, AND ONE (1) ELECTRONIC COPY (PDF FORMAT) OF THE PROPOSAL. NO OTHER PROPOSAL FORM WILL BE ACCEPTED**

**PLEASE BE SURE THAT THE NAME OF YOUR COMPANY APPEARS ON EACH PAGE OF THIS PROPOSAL FORM.**

**IF SIGNED BY AN AGENT OF NAMED COMPANY WRITTEN EVIDENCE FROM THE OWNER OF RECORD OF HIS/HER AUTHORITY MUST AUTHORITY MUST ACCOMPANY THIS PROPOSAL.**

Burke Construction Group  
**NAME OF COMPANY**

10145 NW 19th Street, Doral, FL, 33172  
**ADDRESS OF COMPANY**

Anthony J Burke  
**PRINT NAME OF AUTHORIZED SIGNATURE**

dmartinez@bcgconstruction.net  
**EMAIL ADDRESS**

305-468-6654 305-468-6654  
**TELEPHONE No. FAX**

**Proposal Certification**

I hereby certify that: I am submitting the following information as my firm's (proposer) proposal and am authorized by proposer to do so; proposer agrees to complete and unconditional acceptance of the contents of Pages 1 through 36 inclusive of this Invitation to Bid, and all appendices and the contents of any Addenda released hereto; proposer agrees to be bound to any and all specifications, terms and conditions contained in the Invitation to Bid, and any released Addenda and understand that the following are requirements of this ITB and failure to comply will result in disqualification of proposal submitted; proposer has not divulged, discussed, or compared the proposal with other proposers and has not colluded with any other proposer or party to any other proposal; proposer acknowledges that all information contained herein is part of the public domain as defined by the State of Florida Sunshine and Public Records Laws; all responses, data and information contained in this proposal are true and accurate.

Signature of  \_\_\_\_\_ Date 2/11/2019  
Proposer's Authorized Representative (blue ink preferred on original)  
Name of Proposer's Authorized Representative Anthony J Burke Title of Proposer's Authorized Representative President


## ITB 2019910 – Upper Keys Annex Renovation

### **Bid Documents Required**

The following documents and forms in the following arrangement must accompany each bid submitted:

- ☐ Bid Proposal Form
- ☐ Bid Documents Required Checklist
- ☐ Addenda Acknowledgement Form
- ☐ Contractor Rules Form
- ☐ Debarment Certification
- ☐ Identical Tie Proposals Form
- ☐ Non-Collusion Affidavit
- ☐ Business/Personal Relationship Disclosure Affidavit
- ☐ Drug Free Workplace Form
- ☐ W-9
- ☐ Vendor Information Sheet
- ☐ Documentation of successfully performing work of this size, nature, and complexity (to include, at a minimum, provided Reference Form).
- ☐ Proof of insurance and appropriate business license required for this project.
- ☐ Price Sheet
- ☐ Subcontractor information including insurance and licenses (if applicable).
- ☐ Proof of Bonding (if applicable)
- ☐ Local Preference Affidavit and backup (if applicable)

I, Anthony J Burke (name), an authorized officer of Burke Construction Group (company/vendor), confirm that the above listed documents are provided in our bid being submitted to the Monroe County School District and confirm that I have read and understand the ITB document in its entirety.

  
\_\_\_\_\_  
Signature

ITB 2019910 – Upper Keys Annex Renovation

**ACKNOWLEDGMENT OF ADDENDUM**

As the person authorized to sign the statement, I certify that this firm acknowledges any and all addendum that may have been issued as part of this bid. All addendum are issued via [www.demandstar.com](http://www.demandstar.com).

ADDENDUM NO.   1   DATED   1/17/19  

ADDENDUM NO.   2   DATED   1/22/19  

ADDENDUM NO.   3   DATED   1/24/19  

ADDENDUM NO.   4   DATED   1/28/19  

ADDENDUM NO.        DATED       

ADDENDUM NO.        DATED       

Date:   2/13/19  

  
\_\_\_\_\_  
Applicant's Signature

ITB 2019910 – Upper Keys Annex Renovation

**CONTRACTOR RULES**

The following is a list of rules that contractors/vendors and their personnel must adhere to while working on Monroe County School projects. Failure of the contractor/vendor to abide by the rules will result in the violators being removed from the job site. All costs resulting from this will be the responsibility of the contractor/vendor. Please sign these rules and indicate the contractor/vendor's agreement to follow them.

- Casual communications by contract/vendor personnel with students, staff, or faculty is prohibited.
- Convicted felons and employees with a past history of child abuse or molestation shall not be used on Monroe County School projects.
- The schools are "Drug Free Zones," use or possession of illegal substances and alcohol in any form are prohibited.
- The schools are "Tobacco Free," no tobacco use is permitted on the school campus, in parking lots, or inside school restrooms.
- Vulgar language or gestures discernible to students or school staff is prohibited.
- Fighting or physically abusive actions of a similar nature are prohibited.
- Appropriate and modest attire is required while working on school campus. Revealing clothing will not be permitted.
- Clean up of work area is required on a daily basis. Hazardous materials shall not be put in school trash receptacles.
- Work that may be disruptive to the school shall be scheduled with the school administration or done after normal school hours.
- Pets are not allowed on campus.

Signature

Anthony J Burke

Printed Name

2/7/19

Date



ITB 2019910 – Upper Keys Annex Renovation

**DEBARMENT CERTIFICATION**

"The bidder certifies that, neither the firm nor any person associated therewith in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, and/or position involving the administration of federal funds:

(a) Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions, as defined in 49 CFR s29.110(a), by any federal department or agency;

(b) Has within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or public contract; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Is presently indicted for or otherwise criminally or civilly charged by a federal, state, or local Governmental entity with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) Has within a three-year period preceding this certification had one or more federal, state, or local government public transactions terminated for cause or default.

The bidder certifies that it shall not knowingly enter into any transaction with any subcontractor, material supplier, or vendor who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this project by any federal agency.

Dated this 12 day of February, 20 19.

By [Signature]  
Authorized Signature/Contractor

Anthony J Burke, President  
Typed Name/Title

Burke Construction Group  
Contractor's Firm Name

10145 NW 19th Street  
Street Address

Doral, FL, 33172  
City/State/Zip Code

305-468-6604  
Area Code/Telephone Number

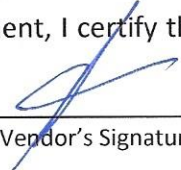
ITB 2019910 – Upper Keys Annex Renovation

**IDENTICAL TIE PROPOSALS**

Preference shall be given to businesses with drug-free workplace programs. Whenever two or more of a proposal, which are equal with respect to price, quality, and service, are received by the State or by any political subdivision for the procurement of commodities or contractual services, an proposal 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 proposals will be followed if none of the tie 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 violation 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 proposal 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 proposal, the employees 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 this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements

  
\_\_\_\_\_  
Vendor's Signature

ITB 2019910 – Upper Keys Annex Renovation

**NON-COLLUSION AFFIDAVIT**

I, Anthony J Burke of the City of Doral  
according to law on my oath, and under penalty of perjury, depose and say that;

1) I am President, the bidder making the proposal for  
the project described as follows:

Burke Construction Group

2) The prices in this proposal have been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other bidder with any competitor;

3) Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to proposal opening, directly or indirectly, to any other bidder to any competitor; and

4) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit, or not to submit, an proposal for the purpose of restricting competition;

5) The statements contained in this affidavit are true and correct, and made with full knowledge that Monroe County School District relies upon the truth of the statements contained in this affidavit in awarding contracts for said project.

[Signature]  
Signature of Authorized Representative

2/11/2109

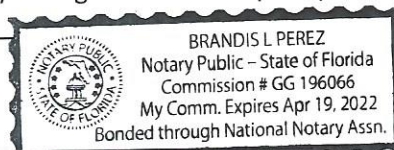
Date

STATE OF Florida

COUNTY OF Monroe

PERSONALLY APPEARED BEFORE ME, the undersigned authority, Anthony J Burke,  
who, x being personally known, or having produced Self  
as identification, and after first being sworn by me, affixed his/her signature in the space provided above on  
this 11 day of February, 20 19

[Signature]  
NOTARY PUBLIC



My Commission Expires:



**MONROE COUNTY SCHOOL DISTRICT**  
**BUSINESS/PERSONAL RELATIONSHIP DISCLOSURE AFFIDAVIT**

Notary Public - State of Florida  
Commission # GG 196066  
My Comm. Expires Apr 19, 2022  
Bonded through National Notary Assn.

## DRUG FREE WORKPLACE FORM

Burke Construction Group

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 section (1).
4. In the statement specified in section (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, 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 (Florida Statutes) 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, or any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Applicant's Signature

2/11/2019  
Date



# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Burke Construction Group Inc

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.

10145 NW 19TH STREET

6 City, state, and ZIP code

DORAL, FL 33172

7 List account number(s) here (optional)

Requester's name and address (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

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

2 6 - 1 2 0 5 5 8 8

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ►

4.10.2018

## 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](http://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.



**ITB 2019910 – Upper Keys Annex Renovation**

**Monroe County School District  
Vendor Information Sheet**

Vendor Name: Burke Construction Group

Federal EIN/SSN: 26-1205588

Primary Address: 10145 NW 19th Street  
Doral, FL, 33172

Payment Address: 10145 NW 19th Street  
Doral, FL, 33172

Contact Name: David Martinez

Phone: 305-468-6604 ext.

Fax: 305-468-6654

E-Mail: dmartinez@bcgconstruction.net

ITB 2019910 – Upper Keys Annex Renovation

REFERENCE FORM

Provide three references from agencies you have provided similar goods or services to in the past three (3) years.

Reference # 1

Organization Name: Dolphin Park of Commerce Park II Telephone # 305-519-7768

Contact Name: Brett Houston Email Address: \_\_\_\_\_

Scope of Work Provided: 89,974 Sq Ft of Retail Warehouse Facility

Project Dollar Value: \$10,400,000 Present Contract Status: Complete Contract Dates: 11/2017

Reference # 2

Organization Name: City of Ft. Lauderdale Telephone # 954-828-5061

Contact Name: Khant Myat Email Address: kmyat@fortlauderdale.gov

Scope of Work Provided: New Fire Station 10,000 Sq Ft of Living, area

Project Dollar Value: \$3.88 Million Present Contract Status: Complete Contract Dates: 2018


Reference # 3

Organization Name: Metro Life Church Telephone # 305-592-5100

Contact Name: Pastor Armando Gomez Email Address: agomez@metrolifechurch.com

Scope of Work Provided: Church Renovation and Interior Buildout

Project Dollar Value: \$4.7 Million Present Contract Status: Complete Contract Dates: 2017

Authorized Representative's Signature  Date: 2/11/2019

Name (Printed) and Title: Anthony J Burke, President

ITB 2019910 – Upper Keys Annex Renovation

MONROE COUNTY SCHOOL DISTRICT  
LOCAL VENDOR AFFIDAVIT

The undersigned, as a duly authorized representative certifies to the best of his/her knowledge, that the vendor meets the definition of a "Local Business" by meeting ALL of the following criteria:

a) Principle address registered with the Department of State showing an address within 25 miles of the boundaries of the city for which goods/services are being solicited, or if the job pertains to the entire district, then any one of the cities located within Monroe County, (copy of license required) AND

b) Is listed with the chief licensing official for the City/County having a business tax receipt within 25 miles of the boundaries of the location for which goods/services are being solicited at least one year prior to the date of the solicitation, (copy of license required) AND

c) Attests that they maintain a workforce that is made up of at least 50% of its employees from within Monroe County, AND

d) At least one member (director or principle) of the entity shall reside within Monroe County (copy of ID required).

Please submit this signed, notarized form, along with copies of your state and local licenses indicated above, with your bid proposal for review. Failure to include this form, together with the copies requested, will result in denial of certification as a local business for preference purposes.

Business Name: Burke Construction Group  
Name of Representative Signing Below: Anthony J. Burke  
Current Local Address: 1722 N. Roosevelt Blvd, Key West, FL, 33040  
Phone: 305-363-2951  
Email Address: dmartinez@bcgconstruction.net

[Signature] 2/11/2019  
Signature of Representative Date

State of Florida  
County of Monroe

The forgoing instrument was acknowledged before me this 11 day of 2 20 19  
by Anthony J Burke of Burke Construction Group Inc.

Anthony J Burke Name of Representative  
☒ who is personally known OR has produced self Name of Company  
as identification.

[Signature]  
Signature of Notary

(Stamp or Seal)





ITB 2019910 – Upper Keys Annex Renovation

**Price Sheet**

Lump Sum Price \$ 1,645,000.00

Bond Price\* (use zero (0) if no bond is required) \$ 16,500.00

Grand Total Price \$ 1,661,500.00

\*Bond is required if Lump Sum Price is over \$200,000



## Subcontractor Listing

List of Subs:	Trade	Subcontractor
1	Sitework	Haack Excavating
2	Concrete:	Burke Construction
3	Misc. Metals:	Hernandez Iron
4	Millwork:	RJ Woodwork
5	Doors & Hardware:	Cynamon Brothers
6	Equipment:	Jobbers
7	Elevator:	Mowrey
8	Mechanical:	A&P
9	Electrical:	Protech

PROOF OF INSURANCE AND  
APPRIORATE BUSINESS LICENSE



BURKCON-01

TGARRIDO



# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 02/06/2019

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  
 Collinsworth, Alter, Fowler & French, LLC  
 8000 Governors Square Blvd  
 Suite 301  
 Miami Lakes, FL 33016

CONTACT NAME: Teresa Garrido

PHONE (A/C, No, Ext): (305) 822-7800

FAX (A/C, No): (305) 362-2443

E-MAIL ADDRESS: tgarrido@caffilc.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Twin City Fire Insurance Co

29459

INSURER B: Property and Casualty Insurance Company of Hartford

INSURER C: Hartford Casualty

29424

INSURER D: Hartford Fire Ins Co

19682

INSURER E:

INSURER F:

INSURED

Burke Construction Group Inc  
 10145 N.W. 19 Street  
 Doral, FL 33172

## 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$5,000. BI & PD DED GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		21UEAHV8478	04/16/2018	04/16/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			21UEAHF6649	04/16/2018	04/16/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			21RHAHV7793	04/16/2018	04/16/2019	EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ 8,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	21WBAAO5781	04/16/2018	04/16/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Leased/Rented			21UUMHZ1160	04/16/2018	04/16/2019	w/\$5000. Ded 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Project: Upper Keys Annex Renovation- Certificate holder is added as additional insured as respects to the insured operations with respects to the general liability policy

## CERTIFICATE HOLDER

Monroe County School District  
 241 Trumbo Road  
 Key West, FL 33040

## 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





## Company Licenses and Registrations

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

**BURKE, ANTHONY JOHN JR**  
BURKE CONSTRUCTION GROUP INC  
10145 NW 19TH STREET  
DORAL FL 33172

LICENSE NUMBER: CGCA38309  
EXPIRATION DATE: AUGUST 31, 2020  
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.

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

THE UNDERGROUND UTILITY & EXCAVATION CO HEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**GALMIN, GREGORY FRANCIS**  
BURKE CONSTRUCTION GROUP, INC.  
10145 NW 19TH STREET  
DORAL FL 33172

LICENSE NUMBER: CUC1225410  
EXPIRATION DATE: AUGUST 31, 2020  
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.

003668

**Local Business Tax Receipt**  
Miami-Dade County, State of Florida  
-THIS IS NOT A BILL - DO NOT PAY

**LBT**

6402358

BUSINESS NAME/LOCATION  
BURKE CONSTRUCTION GROUP INC  
10145 NW 19TH ST  
DORAL FL 33172

RECEIPT NO.  
RENEWAL  
6670443

EXPIRES  
**SEPTEMBER 30, 2019**  
Must be displayed at place of business  
Pursuant to County Code  
Chapter 8A - Art. 9 & 10

OWNER  
BURKE CONSTRUCTION GROUP INC

SEC. TYPE OF BUSINESS  
195 GENERAL BUILDING CONTRACTOR  
CGCA38309

PAYMENT RECEIVED  
BY TAX COLLECTOR  
\$45.00 08/06/2018  
CREDITCARD-18-059569

Worker(s) 10

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 86-276

For more information, visit [www.miamidade.gov/taxcollector](http://www.miamidade.gov/taxcollector)

2018-2019  
**LOCAL BUSINESS TAX RECEIPT**  
CITY OF DORAL, FLORIDA  
8401 Northwest 53rd Terrace  
Doral, Florida 33166  
(305) 593-6631

2019002679

MACHINES:  
SEATS:  
STATE LIC. #:  
EMPLOYEES: 10  
LICENSE FEE: \$60.00

196BLDC GENERAL BUILDING CONTRACTOR

FOR THE PERIOD COMMENCING OCTOBER 1, 2018  
AND ENDING SEPTEMBER 30, 2019 LICENSED TO  
ENGAGE IN THE FOLLOWING BUSINESS:

Business Name: **BURKE CONSTRUCTION, GROUP, INC**  
DBA:  
Address: 10145 NW 19 ST  
DORAL, FL 33172

NO RETAIL SALES, NO OUTSIDE STORAGE OR DISPLAYS.  
Conditions: DRY USE ONLY.

Chief Licensing Official

8401 NW 53rd Terrace, Doral, Florida 33166 • [www.cityofdoral.com](http://www.cityofdoral.com) • 305-593-6631 • Fax 305-593-6616

# Proof of Bonding (If Applicable)



# Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

## Bid Bond

### CONTRACTOR:

(Name, legal status and address)

Burke Construction Group, Inc.  
10145 N.W. 19th Street  
Doral FL 33172

### SURETY:

(Name, legal status and principal place of business)

Philadelphia Indemnity Insurance Company  
One Bala Plaza East, Suite 100  
Bala Cynwyd PA 19004-1403

Mailing Address for Notices

(Same as Above)

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

### OWNER:

(Name, legal status and address)

Monroe County School District-Internal Services Dept./Purchasing Division  
241 Trumbo Road  
Key West FL 33040

BOND AMOUNT: 5% Five Percent of Amount Bid

### PROJECT:

(Name, location or address, and Project number, if any)

Renovation of the Upper Keys Annex - Marathon, Florida - ITB No. 2019910

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 13th day of February, 2019.

Burke Construction Group, Inc.

(Principal)

(Seal)

By:

(Title)

Philadelphia Indemnity Insurance Company

(Surety)

(Seal)

By:

(Title) Charles J. Nielson, Attorney-in-Fact

(Witness)

(Witness) Olga Iglesias

**PHILADELPHIA INDEMNITY INSURANCE COMPANY**

One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004-0950

**Power of Attorney**

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Charles J. Nielson, David R. Hoover, Charles D. Nielson and Jarrett Merlucci of Nielson, Hoover & Company, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$50,000,000.

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 PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14<sup>th</sup> of November, 2016.

**RESOLVED:** That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

**FURTHER RESOLVED:** That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney 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 to which it is attached.

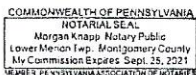
IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27<sup>TH</sup> DAY OF OCTOBER, 2017.



(Seal)

Robert D. O'Leary Jr., President & CEO  
Philadelphia Indemnity Insurance Company

On this 27<sup>th</sup> day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



(Notary Seal)

Notary Public:

residing at:

Bala Cynwyd, PA

My commission expires:

September 25, 2021

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 27<sup>th</sup> day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 13th day of February, 20 19.



Edward Sayago, Corporate Secretary  
PHILADELPHIA INDEMNITY INSURANCE COMPANY