SECTION 2

As outlined in the Solicitation, included in this section are the following:

- Attachment 1 Submittal Form
- Attachment 3 Team Composition
- Attachment 4 Location Percentage of Work to be Completed
- Sunbiz Registration 2021 Florida Profit Corporation Amended Annual Report (June 1, 2021)
- W-9 Form
- Certificate of Liability Insurance
- Registrations (Licenses)



ATTACHMENT 1 – SUBMITTAL FORM

The undersigned hereby declares that: Ardaman & Associates, 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 **Hydrogeology**, **Hydrology and Geotechnical Consulting 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 first day of the next calendar month after Board approval. 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 <u>Lake County General Terms and Conditions page</u> 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. N/A

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 N/A

and enter effective date $N\!/\!A$ to date $N\!/\!A$

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: Orlando, Florida
- 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: N/A

9.0 GENERAL VENDOR INFORMATION:

Firm Name: Ardaman & Associates, Inc.Street Address: 8008 S. Orange AvenueCity: Orlando State and ZIP Code: FL, 32809Mailing Address (if different): Click or tap here to enter text.Telephone: 407-855-3860 Fax: 407-859-8121

ATTACHMENT 1 – SUBMITTAL FORM

Federal Identification Number / TIN: 59-2984496 DUNS Number: 060253853

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: Jason Parker

Date: 6/4/2021

Print Name: Jason Parker

Title: Assistant Vice President

Primary E-mail Address: jparker@ardaman.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]

ATTACHMENT 3 - TEAM COMPOSITION

CONSULTANT

ROLE	Name	City of Residence	Florida Active Registrations Number
Principal in Charge	John Garlanger	Orlando	PE19782
Program Manager	Douglas Dufresne	Orlando	PG1527
Sr. Hydrogeologist	Valerie Davis	Orlando	PG2138
Project Hydrogeologist	Mike Messing	Clermont	PG2787
Sr. Project Engineer	Nestor Aceituno	Ocoee	PE64652
Sr. Geotechnical Engineer	Colin Jewsbury	Orlando	PE58074
Sr. Environmental Engineer	Carl Stephens	Orlando	PE53221

SUB CONSULTANTS

ROLE	Company Name	Address	Individual's Name Assigned	Projected % of Overall Work	Worked with Prime before	Individual Worked with Prime before
Environmental/Civil Engineering	Tetra Tech. Inc.	201 E. Pine St. Orlando FL 32801	Rod Cashe	15%	(YES/NO)	(YES/NO) YES
	Southern Research Laboratories, Inc.		Sherri Payne			YES

LOCATION PERCENTAGE OF WORK TO BE COMPLETED

Addres	Address of Prime Consultant's designated office where the majority of work will be performed						
Street	8008 S. Orange Avenue						
Street 2							
City	Orlando						
State	Florida						

Percentage of total overall fees projected to be performed by the Prime Consultant's office above (Do not include percentage of fees anticipated to be performed on this project by sub-consultants) 80%

Addı	Address of Prime Consultant's other offices where work will be performed (if applicable)					
Street						
Street 2						
City						
State						

Percentage of total overall fees projected to be performed by the Prime Consultant's office	
above (Do not include percentage of fees anticipated to be performed on this project by	
sub-consultants)	0%

Percentage of total overall fees projected to be performed by firms located within Lake	
County including the Prime Consultant and Subconsultants.	
,	0%

Officer/Director Detail Continued :

Electronic Signature of Signing Officer/Director Detail

DOC	CU	MENT#	L405	51		

2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

Entity Name: ARDAMAN & ASSOCIATES, INC.

Current Principal Place of Business:

8008 SOUTH ORANGE AVE. ORLANDO, FL 32809

Current Mailing Address:

3475 E. FOOTHILL BLVD. PASADENA, CA 91107 US

FEI Number: 59-2984496

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

Officer/Director Detail :

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:

Title	SRVPAS	Title	VPD
Name	COX, ERNEST A. III	Name	LEMMON, RICHARD A.
Address	8008 SOUTH ORANGE AVENUE	Address	3475 E. FOOTHILL BLVD.
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	PASADENA CA 91107
Title	т	Title	SRVPAT
Name	BURDICK, STEVEN M	Name	GARLANGER, JOHN E.
Address	3475 E. FOOTHILL BLVD.	Address	8008 SOUTH ORANGE AVENUE
City-State-Zip:	PASADENA CA 91107	City-State-Zip:	ORLANDO FL 32809
Title	VP	Title	SENIOR VICE PRESIDENT
Name	BATRACK, DAN L.	Name	LETO, THOMAS J.
Address	3475 EAST FOOTHILL BLVD.	Address	1525 CENTENNIAL DRIVE
City-State-Zip:	PASADENA CA 91107	City-State-Zip:	BARTOW FL 33830
Title	VP	Title	VP
Name	CUNNINGHAM, CHARLES H.	Name	HORTA, EVELIO N.
Address	8008 SOUTH ORANGE AVE.	Address	2608 WEST 84TH STREET
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	HIALEAH FL 33016

Continues on page 2

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PRESTON HOPSON

SECRETARY

06/01/2021 Date

FILED Jun 01, 2021 Secretary of State 7356017683CC

Certificate of Status Desired: No

Date

Title	VP
Name	WILSON, MICHAEL
Address	3175 WEST THARPE STREET
City-State-Zip:	TALLAHASSEE FL 32303
Title	VP
Name	CHEUNG, FRANCIS K.
Address	8008 SOUTH ORANGE AVE.
City-State-Zip:	ORLANDO FL 32809
Title	VP
Name	MANNING, JASON P.
Address	1300 N. COCOA BOULEVARD
City-State-Zip:	COCOA FL 32922
Title Name Address City-State-Zip:	ASSISTANT VICE PRESIDENT ZRALLACK, DANIEL J. 460 NW CONCOURSE PLACE UNIT #1 PORT ST. LUCIE FL 34986
Title	ASSISTANT VICE PRESIDENT
Name	HOOVER, ASHBY
Address	1724 BARBER ROAD
City-State-Zip:	SARASOTA FL 34240
Title	VP
Name	HOME, RODRIGO
Address	8008 SOUTH ORANGE AVE.
City-State-Zip:	ORLANDO FL 32809
Title	VP
Name	BROWNLIE, WILLIAM R.
Address	3475 EAST FOOTHILL BLVD.
City-State-Zip:	PASADENA CA 91107
Title	ASSISTANT VICE PRESIDENT
Name	RUNKLES, BRIAN D.
Address	1525 CENTENNIAL DRIVE
City-State-Zip:	BARTOW FL 33830
Title	ASSISTANT VICE PRESIDENT
Name	ROLO, REINALDO
Address	8008 SOUTH ORANGE AVE.
City-State-Zip:	ORLANDO FL 32809
Title	ASSISTANT VICE PRESIDENT
Name	SOKOLIC, IVAN F
Address	9970 BAVARIA ROAD
City-State-Zip:	FT MYERS FL 33913
Title	ASSISTANT VICE PRESIDENT
Name	PARKER, JASON M

Title	VP
Name	INGRA, THOMAS S.
Address	8008 SOUTH ORANGE AVE.
City-State-Zip:	ORLANDO FL 32809
Title	VP
Name	SHRESTHA, RAJENDRA K.
Address	8008 SOUTH ORANGE AVE.
City-State-Zip:	ORLANDO FL 32809
Title	ASSISTANT VICE PRESIDENT
Name	DODSON, ROBERT E.
Address	8008 SOUTH ORANGE AVE.
City-State-Zip:	ORLANDO FL 32809
Title	VP
Name	RIAD, ASHRAF H.
Address	8008 SOUTH ORANGE AVE.
City-State-Zip:	ORLANDO FL 32809
Title	PRESIDENT
Name	AL-HAWAREE, MOHAMAD
Address	8008 SOUTH ORANGE AVE.
City-State-Zip:	ORLANDO FL 32809
Title	ASSISTANT VICE PRESIDENT
Title Name	ASSISTANT VICE PRESIDENT STEVENS, WHITNEY A.
Name Address	STEVENS, WHITNEY A. 3925 COCONUT PALM DRIVE
Name Address	STEVENS, WHITNEY A. 3925 COCONUT PALM DRIVE SUITE 115
Name Address City-State-Zip:	STEVENS, WHITNEY A. 3925 COCONUT PALM DRIVE SUITE 115 TAMPA FL 33619
Name Address City-State-Zip: Title	STEVENS, WHITNEY A. 3925 COCONUT PALM DRIVE SUITE 115 TAMPA FL 33619 ASSISTANT VICE PRESIDENT
Name Address City-State-Zip: Title Name Address	STEVENS, WHITNEY A. 3925 COCONUT PALM DRIVE SUITE 115 TAMPA FL 33619 ASSISTANT VICE PRESIDENT ROUSSET, ROBERT E.
Name Address City-State-Zip: Title Name Address	STEVENS, WHITNEY A. 3925 COCONUT PALM DRIVE SUITE 115 TAMPA FL 33619 ASSISTANT VICE PRESIDENT ROUSSET, ROBERT E. 101 TEAL STREET
Name Address City-State-Zip: Title Name Address City-State-Zip:	STEVENS, WHITNEY A. 3925 COCONUT PALM DRIVE SUITE 115 TAMPA FL 33619 ASSISTANT VICE PRESIDENT ROUSSET, ROBERT E. 101 TEAL STREET SAINT ROSE LA 70087
Name Address City-State-Zip: Title Name Address City-State-Zip: Title	STEVENS, WHITNEY A. 3925 COCONUT PALM DRIVE SUITE 115 TAMPA FL 33619 ASSISTANT VICE PRESIDENT ROUSSET, ROBERT E. 101 TEAL STREET SAINT ROSE LA 70087 ASSISTANT VICE PRESIDENT
Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address	STEVENS, WHITNEY A. 3925 COCONUT PALM DRIVE SUITE 115 TAMPA FL 33619 ASSISTANT VICE PRESIDENT ROUSSET, ROBERT E. 101 TEAL STREET SAINT ROSE LA 70087 ASSISTANT VICE PRESIDENT JEWELL, ROBERT E.
Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address	STEVENS, WHITNEY A. 3925 COCONUT PALM DRIVE SUITE 115 TAMPA FL 33619 ASSISTANT VICE PRESIDENT ROUSSET, ROBERT E. 101 TEAL STREET SAINT ROSE LA 70087 ASSISTANT VICE PRESIDENT JEWELL, ROBERT E. 316 HIGHLANDIA DRIVE
Name Address City-State-Zip: Title Name Address City-State-Zip: Name Address City-State-Zip:	STEVENS, WHITNEY A. 3925 COCONUT PALM DRIVE SUITE 115 TAMPA FL 33619 ASSISTANT VICE PRESIDENT ROUSSET, ROBERT E. 101 TEAL STREET SAINT ROSE LA 70087 ASSISTANT VICE PRESIDENT JEWELL, ROBERT E. 316 HIGHLANDIA DRIVE BATON ROUGE LA 70810
Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address City-State-Zip:	STEVENS, WHITNEY A. 3925 COCONUT PALM DRIVE SUITE 115 TAMPA FL 33619 ASSISTANT VICE PRESIDENT ROUSSET, ROBERT E. 101 TEAL STREET SAINT ROSE LA 70087 ASSISTANT VICE PRESIDENT JEWELL, ROBERT E. 316 HIGHLANDIA DRIVE BATON ROUGE LA 70810 SECRETARY
Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address City-State-Zip:	STEVENS, WHITNEY A. 3925 COCONUT PALM DRIVE SUITE 115 TAMPA FL 33619 ASSISTANT VICE PRESIDENT ROUSSET, ROBERT E. 101 TEAL STREET SAINT ROSE LA 70087 ASSISTANT VICE PRESIDENT JEWELL, ROBERT E. 316 HIGHLANDIA DRIVE BATON ROUGE LA 70810 SECRETARY HOPSON, PRESTON
Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address City-State-Zip:	STEVENS, WHITNEY A. 3925 COCONUT PALM DRIVE SUITE 115 TAMPA FL 33619 ASSISTANT VICE PRESIDENT ROUSSET, ROBERT E. 101 TEAL STREET SAINT ROSE LA 70087 ASSISTANT VICE PRESIDENT JEWELL, ROBERT E. 316 HIGHLANDIA DRIVE BATON ROUGE LA 70810 SECRETARY HOPSON, PRESTON 3475 E FOOTHILL BLVD PASADENA CA 91107 ASSISTANT VICE PRESIDENT
Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address	STEVENS, WHITNEY A. 3925 COCONUT PALM DRIVE SUITE 115 TAMPA FL 33619 ASSISTANT VICE PRESIDENT ROUSSET, ROBERT E. 101 TEAL STREET SAINT ROSE LA 70087 ASSISTANT VICE PRESIDENT JEWELL, ROBERT E. 316 HIGHLANDIA DRIVE BATON ROUGE LA 70810 SECRETARY HOPSON, PRESTON 3475 E FOOTHILL BLVD PASADENA CA 91107
Name Address City-State-Zip: Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address City-State-Zip:	STEVENS, WHITNEY A. 3925 COCONUT PALM DRIVE SUITE 115 TAMPA FL 33619 ASSISTANT VICE PRESIDENT ROUSSET, ROBERT E. 101 TEAL STREET SAINT ROSE LA 70087 ASSISTANT VICE PRESIDENT JEWELL, ROBERT E. 316 HIGHLANDIA DRIVE BATON ROUGE LA 70810 SECRETARY HOPSON, PRESTON 3475 E FOOTHILL BLVD PASADENA CA 91107 ASSISTANT VICE PRESIDENT

Address 8008 SOUTH ORANGE AVE

City-State-Zip: ORLANDO FL 32809

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.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.										
	Ardaman & Associates, Inc.										
2 Business name/disregarded entity name, if different from above											
on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):									
oe. ons ol	Individual/sole proprietor or 🗹 C Corporation 🗌 S Corporation 🔲 Partnership single-member LLC	Trust/estate	Exempt payee c	ode (if any)							
Ct i d	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner	rship) ▶									
t or ĭtru	Note: Check the appropriate box in the line above for the tax classification of the single-member ov	vner. Do not check	Exemption from	FATCA rep	orting						
Print or type. Specific Instructions	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the c another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner should check the appropriate box for the tax classification of its own	le-member LLC that	code (if any) _								
eci	□ Other (see instructions) ►		(Applies to accounts m	naintained outsid	le the U.S.)						
Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	ind address (option	onal)							
See	8008 S. Orange Avenue										
••	6 City, state, and ZIP code										
	Orlando, FL 32809										
	7 List account number(s) here (optional)										
Par	t I Taxpayer Identification Number (TIN)										
Enter	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid Social sec	urity number								
reside	p withholding. For individuals, this is generally your social security number (SSN). However, for nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>		-	-							
TIN, la	iter.	or		L							
Note:	If the account is in more than one name, see the instructions for line 1. Also see What Name a	and Employer	identification nu	mber							
Numb	er To Give the Requester for guidelines on whose number to enter.	59-	2 9 8	4 4 9	6						

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	blia	and	Date ►	1/3/	221
			6			

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.

ACORD DATE(MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 06/02/2021 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). CONTACT NAME: PRODUCER Aon Risk Insurance Services West, Inc. PHONE (A/C, No, Ext): (866) 283-7122 FAX (A/C, No.): (800) 363-0105 Los Angeles CA Office 707 Wilshire Boulevard E-MAIL Suite 2600 Los Angeles CA 90017-0460 USA INSURER(S) AFFORDING COVERAGE NAIC # INSURED 19437 Lexington Insurance Company INSURER A: Ardaman & Associates, Inc. Zurich American Insurance Company 16535 INSURER B: 8008 South Orange Avenue Orlando FL 32809 USA INSURER C INSURER D: INSURER E: **INSURER F:** COVERAGES **CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested ADDL SUBR POLICY EFF POLICY EXE (MM/DD/YYYY) (MM/DD/YYY) POLICY NUMBER TYPE OF INSURANCE LIMITS GL01817406-02 10/01/2020 10/01/2021 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$1,000,000 Х DAMAGE TO RENTED \$1,000,000 CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) \$10,000 Х MED EXP (Any one person) X,C,U Coverage, Contractual Liability PERSONAL & ADV INJURY \$1,000,000 \$2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT \$2,000,000 X LOC PRODUCTS - COMP/OP AGG OTHER BAP1857085-02 10/01/2020 10/01/2021 COMBINED SINGLE LIMIT в AUTOMOBILE LIABILITY \$1,000,000 (Ea accident) BODILY INJURY (Per person) х ANY AUTO OWNED SCHEDULED BODILY INJURY (Per accident) AUTOS ONLY AUTOS PROPERTY DAMAGE HIRED AUTOS NON-OWNED х х (Per accident) AUTOS ONLY UMBRELLA LIAB EACH OCCURRENCE OCCUR AGGREGATE EXCESS LIAB CLAIMS-MADE DED RETENTION 10/01/2020 10/01/2021 В WORKERS COMPENSATION AND wc2540616-02 X PER STATUTE OTH FR EMPLOYERS' LIABILITY 10/01/2020 10/01/2021 в wc1857087-02 ' / N ANY PROPRIETOR / PARTNER / EXECUTIVE E L EACH ACCIDENT \$1,000,000

~				020102575	10/01/2010	10/01/2021	Luch Chunn		
							Aggregate		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
Jo	b Description: #21-0925 - hydro	geo]	ogy,	Hydrology and Geotechnical	Consultin	g Services	for Lake Count		

028182375

N N/A

Job Description: #21-0925 - hydrogeology, Hydrology and Geotechnical Consulting Services for Lake County. Lake County, A Political Subdivision of the State of Florida, and the Board of County Commissioners are included as additional insured on a primary and non-contributory basis in accordance with the policy provisions of the Commercial General Liability (including on-going and completed operations) and Automobile Liability policies. A Waiver of Subrogation is included in favor of Lake County, A Political Subdivision of the State of Florida, and the Board of County Commissioners in accordance with the policy provisions of the Commercial General Liability, Automobile Liability, and Workers' Compensation policies. Includes 30 days notice of cancellation (except 10 days for non-payment of premium).

CERTIFICATE HOLDER	CANCELLATION				
Lake County, A Political Subdivision of the State of Florida, and the Board of County	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Commissioners P.O. Box 7800 Tavares, Fl 32778-7800	AUTHORIZED REPRESENTATIVE				
	Aon Risk Insurance Services West, Inc.				

OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below

Profossional Liability

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10/01/2019 10/01/2021 Each Claim

E.L. DISEASE-EA EMPLOYEE

E.L. DISEASE-POLICY LIMIT

\$1,000,000

\$1,000,000

\$1,000,000 \$2,000,000

ARDAMAN – FLORIDA BUSINESS REGISTRATIONS

Ardaman had a Certificate of Authorization(CA) license to offer engineering services in Florida. However, As of October 1, 2019, CA's are no longer required. Now firms are required to create a firm registration, adding them to the statewide registry. Because Ardaman had a current and active CA license at the time the new system went into effect on 10/1, we were automatically transferred into the new registry system.

REGISTRY NUMBER	DISCIPLINE
RY5950	Engineering Services
RYGB140	Geology Services
RYZA0000029	Asbestos Services

Our CA license number CAXXXXX is now our registry number RYXXXXX. Firm registrations never expire, and there are no longer any physical documents available. There is no license to print as it is no longer a license; just a registration. There is no expiration date showing because it is no longer a license, and it does not expire. Once our firm is on the registry, it stays on there indefinitely until requested to have removed. It does not need to be renewed or maintained.







State of Florida Department of Health, Bureau of Public Health Laboratories This is to certify that

E83484

SOUTHERN RESEARCH LABORATORIES, INC. 2251 LYNX LANE, SUITE 1 ORLANDO, FL 32804

has complied with Florida Administrative Code 64E-1, for the examination of environmental samples in the following categories

NON-POTABLE WATER - EXTRACTABLE ORGANICS, NON-POTABLE WATER - VOLATILE ORGANICS, SOLID AND CHEMICAL MATERIALS -EXTRACTABLE ORGANICS, SOLID AND CHEMICAL MATERIALS - VOLATILE ORGANICS



Continued certification is contingent upon successful on-going compliance with the NELAC Standards and FAC Rule 64E-1 regulations. Specific methods and analytes certified are cited on the Laboratory Scope of Accreditation for this laboratory and are on file at the Bureau of Public Health Laboratories, P. O. Box 210, Jacksonville, Florida 32231. Clients and customers are urged to verify with this agency the laboratory's certification status in Florida for particular methods and analytes.

Date Issued: July 01, 2020 Expiration Date: June 30, 2021



Patty A. Lewandowski, MBA, MT(ASCP) Chief Bureau of Public Health Laboratories DH Form 1697, 7/04 NON-TRANSFERABLE E83484-29-07/01/2020 Supersedes all previously issued certificates