

## 2. FORMS

### ATTACHMENT 1 - SUBMITTAL FORM

#### ATTACHMENT 1 – SUBMITTAL FORM

21-0937

The undersigned hereby declares that: Bureau Veritas North America, 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 **Building Plan Review and Inspection Services (Not Engineering)** 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 Credit Card-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 two (2) subsequent two (2) 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.

#### 2.0 METHOD OF PAYMENT

The Contractor must submit an accurate invoice to the County's using department's email. 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 [General Terms and Conditions for Lake County Florida](#) and accept the Lake County General Terms and Conditions dated 5/6/21 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

## 2. FORMS

### ATTACHMENT 1 – SUBMITTAL FORM

21-0937

corporation, firm, or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud. NA

#### 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 NA 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: St. Cloud, 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: NA

#### 9.0 GENERAL VENDOR INFORMATION:

Firm Name: Bureau Veritas North America, Inc.  
Street Address: 1422 S. Narcoossee Road  
City: St. Cloud State and ZIP Code: Florida 34771  
Mailing Address (if different): NA  
Telephone: 407.556.0027 Fax: 407.517.4467  
Federal Identification Number / TIN: 06-1689244  
DUNS Number: 07-841-5114

#### 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.

## 2. FORMS

### ATTACHMENT 1 – SUBMITTAL FORM

21-0937

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: Van Tran

Date: 8/11/2021

Print Name: Van Tran

Title: Vice President, Facilities Division - Central and East Region

Primary E-mail Address: van.tran@bureauveritas.com

Secondary E-mail Address: NA

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]*



## 2. FORMS

### MEMORANDUM OF AUTHORITY

BUREAU VERITAS NORTH AMERICA, INC.


### CERTIFICATE OF INCUMBENCY

I, Heather B. Bush, hereby certify that I am the duly elected and qualified Secretary of BUREAU VERITAS NORTH AMERICA, INC., a corporation organized and existing under the laws of the State of Delaware (the "Corporation"), and further certify, on behalf of the Corporation, that the person named below, acting singly, has the full authority of the Board of Directors to act on behalf of the Corporation with respect to the execution of RFP #21-0937 Building Plan Review and Inspection Services for Lake County, Florida..

### AUTHORIZED SIGNATORY

Van Tran – Vice President

IN WITNESS WHEREOF, I have hereunto set my hand on July 30, 2021.

By:   
Heather B. Bush, Secretary



# 2. FORMS

## PROOF OF SUNBIZ REGISTRATION

7/30/2021

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  
BUREAU VERITAS NORTH AMERICA, INC.

#### Filing Information

**Document Number** F03000001638  
**FEI/EIN Number** N/A  
**Date Filed** 04/01/2003  
**State** DE  
**Status** ACTIVE  
**Last Event** CORPORATE MERGER  
**Event Date Filed** 09/27/2007  
**Event Effective Date** 10/01/2007

#### Principal Address

1601 Sawgrass Corporate Parkway  
Ste. 400  
Fort Lauderdale, FL 33323

Changed: 05/24/2020

#### Mailing Address

1601 Sawgrass Corporate Parkway  
Ste. 400  
Fort Lauderdale, FL 33323

Changed: 05/24/2020

#### Registered Agent Name & Address

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

Name Changed: 07/02/2020

Address Changed: 07/02/2020

#### Officer/Director Detail

##### **Name & Address**

Title Director

Shuman, Natalia

search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=EntityName&directionType=Initial&searchNameOrder=BUREAUVERITA... 1/3

# 2. FORMS

7/30/2021

Detail by Entity Name

1601 Sawgrass Corporate Parkway  
Ste. 400  
Fort Lauderdale, FL 33323

Title Director

Bush, Heather  
1601 Sawgrass Corporate Parkway  
Ste. 400  
Fort Lauderdale, FL 33323

Title Secretary

Bush, Heather  
1601 Sawgrass Corporate Parkway  
Ste. 400  
Fort Lauderdale, FL 33323

Title Treasurer/CFO

Bush, Heather  
1601 Sawgrass Corporate Parkway  
Ste. 400  
Fort Lauderdale, FL 33323

Title President/CEO

Shuman, Natalia  
1601 Sawgrass Corporate Parkway  
Ste. 400  
Fort Lauderdale, FL 33323

### Annual Reports

Report Year	Filed Date
2018	01/11/2018
2019	03/18/2019
2020	05/24/2020

### Document Images

<a href="#">07/02/2020 -- Reg. Agent Change</a>	<a href="#">View image in PDF format</a>
<a href="#">05/24/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/18/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/11/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/19/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/02/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/20/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/07/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">12/20/2013 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/31/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/09/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/01/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=EntityName&directionType=Initial&searchNameOrder=BUREAUVERITA... 2/3

## 2. FORMS

7/30/2021

Detail by Entity Name

[05/12/2010 -- Off/Dir Resignation](#)  
[10/13/2010 -- Reg. Agent Change](#)  
[05/12/2010 -- Off/Dir Resignation](#)  
[04/12/2010 -- Off/Dir Resignation](#)  
[01/07/2010 -- ANNUAL REPORT](#)  
[01/22/2009 -- ANNUAL REPORT](#)  
[04/17/2008 -- ANNUAL REPORT](#)  
[09/27/2007 -- Merger](#)  
[05/01/2007 -- ANNUAL REPORT](#)  
[03/13/2007 -- ANNUAL REPORT](#)  
[08/10/2006 -- Merger](#)  
[07/03/2006 -- Name Change](#)  
[04/25/2006 -- ANNUAL REPORT](#)  
[04/25/2005 -- ANNUAL REPORT](#)  
[07/13/2004 -- ANNUAL REPORT](#)  
[04/01/2003 -- Foreign Profit](#)

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Florida Department of State, Division of Corporations



# 2. FORMS

W9

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

## Request for Taxpayer Identification Number and Certification

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

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

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Bureau Veritas North America, 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.  
**1601 Sawgrass Corporate Parkway, Suite 400**

**6** City, state, and ZIP code  
**Sunrise, FL 33323**

**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									
0	6	-	1	6	8	9	2	4	4

**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 ▶ *Nicola K. Sragusa* Date ▶ *1/7/2021*

**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](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-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.*



## 2. FORMS

**COMPLETED ADDENDA ISSUED**

**ADDENDUM NO. 1**

**21-0937**



REAL FLORIDA • REAL CLOSE  
Office of Procurement Services

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

**SOLICITATION:** Building Plan Review and Inspection Services (Not Engineering)

07/09/2021

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 CHANGES THE DATE FOR RECEIPT OF PROPOSALS TO AUGUST 12, 2021 @ 3:00PM (EST)

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### ACKNOWLEDGEMENT

Firm Name: Bureau Veritas North America, 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: Van Tran

Date: 8/11/2021

Print Name: Van Tran

Title: Vice President, Facilities Division – Central and East Region

Primary E-mail Address: van.tran@bureauveritas.com

Secondary E-mail Address: NA



## 2. FORMS

ADDENDUM NO. 2

21-0937



Office of Procurement Services

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

**SOLICITATION:** Building Plan and Inspection Services (Not Engineering)

07/29/2021

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

- Question:** Who are the two firms currently contracted to perform these services with Lake County?

**Response:** The Current Firms under contract for these services are Universal Engineering Sciences, Inc. and American Building Safety Associates, Inc.
- Question:** There is a discrepancy between the submittal deadline presented on the website (8/12) and the one in the solicitation (8/8). Could you please confirm which one of these is the correct deadline?

**Response:** Reference Addendum No. 1
- Question:** For the checklist items under 5. *Completed Pricing Sheet* in the Solicitation there is one which request “Provide supporting documentation for proposed pricing”. Could you please provide some clarification with regards to what kind of supporting documentation Lake County is looking for?

**Response:** This information to be provided at the discretion of the vendor to justify any of the proposed pricing.
- Question:** In reference to 21-0937\_Attachment2-PricingFILLABLEFORM.xlsx, is the acronym “A/E” on the second page (items #2 & #7) supposed to be “Architectural/Engineering?” Please confirm.

**Response:** “A/E” is in reference to Architectural/Engineering
- Question:** In reference to 21-0937\_Attachment2-PricingFILLABLEFORM.xlsx, page one of the pricing sheet indicates that items #8 and #9 are for fire services; however, page 2, item #9’s description is “One-time charge for critical/expedited calls,” not “Fire Inspector Services.” Please clarify.

**Response:** Remove and replace Attachment 2 – Pricing Sheet with Attachment 2 – REVISED Pricing Sheet
- Question:** On Attachment 4 – Team Composition Form, under the column “Role”, there are six (6) positions listed, however on Attachment 2 – Pricing Sheet there are nine (9) “Item

## 2. FORMS

### ADDENDUM NO. 2

21-0937

Description” listed. Can vendors add additional “Roles” to Attachment 4 to match the Items that are listed on Attachment 2?

**Response:** Additional roles may be added to your submittal

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### ACKNOWLEDGEMENT

Firm Name: Bureau Veritas North America, 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: Van Tran

Date: 8/11/2021

Print Name: Van Tran

Title: Vice President, Facilities Division – Central and East Region

Primary E-mail Address: van.tran@bureauveritas.com

Secondary E-mail Address: NA



## 2. FORMS

ADDENDUM NO. 3

21-0937



REAL FLORIDA • REAL CLOSE  
Office of Procurement Services

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

**SOLICITATION:** Building Plan and Inspection Services (Not Engineering)

08/03/2021

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

1. **Question:** Would the County consider proposals from qualified vendors for plan review services only?

**Response:** The County is seeking proposals from qualified vendors that can provide both plan reviews and inspection services.

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### ACKNOWLEDGEMENT

Firm Name: Bureau Veritas North America, 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: Van Tran

Date: 8/11/2021

Print Name: Van Tran

Title: Vice President, Facilities Division – Central and East Region

Primary E-mail Address: van.tran@bureauveritas.com

Secondary E-mail Address: NA

## 2. FORMS

### PROOF OF INSURANCE

The following pages contain proof of Bureau Veritas North America, Inc.'s insurance and evidence of insurability. The firm's Professional Liability is claims based, not occurrence based. Additionally, the firm wishes to strike the language presented in Exhibit B - Insurance Requirements associated with the notice of cancellation and respectfully requests the insertion of the following: *"No material change or cancellation shall be made to any of the policies of insurance referenced above without Contractor providing thirty (30) days prior written notice to Client."*



# 2. FORMS



## CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
08/05/2021

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).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. Aon Risk Services Northeast, Inc. NY NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA		<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): 866-283-7122      FAX (A/C. No.): 800-363-0105 E-MAIL ADDRESS:															
<b>INSURED</b> Bureau Veritas North America, Inc. 1601 Sawgrass Corporate Parkway Suite 400 Fort Lauderdale FL 33323 USA		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Hartford Fire Insurance Co.</td> <td>19682</td> </tr> <tr> <td>INSURER B: Hartford Underwriters Insurance Company</td> <td>30104</td> </tr> <tr> <td>INSURER C: Allianz Global Risks US Insurance Co.</td> <td>35300</td> </tr> <tr> <td>INSURER D: Trumbull Insurance Company</td> <td>27120</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hartford Fire Insurance Co.	19682	INSURER B: Hartford Underwriters Insurance Company	30104	INSURER C: Allianz Global Risks US Insurance Co.	35300	INSURER D: Trumbull Insurance Company	27120	INSURER E:		INSURER F:	
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INSURER B: Hartford Underwriters Insurance Company	30104																
INSURER C: Allianz Global Risks US Insurance Co.	35300																
INSURER D: Trumbull Insurance Company	27120																
INSURER E:																	
INSURER F:																	

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER:** 570088711330      **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.

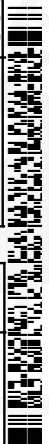
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Limits shown are as requested	
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	USL00159321	01/01/2021	01/01/2022	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
							Deductible	\$10,000
A	AUTOMOBILE LIABILITY	Y	Y	10 AB S41202	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
B	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			AOS 10 AB S41203 HI	01/01/2021	01/01/2022	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	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	10WNS41200 See State Policy Addendum	01/01/2021	01/01/2022	<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
C	Archit&Eng Prof			USF00248021 Claims Made SIR applies per policy terms & conditions	01/01/2021	01/01/2022	Each Claim	\$1,000,000
							Aggregate	\$1,000,000
							SIR	\$250,000

570088711330

Certificate No :

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: Project Name: Building Plan Review and Inspection Services (not engineering) RFP #21-0937. Separation of Insureds is included in accordance with the policy provisions of the General Liability policy. Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. General Liability policy evidenced herein is Primary and Non-Contributory to other insurance available to Additional Insured, but only in accordance with the policy's provisions. A waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability and workers' compensation policies.

<b>CERTIFICATE HOLDER</b>  Lake County, a Political Subdivision of the State of Florida and the Board of County Commissioners Tavares FL 32778-7800 USA	<b>CANCELLATION</b> 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 
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# 2. FORMS

AGENCY CUSTOMER ID: 570000048582

LOC #:



## ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Bureau Veritas North America, Inc.	
POLICY NUMBER See Certificate Numbe 570088711330			
CARRIER See Certificate Numbe 570088711330	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

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

10WNS41200 01/01/21-01/01/22 Trumbull Insurance AR,DC,IN,LA,RI,UT  
10WNS41200 01/01/21-01/01/22 Twin City Fire Insurance Company FL,ND,OH,WA,WY  
10WNS41200 01/01/21-01/01/22 Hartford Insurance Company of the Midwest AK,ID  
10WNS41200 01/01/21-01/01/22 Hartford Casualty Insurance Company MO,TX  
10WNS41200 01/01/21-01/01/22 Nutmeg Insurance Company CT,IL  
10WNS41200 01/01/21-01/01/22 Hartford Fire Insurance Company NH,OR,PA  
10WNS41200 01/01/21-01/01/22 Hartford Accident and Indemnity Company  
AL,GA,KY,ME,MI,MT,NE,NY,TN,VT  
10WNS41200 01/01/21-01/01/22 Property /Casualty Insurance Company of Hartford CA,CO,DE,MN,MS,SC  
10WNS41200 01/01/21-01/01/22 Hartford Insurance Company of Illinois WV  
10WNS41200 01/01/21-01/01/22 Hartford Insurance Company of the Southeast KS,MD  
10WNS41200 01/01/21-01/01/22 Hartford Underwriters Insurance Company AZ,HI,MA,NC,NJ,SD,VA  
10WNS41200 01/01/21-01/01/22 Sentinel Insurance Company, Limited IA,NM,NV,OK  
10WBS41201 01/01/21-01/01/22 Twin City Fire Insurance Company WI  
10WBS41201 01/01/21-01/01/22 Hartford Fire Insurance Company PR

ACORD 101 (2008/01)

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## 2. FORMS

Policy Number: USL00159321  
Effective Date: January 01, 2021

COMMERCIAL GENERAL LIABILITY

CG 20 37 04 13

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### **ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any owner, lessee or contractor for whom you are performing operations when you and such owner, lessee or contractor have agreed in writing in a contract or agreement that such owner, lessee or contractor should be added as an additional insured on your policy.	Locations that are listed in the written contracts or agreements stated on the left side of this SCHEDULE.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

# 2. FORMS

Policy Number: USL00159321  
Effective Date: January 01, 2021

COMMERCIAL GENERAL LIABILITY

CG 20 10 04 13

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any owner, lessee or contractor for whom you are performing operations when you and such owner, lessee or contractor have agreed in writing in a contract or agreement that such owner, lessee or contractor should be added as an additional insured on your policy.	Locations that are listed in the written contracts or agreements stated on the left side of this SCHEDULE.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

## 2. FORMS

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**
- If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;  
whichever is less.
- This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

## 2. FORMS

Policy Number: USL00159321  
Effective Date: January 01, 2021

COMMERCIAL GENERAL LIABILITY  
CG 20 01 04 13

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

**Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



## 2. FORMS

POLICY NUMBER: USL00159321

COMMERCIAL GENERAL LIABILITY  
CG 24 04 05 09

### WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### SCHEDULE

**Name Of Person Or Organization:**

Any person or organization you have agreed to waive your right of recovery in a written contract or agreement, provided such contract was executed prior to the date of loss..

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

## 2. FORMS

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)

**Policy Number:** 10 WN S41200

**Endorsement Number:**

**Effective Date:** 01/01/2021 Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** BUREAU VERITAS HOLDINGS, INC.  
1601 SAWGRASS CORPORATE PKWAY  
SUITE 400  
FORT LAUDERDALE, FL 33323

If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided to the certificate holder(s) with mailing addresses on file with the agent of record. Such notice will be provided within 30 days of the Company's receipt of certificate holder(s) information from the agent of record.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s) on file with the agent of record will be sufficient proof of notice.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.

Form WC 99 03 98 Printed in U.S.A.  
Process Date:

© 2011, The Hartford

**Policy Expiration Date:**

## 2. FORMS

POLICY NUMBER: USL00159321

COMMERCIAL GENERAL LIABILITY  
CG 24 04 05 09

### WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### SCHEDULE

**Name Of Person Or Organization:**

Any person or organization you have agreed to waive your right of recovery in a written contract or agreement, provided such contract was executed prior to the date of loss..

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT

This endorsement modifies insurance provided under the following:

#### BUSINESS AUTO COVERAGE FORM

To the extent that the provisions of this endorsement provide broader benefits to the "insured" than other provisions of the Coverage Form, the provisions of this endorsement apply.

#### 1. BROAD FORM INSURED

##### A. Subsidiaries and Newly Acquired or Formed Organizations

The Named Insured shown in the Declarations is amended to include:

- (1) Any legal business entity other than a partnership or joint venture, formed as a subsidiary in which you have an ownership interest of more than 50% on the effective date of the Coverage Form. However, the Named Insured does not include any subsidiary that is an "insured" under any other automobile policy or would be an "insured" under such a policy but for its termination or the exhaustion of its Limit of Insurance.
- (2) Any organization that is acquired or formed by you and over which you maintain majority ownership. However, the Named Insured does not include any newly formed or acquired organization:
  - (a) That is a partnership or joint venture,
  - (b) That is an "insured" under any other policy,
  - (c) That has exhausted its Limit of Insurance under any other policy, or
  - (d) 180 days or more after its acquisition or formation by you, unless you have given us notice of the acquisition or formation.

Coverage does not apply to "bodily injury" or "property damage" that results from an "accident" that occurred before you formed or acquired the organization.

##### B. Employees as Insureds

Paragraph A.1. - WHO IS AN INSURED - of SECTION II - LIABILITY COVERAGE is amended to add:

- d. Any "employee" of yours while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

##### C. Lessors as Insureds

Paragraph A.1. - WHO IS AN INSURED - of Section II - Liability Coverage is amended to add:

- e. The lessor of a covered "auto" while the "auto" is leased to you under a written agreement if:
  - (1) The agreement requires you to provide direct primary insurance for the lessor and
  - (2) The "auto" is leased without a driver.

Such a leased "auto" will be considered a covered "auto" you own and not a covered "auto" you hire.

##### D. Additional Insured if Required by Contract

- (1) Paragraph A.1. - WHO IS AN INSURED - of Section II - Liability Coverage is amended to add:
  - f. When you have agreed, in a written contract or written agreement, that a person or organization be added as an additional insured on your business auto policy, such person or organization is an "insured", but only to the extent such person or organization is liable for "bodily injury" or "property damage" caused by the conduct of an "insured" under paragraphs a. or b. of Who Is An Insured with regard to the ownership, maintenance or use of a covered "auto."

## 2. FORMS

The insurance afforded to any such additional insured applies only if the "bodily injury" or "property damage" occurs:

- (1) During the policy period, and
- (2) Subsequent to the execution of such written contract, and
- (3) Prior to the expiration of the period of time that the written contract requires such insurance be provided to the additional insured.

### (2) How Limits Apply

If you have agreed in a written contract or written agreement that another person or organization be added as an additional insured on your policy, the most we will pay on behalf of such additional insured is the lesser of:

- (a) The limits of insurance specified in the written contract or written agreement; or
- (b) The Limits of Insurance shown in the Declarations.

Such amount shall be a part of and not in addition to Limits of Insurance shown in the Declarations and described in this Section.

### (3) Additional Insureds Other Insurance

If we cover a claim or "suit" under this Coverage Part that may also be covered by other insurance available to an additional insured, such additional insured must submit such claim or "suit" to the other insurer for defense and indemnity.

However, this provision does not apply to the extent that you have agreed in a written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance.

### (4) Duties in The Event Of Accident, Claim, Suit or Loss

If you have agreed in a written contract or written agreement that another person or organization be added as an additional insured on your policy, the additional insured shall be required to comply with the provisions in LOSS CONDITIONS 2. - DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS – OF SECTION IV – BUSINESS AUTO CONDITIONS, in the same manner as the Named Insured.

### E. Primary and Non-Contributory if Required by Contract

Only with respect to insurance provided to an additional insured in 1.D. - Additional Insured If Required by Contract, the following provisions apply:

#### (3) Primary Insurance When Required By Contract

This insurance is primary if you have agreed in a written contract or written agreement that this insurance be primary. If other insurance is also primary, we will share with all that other insurance by the method described in Other Insurance 5.d.

#### (4) Primary And Non-Contributory To Other Insurance When Required By Contract

If you have agreed in a written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance, this insurance is primary and we will not seek contribution from that other insurance.

Paragraphs (3) and (4) do not apply to other insurance to which the additional insured has been added as an additional insured.

When this insurance is excess, we will have no duty to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (1) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (2) The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, by the method described in Other Insurance 5.d.

### 2. AUTOS RENTED BY EMPLOYEES

Any "auto" hired or rented by your "employee" on your behalf and at your direction will be considered an "auto" you hire.

The OTHER INSURANCE Condition is amended by adding the following:

## 2. FORMS

If an "employee's" personal insurance also applies on an excess basis to a covered "auto" hired or rented by your "employee" on your behalf and at your direction, this insurance will be primary to the "employee's" personal insurance.

### 3. AMENDED FELLOW EMPLOYEE EXCLUSION

EXCLUSION 5. - FELLOW EMPLOYEE - of SECTION II - LIABILITY COVERAGE does not apply if you have workers' compensation insurance in-force covering all of your "employees".

Coverage is excess over any other collectible insurance.

### 4. HIRED AUTO PHYSICAL DAMAGE COVERAGE

If hired "autos" are covered "autos" for Liability Coverage and if Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form for any "auto" you own, then the Physical Damage Coverages provided are extended to "autos" you hire or borrow, subject to the following limit.

The most we will pay for "loss" to any hired "auto" is:

- (1) \$100,000;
- (2) The actual cash value of the damaged or stolen property at the time of the "loss"; or
- (3) The cost of repairing or replacing the damaged or stolen property,

whichever is smallest, minus a deductible. The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage. No deductible applies to "loss" caused by fire or lightning. Hired Auto Physical Damage coverage is excess over any other collectible insurance. Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.

We will also cover loss of use of the hired "auto" if it results from an "accident", you are legally liable and the lessor incurs an actual financial loss, subject to a maximum of \$1000 per "accident".

This extension of coverage does not apply to any "auto" you hire or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company), or members of their households.

### 5. PHYSICAL DAMAGE - ADDITIONAL TEMPORARY TRANSPORTATION EXPENSE COVERAGE

Paragraph A.4.a. of SECTION III - PHYSICAL DAMAGE COVERAGE is amended to provide a limit of \$50 per day and a maximum limit of \$1,000.

### 6. LOAN/LEASE GAP COVERAGE

Under SECTION III - PHYSICAL DAMAGE COVERAGE, in the event of a total "loss" to a covered "auto", we will pay your additional legal obligation for any difference between the actual cash value of the "auto" at the time of the "loss" and the "outstanding balance" of the loan/lease.

"Outstanding balance" means the amount you owe on the loan/lease at the time of "loss" less any amounts representing taxes; overdue payments; penalties, interest or charges resulting from overdue payments; additional mileage charges; excess wear and tear charges; lease termination fees; security deposits not returned by the lessor; costs for extended warranties, credit life Insurance, health, accident or disability insurance purchased with the loan or lease; and carry-over balances from previous loans or leases.

### 7. AIRBAG COVERAGE

Under Paragraph B. EXCLUSIONS - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

The exclusion relating to mechanical breakdown does not apply to the accidental discharge of an airbag.

### 8. ELECTRONIC EQUIPMENT - BROADENED COVERAGE

a. The exceptions to Paragraphs B.4 - EXCLUSIONS - of SECTION III - PHYSICAL DAMAGE COVERAGE are replaced by the following:

Exclusions 4.c. and 4.d. do not apply to equipment designed to be operated solely by use of the power from the "auto's" electrical system that, at the time of "loss", is:

- (1) Permanently installed in or upon the covered "auto";
- (2) Removable from a housing unit which is permanently installed in or upon the covered "auto";
- (3) An integral part of the same unit housing any electronic equipment described in Paragraphs (1) and (2) above; or

## 2. FORMS

- (4) Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system.

b. Section III – Version CA 00 01 03 10 of the Business Auto Coverage Form, Physical Damage Coverage, Limit of Insurance, Paragraph C.2 and Version CA 00 01 10 01 of the Business Auto Coverage Form, Physical Damage Coverage, Limit of Insurance, Paragraph C are each amended to add the following:

\$1,500 is the most we will pay for "loss" in any one "accident" to all electronic equipment (other than equipment designed solely for the reproduction of sound, and accessories used with such equipment) that reproduces, receives or transmits audio, visual or data signals which, at the time of "loss", is:

- (1) Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;
- (2) Removable from a permanently installed housing unit as described in Paragraph 2.a. above or is an integral part of that equipment; or
- (3) An integral part of such equipment.

c. For each covered "auto", should loss be limited to electronic equipment only, our obligation to pay for, repair, return or replace damaged or stolen electronic equipment will be reduced by the applicable deductible shown in the Declarations, or \$250, whichever deductible is less.

### 9. EXTRA EXPENSE - BROADENED COVERAGE

Under Paragraph A. - COVERAGE - of SECTION III - PHYSICAL DAMAGE COVERAGE, we will pay for the expense of returning a stolen covered "auto" to you.

### 10. GLASS REPAIR - WAIVER OF DEDUCTIBLE

Under Paragraph D. - DEDUCTIBLE - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

No deductible applies to glass damage if the glass is repaired rather than replaced.

### 11. TWO OR MORE DEDUCTIBLES

Under Paragraph D. - DEDUCTIBLE - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

If another Hartford Financial Services Group, Inc. company policy or coverage form that is not an automobile policy or coverage form applies to the same "accident", the following applies:

- (1) If the deductible under this Business Auto Coverage Form is the smaller (or smallest) deductible, it will be waived;
- (2) If the deductible under this Business Auto Coverage Form is not the smaller (or smallest) deductible, it will be reduced by the amount of the smaller (or smallest) deductible.

### 12. AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS

The requirement in LOSS CONDITIONS 2.a. - DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS - of SECTION IV - BUSINESS AUTO CONDITIONS that you must notify us of an "accident" applies only when the "accident" is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership;
- (3) A member, if you are a limited liability company; or
- (4) An executive officer or insurance manager, if you are a corporation.

### 13. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not deny coverage under this Coverage Form because of such failure.

### 14. HIRED AUTO - COVERAGE TERRITORY

Paragraph e. of GENERAL CONDITIONS 7. - POLICY PERIOD, COVERAGE TERRITORY - of SECTION IV - BUSINESS AUTO CONDITIONS is replaced by the following:

e. For short-term hired "autos", the coverage territory with respect to Liability Coverage is anywhere in the world provided that if the "insured's" responsibility to pay damages for "bodily injury" or "property damage" is determined in a "suit," the "suit" is brought in the United States of America, the territories and possessions of the United States of America, Puerto Rico or Canada or in a settlement we agree to.

### 15. WAIVER OF SUBROGATION

TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US - of SECTION IV - BUSINESS AUTO CONDITIONS is amended by adding the following:

## 2. FORMS

We waive any right of recovery we may have against any person or organization with whom you have a written contract that requires such waiver because of payments we make for damages under this Coverage Form.

### 16. RESULTANT MENTAL ANGUISH COVERAGE

The definition of "bodily injury" in SECTION V-DEFINITIONS is replaced by the following:

"Bodily injury" means bodily injury, sickness or disease sustained by any person, including mental anguish or death resulting from any of these.

### 17. EXTENDED CANCELLATION CONDITION

Paragraph 2. of the COMMON POLICY CONDITIONS - CANCELLATION - applies except as follows:

If we cancel for any reason other than nonpayment of premium, we will mail or deliver to the first Named Insured written notice of cancellation at least 60 days before the effective date of cancellation.

### 18. HYBRID, ELECTRIC, OR NATURAL GAS VEHICLE PAYMENT COVERAGE

In the event of a total loss to a "non-hybrid" auto for which Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form, then such Physical Damage Coverages are amended as follows:

- a. If the auto is replaced with a "hybrid" auto or an auto powered solely by electricity or natural gas, we will pay an additional 10%, to a maximum of \$2,500, of the "non-hybrid" auto's actual cash value or replacement cost, whichever is less,
- b. The auto must be replaced and a copy of a bill of sale or new lease agreement received by us within 60 calendar days of the date of "loss,"

- c. Regardless of the number of autos deemed a total loss, the most we will pay under this Hybrid, Electric, or Natural Gas Vehicle Payment Coverage provision for any one "loss" is \$10,000.

For the purposes of the coverage provision,

- a. A "non-hybrid" auto is defined as an auto that uses only an internal combustion engine to move the auto but does not include autos powered solely by electricity or natural gas.
- b. A "hybrid" auto is defined as an auto with an internal combustion engine and one or more electric motors; and that uses the internal combustion engine and one or more electric motors to move the auto, or the internal combustion engine to charge one or more electric motors, which move the auto.

### 19. VEHICLE WRAP COVERAGE

In the event of a total loss to an "auto" for which Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form, then such Physical Damage Coverages are amended to add the following:

In addition to the actual cash value of the "auto", we will pay up to \$1,000 for vinyl vehicle wraps which are displayed on the covered "auto" at the time of total loss. Regardless of the number of autos deemed a total loss, the most we will pay under this Vehicle Wrap Coverage provision for any one "loss" is \$5,000. For purposes of this coverage provision, signs or other graphics painted or magnetically affixed to the vehicle are not considered vehicle wraps.

## 2. FORMS

Close



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### **NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)**

This policy is subject to the following additional Conditions:

If this policy is cancelled by the Company, other than for nonpayment of premium, notice of such cancellation will be provided to the certificate holder(s) with mailing addresses on file with the agent of record. Such notice will be provided within 30 days of the Company's receipt of certificate holder(s) information from the agent of record.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s)

on file with the agent of record will be sufficient proof of notice.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.



## 2. FORMS



**Policy Number:** USL00159321  
**Effective Date:** January 01, 2021

**THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.**

### **ADVICE OF CANCELLATION TO ENTITIES OTHER THAN AN INSURED LIMITED TO EMAIL NOTIFICATION**

This policy is amended as follows:

If we initiate cancellation of this policy for any reason other than non payment of premium, and

- A.** The effective date of cancellation is prior to this policy's expiration date; and
- B.** The "First Named Insured" is under an existing contractual obligation to notify an entity to whom a certificate of insurance has been issued (hereinafter, the Certificate Holder) when this policy is canceled; and
- C.** The "First Named Insured" has provided us, either directly or through the "First Named Insured's" broker of record the email address of the contact of each such Certificate Holder; and
- D.** We received this information after the "First Named Insured" receives notice of cancellation of this policy and prior to the policy's cancellation date in an electronic spreadsheet format that is acceptable to us;

We will provide "Advice of Cancellation" via e-mail to such Certificate Holders.

Proof of emailing the "Advice of Cancellation", using the information provided by the "First Named Insured", will serve as proof that we have fully satisfied our obligations under this endorsement. The "Advice of Cancellation" shall be emailed to each such Certificate Holder as soon as possible upon receipt of the information from the "First Named Insured", however we are under no contractual obligation to email the "Advice of Cancellation" prior to the policy's cancellation date.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy of the effective date of such cancellation. Nor shall this endorsement invest any rights to any entity that is not an insured under the terms of this policy.

The following Definitions apply to this endorsement:

- A.** "First Named Insured" means the Named Insured shown on the Declarations Page of this policy.
- B.** "Advice of Cancellation" means an email that provides the following information:
  - 1. The Named Insured as shown on the Declarations Page of this policy;
  - 2. The policy number of the policy being cancelled; and
  - 3. The effective date and time of the cancellation.

All other terms and conditions remain unchanged.



# 2. FORMS

## CONTRACTOR REQUIRED LICENSES

### DBPR Registry License #26917

← → ↻ 🏠 <https://www.myfloridalicense.com/LicenseDetail.asp?SID=&id=0AE8D5CEF7741ED9858AC991CB9...> ☆ 🧩 🌐 ⋮

📱 Apps 📄 Bureau Veritas 📄 Sign in to Concur |... 🌐 Orion 📄 MyLearning 📄 ATLAS BV » 📄 Other bookmarks 📄 Reading lis



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- Search for a Licensee
- Apply for a License
- View Application Status
- Find Exam Information
- File a Complaint
- AB&T Delinquent
- Invoice & Activity
- List Search

#### Licensee Details

Licensee Information	
Name:	<b>BUREAU VERITAS NORTH AMERICA, INC. (Primary Name)</b>
Main Address:	<b>1601 SAWGRASS CORPORATE PARKWAY SSC FT. LAUDERDALE OFFICE SUITE 400 FORT LAUDERDALE Florida 33323</b>
County:	<b>BROWARD</b>
License Mailing:	
LicenseLocation:	

License Information	
License Type:	<b>Registry</b>
Rank:	<b>Registry</b>
License Number:	<b>26917</b>
Status:	<b>Current</b>
Licensure Date:	<b>04/13/2006</b>
Expires:	

Special Qualifications	Qualification Effective

Alternate Names

[View Related License Information](#)  
[View License Complaint](#)

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

# 2. FORMS

**BRUCE VICKERS, TAX COLLECTOR**  
OSCEOLA COUNTY, STATE OF FLORIDA  
LOCAL BUSINESS TAX RECEIPT

**EXPIRATION**  
**SEPTEMBER 30, 2021**

**ACCOUNT NO.**  
**168761**

<b>2021</b>	<b>08/06/2020</b>	<b>179821</b>
<b>BUSINESS TYPE:</b>	<b>Oper DG</b>	<b>TRANSFER</b>
<b>9100 ENGINEER (DBPR)</b>	<b>Till 1411</b>	<b>0.00</b>
	<b>Paid 30.00</b>	<b>ORIGINAL TAX</b>
	<b>Rcpt.#141101512</b>	<b>AMOUNT</b>
		<b>30.00</b>
<b>BUSINESS:</b>		<b>PENALTY</b>
<b>Bureau Veritas North America, Inc.</b>	<b>Location:</b>	<b>0.00</b>
<b>1400 S. Narcoossee Rd. Suite 1422</b>	<b>CITY OF ST CLOUD</b>	<b>COLLECTION COST</b>
<b>St. Cloud, FL 34771</b>		<b>0.00</b>
		<b>TOTAL</b>
		<b>30.00</b>

**Engineer: 70087 - Inspector: BN4254 - (Murat Kizikli)**

*Bruce E. Vickers*  
**BRUCE VICKERS CFC, TAX COLLECTOR**  
P.O. BOX 422105, KISSIMMEE FL 34742-2105  
407-742-4000

THIS RECEIPT IS IN ADDITION AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH, AND ANY OTHER LAWFUL AUTHORITY.

**THIS LOCAL BUSINESS TAX RECEIPT IS FURNISHED PURSUANT TO CHAPTER 205 LAWS OF FLORIDA AND OSCEOLA COUNTY ORDINANCE 95-10, AS AMENDED**

The law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County.

Pursuant to State Law, all Local Business Tax Receipts shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax Receipt for the delinquent establishment. A 25% penalty shall be imposed on any person engaged in any new business, occupation or profession without first obtaining an Osceola County Local Business Tax Receipt. PLUS: if delinquent more than 150 days, subject to civil actions and penalties, and a penalty of up to \$250.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county, or cities, nor does it exempt the licensee from any other license or permits that may be required by law.

This form becomes a receipt when validated by the Tax Collector. Note: Display in accordance with the county ordinance. Local Business Tax Receipts are subject to change according to law.

Bureau Veritas North America, Inc.  
1422 S. Narcoossee Road  
St. Cloud, FL 34771



## 2. FORMS

# Local Business Tax Receipt

CITY OF ST. CLOUD 2021

BUREAU VERITAS NORTH  
AMERICA,  
1422 S NARCOOSSEE RD  
SAINT CLOUD, FL 34771

TAX RECEIPT#:  
20-29220  
FEE AMOUNT:  
\$56.28



**EXPIRES: 9/30/2021**

BUSINESS LOCATION: 1422 S NARCOOSSEE RD SAINT CLOUD, FL 34771  
CLASSIFICATION: PROFESSIONAL INDIVIDUAL  
RESTRICTIONS:

### **MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

This Local Business Tax Receipt only confirms payment of the Local Business Tax pursuant to Chapter 205, Florida Statutes. The Receipt is not a license, permit, or a certification of the holder's qualifications to do business. City Business License Division must be notified of any material change to the information found herein above. This Receipt does not permit holder to operate in violation of any City, State, or Federal Law.

1300 Ninth Street, Bldg A | St. Cloud, FL 34769

### **Notice to Business Owner/Business Tax Holder**

- If you no longer rent this property and wish to close your business tax, you must notify the City in writing with the effective date to close this business tax receipt.
- If you move you may transfer your Business Tax Receipt to the new location as long as your business name remains the same. A transfer requires completing a new application and payment of the appropriate fees.
- Your Business Tax Receipt period begins October 1st and expires September 30 each year.
- Renewal notices are mailed on or about July 1st of each year. This document serves as the first notice of renewal and it is the responsibility of the owner(s)/tax holder(s) to notify the City Business License Division with any mailing address updates.
- Please send mailing address changes by email to [businesslicenses@stcloud.org](mailto:businesslicenses@stcloud.org) or by regular mail to the address above.
- This Business Tax Receipt is in addition to and not in lieu of any other license/certificate required by law or municipal ordinance.

## 2. FORMS

# COMMERCIAL CERTIFICATE OF USE

CITY OF ST. CLOUD **2021**

BUREAU VERITAS NORTH AMERICA,  
1422 S NARCOOSSEE RD  
SAINT CLOUD, FL 34771

CERTIFICATE #:  
20-29218  
FEE AMOUNT:  
\$45.00



**EXPIRES: 9/30/2021**

BUSINESS LOCATION: 1422 S NARCOOSSEE RD SAINT CLOUD, FL 34771  
CLASSIFICATION: CERTIFICATE OF USE  
RESTRICTIONS: COMMERCIAL

**MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

1300 Ninth Street, Bldg A | St. Cloud, FL 34769

### Notice to Business Owner/Business Tax Holder

- If your business closes, you must notify the City **in writing** stating the last day of business in order to inactivate this certificate.
- Your Certificate begins October 1st and expires September 30 each year.
- Renewal notices are mailed on or about July 1st of each year. This document serves as the first notice of renewal and it is the responsibility of the owner(s)/tax holder(s) to notify the City Business License Division with any mailing address updates.
- Please send mailing address changes by email to [businesslicenses@stcloud.org](mailto:businesslicenses@stcloud.org) or by regular mail to the address above.
- This certificate of use is in addition to and not in lieu of any other license/certificate required by law or municipal ordinance.
- Failure to renew prior to the expiration date will result in fines and code enforcement action in the manner provided by F.S. 162 or 166.0415.