

Statement of Qualifications



Professional Asbestos and Air Quality Testing Services

May 27, 2021

#21-0922

Presented by:

Professional Service Industries, Inc. (PSI)
1748 33rd Street
Orlando, FL 32839



The undersigned hereby declares that: Professional Service Industries, Inc has examined and accepts the specifications, terms, and conditions presented in this Solicitation, satisfies all legal requirements to do business with the County, and to furnish **ASBESTOS AND AIR QUALITY TESTING SERVICES** for which Submittals were advertised to be received no later than 3:00 P.M. Eastern time on the date stated in the solicitation or as noted in an addenda. Furthermore, the undersigned is duly authorized to execute this document and any contracts or other transactions required by award of this Solicitation.

All pricing will be FOB Destination unless otherwise specified in this solicitation document. Pricing submitted will remain valid for a ninety (90) day period.

Vendor will accept payment through the County VISA-based payment system: YES

1.0 TERM OF CONTRACT

The Contract will be awarded for an initial one (1) year term with the option for four (4) subsequent one (1) year renewals. Renewals are contingent upon mutual written agreement.

The Contract will commence upon the date of execution. The Contract remains in effect until completion of the expressed and implied warranty periods. The County reserves the right to negotiate for additional services/items similar in nature not known at time of solicitation.

Contract prices resultant from this solicitation will prevail for the full duration of the Contract unless otherwise indicated elsewhere. Prior to completion of each exercised term, the County may consider an adjustment to price based on changes as published by the U.S. Department of Labor, Bureau of Labor Statistics. Refer to Exhibit A – Scope of Services. It is the Contractor's responsibility to request in writing any pricing adjustment under this provision.

2.0 METHOD OF PAYMENT

The Contractor must submit an accurate invoice to the County's using department. The date of the invoice must be after delivery but no more than 30 calendar days after delivery. Invoices must reference the: purchase or task order; delivery date, delivery location, and corresponding packing slip or delivery ticket signed by a County representative at the time of acceptance. Failure to submit invoices in the prescribed manner will delay payment.

Payments will be tendered in accordance with the Florida Prompt Payment Act, Part VII, Chapter 218, Florida Statutes. The County will remit full payment on all undisputed invoices within 45 days from receipt by the appropriate County using department. The County will pay interest not to exceed 1% per month on all undisputed invoices not paid within 30 days after the due date.

3.0 CERTIFICATION REGARDING LAKE COUNTY TERMS AND CONDITIONS:

I certify that I have reviewed the [Lake County General Terms and Conditions page](#) and accept the Lake County General Terms and Conditions dated 10/10/2019 as written including the Proprietary/Confidential Information section. YES Failure to acknowledge may result in Submittal being deemed non-responsive.

4.0 CERTIFICATION REGARDING FELONY CONVICTION:

Has any officer, director, or an executive performing equivalent duties, of the bidding entity been convicted of a felony during the past ten (10) years? NO

5.0 CONFLICT OF INTEREST DISCLOSURE CERTIFICATION:

Except as listed below, no employee, officer, or agent of the firm has any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and, this Submittal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud. [Click or tap here to enter text.](#)

6.0 CERTIFICATION REGARDING BACKGROUND CHECKS:

Under any County Contract that involves Contractor or subcontractor personnel working in proximity to minors, the Vendor hereby confirms that any personnel so employed will have successfully completed an initial, and subsequent annual, Certified Background Check, completed by the Contractor at no additional cost to the County. The County retains the right to request and review any associated records with or without cause, and to require replacement of any Contractor employee found in violation of this requirement. Contractor shall indemnify the County in full for any adverse act of any such personnel in this regard. Additional requirements may apply in this regard as included within any specific contract award. YES

7.0 DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

The County does not establish specific goals for minority set-asides however, participation by minority and non-minority qualified firms is strongly encouraged. If the firm is a minority firm or has obtained certification by the State of Florida, Office of Supplier Diversity, (OSD) (CMBE), please indicate the appropriate classification(s) not applicable not applicable and enter OSD Certification Number [Click or tap here to enter text.](#) and enter effective date [Click or tap to enter a date.](#) to date [Click or tap to enter a date.](#)

8.0 RECIPROCAL VENDOR PREFERENCE:

Vendors are advised the County has established, under Lake County Code, Chapter 2, Article VII, Sections 2-221 and 2-222; a process under which a local vendor preference program applied by another county may be applied in a reciprocal manner within Lake County. The following information is needed to support application of the Code:

- A. Primary business location of the responding Vendor: 1748 33rd Street – Orlando, FL 32839
- B. Does the responding vendor maintain a significant physical location in Lake County at which employees are located and business is regularly transacted: NO If “yes” is checked, provide supporting detail: [Click or tap here to enter text.](#)

9.0 GENERAL VENDOR INFORMATION:

Firm Name: Professional Service Industries, Inc
Street Address: 1748 33rd Street
City: Orlando State and ZIP Code: Florida 32839
Mailing Address (if different): [Click or tap here to enter text.](#)
Telephone: 407-304-5560 Fax: 407-304-5561
Federal Identification Number / TIN: 37-0962090
DUNS Number: 06-524-1176

10.0 SUBMITTAL SIGNATURE:

I hereby certify the information indicated for this Submittal is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an authorized representative of this Vendor and/or empowered to execute this Submittal on behalf of the Vendor. I, individually and on behalf of the Vendor, acknowledge and agree to abide by all terms and conditions contained in this solicitation as well as any attachments, exhibits, or addenda.

Name of Legal Representative Submitting this Proposal: *Vicki B. Lewis, LEP, FLMA*

Date: 5/27/2021

Print Name: Vicki B. Lewis, LEP, FLMA

Title: Department Manager

Primary E-mail Address: vicki.lewis@intertek.com

Secondary E-mail Address: N/A

The individual signing this Submittal affirms that the facts stated herein are true and that the response to this Solicitation has been submitted on behalf of the aforementioned Vendor.

[The remainder of this page is intentionally blank]

4/1/2021

Detail by Entity Name

DIVISION OF CORPORATIONS



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Foreign Profit Corporation
PROFESSIONAL SERVICE INDUSTRIES, INC.

Filing Information

Document Number 856982
FEI/EIN Number 37-0962090
Date Filed 07/01/1983
State DE
Status ACTIVE

Principal Address

545 E. Alogonquin Rd
Arlington Heights, IL 60005

Changed: 01/03/2018

Mailing Address

545 E. Alogonquin Rd
Arlington Heights, IL 60005

Changed: 01/03/2018

Registered Agent Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name Changed: 04/20/2016

Address Changed: 04/20/2016

Officer/Director Detail

Name & Address

Title President, Director

CARSTEN, CHRIS
545 E. Alogonquin Rd
Arlington Heights, IL 60005

Title DIRECTOR

4/1/2021

Detail by Entity Name

Campbell, Gavin
545 E. Algonquin Rd
Arlington Heights, IL 60005

Title Secretary

ANDREWS, TODD
545 E. Algonquin Rd
Arlington Heights, IL 60005

Title CFO

Bergfeld, Whitney
545 E. Algonquin Rd
Arlington Heights, IL 60005

Title VP

VILLEGAS, JUAN
7950 NW 64th Street
Miami, FL 33166

Annual Reports

Report Year	Filed Date
2020	01/06/2020
2021	01/05/2021
2021	03/03/2021

Document Images

03/03/2021 -- AMENDED ANNUAL REPORT	View image in PDF format
01/05/2021 -- ANNUAL REPORT	View image in PDF format
02/04/2020 -- AMENDED ANNUAL REPORT	View image in PDF format
01/06/2020 -- ANNUAL REPORT	View image in PDF format
01/25/2019 -- AMENDED ANNUAL REPORT	View image in PDF format
01/23/2019 -- ANNUAL REPORT	View image in PDF format
01/08/2018 -- AMENDED ANNUAL REPORT	View image in PDF format
01/03/2018 -- ANNUAL REPORT	View image in PDF format
01/05/2017 -- ANNUAL REPORT	View image in PDF format
12/14/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
04/20/2016 -- Reg. Agent Change	View image in PDF format
01/26/2016 -- ANNUAL REPORT	View image in PDF format
10/01/2015 -- AMENDED ANNUAL REPORT	View image in PDF format
01/02/2015 -- ANNUAL REPORT	View image in PDF format
01/02/2014 -- ANNUAL REPORT	View image in PDF format
01/02/2013 -- ANNUAL REPORT	View image in PDF format
01/03/2012 -- ANNUAL REPORT	View image in PDF format
01/03/2011 -- ANNUAL REPORT	View image in PDF format
01/04/2010 -- ANNUAL REPORT	View image in PDF format

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

Request for Taxpayer Identification Number and Certification

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

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

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.
PROFESSIONAL SERVICE INDUSTRIES, 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) ▶

Other (see instructions) ▶

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.

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

Exempt payee code (if any) N/A

Exemption from FATCA reporting code (if any) N/A

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

5 Address (number, street, and apt. or suite no.) See instructions.
545 E. ALGONQUIN ROAD, SUITE H

6 City, state, and ZIP code
ARLINGTON HEIGHTS, IL 60005

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

				-					
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OR

Employer identification number

3	7	-	0	9	6	2	0	9	0
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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 ▶ 01/07/2021

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.



REAL FLORIDA • REAL CLOSE
Office of Procurement Services

P.O. Box 7800 • 315 W. Main St., Suite 441 • Tavares, FL 32778

SOLICITATION: Asbestos and Air Quality Testing

05/18/2021

Vendors are responsible for the receipt and acknowledgement of all addenda to a solicitation. Confirm acknowledgement by including an electronically completed copy of this addendum with submittal. Failure to acknowledge each addendum may prevent the submittal from being considered for award.

THIS ADDENDUM DOES NOT CHANGE THE DATE FOR RECEIPT OF PROPOSALS.

QUESTIONS/RESPONSES

Q1. Who is the current the incumbent(s) on this contract?

R1. The current incumbent is Wood Environment & Infrastructure Solutions, Inc. under Contract 16- 0212

Q2. How much has Lake County spent annually on this contract over the past contract period?

R2. The Purchase Orders for 2017 total \$12,500, 2018 (\$14,620), 2019 (\$12,500), 2020 (\$19,360) and 2021 (\$14,360)

Q3. How much is budgeted annually going forward with this contract?

R3. The projected spend will be in-line with what was previously spent annually

Q4. How many firms will be selected?

R4. The county is currently looking for one (1) firm to award.

Q5. Please provide a copy of the current existing contract(s) with the existing consultants. Or provide a web link where they can be viewed.

R5. The previous solicitation and current contract can be found online via the link below:

https://www.lakecountyfl.gov/offices/procurement_services/bid_details.aspx?bid_number=16-0212

Q6. Will selection be based solely on price or will past performance and references be considered?

R6. See Section 5.0 of the solicitation documents

Q7. Is it a requirement to complete every line of the pricing sheet or is it acceptable to leave some lines blank?

R7. Some of the lines on Attachment 2 - Pricing Sheet may be left blank by the proposer.

Q8. Is the prime contractor required to self-perform all disciplines, or is it acceptable to subcontract some services?

R8. Subcontracting is permitted

ACKNOWLEDGEMENT

Firm Name: Professional Service Industries, Inc.

I hereby certify that my electronic signature has the same legal effect as if made under oath; that I am an authorized representative of this vendor and/or empowered to execute this submittal on behalf of the vendor.

Signature of Legal Representative Submitting this Bid: *Vicki B. Lewis, LEP, FLMA*

Date: 5/27/2021

Print Name: Vicki B. Lewis, LEP, FLMA

Title: Department Manager

Primary E-mail Address: vicki.lewis@intertek.com

Secondary E-mail Address: kevin.lacey@intertek.com

Type Your Firm's Name Here

DESCRIPTION	UOM	COST
GENERAL HOURLY RATES		
Program Manager	HR	150
Corporate Consultant	HR	200
Principal Professional	HR	150
Senior Professional	HR	130
Project Manager	HR	100
Project Professional	HR	100
Staff Professional	HR	85
Senior Technician	HR	70
Project Technician	HR	65
Staff Technician	HR	60
Technician	HR	55
Secretary	HR	50
Administration	HR	45
MONITORING OF A BUILDING OR AN AREA OF A BUILDING		
Comprehensive Asbestos Hazard Assessment	SF	10
Pre-Demolition Asbestos Hazard Assessment	SF	10
Asbestos Abatement Monitoring Plan	EA	500
Asbestos Abatement Project Monitoring	8 HR Shift	650
Infrared Camera Testing	HR	100
IAQ Field Survey (under 10,000 SF)	SF	10
IAQ Field Survey (over 10,000 SF)	SF	10
IAQ Remediation Monitoring Plan	EA	500
IAQ Remediation Monitoring	HR	65
PER SAMPLE PRICING		
Airborne Bacteria Culture	Per Sample	60
Airborne Fungal Culture	Per Sample	65
Asbestos	Per Sample	10
Carbon Dioxide	Per Sample	0
Carbon Monoxide	Per Sample	0
Formaldehyde	Per Sample	110
Hydrogen Sulfide	Per Sample	175
Lead in Paint	Per Sample	20
Lead in Water	Per Sample	20
Mold Spore trap by optical microscopy	Per Sample	40
Mold Tape Lift	Per Sample	40
Ozone	Per Sample	150
Radon	Per Sample	35
Surface Wipe / Bacteria Culture	Per Sample	50
Surface Wipe / Fungal Culture	Per Sample	50
Temperature & Relative Humidity	Per Sample	0
Volatile Organic Compounds (Air)	Per Sample	315
Volatile Organic Compounds (Water)	Per Sample	100
Lake County is exempt from all taxes (Federal, State, Local). A Tax Exemption Certificate will be furnished upon request for any direct purchasing. Contractor will be responsible for payment of taxes on all materials purchased by the Contractor for the project.		
Lake County will not accept nor authorize payment for travel time or expenses of service personnel to any of Lake County's facility locations. The hourly rate must commence on the job site. Billable time will be for service work performed.		

DESCRIPTION	UOM	COST
This is an indefinite quantity contract with no guarantee use of services. The County does not guarantee a dollar amount to be expended on any contract resulting from this solicitation.		
Lake County reserves the right to negotiate for additional services similar in nature but not known at time of soliciation.		

List no more than five projects which best illustrates qualifications relevant to the Solicitation. References must be less than five years old. LIST no more than two LAKE COUNTY GOVERNMENT PROJECTS (past, current, prime, and subcontractor) FIRST.

TYPE YOUR FIRM'S NAME HERE

PROJECT NAME: Crystal River Power Plant
Agency: NorthStar Demolition and Remediation, LLP
Address: 4496 35th Street
City, State, Zip code: Orlando, FL 32811
Contact Person: John Jenkins
Title: Vice President
Email: jjenkins@northstar.com
Telephone: 407-855-2365
Project Cost: \$350,000
Contract Start and End Dates: 2019-2020

SCOPE of Project (list tasks, outlines or descriptions of items): PSI provided asbestos consulting services to NorthStar Demolition and Remediation, LP since July 2019 as part of the decommissioning of select buildings located at the Duke Energy Crystal River Energy Complex. The first phase of the project site consists of two coal-fired power plants (Plants 1 and 2) and associated auxiliary that were commissioned in the 1960s and are scheduled for demolition in the near future and The Turbine Building and "Rusty" Building. The boilers within each plant are approximately 50 feet by 100 feet by 100 feet high. The boilers and thermal systems servicing the boilers are covered with metal panels. As part of the comprehensive survey, PSI has collected over 2,000 samples for laboratory analysis by polarized light microscopy (PLM), with select samples being analyzed by point count methodology. The survey was performed during summer months with a team of PSI inspectors to make certain the client's time line was met. In addition to the asbestos survey, PSI has been providing project oversight and air monitoring services at the facility since July 2019. PSI has a full-time Contractor/Supervisor on site Monday to Friday to oversee the abatement activities and provide daily air monitoring for the activities that occur each day. PSI also performed a Negative Exposure Assessment (NEA) for the removal of transite panels from the exterior of Plants 1 and 2. In addition to Plants 1 and 2, PSI was contracted to perform a NESHAP Asbestos Demolition Survey for the Turbine Building and "Rusty" Building, which are associated with the nuclear power plant when it was operational located at the Crystal River Energy Complex. These buildings were constructed in the late 1970s/early 1980s. The Turbine Building is three stories in height and is approximately 45,000 square feet (SF) in size. The boilers and thermal systems within this building are covered with metal panels. The "Rusty" building is a three-story building with a footprint of approximately 5,300 SF that was historically utilized as an office building. For this survey, over 1,000 samples were collected for laboratory analysis. To meet the client deadlines, PSI staffed the project with a team of professionals for five days a week, Monday to Friday. As part of this phase of the project, PSI staff underwent specialized general awareness training required by Duke Energy and the U.S. Nuclear Regulatory Commission.

PROJECT NAME: 83 West Columbia Street
Agency: Orlando Health
Address: 1421 Lucerne Terrace, MP 46

City, State, Zip code: Orlando, FL 32806

Contact Person: Scott Arnold

Title: Senior Facilities Manager

Email: scott.arnold@orlandohealth.com

Telephone: 321-843-1205

Project Cost: \$155,000

Contract Start and End Dates: 2016-2021

SCOPE of Project (list tasks, outlines or descriptions of items): The subject property consists of a one-story and partial two-story medical office building containing approximately 39,890 gross square feet of space, situated on a 4.54± acres land parcel. The structure framing consists of steel frame and masonry construction with a total footprint of approximately 30,240 square feet. The two-story west section was originally constructed in 1974 while the one-story east section was added on in 1981. Interior finishes at the building include finished gypsum drywall, drop tile acoustical ceiling tiles and vinyl composition tile flooring. The existing roof system consists of a modified bitumen granular surface roof system that has been compromised by moisture infiltration throughout the roof system. PSI has performed multiple services at this site to meet the client's internal safety needs and protocol for the occupants. Services provided included a National Emission Survey for Hazardous Air Pollutants (NESHAP) asbestos survey; a lead-based paint (LBP) survey utilizing an X-ray fluorescence (XRF) device; an indoor environmental quality (IEQ) assessment which included collection of viable and non-viable fungal air and tape/lift samples, moisture and comfort parameter measurements, and wall penetrations; vapor emission testing; ground penetration radar (GPR); and roofing consulting for the property owner. PSI performed periodic sampling on the building identifying potential indoor air quality (IAQ) issues. PSI is currently providing air monitoring and project oversight during demolition activities on a daily basis. Air samples are being collected to determine the absence or presence of dust particles and asbestos fibers.

PROJECT NAME: Best Western Lake Buena Vista

Agency: Druco Development Corporation

Address: 721 Emerson Road – Suite 200

City, State, Zip code: St. Louis, MO 63141

Contact Person: Casey Dial

Title: Director of Renovations

Email: casey.dial@drurydevelopment.com

Telephone: 314-587-2517

Project Cost: \$39,000

Contract Start and End Dates: 2018-2021

SCOPE of Project (list tasks, outlines or descriptions of items): The subject property consists of an 18-story hotel building that includes 246,830 square feet and was constructed in the early 1970s. The hotel includes over 300 guest rooms. Additionally, ancillary buildings include the pool, pool cabana, gazebo, outdoor restroom building and the south storage building (pool equipment room). PSI was contracted by Drury Development, Inc. (Druco) in August 2017 to perform a National Emission Standards for Hazardous Air Pollutants (NESHAP) Asbestos Renovation Survey, Lead-based Paint (LBP) and cadmium Survey. The asbestos survey was performed in general accordance with the NESHAP established by the U.S. Environmental Protection Agency (EPA) in 40 Code of Federal Regulations (CFR),

Part 61, Final Rule. During the inspection, a total of 203 samples of suspect asbestos-containing materials (ACMs) representing 82 homogeneous materials were collected and submitted to an analytical laboratory accredited by the U.S. Department of Commerce National Institute of Standards and Technology (NVLAP). The laboratory separated these samples into identifiable layers for analysis by Polarized Light Microscopy (PLM) methodology. Based on the laboratory analytical results, 13 materials were determined by PLM to contain more than one percent (>1%) asbestos. PSI also prepared an Asbestos Abatement Specification to be distributed to Florida Licensed Abatement Contractors for procedural methodologies to be implemented during asbestos removal. PSI is on-site during the abatement activities to provide oversight and air monitoring services. The monitoring includes area and quality control personnel air monitoring to ensure air quality compliance with the contractor's work activities, and project monitoring to make certain that the contractor follows the scope of work and adheres to federal and state regulations and requirements as outlined in the work plan. PSI also provided General Awareness training to the staff to provide an overview of the material identified to contain asbestos and the procedures to be performed during the course of day to day activities. The training was held in English, Spanish and Creole.

PROJECT NAME: Cape Canaveral Hospital

Agency: Health First

Address: 6450 US Highway 1

City, State, Zip code: Rockledge, FL 32955

Contact Person: Mark Meeks

Title: Director, System Design & Construction

Email: mark.meeks@hf.org

Telephone: 321-434-4335

Project Cost: \$200,000

Contract Start and End Dates: 2020-Ongoing

SCOPE of Project (list tasks, outlines or descriptions of items): PSI has provided industrial hygiene services to include emergency response for disaster relief after hurricanes have impacted Brevard County in recent years. As part of the services provided to the hospital, we are on-site completing visual assessments, moisture mapping, and identifying indoor air quality concerns as a result of storms in the area. We are one of the go-to firms after the all clear has been given to access to the hospital prior to its reopening for patient care. In addition, we perform Limited Indoor Environmental Quality (IEQ) testing if a potential concern is raised within the hospital. The Limited IEQ Assessments may include collection of comfort parameters, air samples, tape/lift samples, visual assessments, infrared thermography of areas of concern. We also assist the hospital in completing post-remedial verification testing after mold remediation projects and being on site during the remedial activities to oversee the work being completed. PSI has also completed IAQ assessments during roof removal and replacement and collected air samples for volatile organic compounds to determine if the odors emanating from the roof replacement were above threshold values for volatile organic compounds (VOCs). In addition, we conduct asbestos assessments and have coordinated the abatement of two floors within the hospital identified to have spray-on fireproofing. As part of the abatement activities, we prepare the work plans, coordinate the bidding process with the abatement contractors by performing the walk-throughs and receive the bids from the contractors to ensure accuracy with the project scope of work. We are on-site during the abatement processes to ensure that the work plan procedures are followed and performed in accordance with set forth regulations.

PROJECT NAME: Cape Canaveral Space Complex

Agency: Relativity Space

Address: Cape Canaveral Air Force Base

City, State, Zip code: Cape Canaveral, FL

Contact Person: Brian Wemple

Title: Lead Infrastructure Engineer

Email: bwempke@relativityspace.com

Telephone: 386-690-1990

Project Cost: \$30,895

Contract Start and End Dates: 2019-2020

SCOPE of Project (list tasks, outlines or descriptions of items): PSI conducted asbestos, hazardous materials, lead-based paint, and PCB surveys for Relativity Space at locations on the Cape Canaveral Space Complex. Pad Support Building-North Section – PSI conducted a hazardous material assessment to include sampling for asbestos, lead-based paint (LBP), and polychlorinated biphenyl (PCBs) in the paint and caulking at the site located at Space Launch Complex 16. The Asbestos Demolition Survey was conducted to assist the client in complying with requirements of the National Emission Standards for Hazardous Air Pollutants (NESHAP), established by the U.S. Environmental Protection Agency (EPA) in 40 Code of Federal Regulations (CFR), Part 61, Final Rule and the U.S. Occupational Safety and Health Administration (OSHA) Asbestos Construction Standard, found in 29 CFR 1926.1101. The LBP Survey was conducted to assist the facility owner and contractor performing any renovation/demolition in complying with requirements of OSHA 29 CFR 1926.62 – Lead in Construction, Resource Conservation and Recovery Act (RCRA), Toxic Substances Control Act (TSCA), Comprehensive Environmental Response Compensation and Liability Act (CERCLA), and the Universal Waste Rule (UWR) governing the disposal of hazardous waste. The PCB Investigation included determining the presence of PCBs in the select painted surfaces and caulking to assist the client in performing the planned demolition and/or renovations in complying with requirements of OSHA and TSCA. PSI also collected samples of solid waste containing lead for laboratory analysis using the Toxicity Characteristic Leaching Procedure (TCLP) for lead to determine if the waste must be disposed of as hazardous waste. Guidance was provided in the disposal of the hazardous materials identified at the site.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/29/2020

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

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

PRODUCER Marsh USA Inc. 2929 Allen Parkway, Suite 2500 Houston, TX 77019 Attn: Houston.Certs@Marsh.com CN102792561-(4)-Prof-20-21	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:		FAX (A/C, No):																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Zurich American Insurance Company</td> <td></td> <td>16535</td> </tr> <tr> <td>INSURER B : N/A</td> <td></td> <td>N/A</td> </tr> <tr> <td>INSURER C : N/A</td> <td></td> <td>N/A</td> </tr> <tr> <td>INSURER D : N/A</td> <td></td> <td>N/A</td> </tr> <tr> <td>INSURER E : N/A</td> <td></td> <td>N/A</td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Zurich American Insurance Company		16535	INSURER B : N/A		N/A	INSURER C : N/A		N/A	INSURER D : N/A		N/A	INSURER E : N/A		N/A	INSURER F :	
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INSURER E : N/A		N/A																					
INSURER F :																							

COVERAGES **CERTIFICATE NUMBER:** HOU-002957342-21 **REVISION NUMBER:** 7

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL0541569307	10/01/2020	10/01/2021	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 7296414-00	10/01/2020	10/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 7296412-00 (AOS) WC 7296413-00 (WI)	10/01/2020 10/01/2020	10/01/2021 10/01/2021	<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

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

CERTIFICATE HOLDER Professional Service Industries, Inc. and its subsidiaries and affiliates 545 E. Algonquin Rd, Suite H Arlington Heights, IL 60005	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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AGENCY CUSTOMER ID: CN102792561

LOC #: Houston



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA Inc.		NAMED INSURED Professional Service Industries, Inc. 545 East Algonquin Road, Arlington Heights, IL 60005	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS


THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Professional Liability:
 Policy #: EOC0206920-05
 Carrier: Steadfast Insurance Company - NAIC #26387
 Effective Dates: 09/30/2020 to 09/30/2021
 Limit: \$5,000,000 Each Claim/Aggregate
 SIR: \$1,000,000

Named Insured Includes:
 Professional Service Industries, Inc. dba Intertek-PSI.
 Professional Services Industries, Inc.
 Professional Service Industries Holdings, Inc.
 Pittsburgh Testing Laboratory, Inc.
 Professional Services Industries Engineering, PLLC
 PSI Acquisitions, Inc.
 Midwest Engineering Services, Inc.
 Wilson Inspection X-Ray Services, Inc

DBPR - PROFESSIONAL SERVICE INDUSTRIES, INC., Registry





DBPR ONLINE SERVICES

9:40:06 AM 2/24/2021

Log On

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- Find Exam Information
- File a Complaint
- AB&T Delinquent
- Invoice & Activity
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Licensee Details

Licensee Information

Name:	PROFESSIONAL SERVICE INDUSTRIES, INC. (Primary Name)
Main Address:	545 E ALGONQUIN ROAD ATTN: LINDA ELLIS ARLINGTON HEIGHTS Illinois 60005
County:	OUT OF STATE
License Mailing:	
LicenseLocation:	

License Information

License Type:	Registry
Rank:	Registry
License Number:	3684
Status:	Current
Licensure Date:	07/15/1983
Expires:	

Special Qualifications **Qualification Effective**

Alternate Names

[View Related License Information](#)


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2601 Blair Stone Road, Tallahassee FL 32399 :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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Ron DeSantis, Governor Halsey Beshears, Secretary




STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ASBESTOS LICENSING UNIT

THE ASBESTOS CONSULTANT - ENGINEER HEREIN IS LICENSED UNDER THE
PROVISIONS OF CHAPTER 469, FLORIDA STATUTES


ROTHENBURG, MICHAEL WHEYLAND
1009 E POWHATAN AVE
TAMPA FL 33604

LICENSE NUMBER: EA0000041
EXPIRATION DATE: NOVEMBER 30, 2022
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Ron DeSantis, Governor Halsey Beshears, Secretary




STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

MOLD-RELATED SERVICES LICENSING PROGRAM

THE MOLD ASSESSOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

LEWIS, VICKI B
1748 33RD STREET
ORLANDO FL 32839

LICENSE NUMBER: MRSA268
EXPIRATION DATE: JULY 31, 2022
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State of Florida Department of State

I certify from the records of this office that PROFESSIONAL SERVICE INDUSTRIES, INC. is a Delaware corporation authorized to transact business in the State of Florida, qualified on July 1, 1983.

The document number of this corporation is 856982.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on January 5, 2021, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fifth day of January, 2021*




Secretary of State

Tracking Number: 1844760775CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

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