

**SUN 'N LAKE OF SEBRING  
IMPROVEMENT DISTRICT**  
Tennis Court Resurfacing  
**PROPOSAL FORM**  
RFP NO. 15-02

To: Sun 'n Lake of Sebring Improvement District  
5306 Sun 'n Lake Blvd.  
Sebring, FL 33872

The undersigned hereby declares that after carefully examining these proposal documents, they are fully aware of all conditions affecting such work/items, for which proposals were advertised to be returned by March 3rd, 2015 and does hereby submit the following proposal for completion of said work/items. All changes must be initialed in ink.

**FOR THIS PROPOSAL TO BE CONSIDERED VALID IT IS MANDATORY THAT THE PROPOSAL BE SIGNED IN THE SPACE PROVIDED**

The Proposer:

A. Acknowledges receipt of:

- 1) Proposal Specifications
- 2) Addenda:

No. 1 Dated 2-26-15

No. \_\_\_\_\_ Dated \_\_\_\_\_

B. Has examined the Proposal Documents and understands that in submitting his Bid, he waives all right to plead any misunderstanding regarding the same.

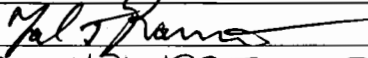
As requested in the General Conditions, attached are <sup>3</sup> ~~two~~ marked duplicate copies of the original Proposal Form and ALL attachments.  Yes  No (check one)

Attached, as required in the General Specifications section, is the List of References.  Yes  No (check one)

Equipment to be provided for a proposed price of \$ 259,880 .00 US Dollars

The District reserves the right to accept any or all proposals, to waive informalities, and to reject all or any part of any proposal as they may deem to be in the best interest of the District.

This Proposal Form is a mandatory form to ease tabulation and analysis; however, it can be accompanied by additional support forms. An officer or representative who has official authorization to sign proposals **MUST** sign this Proposal Form. Failure to sign in the space provided below will result in the Proposal being rejected.

Company Name	<u>EXCAVATION POINT INC.</u>
FEIN or SS#	<u>59-3080708</u>
Name of Owner/Partner/Officer	<u>TAL J. RANCOURT</u>
Title/Position of Owner/Partner/Officer	<u>PRESIDENT</u>
Signature of Owner/Partner/Officer	<u></u>
Business Telephone	<u>863-471-1997</u> Fax: <u>863-386-1997</u>
Business Address	<u>7944 S. GEORGE BLVD</u>
City/State/Zip	<u>SEBRING, FL 33875</u>

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S71865

**Entity Name:** EXCAVATION POINT INC.

**Current Principal Place of Business:**

7944 S GEORGE BLVD  
SEBRING, FL 33875

**Current Mailing Address:**

7944 S GEORGE BLVD  
SEBRING, FL 33875 US

**FEI Number:** 59-3080708

**Certificate of Status Desired:** Yes

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

RANCOURT, TAL  
EXCAVATION POINT INC  
7944 S. GEORGE BLVD  
SEBRING, FL 33875 US

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

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, S  
Name RANCOURT, TAL  
Address 19 CLOVERLEAF BYPASS  
City-State-Zip: LAKE PLACID FL 33852

Title VP  
Name ASBURY, BRIANNA R  
Address 215 PATTON AVENUE  
City-State-Zip: LAKE PLACID FL 33852

Title VP  
Name RANCOURT, ERIELLE G  
Address 1703 BUCK STREET  
City-State-Zip: LAKE PLACID FL 33852

Title S, T  
Name RANCOURT, DARLENE M  
Address 19 CLOVERLEAF BYPASS  
City-State-Zip: LAKE PLACID FL 33852

*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:** TAL RANCOURT

**PRESIDENT**

**02/06/2014**

Electronic Signature of Signing Officer/Director Detail

Date

LIST OF REFERENCES FORM

Tennis Court Resurfacing

RFP NO. 15-02

EXCAVATION POINT INC.

As per the General Specifications Section, below is a list of at least three (3) client/customer references including company name, address, contact person, telephone number, date of equipment provided, maintenance services provided, description of project and value of project. (Note: only list those clients/customers in which a similar scope of work was provided)

1. Company Name: SCHOOL BOARD Length of time since provided: 5 YRS  
Address: 426 SCHOOL ST Contact Person: FRANK BROWN  
SEBRING FL 33870 Work Completion Date: 4-21-09  
Telephone: 863-471-5626 Value of Project: \$90,281.00  
Equipment provided: \_\_\_\_\_

Description of Project: TENNIS COURT WITH CLASSROOM  
ADDITION AT ANON PARK HIGH SCHOOL FOR THE  
AD MORGAN CORP. FENTIRE PROJECT \$329,338.75

2. Company Name: TOWN OF LAKE PLACID Length of time since provided: 5 YRS  
Address: 311 W INTERLAKE BLVD Contact Person: JOHN KOMASZ  
LAKE PLACID FL 33852 Work Completion Date: 3-26-09  
Telephone: 863-699-3747 Value of Project: \$33,415.00  
Equipment provided: \_\_\_\_\_

Description of Project: 2" ASPHALT BALL FIELD FOR  
RUBBERIZED SURFACE

3. Company Name: TANGLEWOOD Length of time since provided: 7 YRS  
Address: 3000 TANGLEWOOD PWAY Contact Person: GARY  
SEBRING FL 33872 Work Completion Date: 9-17-07  
Telephone: 863-402-0762 Value of Project: \$20,816.00  
Equipment provided: \_\_\_\_\_

Description of Project: CONTRACT 64' x 100' PICKLE BALL  
COURT

**\*\*THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL**

**STATEMENT OF INSURANCE COMPLIANCE FORM**

The undersigned firm agrees to obtain prior to award, if selected, Professional Liability Insurance, Workers' Compensation and General Liability in accordance to the requirements as set forth in the Invitation for Proposal, Invitation to Bid, or Invitation for Qualifications, or draft agreement, attached hereto.

Policies other than State Issued Workers' Compensation shall be issued only by companies authorized by maintaining certificates of authority issued to the companies by the Department of Insurance of the State of Florida to conduct business in the State of Florida and which maintain a Rating of "A" or better and a Financial Size category of "VII" or better according to the A.M. Best Company. Policies for Workers' Compensation may be issued by companies authorized as a group self-insurer by F.S. 440.57, Florida Statutes.

EXCAVATION POINT INC  
COMPANY NAME

  
AUTHORIZED OFFICER SIGNATURE

TAL J. BANCOURT  
OFFICER NAME

PRESIDENT  
OFFICER TITLE

3-3-15  
DATE

**\*\*THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.**



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: CS

DATE (MM/DD/YYYY)

01/08/2015

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 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> FIRST INSURANCE OF LAKE PLACID 255 E INTERLAKE BLVD. LAKE PLACID, FL 33852- Curtis L Slade III		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>EXCAP-1</b>		FAX (A/C, No):	
<b>INSURED</b> Excavation Point, Inc. 7944 S. George Blvd. Sebring, FL 33872		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : <b>Owners Insurance Co.</b> INSURER B : <b>Auto Owners Insurance Co.</b> INSURER C : <b>Florida Citrus, Business &amp;</b> INSURER D : <b>Industry</b> INSURER E : INSURER F :		<b>NAIC #</b> 32700 18988	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		72728871	12/30/2014	12/30/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> contractual incl						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> XCU incl,						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
B	AUTOMOBILE LIABILITY	X		9542217700	07/16/2014	07/16/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			4125735800	12/30/2014	12/30/2015	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
	DEDUCTIBLE						\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N	55927	12/30/2014	12/30/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

<b>SUNNLA1</b>  Sun N' Lake Improvement District ATTN: Michael Wright, GM 5306 Sun N' Lake Blvd Sebring, FL 33872	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 Curtis L Slade III
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NON-COLLUSION AFFIDAVIT OF PROPOSER

STATE OF FLORIDA

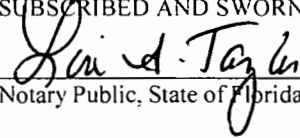
COUNTY OF HIGHLANDS

TAL J. RANCOURT, being duly sworn, deposes and says that:

- 1. He/She is PRESIDENT of EXCAVATION POINT INC. the proposer that has submitted the attached proposal;  
Title Company Name
- 2. He/She is fully informed with respect to the preparation and contents of the attached proposal and of all pertinent circumstances respecting such proposal;
- 3. Such Proposal is genuine and is not a collusive or sham proposal;
- 4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affiant, has in any way colluded, connived, or agreed, directly or indirectly, with any other proposer, firm or person to submit a collusive or sham Proposal in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other proposer, firm, or person to fix the price or prices in the attached proposal or any other proposer, or to fix any overhead, profit or cost element of the proposal price or the proposal price of any other proposer, or to secure through any collusion, connivance, or unlawful agreement any advantage against the Sun 'n Lake of Sebring Improvement District, Sebring, Florida or any person interested in the proposed Contract.
- 5. The price or prices quoted in the attached proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

SIGNED   
 TITLE TAL J. RANCOURT, PRESIDENT

SUBSCRIBED AND SWORN TO BEFORE ME THIS 3<sup>rd</sup> DAY OF MAR, 2015

  
 Notary Public, State of Florida

Sept. 13, 2016  
 My Commission Expires

CONFLICT OF INTEREST STATEMENT

STATE OF FLORIDA

COUNTY OF HIGHLANDS

Before me, the undersigned authority, personally appeared TAL J. RANCOURT, who was duly sworn, deposes, and states:

- 1. I am the PRESIDENT of EXCAVATION POINT INC. with a local office in SEBRING FL and principal office in SEBRING FL.
2. The above named entity is submitting a Proposal for the Sun 'n Lake of Sebring Improvement District RFP # 15-02 described as: Tennis Court Resurfacing
3. The Affiant has made diligent inquiry and provides the information contained in this Affidavit based upon his own knowledge.
4. The Affiant states that only one submittal for the above proposal is being submitted and that the above named entity has no financial interest in other entities submitting proposals for the same project.
5. Neither the Affiant nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraints of free competitive pricing in connection with the entity's submittal for the above proposal.
6. Neither the entity nor its affiliates, nor anyone associated with them, is presently suspended or otherwise ineligible from participation in contract letting by any local, State, or Federal Agency.
7. Neither the entity, nor its affiliates, nor anyone associated with them have any potential conflict of interest due to any other clients, contracts, or property interests for this project.
8. I certify that no member of the entity's ownership or management is presently applying for an employee position or actively seeking an elected position with the Sun 'n Lake of Sebring Improvement District.
9. I certify that no member of the entity's ownership or management, or staff has a vested interest in any aspect of the District.
10. In the event that a conflict of interest is identified in the provision of services, I, on behalf of the above named entity, will immediately notify the District.

Dated this 3 day of MARCH, 2015

Signature: TAL J. RANCOURT, PRESIDENT
Typed Name and Title

Sworn to and subscribed before me this 3rd day of March, 2015
Personally Known [checked] Or produced identification [ ] Identification Type: [ ]

Notary Public-State of Florida
My commission expires 9/13/2016
Printed, typed, or stamped commissioned name of notary public: Lori A. Taylor

\*\*THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.



**DISPUTES DISCLOSURE FORM**

Answer the following questions by placing an "X" after "YES" or "NO". If you answer "YES", please explain in the space provided, or via attachment.

Has your firm or any of its officers, received a reprimand of any nature or been suspended by the Department of Professional Regulations or any other regulatory agency or professional association within the last five (5) years?

YES \_\_\_\_\_ NO

Has your firm, or any member of your firm, been declared in default, terminated or removed from a contract or job related to the services your firm provides in the regular course of business within the last five (5) years?

YES \_\_\_\_\_ NO

Has your firm had against it or filed any requests for equitable adjustment, contract claims, bid protests, or litigation in the past five (5) years that is related to the services your firm provides in the regular course of business?


YES \_\_\_\_\_ NO

If yes, state the nature of the request for equitable adjustment, contract claim, litigation, or protest, and state a brief description of the case, the outcome or status of the suit and the monetary amounts or extended contract time involved.

I hereby certify that all statements made are true and agree and understand that any misstatement or misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this proposal for the Sun 'n Lake of Sebring Improvement District, RFP # 15-02 Tennis Court Resurfacing

EXCAVATION POINT INC.

Firm

  
Authorized Signature and Title

3-3-15

Date

TAL J. RANCOULT, PRESIDENT  
Printed or Typed Name and Title

**\*\*THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.**



**DRUG-FREE WORKPLACE CERTIFICATION FORM**

IDENTICAL TIE BIDS-In accordance with Florida State Statutes Section 287.087, preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids, which are equal with respect to price, quality, and service, are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that under a bid a copy of the statement specified in subsection 1 above.
4. In the statement specified in subsection 1, notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available to whom is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this entire section.

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

  
\_\_\_\_\_  
Authorized Signature and Title

3-3-15  
\_\_\_\_\_  
Date

TAL J. BANCOURT, PRESIDENT  
Printed Name and Title  
EXCAVATION POINT INC.

**\*\* THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.**

**UNAUTHORIZED ALIEN WORKERS**

1. The Sun 'n Lake of Sebring Improvement District will not intentionally award publicly-funded contracts to any contractor who knowingly employs unauthorized alien workers, constituting a violation of the employment provisions contained in 8 U.S.C. Section 1324a(e) [Section 274A(e) of the Immigration and Nationality Act ("INA"). The District shall consider the employment by a contractor of unauthorized aliens a violation of Section 274A(e) of the INA. Such violation by the Recipient of the employment provisions contained in Section 274A(3) of the INA shall be grounds for unilateral cancellation of this Agreement by the District.

The Contractor agrees that unauthorized aliens shall not be employed nor utilized in the performance of the requirements of this proposal as outlined in Sample Contract.

2. Employers may avail themselves of a program by the U.S. Immigration and Customs Enforcement called E-Verify. E-Verify is an Internet-based system operated by U.S. Citizenship and Immigration Services (USCIS), part of the Department of Homeland Security (DHS), in partnership with the Social Security Administration (SSA). E-Verify is currently free to employers, E-Verify provides an automated link to Federal databases to help employers determine employment eligibility of new hires and the validity of their Social Security numbers.
3. If your company wishes to avail themselves of this program, you can register online for E-Verify at <https://e-verify.uscis.gov/enroll>, which provides instructions for completing the registration process. At the end of the registration process, you will be required to sign a Memorandum of Understanding (MOU) that provides the terms of agreement between you as the employer, the SSA, and DHS. An employee who has signatory authority for the employer can sign the MOU. Employers can use their discretion in identifying the best method by which to sign up their locations for E-Verify. To find out more about E-Verify, please visit [www.dhs.gov/e-verify](http://www.dhs.gov/e-verify) or contact USCIS at 1-888-464-4218. Z:\AAA Active Clients\SNL\UNAUTHORIZED ALIENS-E-Verify.doc.

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

  
\_\_\_\_\_  
Authorized Signature and Title

3-3-15  
\_\_\_\_\_  
Date

TAL J. RANCOURT, PRESIDENT  
Printed Name and Title  
EXCAVATION POINT INC.

**\*\* THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.**



Employment Eligibility Verification



Welcome  
Tal Rancourt

User ID  
TRAN0207

Last Login  
07:57 AM - 03/28/2011 Log Out

- Home
- My Cases
- New Case
- View Cases
- My Profile
- Edit Profile
- Change Password
- Change Security Questions
- My Company
- Edit Company Profile
- Add New User
- View Existing Users
- Close Company Account
- My Reports
- View Reports
- My Resources
- View Essential Resources
- Take Tutorial
- View User Manual
- Contact Us

### Company Information

Company Name: Excavation Point Inc.

[View / Edit](#)

Company ID Number: 397547

Doing Business As (DBA) Name:

DUNS Number: 789514106

#### Physical Location:

Address 1: 7944 S. George Blvd

Address 2:

City: Sebring

State: FL

Zip Code: 33875

County: HIGHLANDS

#### Mailing Address:

Address 1:

Address 2:

City:

State:

Zip Code:

#### Additional Information:

Employer Identification Number: 593080708

Total Number of Employees: 20 to 99

Parent Organization:

Administrator:

#### Organization Designation:

Employer Category: None of these categories apply

NAICS Code: 237 - HEAVY AND CIVIL ENGINEERING CONSTRUCTION

[View / Edit](#)

Total Hiring Sites: 1

[View / Edit](#)

Total Points of Contact: 2

[View / Edit](#)

[View MOU](#)



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783**

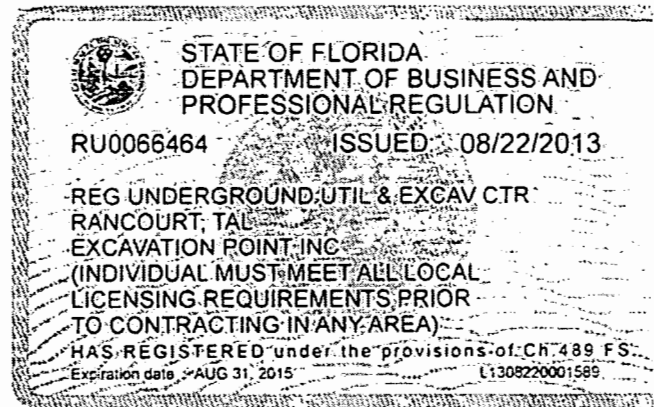
**(850) 487-1395**

**RANCOURT, TAL  
EXCAVATION POINT INC  
7944 SOUTH GEORGE BOULEVARD  
SEBRING FL 33875**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



The Department of State is leading the commemoration of Florida's 500th anniversary in 2013. For more information, please go to [www.VivaFlorida.org](http://www.VivaFlorida.org).

DETACH HERE

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

<b>LICENSE NUMBER:</b>	
	RU0066464

The UNDERGROUND UTILITY & EXCAVATION CONTRACTOR

Named below HAS REGISTERED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2015.

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING  
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

**RANCOURT, TAL  
EXCAVATION POINT INC  
7944 SOUTH GEORGE BLVD  
SEBRING FL 33872**



**RICK SCOTT  
GOVERNOR**

ISSUED: 08/22/2013 SEQ# L1308220001589  
DISPLAY AS REQUIRED BY LAW

**KEN LAWSON  
SECRETARY**

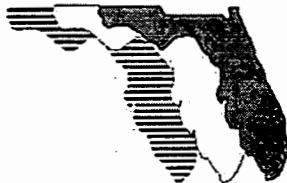
**HIGHLANDS COUNTY, FL  
CONTRACTOR REGISTRATION**

*Tal Rancourt*  
Identification Signature

This contractor has complied with provisions of the Highlands County Code of Ordinances and is entitled to work in trade specified above in the unincorporated area of Highlands County.

Date 9/19/14 Signed *Sy Masley*  
Building Official *SM*

Tal Rancourt  
Excavation Point Inc.  
County # 910-01  
Expires 9-30-15  
Registered Underground Utility



APP 28 2014

## Florida Department of Transportation

RICK SCOTT  
GOVERNOR

605 Suwannee Street  
Tallahassee, FL 32399-0450

ANANTH PRASAD, P.E.  
SECRETARY

April 24, 2014

EXCAVATION POINT, INC.  
7944 S GEORGE BLVD  
SEBRING FL 33875

RE: CERTIFICATE OF QUALIFICATION

Dear Sir/Madam:

The Department of Transportation has qualified your company for the type of work indicated below. Unless your company is notified otherwise, this Certificate of Qualification will expire 6/30/2015. However, the new application is due 4/30/2015.

In accordance with S. 337.14 (1) F.S. your next application must be filed within (4) months of the ending date of the applicant's audited annual financial statements and, if applicable, the audited interim financial statements. Section 337.14 (4) F.S. provides that your certificate will be valid for 18 months after your financial statement date. This gives a two month period to allow you to bid on jobs as we process your new application for qualification. To remain qualified with the Department, a new application must be submitted subsequent to any significant change in the financial position or the structure of your firm as described in Section 14-22.005(3), Florida Administrative Code.

Your company's maximum capacity rating has been established based on X Audited Reviewed financial statements. To access it, please log into the Contractor Prequalification Application System via the following link:  
<https://www3.dot.state.fl.us/ContractorPreQualification/>

Once logged in, select "View" for the most recently approved application, and then click the "Manage" and "Application Summary" tabs.

**FDOT APPROVED WORK CLASSES:**  
DRAINAGE, FLEXIBLE PAVING, GRADING

**FDOT APPROVED SPECIALITY CLASSES OF WORK:**  
NONE

You may apply, in writing, for a Revised Certificate of Qualification at any time prior to the expiration date of this certificate according to Section 14-22.0041(3), Florida Administrative Code. Please be advised if certification in additional classes of work is desired, documentation is needed to show that your company has done such work with your own forces and equipment or that experience was gained with another contractor and that you have the necessary equipment for each additional class of work requested.

Sincerely,

Juanita Moore, Manager  
Contracts Administration Office

JM:cj

Michael Wright, General Manager  
Greg Griffin, Public Works Director  
Tanya Cannady, CPA, Finance Director  
Terille Smith, Community Services Director



**SUN 'N LAKE**  
OF SEBRING IMPROVEMENT  
DISTRICT

Board of Supervisors:  
Curtis McCullough, President  
Richard Miller, Vice President  
David Halbig, Supervisor  
Richard Hulbert, Supervisor  
Larry White, Supervisor

RFP 15-02

Tennis Court Repaving

Addendum 1

February 26<sup>th</sup>, 2015

Please find the following modifications to the RFP. All other requirements and specifications of the original RFP remain intact.


Contract Performance Period:

Work is to commence on March 30<sup>th</sup>, 2015 with the removal of fencing and demolition of Courts 1 & 2. Work is to commence on remaining courts on April 6<sup>th</sup>, 2015. All site work and the installation of asphalt must be completed by May 18<sup>th</sup>, 2015. Fence work and any remaining work must be complete by June 12<sup>th</sup>, 2105.

All other requirements and specifications of the original RFP remain intact.

This addendum must be acknowledged and included in the submittal of RFP's.

RFP's are due Tuesday, March 3<sup>rd</sup>, 2015 at 2:00pm.

  
\_\_\_\_\_  
Signature

TAL J. PANCOURT, PRESIDENT  
Title EXCAVATION POINT INC.

3/3/2015  
Date