



PURCHASING AND CONTRACTS DIVISION

JOHNNY M. RICHARDSON, CPPO, CFCM, Manager

400 E. South Street, 2nd Floor • Reply To: Post Office Box 1393 • Orlando, Florida 32801-1393
407-836-5635 • Fax: 407-836-5899 • <http://www.ocfl.net>

December 5, 2014

Altair Environmental Group, LLC.
Mr. Kevin Dalgarno
710 South Milwee Street
Longwood, FL 32750

ORANGE COUNTY

DEC 8 2014

TRAFFIC ENGINEERING

RE: Term Contract for Traffic Calming Program

Dear Mr. Dalgarno:

Attached for your records/retention is one **Original Executed Contract (Y15-109-CH)** for the project referenced above. Please note **that no work is to begin** until official notice to proceed has been issued. Should any work begin before receipt of the official notice to proceed, it will be solely at the contractor's own risk and shall not obligate the County in any way.

If you have any questions, please contact **Carol Hewitt, Senior Contracts Administrator (407) 836-5598.**

Sincerely,

A handwritten signature in cursive script that reads "Megan Miller".

Megan Miller
Administrative Specialist

Attachment: Contract

C: Frank Yokiell, Public Works Traffic Engineering Division
Ruby Rozier, Public Works Traffic Engineering Division
Laurie Campbell, Finance Division
Kesi Warren, Business Development Division
Contract file

Y15-109

Contract No: Y15-109

**BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA
CONSTRUCTION TERM CONTRACT**

COPY

CONTRACT:

Made between the Board of County Commissioners, Orange County, Florida (hereinafter called COUNTY), represented by the Manager of the Procurement Division executing this Contract, and:

**ALTAIR ENVIRONMENTAL GROUP, LLC
710 SOUTH MILWEE STREET
LONGWOOD, FLORIDA 32750**

Federal Identification Number: 68-0509371

The CONTRACTOR shall perform all the Work required by the Contract Documents for the proper execution and completion of **TRAFFIC CALMING PROGRAM** in full accordance with the drawings and as elaborated in the specifications of **Invitation for Bids No. Y15-109-CH** (hereinafter referred to as IFB) which is made a part of this Contract as completely as if set forth herein.

I
AMOUNT OF CONTRACT:

The County shall pay the Contractor in current funds, and in accordance with the progress payment schedule as stated herein, for the performance of the work, subject to additions and deductions by Change Order as provided in the Contract Documents, the estimated amount of EIGHT HUNDRED FORTY SEVEN THOUSAND ONE HUNDRED DOLLARS AND NO/100 (\$847,100).

II
ASBESTOS FREE MATERIALS:

All work under this Contract will be constructed with asbestos free materials. A written, notarized statement on company letterhead is to be submitted with the executed Contract certifying this fact. All payments shall be withheld until such statement is submitted.

Contractor shall agree that if materials containing asbestos are subsequently discovered at any future time to have been included in the construction done by the Contractor or any of its Subcontractors or agents and were not specified in the design or required by the Contract document, Contractor shall be liable for all costs related to the abatement of such asbestos and damages or claims against the County.

III
ADMINISTRATIVE DATA:

Payments: Based upon invoices submitted to the Project Manager by the Contractor and Delivery Orders issued by the Project Manager, the County shall make payments against

the Contract to the Contractor as provided in the Contract Documents.

Should the Contractor fail to complete all Work on or before the date stipulated for completion on a Delivery Order, or such later date as may result from an extension granted by the County, he shall pay and/or the County may retain from the compensation otherwise to be paid to the Contractor, as liquidated damages, the sum of **\$200.00** for each consecutive calendar day after the date allowed by the Delivery Order until the entire work is complete, which sum is agreed upon as a reasonable and proper measure of damages which County will sustain per diem by failure of Contractor to complete the Work within time as stipulated; it being recognized by County and Contractor that the injury to County which could result from a failure of Contractor to complete on schedule is uncertain and cannot be computed exactly. In no way shall costs for liquidated damages be construed as a penalty on the Contractor.

IV CONTRACT DOCUMENTS:

This Contract entered into this date by the Board of County Commissioners hereinafter called the County, represented by the Manager of the Procurement Division executing this Contract and the individual, partnership or corporation named above, hereinafter called the Contractor. Witnesseth that the parties hereto do mutually agree as follows:

- A. The Contractor shall furnish all labor, equipment and materials and perform the Work described for the amount specified in individual Delivery Order in strict accordance with the General Conditions, Supplementary Conditions/Special Provisions, Plans and Specifications and other Contract Documents, all of which are made a part hereof and designated as follows:
1. Orange County Invitation for Bids/Project Manual, **IFB No. Y15-109-CH**, dated **July 24, 2014**; (which contains the Invitation for Bids, Notice, Instruction to Bidders, Bid Form and Attachments, this Contract, required Bonds and insurance certificates, General Conditions, Supplementary Conditions/Special Provisions, and Specifications);
 2. Addendum No. 1; dated 08/15/14;
 3. Altair Environmental Group, LLC's Bid Proposal dated **August 26, 2014**;
 4. Certificates of Insurance;
 5. Payment/Performance Bonds;

B. The order of precedence of items and documents is as follows:

- Construction Contract
- Permits
- Supplemental Conditions/Special Provisions
- General Conditions
- Specifications/Technical Provisions
- Drawings/Plans
- Road Design, Structures, and Traffic Operations Standards (If applicable)
- Florida Department of Transportation Standard Specifications for Road and Bridge Construction (If applicable)
- Bid Proposal
- Instructions to Bidders

C. Contract Type:

This is a Requirements Contract and the County's intent is to order from the Contractor all of the goods or services specified in the contract's price schedule that are required to be purchased by the County. If the County urgently requires delivery of goods or services before the earliest date that delivery may be required under this contract, and if the contractor will not accept an order providing for accelerated delivery, the County may acquire the goods or services from another source.

The County's requirements in this contract are estimated and there is no commitment by the County to order any specified amount. Also, if the estimated quantities are not achieved, this shall not be the basis for an equitable adjustment.

Moreover, if the Manager of the Procurement Division determines that the Contractor's performance is less than satisfactory, the County may order the goods or services from other sources until the deficient performance has been cured or the contract terminated.

ORDER LIMITATIONS

- a. Minimum Order - When the County requires goods or services covered by this contract in an amount less than **\$2,000.00**, the County is not obligated to purchase, nor is the Contractor obligated to provide these goods or services under the contract.
- b. Maximum Order – The Contractor is not obligated to honor any order for goods or services in excess of **\$250,000.00**.

- D. Delivery Orders shall not exceed **\$250,000.00** without the express written authority of the Manager, Procurement Division.
- E. This Contract is effective **December 4, 2014** and shall remain effective through **December 3, 2015**.
- F. This Contract may be unilaterally renewed as provided in the Contract Documents, Part F, Article 26, "Option to Extend the Term of the Contract". Any amendments to this Contract must be in writing.
- G. This Contract may be cancelled or terminated as provided for in the Invitation for Bids.
- H. Ordering against the Contract:
 - 1. Unless otherwise specified in the Contract, the County will place orders by issuance of a numbered Delivery Order against this Contract. Each Delivery Order will specify the locations, description and completion time of the work.
 - 2. The obligations of Orange County under this Contract are subject to need and availability of funds lawfully appropriated for its purpose by the Board of County Commissioners, or other specified funding source for this contract.

I. Taxes:

The County has the following tax exemption certificates assigned:

- 1. Certificate of Registry No. 59-70-004K for tax free transactions under Chapter 32, Internal Revenue Code;
- 2. Florida Sales and Use Tax Exemption Certificate No. 58-12-090729-53C.

J. Invoicing:

- 1. Invoices must be submitted, in duplicate, referencing this Contract number and the Delivery Order number to:

Orange County Traffic Engineering Division
4200 South John Young Parkway
Orlando, Florida 32839

- 2. Invoices against this Contract are authorized only at the prices stated in your Bid response, unless otherwise provided in the Invitation for Bid.

V

TIME OF COMMENCEMENT AND FINAL COMPLETION:

Work to be completed within period specified on individual Delivery Orders, unless amended by written Change Order executed by both parties to this Contract.

VI

COMPLIANCE WITH M/WBE CONTRACT REQUIREMENTS:

By entering into this Contract, the Contractor affirmatively commits to comply with the M/WBE subcontracting requirements submitted with his/her bid. The failure of the Contractor to comply with this commitment during the Contract's performance period may be considered a breach of Contract.

The County may take action up to and including termination for default if this condition is not remedied within the time period specified by the Manager, Procurement Division.

VII

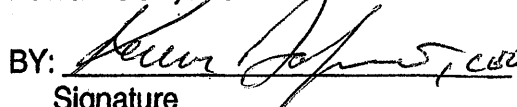
MISCELLANEOUS PROVISIONS:

- A. Terms used in this Contract which are defined in the General Conditions shall have the meanings designated in those conditions.
- B. No price adjustments shall be made on this contract to the bid price of any products or materials including but not limited to gasoline, diesel or other fuels, and bituminous materials, including asphalt, due to fluctuations in market prices, changes in suppliers or any other reason.
- C. County and Contractor each binds himself, his partners, successors, assigns and legal representatives to the other party hereto, his partners, successors, assigns, and legal representatives in respect to all covenants, agreements, and obligations contained in the Contract Documents.
- D. This Contract shall be governed by the laws of the State of Florida. Any and all legal action necessary to enforce the provisions of this Contract will be held in Orange County, Florida. Venue for any litigation involving this Contract shall be the Ninth Circuit Court in and for Orange County, Florida.

**BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA**

BY: 
Johnny Richardson, CPPO, CFCM
Manager, Procurement Division

**ALTAIR ENVIRONMENTAL GROUP, INC.
LONGWOOD, FLORIDA**

BY: 
Signature
KEVIN DALGARNO, CEO

Type or Print Name

DATE: 12-2-14
(for County use only)



CERTIFICATE OF LIABILITY INSURANCE

ALTAI-1

OP ID: SP

DATE (MM/DD/YYYY)

11/05/14

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).

PRODUCER Orkhill Insurance Agency, LLC 100 South Bumby Avenue Orlando, FL 32803 Anne M. Stevenson #E034121	Phone: 407-898-8891 Fax: 407-898-8813	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):
INSURED Altair Environmental Group, LLC Kevin Dalgarno 710 South Milwee Street Longwood, FL 32750		INSURER(S) AFFORDING COVERAGE INSURER A: Endurance American Specialty INSURER B: Essex Insurance Company INSURER C: American Interstate Ins Co INSURER D: Liberty Insurance Underwriters INSURER E: INSURER F:
COVERAGES		NAIC # 24759

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.

TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> GENERAL LIABILITY <input 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 type="checkbox"/> LOC	X	X	CBC10001961200	05/31/14	05/31/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X		XOVA811414	05/31/14	05/31/15	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			X AVWCFL2302312014	05/31/14	05/31/15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
Pollution			TIENY489908114	11/05/14	11/05/17	pollution 1,000,000

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

Contract: Y15-109 Traffic Calming Program. Orange County Board of County Commissioners is added as additional insured as required by written contract. Waiver of subrogation is in favor of Orange County Board of Commissioners.

CERTIFICATE HOLDER

CANCELLATION

ORANCO8

Orange County Board of Commissioners
400 E South St. 2nd Flr
Orlando, FL 32801

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

Anne M. Stevenson

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Safeco National Insurance Company (2)

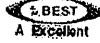
A.M. Best #: 004240 NAIC #: 24759 FEIN #: 910885519

Mailing Address
 175 Berkeley Street
 Boston, MA 02116
 United States

[View Additional Address Information](#)

Web: www.safeco.com
Phone: 206-545-5000
Fax: 206-473-6773

Assigned to **Financial Strength Rating**
 companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.



Based on A.M. Best's analysis, 051114 - [Liberty Mutual Holding Company Inc.](#) is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.



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Financial Strength Rating	View Definition
Rating:	A (Excellent)
Affiliation Code:	r (Reinsured)
Financial Size Category:	XV (\$2 Billion or greater)
Outlook:	Stable
Action:	Affirmed
Effective Date:	September 24, 2014
Initial Rating Date:	June 30, 1973

Best's Credit Rating Analyst
Office: A.M. Best Company, Oldwick NJ
Senior Financial Analyst: W. Dolson Smith, Ph.D., CFA
Assistant Vice President: Michael J. Lagomarsino, CFA


Long-Term Issuer Credit Rating	View Definition
Long-Term:	a
Outlook:	Stable
Action:	Affirmed
Effective Date:	September 24, 2014
Initial Rating Date:	May 03, 2005


Disclosure Information
 View A.M. Best's Rating Disclosure Statement
 A.M. Best Affirms Ratings of Liberty Mutual Holding Company Inc. and Its Subsidiaries September 24, 2014


u Denotes [Under Review](#) Best's Rating

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 **AMB Credit Report** - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.
 Report Revision Date: 10/3/2014 (represents the latest significant change).

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 **Best's Executive Summary Reports (Financial Overview)** - available in three versions, these presentation style reports feature balance sheet, income statement, key financial performance tests including profitability, liquidity and reserve analysis.
Data Status: 2014 Best's Statement File - P/C, US Contains data compiled as of 10/22/2014 Quality Cross Checked.

- [Single Company](#) - five years of financial data specifically on this company.
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- [Best's Corporate Changes and Retirements - P/C, US/CN](#)
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- [Best's Schedule P \(Loss Reserves\) - P/C, US](#)

 **A.M. Best Rating Services**
[Contact Information](#)



CERTIFICATE OF LIABILITY INSURANCE

ALTAI-1

OP ID: TB

DATE (MM/DD/YYYY)

10/13/2014

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).

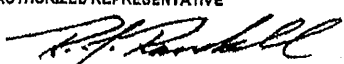
PRODUCER Business Insurance Services P. O. Box 4429 Winter Park, FL 32793 T.J. Randall, CIC, CRM, CLU, ChFC		CONTACT NAME: PHONE (A/C, No, Ext): 407-657-3777 FAX (A/C, No): 407-657-4069 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Altair Environmental Group LLC 710 South Milwee Street Longwood, FL 32750		INSURER A: Fireman's Fund Insurance Co. 21873 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	X		MZA80306035	05/31/2014	05/31/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Orange County Board of County Commissioners (Orange County Government) is included as Additional Insured for Automobile Liability when required by written contract. Refer to FleetCover Endorsement CA7018(10-01) which is listed on the policy Declarations page, all attached.
 Y15-109 Traffic Calming Program

CERTIFICATE HOLDER		CANCELLATION	
ORANGE7 Orange County Board of County Commissioners Purchasing & Contract Division 400 E. South Street Orlando, FL 32801		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 	

- b) "Bodily injury" or "property damage" arising out of any act, omission or negligence of the additional insured(s) or any of their "employees" or "temporary workers", other than the general supervision of work performed for the additional insured(s) by you.
- c) "Property damage" to:
 - 1) Property owned, used or occupied by or rented to the additional insured(s); or
 - 2) Property in care, custody or control of the additional Insured(s) or over which the additional Insured(s) are for any purpose exercising physical control.

B. With respect to additional insured(s), who are architects, engineers or surveyors, this insurance does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of the rendering of or the failure to render any professional service by or for you, including:

- 1) The preparing, approving or failing to prepare or approve maps, drawings, opinions, reports, surveys, change orders, designs or specifications; and
- 2) Supervisory, inspection or engineering services.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

ENDORSEMENT

Named Insured: Altair Environmental Group, LLC **Policy Number:** CBC10001961200
Effective Date: 05/31/2014
12:01 AM Standard Time at the address of the Named
Insured as shown in the Declarations

Waiver of Subrogation – Blanket (Written Contract)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is hereby agreed that we waive any rights of subrogation to which we may be entitled if, prior to loss, the insured has agreed to such waiver in writing, but only to the extent required by said written agreement.

This endorsement does not change any other provision of the Policy.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

Schedule

1. Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Premium: 1.50%

3. Minimum Premium: \$250.00

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching" clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 07/24/2014 at 12:01 A.M. standard time, forms a part of
(Date)

Policy No. AVWCFL2302312014

Endorsement No.
of the AMERICAN INTERSTATE INSURANCE COMPANY - 24759
(Name of Insurance Carrier and NCCI Carrier Code)

issued to Altair Environmental Group, LLC

Policy Effective 05/31/2014 to 05/31/2015
(Date) (Date)

Premium \$

Authorized Representative

Ratings & Criteria Center

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Endurance American Specialty Insurance Company (2)


A.M. Best #: 013033 NAIC #: 41718 FEIN #: 751844564

Administrative Office
 333 Westchester Avenue
 White Plains, NY 10604
[United States](#)

[View Additional Address Information](#)

Web: www.endurance.bm
 Phone: 914-468-8000

Assigned to **Financial Strength Rating** companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.



Based on A.M. Best's analysis, 051103 - [Endurance Specialty Holdings Ltd.](#) is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.



Best's Credit Ratings

View all of the [companies](#) assigned this rating as a part of an AMB Rating Unit.

Financial Strength Rating	View Definition
Rating:	A (Excellent)
Affiliation Code:	g (Group)
Financial Size Category:	XV (\$2 Billion or greater)
Outlook:	Stable
Action:	Affirmed
Effective Date:	May 06, 2014
Initial Rating Date:	November 02, 2005

Best's Credit Rating Analyst
Office: A.M. Best Company, Oldwick NJ
Senior Financial Analyst: Gale Guerra
Assistant Vice President: Peter Dickey


Long-Term Issuer Credit Rating	View Definition
Long-Term:	a
Outlook:	Stable
Action:	Affirmed
Effective Date:	May 06, 2014
Initial Rating Date:	November 02, 2005


Disclosure Information
 View A.M. Best's Rating Disclosure Statement
 A.M. Best Affirms Ratings of Endurance Specialty Holdings, Ltd. and Its Subsidiaries May 06, 2014


u Denotes [Under Review Best's Rating](#)

Reports and News


Visit Best's News and Analysis site for the latest [news and press releases](#) for this company and its A.M. Best Group.

 **AMB Credit Report** - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.
 Report Revision Date: 5/13/2014 (represents the latest significant change).

 Historical Reports are available in [AMB Credit Report Archive](#).

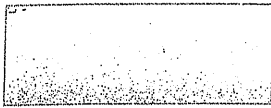
 **Best's Executive Summary Reports (Financial Overview)** - available in three versions, these presentation style reports feature balance sheet, income statement, key financial performance tests including profitability, liquidity and reserve analysis.
Data Status: 2014 Best's Statement File - P/C, US Contains data compiled as of 10/22/2014 Quality Cross Checked.

- [Single Company](#) - five years of financial data specifically on this company.
- [Comparison](#) - side-by-side financial analysis of this company with a peer group of up to five other companies you select.
- [Composite](#) - evaluate this company's financials against a peer group composite. Report displays both the average and total composite of your selected peer group.

 **Best's Key Rating Guide Presentation Report** - includes Best's Financial Strength Rating and financial data as provided in the most current edition of Best's Key Rating Guide products. (Quality Cross Checked).

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- [Best's Key Rating Guide - P/C, US & Canada](#)
- [Best's Statement File - P/C, US](#)
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- [Best's Executive Summary Report - Comparison - Property/Casualty](#)
- [Best's Statement File - Global](#)
- [Best's Regulatory Center Market Share Reports](#)
- [Best's State Line - P/C, US](#)
- [Best's Corporate Changes and Retirements - P/C, US/CN](#)
- [Best's Insurance Expense Exhibit \(IEE\) - P/C, US](#)
- [Best's Schedule P \(Loss Reserves\) - P/C, US](#)
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Essex Insurance Company (2)

A.M. Best #: 002732 NAIC #: 39020 FEIN #: 541132719

Administrative Office
 4521 Highwoods Parkway
 Glen Allen, VA 23060-6148
 United States

[View Additional Address Information](#)

Web: www.markelcorp.com
 Phone: 804-273-1400
 Fax: 804-273-1435

Assigned to **Financial Strength Rating** companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.

Based on A.M. Best's analysis, [058405 - Markel Corporation](#) is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

View all of the [companies](#) assigned this rating as a part of an [AMB Rating Unit](#).

Financial Strength Rating [View Definition](#)

Rating: A (Excellent)
 Affiliation Code: g (Group)
 Financial Size Category: XIV (\$1.5 Billion to \$2 Billion)
 Outlook: Stable
 Action: Affirmed
 Effective Date: March 21, 2014
 Initial Rating Date: June 30, 1989

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term: a+
 Outlook: Stable
 Action: Affirmed
 Effective Date: March 21, 2014
 Initial Rating Date: June 29, 2005

Best's Credit Rating Analyst

Office: A.M. Best Company, Oldwick NJ
 Senior Financial Analyst: David S. Blades
 Assistant Vice President: Henry K. Wilmer, CPCU, ARM-E

Disclosure Information


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
[A.M. Best Affirms Ratings of Markel Corporation and Its Affiliates](#)
 March 21, 2014


u Denotes Under Review Best's Rating

Reports and News


Visit Best's News and Analysis site for the latest [news and press releases](#) for this company and its A.M. Best Group.

 **AMB Credit Report** - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.
 Report Revision Date: 4/4/2014 (represents the latest significant change).

 Historical Reports are available in [AMB Credit Report Archive](#).

 **Best's Executive Summary Reports (Financial Overview)** - available in three versions, these presentation style reports feature balance sheet, income statement, key financial performance tests including profitability, liquidity and reserve analysis.
 Data Status: 2014 Best's Statement File - P/C, US Contains data compiled as of 10/22/2014 Quality Cross Checked.

- **Single Company** - five years of financial data specifically on this company.
- **Comparison** - side-by-side financial analysis of this company with a peer group of up to five other companies you select.
- **Composite** - evaluate this company's financials against a peer group composite. Report displays both the average and total composite of your selected peer group.

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[Best's Executive Summary Report - Comparison - Property/Casualty](#)

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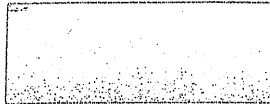
[Best's Regulatory Center Market Share Reports](#)

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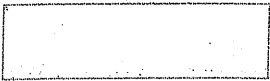
[Best's Insurance Expense Exhibit \(IEE\) - P/C, US](#)

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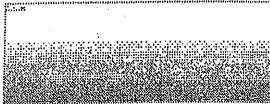
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American Interstate Insurance Company (2)

A.M. Best #: 003585 NAIC #: 31895 FEIN #: 581181498

Administrative Office
2301 Highway 190 West
DeRidder, LA 70634-6005
[United States](#)

[View Additional Address Information](#)

Web: www.amerisafe.com
Phone: 800-256-9052
Fax: 888-331-8670

Assigned to companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.

Based on A.M. Best's analysis, [051277 - AMERISAFE, Inc.](#) is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

View all of the [companies](#) assigned this rating as a part of an [AMB Rating Unit](#).

Financial Strength Rating	View Definition
Rating:	A (Excellent)
Affiliation Code:	p (Pooled)
Financial Size Category:	IX (\$250 Million to \$500 Million)
Outlook:	Stable
Action:	Affirmed
Effective Date:	March 27, 2014
Initial Rating Date:	June 30, 1976

Best's Credit Rating Analyst
Office: A.M. Best Company, Oldwick NJ
Senior Financial Analyst: Brian O'Larte
Assistant Vice President: Jennifer Marshall, CPCU, ARM

Long-Term Issuer Credit Rating	View Definition
Long-Term:	a
Outlook:	Stable
Action:	Affirmed
Effective Date:	March 27, 2014
Initial Rating Date:	December 22, 2005

Disclosure Information

[View A.M. Best's Rating Disclosure Statement](#)

[A.M. Best Affirms Ratings of AMERISAFE, Inc. and its Operating Subsidiaries](#)
March 27, 2014

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Reports and News

Visit Best's News and Analysis site for the latest [news and press releases](#) for this company and its A.M. Best Group.

AMB Credit Report - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.
Report Revision Date: 4/10/2014 (represents the latest significant change).

Historical Reports are available in [AMB Credit Report Archive](#).

Best's Executive Summary Reports (Financial Overview) - available in three versions, these presentation style reports feature balance sheet, income statement, key financial performance tests including profitability, liquidity and reserve analysis.
Data Status: 2014 Best's Statement File - P/C, US Contains data compiled as of 11/25/2014 Quality Cross Checked.

- **Single Company** - five years of financial data specifically on this company.
- **Comparison**
 - side-by-side financial analysis of this company with a peer group of up to five other companies you select.
- **Composite**
 - evaluate this company's financials against a peer group composite. Report displays both the average and total composite of your selected peer group.

Best's Key Rating Guide Presentation Report - Includes Best's Financial Strength Rating and financial data as provided in the most current edition of Best's Key Rating Guide products. (Quality Cross Checked).

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- [Best's Regulatory Center Market Share Reports](#)
- [Best's State Line - P/C, US](#)
- [Best's Corporate Changes and Retirements - P/C, US/CN](#)
- [Best's Insurance Expense Exhibit \(IEE\) - P/C, US](#)
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Fireman's Fund Insurance Company (2)

A.M. Best #: 002179 NAIC #: 21873 FEIN #: 941610280

Domiciliary Address
 777 San Marin Drive
 Novato, CA 94998
[United States](#)

Web: www.firemansfund.com
Phone: 415-899-2000
Fax: 415-899-3600

Assigned to **Financial Strength Rating** companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.



Based on A.M. Best's analysis, [085449 - Allianz SE](#) is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

View all of the [companies](#) assigned this rating as a part of an AMB Rating Unit.

Financial Strength Rating [View Definition](#)

Rating: A (Excellent)
Financial Size Category: XV (\$2 Billion or greater)
Outlook: Stable
Action: Affirmed
Effective Date: July 18, 2014
Initial Rating Date: June 30, 1918

Best's Credit Rating Analyst

Office: A.M. Best Company, Oldwick NJ
Senior Financial Analyst: Adrienne Tortoriello
Assistant Vice President: Jennifer Marshall, CPCU, ARM

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term: a
Outlook: Stable
Action: Affirmed
Effective Date: July 18, 2014
Initial Rating Date: July 22, 2005

Disclosure Information

[View A.M. Best's Rating Disclosure Statement](#)
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 July 18, 2014

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Related Financial and Analytical Data

The following links provide access to related data records that A.M. Best utilizes to provide financial and analytical data on a consolidated or branch basis.

AMB #	Company Name	Company Description
019607	Fireman's Fund Insurance Companies (CS)	Represents Property/ Casualty business of this legal entity.
000034	Fireman's Fund Insurance Companies (SG) Rating Unit	Represents the A.M. Best Consolidated financials for the Property/ Casualty business of this legal entity.

Reports and News

Visit Best's News and Analysis site for the latest [news](#) and [press releases](#) for this company and its A.M. Best Group.

AMB Credit Report - Includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.
 Report Revision Date: 7/18/2014 (represents the latest significant change).

Historical Reports are available in [AMB Credit Report Archive](#).

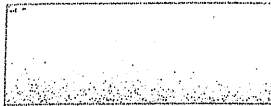
Best's Executive Summary Reports (Financial Overview) - available in three versions, these presentation style reports feature balance sheet, income statement, key financial performance tests including profitability, liquidity and reserve analysis.
Data Status: 2014 Best's Statement File - P/C, US Contains data compiled as of 10/22/2014 Quality Cross Checked.

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- [Best's Key Rating Guide - P/C, US & Canada](#)
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Fireman's
Fund

POLICY NUMBER
S 15 MZA 80306035

Previous Policy Numbers
NEW

Coverage for policies
other than WORKERS'
COMPENSATION is provided
in the following company
NATIONAL SURETY
CORPORATION
CHICAGO, IL 60603
A STOCK INSURANCE CO. (07)

GENERAL DECLARATIONS

Named Insured and Mailing Address

RISK ID. . J02/

ALTAIR ENVIRONMENTAL GROUP LLC ✓
710 S MILWEE ST
LONGWOOD FL 32750

Producer Name and Address
BUSINESS INS. SERVICES, INC.
PO BOX 4429
WINTER PARK FL 32793

The Named Insured is a(n) LIMITED LIABILITY COMPANY

Business or Operations of the Named Insured: SEWER CLEANING, LEAK DETECTION

The insurance provided by this policy consists of the following coverage form(s). The premium may be subject to adjustment. In return for payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

AUTOMOBILE INSURANCE COVERAGES

Policy Period (For above coverage(s)) ✓
Policy Period is from 05-31-14 to 05-31-15 12:01 A.M., Standard Time
at the mailing address of the insured.

POLICY NUMBER S 15 MZA 80306035

Named Insured
ALTAIR ENVIRONMENTAL GROUP LLC

GENERAL DECLARATIONS continued

A STOCK INSURANCE CO. (07)

LOCATION OF PREMISES

LOC.

001 710 S MILWEE ST
LONGWOOD FL 32750-5150

(COUNTY)

FORMS ATTACHED AT INCEPTION

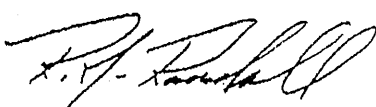
GENERAL PROVISIONS

IL0003 09-08 CALCULATION OF PREMIUM (IL 00 03 09 08)
IL0017 11-98 REV 2 COMMON POLICY CONDITIONS (IL 00 17 11 98)
IL0021 09-08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
(IL 00 21 09 08)

AUTOMOBILE

CA0001 03-06 BUSINESS AUTO COVERAGE FORM (CA 00 01 03 06)
CA0128 03-09 FLORIDA CHANGES (CA 01 28 03 09)
CA0267 11-12 FLORIDA CHANGES - CANCELLATION AND NONRENEWAL (CA 02 67 11 12)
CA2172 10-09 FLORIDA UNINSURED MOTORISTS COVERAGE - NONSTACKED
(CA 21 72 10 09)
CA2210 01-13 FLORIDA PERSONAL INJURY PROTECTION (CA 22 10 01 13)
CA7003 10-01 EXPLANATION OF PREMIUM BASIS (CA 70 03 10 01)
→ CA7018 10-01 REV 3 FLEETCOVER ENDORSEMENT (CA 70 18 10 01 T)
CA9903 03-06 AUTO MEDICAL PAYMENTS COVERAGE (CA 99 03 03 06)
CA9910 09-02 DRIVE OTHER CAR COVERAGE - BROADENED COVERAGE FOR NAMED
INDIVIDUALS (CA 99 10 09 02)
CA9944 12-93 LOSS PAYABLE CLAUSE (CA 99 44 12 93)

Countersignature:



Producer: BUSINESS INS. SERVICES, INC.
PO BOX 4429

Date: 06-10-14 WINTER PARK FL 32793

FleetCover® Endorsement - CA 70 18 10 01

Policy Amendment(s) Commercial Business Auto Coverage Form - Truckers Coverage Form

A. Broadened Named Insured

SECTION II - LIABILITY COVERAGE, A. Coverage, 1. Who Is An Insured, the following is added:

Any organization you own on the inception of this policy, or newly acquire or form during the policy period, and over which you maintain during the policy period, majority ownership or majority interest will qualify as a Named Insured if:

- (1) There is no other similar insurance available to that organization; and
- (2) The first Named Insured shown in the Declarations of this policy has the responsibility of placing insurance for that organization; and
- (3) The organization is incorporated or organized under the laws of the United States of America.

However:

- (a) Coverage under this provision is afforded only until the next occurring 12 month anniversary of the beginning of the policy period shown in the Declarations, or the end of the policy period, whichever is earlier; and
- (b) Coverage under this provision does not apply to bodily injury or property damage that results from an accident that occurred before you acquired or formed the organization; and
- (c) No person or organization is an insured with respect to any current or past partnership, or joint venture that is not shown as a Named Insured in the Declarations; and
- (d) Coverage under A.(1), (2) and (3) above does not apply to any organization that is covered

as an insured under any other automobile liability insurance policy whose limits of insurance have been exhausted or whose insurer has become insolvent.

B. Broadened Who Is an Insured

1. Form CA0001 (if attached to this policy), SECTION II - LIABILITY COVERAGE, 1. Who Is An Insured, item b.(2) is deleted, and d. is added as follows:

d. Your employee while using his owned auto, or an auto owned by a member of his or her household, in your business or your personal affairs, provided you do not own, hire or borrow that auto.

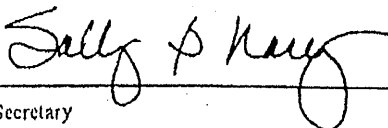
2. Form CA0012 (if attached to this policy), SECTION II - LIABILITY COVERAGE, 1. Who Is An Insured, item b.(2) is deleted, and f. is added as follows:

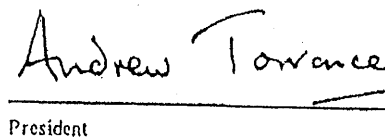
f. Your employee or agent while using his owned private passenger type auto, or a private passenger type auto owned by a member of his or her household, in your business or personal affairs, provided you do not own, hire, or borrow that auto.

C. Additional Insured Coverage and Waiver of Subrogation

1. Form CA0001 (if attached to this policy), SECTION II - LIABILITY COVERAGE, 1. Who Is An Insured, the following is added as item e.; and form CA0012 (if attached to this policy), SECTION II - LIABILITY COVERAGE, 1. Who Is An Insured; the following is added as item g.:

This Form must be attached to Change Endorsement when issued after the policy is written.
One of the Fireman's Fund Insurance Companies as named in the policy


Secretary


President

Any person or organization with respect to the operation, maintenance, or use, of a covered auto, provided that you and such person or organization have agreed under an expressed provision in a written insured contract or written agreement, or a written permit issued to you by a governmental or public authority, to add such person, organization, or governmental or public authority to this policy as an insured.

However, such person or organization is an insured:

- (1) Only with respect to the operation, maintenance, or use, of a covered auto; and
 - (2) Only for bodily injury or property damage caused by an accident which takes place after:
 - (a) You executed the insured contract or written agreement; or
 - (b) The permit has been issued to you.
2. Form CA0001 (if attached to this policy), SECTION IV - BUSINESS AUTO CONDITIONS, A. Loss Conditions, item 5.; and form CA0012 (if attached to this policy), SECTION V - TRUCKERS CONDITIONS, A. Loss Conditions, item 5.; the following is added:

Waiver of Subrogation

If required by a:

- a. Written insured contract or written agreement executed prior to the accident; or
- b. Written permit issued to you by a governmental or public authority prior to the accident;

we waive any right of recovery we may have against any person or organization named in such contract, agreement or permit, because of payments we make for injury or damage arising out of a covered auto.

Auto Medical Payments - Increased Limit

For each covered auto described in the Declarations or shown in the Schedule as having Auto

Medical Payments Coverage, the Medical Payments Limit of Insurance for those autos is revised to the greater of:

1. \$5,000; or
2. The limit shown in the Declarations

E. Hired Auto Physical Damage Coverage

If PHYSICAL DAMAGE COVERAGE is provided by this policy on your owned covered autos, the following applies:

Any auto that you lease, hire, rent or borrow without a driver, will be covered under this policy for PHYSICAL DAMAGE COVERAGE. However any such auto:

1. Will be covered only for the same PHYSICAL DAMAGE COVERAGE that applies to your owned covered autos;
2. Will be subject to the same applicable deductible shown in the Declarations that applies to your most similar owned covered auto, except any Comprehensive Coverage deductible does not apply to loss caused by fire or lightning; and
3. The most we will pay for any one loss in any one accident is the lesser of the following:
 - a. Actual Cash Value of the damaged or stolen property as of the time of the loss as determined by us; or
 - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.

In addition, we will pay costs and fees associated with such covered loss only for a maximum time period of seven days beginning with the date of loss, subject to a maximum of \$500.

However:

1. If form CA0001 is attached to this policy, this coverage does not apply to autos you lease, hire, rent 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; and
2. If form CA0012 is attached to this policy, this coverage does not apply to any private

passenger type auto you lease, hire, rent or borrow from any member of your household, any of your employees, partners (if you are a partnership), members (if you are a limited liability company), or agents or members of their households.

F. Communication Equipment Coverage

1. Form CA0001 (if attached to this policy), SECTION III - PHYSICAL DAMAGE COVERAGE, B. Exclusions, item 4., the following is added:

Exclusions 4.c. and 4.d. do not apply to electronic equipment that is permanently installed in the covered auto at the time of the loss or such equipment which is removable from a housing unit which is permanently installed in the covered auto at the time of the loss, and such equipment is designed to be solely operated by use of power from the auto's electrical system in or upon the covered auto. This coverage also applies to antennas and other accessories necessary for the use of the electronic equipment. However, the most we will pay for loss is \$1,500 and no deductible applies to this coverage.

2. Form CA0012 (if attached to this policy), SECTION IV - PHYSICAL DAMAGE COVERAGE, B. Exclusions, Item 2., the following is added:

Exclusions 4.e. and 4.f. do not apply to electronic equipment that is permanently installed in the covered auto at the time of the loss or such equipment which is removable from a housing unit which is permanently installed in the covered auto at the time of the loss, and such equipment is designed to be solely operated by use of power from the auto's electrical system in or upon the covered auto. This coverage also applies to antennas and other accessories necessary for the use of the electronic equipment. However, the most we will pay for loss is \$1,500 and no deductible applies to this coverage.

G. Tapes and Compact Discs Coverage

- A. Under Comprehensive Coverage, we will pay for loss to tapes, records, discs or other similar devices used with audio, visual or data electronic equipment. We will pay only if the

tapes, records, discs or other similar audio, visual or data electronic devices:

1. Are your property, or that of a family member; and
2. Are in a covered auto at the time of a loss.

- B. The most we will pay for loss is \$250.

- C. PHYSICAL DAMAGE COVERAGE provisions apply to this coverage, except that no deductible applies.

H. Airbag Coverage

1. Form CA0001 (if attached to this policy), SECTION III - PHYSICAL DAMAGE COVERAGE, B. Exclusions, 3.a., the following is added:

However, "mechanical breakdown" does not mean the unintended discharge of an airbag, provided that any loss covered under this provision is excess over any other collectable insurance or warranty designed to cover such unintended discharge.

2. Form CA0012 (if attached to this policy), SECTION IV - PHYSICAL DAMAGE COVERAGE, B. Exclusions, 3.a., the following is added:

However, "mechanical breakdown" does not mean the unintended discharge of an airbag, provided that any loss covered under this provision is excess over any other collectable insurance or warranty designed to cover such unintended discharge.

I. Rental Reimbursement

Form CA0001 (if attached to this policy), SECTION III - PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions; and form CA0012 (if attached to this policy), SECTION IV - PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions; item c. is added as follows:

- c. Rental Reimbursement or Transportation Expenses

If loss occurs to a covered auto described or designated in the Declarations or Schedule and covered for PHYSICAL DAMAGE

COVERAGE, we will pay for rental expenses for the rental of a similar replacement auto and additional transportation expenses, incurred by you. This payment applies in addition to the otherwise applicable amount of each coverage you have on the covered auto. No deductible applies to this coverage. However:

- (1) We will pay only for those expenses incurred by you that begin 24 hours after the covered loss.
- (2) We will cease paying for those expenses, regardless of the policy's expiration date, at the earlier of the following dates:
 - (a) The number of days reasonably required to repair or replace the covered auto. If loss is caused by theft, this number of days is added to the number of days it takes to locate and return the covered auto to you; or
 - (b) 45 days from the date this coverage begins.
- (3) Our payment is limited to the lesser of the following amounts:
 - (a) Necessary and actual expenses incurred by you; or
 - (b) \$1,500.
- (4) This coverage does not apply while there are spare or reserve autos available to you for your operations.
- (5) If loss results from the total theft of a covered private passenger type auto (if CA0012 is attached to this policy), or a covered private passenger auto (if CA0001 is attached to this policy), we will pay under this coverage only that amount of your covered rental expenses or additional transportation expenses which are not already provided for under the PHYSICAL DAMAGE COVERAGE Extensions.

Extended Towing Coverage

1. Form CA0001 (if attached to this policy), SECTION III - PHYSICAL DAMAGE COVERAGE, A. Coverage, 2. Towing, is replaced by the following:

2. Extended Towing

We will pay up to \$750 per disablement for towing and labor costs you incur each time your covered auto is disabled. However:

- a. All labor must be performed at the place of disablement; and
- b. If the covered auto is of the private passenger type no deductible applies; and
- c. If the covered auto is not of the private passenger type our obligation to pay will be reduced by a \$250 deductible per disablement.

2. Form CA0012 (if attached to this policy), SECTION IV - PHYSICAL DAMAGE COVERAGE, A. Coverage, 2. Towing - Private Passenger Autos, is replaced by the following:

2. Extended Towing

We will pay up to \$750 per disablement for towing and labor costs you incur each time your covered auto is disabled. However:

- a. All labor must be performed at the place of disablement; and
- b. If the covered auto is of the private passenger type no deductible applies; and
- c. If the covered auto is not of the private passenger type our obligation to pay will be reduced by a \$250 deductible per disablement.

K. Cancellation - 120 Days Notice

If we cancel this policy for any reason other than nonpayment of premium, we will mail or deliver to the first Named Insured at the last mailing address known to us, written notice of cancellation at least 120 days prior to the effective date of cancellation.

L. Supplementary Payments - Increased Limits

SECTION II - LIABILITY COVERAGE, 2. Coverage Extensions, a. Supplementary Payments, items (2) and (4) are replaced by the following:

(2) Up to \$2,500 for the cost of bail bonds (including bonds for related traffic law violations) required because of an accident we cover. We do not have to furnish these bonds.

(4) All reasonable expenses incurred by the insured at our request, including substantiated loss of earnings up to \$500 a day, because of time off from work.

M. Duties in the Event of Accident, Claim, Suit or Loss - Amended

Form CA0001 (if attached to this policy) SECTION IV - BUSINESS AUTO CONDITIONS, A. Loss Conditions, item 2. a.; and form CA0012 (if attached to this policy) SECTION V - TRUCKERS CONDITIONS, A. Loss Conditions, item 2. a.; is replaced by the following:

a. In the event of accident, claim, suit or loss, you must promptly notify us or our authorized representative when it becomes known to:

- (1) You, if you are an individual;
- (2) Your partner or member, if you are a partnership or joint venture;
- (3) Your member, if you are a limited liability company;
- (4) Your executive officer if you are an organization other than a partnership, joint venture or limited liability company; or
- (5) Your authorized representative or insurance manager.

Knowledge of an accident, claim, suit or loss by other persons does not imply that the persons listed above have such knowledge.

Notice should include:

- (1) How, when and where the accident or loss occurred; and
- (2) The insured's name and address; and
- (3) To the extent possible, the names and address of any injured persons and witnesses.

N. Unintentional Failure to Disclose Hazards

Form CA0001 (if attached to this policy), SECTION IV - BUSINESS AUTO CONDITIONS, B. General Conditions, item 2.; and form CA0012

(if attached to this policy), SECTION V - TRUCKERS CONDITIONS, B. General Conditions, item 2.; the following is added:

However, if you unintentionally fail to disclose any hazards existing at the inception date of this policy, we will not deny coverage under this Coverage Form because of such failure. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

O. Fellow Employee Coverage

Section II - Liability Coverage, B. Exclusions, 5. Fellow Employee, the following is added:

However, this exclusion does not apply if the bodily injury results from the use of a covered auto you own or hire, and provided that any coverage under this provision only applies in excess over any other collectable insurance.

P. Limited Mexico Coverage

WARNING

AUTO ACCIDENTS IN MEXICO ARE SUBJECT TO THE LAWS OF MEXICO ONLY - NOT THE LAWS OF THE UNITED STATES OF AMERICA. THE REPUBLIC OF MEXICO CONSIDERS ANY AUTO ACCIDENT A CRIMINAL OFFENSE AS WELL AS A CIVIL MATTER.

IN SOME CASES THE COVERAGE PROVIDED HERE MAY NOT BE RECOGNIZED BY THE MEXICAN AUTHORITIES AND WE MAY NOT BE ALLOWED TO IMPLEMENT THIS COVERAGE AT ALL IN MEXICO. YOU SHOULD CONSIDER PURCHASING AUTO COVERAGE FROM A LICENSED MEXICAN INSURANCE COMPANY BEFORE DRIVING IN MEXICO.

THIS ENDORSEMENT DOES NOT APPLY TO ACCIDENTS OR LOSSES WHICH OCCUR OUTSIDE OF 25 MILES FROM THE BOUNDARY OF THE UNITED STATES OF AMERICA.

Form CA0001 (if attached to this policy), SECTION IV - BUSINESS AUTO CONDITIONS, B. General Conditions, item 7.; and form CA0012 (if attached to this policy), SECTION V - TRUCKERS CONDITIONS, B. General Conditions, item 7.; the following is added:

The coverage territory is extended to include Mexico, but only:

- a. For accidents or losses occurring within 25 miles of the United States border; and
- b. For trips into Mexico of 10 days or less; and
- c. If the covered auto is principally garaged and principally used in the United States; and
- d. If the insured is a resident of the United States.

If a loss to a covered auto occurs in Mexico, we pay for such loss in the United States. If the covered auto must be repaired in Mexico in order to be driven, we will not pay for more than the actual cash value of such loss as determined by us at the nearest United States point where the repairs can be made.

Any insurance provided under this provision will be excess over any other collectible insurance.

Extended Glass Coverage

Form CA0001 (if attached to this policy), SECTION III - PHYSICAL DAMAGE COVERAGE, A. Coverage, item 3.a.; and form CA0012 (if attached to this policy), SECTION IV - PHYSICAL DAMAGE COVERAGE, A. Coverage, item 3.a.; is replaced by the following:

- a. Glass breakage. If glass must be replaced, the deductible will be \$100 or the deductible shown in the Declarations, whichever is less. If glass can be repaired and is actually repaired rather than replaced, the deductible will be waived. You have the option of having the glass repaired rather than replaced.

Broadened Definition of Bodily Injury

Form CA0001 (if attached to this policy), SECTION V - DEFINITIONS, item C.; and Form CA0012 (if attached to this policy), SECTION VI - DEFINITIONS, item C.; is replaced by the following:

- C. Bodily Injury means bodily injury, sickness or disease sustained by a person including death or mental anguish resulting from any of these at any time. Mental anguish means any type of mental or emotional illness or disease.

S. Customer Lease or Loan Physical Damage Coverage Extension

Form CA0001 (if attached to this policy), SECTION III - PHYSICAL DAMAGE COVERAGE, C. Limit Of Insurance; and form CA0012 (if attached to this policy), SECTION IV - PHYSICAL DAMAGE COVERAGE, C. Limits Of Insurance; item 4. is added as follows:

4. If your covered owned auto is:

- (1) Shown in the Schedule and designated as covered for Physical Damage Coverage; and
- (2) Shown in this policy as having a loss payee or additional-insured-lessor; and
- (3) Incurs a covered total loss;

we will pay the greater of:

- (a) The actual cash value, as determined by us, of the damaged or stolen property as of the time of the total loss; or
- (b) The outstanding indebtedness under the initial finance agreement for the covered auto and its equipment.

As used here, outstanding indebtedness means the amount you owe on the finance agreement at the time of total loss:

- (i) Less any amounts representing taxes, overdue payments, penalties, interest, or charges resulting from overdue payments, additional mileage, excess wear and tear, or lease termination fees; and
- (ii) Less any administrative costs or overhead fees assessed by the finance company who has leased the covered auto to you; and
- (iii) Less security deposits not returned by the lessor; and
- (iv) Less costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
- (v) Less carry-over balances from previous loans or leases.



FLORIDA SURETY BONDS, INC.

620 N. Wymore Road, Suite 200
Maitland, FL 32751
407-786-7770
Fax 407-786-7766

1326 S. Ridgewood Avenue, Suite #15
Daytona Beach, FL 32114
386-898-0507
Fax 386-898-0510

DUPLICATE ORIGINAL

October 14, 2014

888-786-BOND (2663)
Fax 888-718-BOND (2663)

www.FloridaSuretyBonds.com

Orange County, Florida
400 E. South Street
Orlando, FL 32801

Re: *Authority to Date Bonds and Powers of Attorney*
Principal: Altair Environmental Group, LLC

Bond No.: 54-202035

Project: Contract No. Y15-109, Traffic Calming Program, Various locations throughout Orange County, FL

Dear Sir or Madam:

Please be advised that as Surety on the above referenced bond, executed on your behalf for this project, we hereby authorize you to date the bonds and the powers of attorney concurrent with the date of the contract agreement.

Once dated, please fax a copy of the bonds to our office.

Sincerely,
United Fire & Casualty Company

Leslie M. Donahue
Attorney-in-Fact and
Florida Licensed Resident Agent

PERFORMANCE BOND

BOND NUMBER 54-202035, executed in 4 counterparts

DUPLICATE ORIGINAL

KNOW ALL MEN BY THESE PRESENTS that

Name of Contractor ALTAIR ENVIRONMENTAL GROUP, LLC.

Address 710 SOUTH MILWEE STREET LONGWOOD, FLORIDA 32750

Phone Number 407-339-7134

Corporation, Partnership or Individual Corporation

hereinafter referred to as the Contractor, as Principal, and

Name of Surety United Fire & Casualty Company

Address PO Box 73909, Cedar Rapids, IA 52407-3909

Phone Number (319) 399-5700

hereinafter called SURETY, as SURETY, are held and firmly bound unto Orange County, 400 East South Street, Orlando, FL 32801, (407)836-5635 a Political Subdivision of the State of Florida as Obligee, hereinafter referred to as Owner, in the full and just sum of \$347,100.00, lawful money of the United States of America, to the payment of which sum, well and truly to be made, the Contractor and SURETY bind themselves, their representatives, and each of their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Contractor has entered into Contract No. Y15-109 with the "County", also referred to herein as the OWNER, for the project entitled: **TRAFFIC CALMING PROGRAM, Various locations throughout Orange County, Florida** with conditions and provisions as are further described in the aforementioned Contract, which Contract is by reference made a part hereof for the purpose of explaining this bond.

General description of the Work: The work shall consist of the construction of traffic calming devices including but not limited to, the construction of concrete curbs, traffic calming islands, speed humps, speed tables, colored textured pavement, colored concrete, landscaping material and various associated minor tasks.

NOW, THEREFORE, the condition of this obligation is such that if Contractor shall fully, promptly and faithfully perform said Contract and all obligations thereunder, including all obligations imposed by the Contract documents (which includes the Notice to Bidders, Instruction to Bidders, Proposal and Bid Form, General and Supplementary Conditions, Detail Specifications, Form(s) of Contract Bond(s), Plans and Specifications and such amendments thereof as may be made as provided for therein), then this obligation shall be void; otherwise it shall remain in full force and effect.

1. The undersigned shall indemnify and save harmless said Owner against and from all costs, expenses and damages, including litigation costs and attorney's fees arising out of, or in connection with the neglect, default or want of care or skill, including patent infringement on the part of said Contractor, his agents, servants or employees in the execution or performance of said Contract.

The applicable provisions of Section 255.05 and 713.01 Florida Statutes apply to this bond.

2. Whenever Contractor shall be, and declared by Owner to be in default under the Contract, the Owner having performed Owner's obligations thereunder, the SURETY may promptly remedy the default or shall promptly:
 - A. Complete the Contract in accordance with its terms and conditions; or
 - B. Obtain a bid or bids for completing the Contract in accordance with its terms and conditions, and upon determination by SURETY of the lowest responsible bidder, or, if the Owner elects, upon determination by the Owner and the SURETY jointly of the lowest responsible bidder, arrange for a Contract between such bidder and the Owner. SURETY shall make available as the work progresses (even though there should be a default or a succession of defaults under the Contract or Contracts of completion arranged under this Paragraph) sufficient funds to pay the costs of completion, including other costs and damages for which the SURETY may be liable hereunder, the amount set forth in the first paragraph hereof.
3. Any changes in or under the Contract Documents and compliance or noncompliance with any formalities connected with the Contract or the changes shall not affect SURETY'S obligation under this bond. Any increase in the total Contract amount as authorized by the Owner shall accordingly increase the SURETY'S obligation by the same dollar amount of said increase. The Principal shall be responsible for notification to SURETY of all such changes.
4. The undersigned expressly acknowledges its obligations and liabilities for liquidated damages suffered by the Owner under the provisions of the Contract Documents.
5. The undersigned, covenant and agree that no change, extension of time, exercise of options for Contract renewals, changes to Contract amounts, alterations or additions to the terms of the Contract or the work to be performed thereunder, or the specifications accompanying the same shall in any way affect their obligation on this bond, and the SURETY does hereby expressly waive notice of any such change, extension of time, change to Contract amount, alteration, or addition. Moreover, no alterations or additions to this bond form shall be binding unless specifically agreed to in writing by the parties.
6. The Contractor shall save the Owner harmless from any and all damages, expenses and costs which may arise by virtue of any defects in said work or materials within a period of one (1) year from the date of Final Completion of the Project.

Signed and sealed this the 21st day of December
 2014

CONTRACTOR, AS PRINCIPAL

WITNESS:
Leslie M. Donahue

Altair Environmental Group, LLC
 Firm Name
 BY: [Signature]
 Signature
KEVIN D. ALGARNO, CEO
 Type Name and Title

United Fire & Casualty Company
 SURETY

Leslie M. Donahue, FL Licensed Resident Agent
 AGENT FOR SURETY
Leslie M. Donahue
 Signature

NAIC Number: 13021

BY: Leslie M. Donahue
 Leslie M. Donahue, Attorney-In-Fact

AGENCY ADDRESS: Florida Surety Bonds, Inc.

SURETY ADDRESS: PO Box 73909

620 N. Wymore Rd., #200, Maitland, FL 32751

Cedar Rapids, IA 52407-3909

PHONE (407) 786-7770

Licensed Florida Insurance Agent? Yes No

License Number: D038384

STATE OF Florida)

COUNTY OF Orange) SS

CITY OF Maitland)

Before me, a Notary Public duly commissioned, qualified and acting personally, appeared:
Leslie M. Donahue

to me well known, who being by me first duly sworn upon oath says that he is Attorney-in-Fact for
United Fire & Casualty Company

as Surety, and that he has been authorized by said Surety to execute the foregoing Performance Bond on behalf of the Principal (Contractor) named therein in favor of the owner.

Subscribed and sworn to before me this the 14th day of October, 2014

Lisa Roseland
Notary Public
Lisa Roseland
(Print, Type or Stamp Commissioned Name of Notary Public)



Personally Known or Produced Identification

Type of Identification: N/A

In accordance with Part C, Section 19 and Part F Article 8 of the Contract, if applicable, list the Lead Surety.

N/A
LEAD SURETY AGENT FOR SURETY

Signature

BY: N/A AGENCY ADDRESS: N/A

SURETY ADDRESS: N/A

PHONE: N/A

PAYMENT BOND

DUPLICATE ORIGINAL

BOND NUMBER 54-202035, executed in 4 counterparts
 KNOW ALL MEN BY THESE PRESENTS that

Name of Contractor ALTAIR ENVIRONMENTAL GROUP, LLC

Address 710 SOUTH MILWEE STREET LONGWOOD, FLORIDA 32750

Phone Number 407-339-7134

Corporation, Partnership or Individual Corporation

Hereinafter called Contractor, as Principal, and
 Name and Address of

Surety United Fire & Casualty Company, PO Box 73909, Cedar Rapids, IA 52407-3909, (319) 399-5700

hereinafter called SURETY, as SURETY, are held and firmly bound unto Orange County, 400 East South Street, Orlando, FL 32801, (407) 836-5635 a Political Subdivision of the State of Florida as Oblige, in the full and just sum of \$847,100.00, lawful money of the United States of America, to the payment of which sum, well and truly to be made, the Contractor and SURETY bind themselves, their representatives, and each of their heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Contractor has entered into Contract No. Y15-109 with the "County", also referred to herein as the OWNER, for the project entitled: TRAFFIC CALMING PROGRAM, Various locations throughout Orange County, Florida with conditions and provisions as are further described in the aforementioned Contract, which Contract is by reference made a part hereof for the purpose of explaining this bond.

General description of the Work: The work shall consist of the construction of traffic calming devices including but not limited to, the construction of concrete curbs, traffic calming islands, speed humps, speed tables, colored textured pavement, colored concrete, landscaping material and various associated minor tasks.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS such that if Contractor shall promptly make payments to all claimants for any and all labor and material used or reasonably required for use or furnished in connection with the performance of said Contract, and shall perform all other covenants and obligations of this bond, then this obligation shall be void; otherwise it shall remain in full force and effect.

1. The undersigned shall promptly make payment to all persons supplying services, labor, material or supplies used directly or indirectly by said Contractor, or any subcontractor(s) or sub-subcontractor(s), in the prosecution of the work provided for in said Contract.
2. Subject to the Owner's priority, claimants covered by Section 713.01 of the Florida Statutes shall have a direct right of action against the Principal and SURETY under this obligation, after written notice of the performance of labor or delivery of materials or supplies, and non-payment therefore. Any claimant who seeks to recover against the Principal or SURETY under this obligation must also satisfy the notice requirement and time limitations of Section 255.05 of the Florida Statutes, as amended.
3. The undersigned, covenant and agree that no change, extension of time, exercise of options for Contract renewals, change to Contract amounts, alterations or additions to terms of the Contract or the work to be performed thereunder, or the specifications accompanying the same shall in any way affect their obligation on this bond and the SURETY does hereby expressly waive notice of any such change, extension of time, exercise of options for Contract renewal, changes to Contract amount, alternations or additions. Moreover, no alterations or additions to this bond form shall be binding unless specifically agreed to in writing by the parties.

The applicable provisions of Sections 255.05 and Florida Statutes apply to this bond.

4. Any changes in or under the Contract Documents and compliance or noncompliance with any formalities connected with the Contract or the changes shall not affect SURETY'S obligation under this bond. Any increase in the total Contract amount as authorized by the Owner shall accordingly increase the SURETY'S obligation by the same dollar amount of said increase. The Principal shall be responsible for notification to SURETY of all such changes.

Signed and sealed this the 2nd day of December, 2014.

CONTRACTOR, AS PRINCIPAL:

WITNESS:

[Signature]
Signature

Altair Environmental Group, LLC
Firm Name

By: [Signature]
Signature

KEVIN DALGARNO, COO
Type Name and Title

United Fire & Casualty Company
SURETY:

Leslie M. Donahue, FL Licensed Resident Agent
AGENT FOR SURETY:

NAIC Number: 13021

BY: [Signature]
Signature

BY: [Signature]
Leslie M. Donahue, Attorney-In-Fact
SURETY ADDRESS PO Box 73909

AGENCY ADDRESS: Florida Surety Bonds, Inc.
620 N. Wymore Rd., #200, Maitland, FL 32751

Cedar Rapids, IA 52407-3909

PHONE NO. (407) 786-7770

Licensed Florida Insurance Agent? Yes No

License Number: D038384

STATE OF Florida)

COUNTY OF Orange) SS

CITY OF Maitland)

Before me, a Notary Public duly commissioned, qualified and acting personally, appeared:

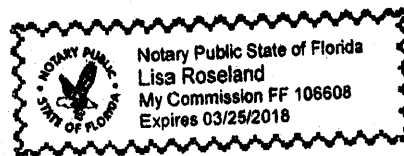
Leslie M. Donahue
to me well known, who being by me first duly sworn upon oath says that he is Attorney-in-Fact for
United Fire & Casualty Company

as Surety, and that he has been authorized by said Surety to execute the foregoing Payment Bond on behalf of the Principal (Contractor) named therein favor of the owner.

Subscribed and sworn to before me this the 14th day of October, 2014.

[Signature]
Notary Public

Lisa Roseland
(Print, Type or Stamp Commissioned Name of Notary Public)



Personally Known or Produced Identification (Type) _____

In accordance with Part C, Section 19 and Part F Article 8 of the Contract, if applicable, list the Lead Surety.

N/A

LEAD SURETY AGENT FOR SURETY

Signature

BY: N/A

AGENCY ADDRESS: N/A

SURETY ADDRESS: N/A

PHONE N/A



UNITED FIRE & CASUALTY COMPANY, CEDAR RAPIDS, IA
 UNITED FIRE & INDEMNITY COMPANY, GALVESTON, TX
 FINANCIAL PACIFIC INSURANCE COMPANY, ROCKLIN, CA
CERTIFIED COPY OF POWER OF ATTORNEY

Inquiries: Surety Department
 118 Second Ave SE
 Cedar Rapids, IA 52401

(original on file at Home Office of Company - See Certification)

KNOW ALL PERSONS BY THESE PRESENTS, That UNITED FIRE & CASUALTY COMPANY, a corporation duly organized and existing under the laws of the State of Iowa; UNITED FIRE & INDEMNITY COMPANY, a corporation duly organized and existing under the laws of the State of Texas; and FINANCIAL PACIFIC INSURANCE COMPANY, a corporation duly organized and existing under the laws of the State of California (herein collectively called the Companies), and having their corporate headquarters in Cedar Rapids, State of Iowa, does make, constitute and appoint LESLIE M. DONAHUE, OR KIM E. NIV OR JEFFREY W. REICH, OR SUSAN L. REICH, OR TERESA L. DURHAM, OR PATRICIA L. SLAUGHTER, OR GLORIA A. RICHARDS, OR DON BRAMLAGE, OR LISA ROSELAND, OR CHERYL FOLEY, ALL INDIVIDUALLY OF MAITLAND FL

their true and lawful Attorney(s)-in-Fact with power and authority hereby conferred to sign, seal and execute in its behalf all lawful bonds, undertakings and other obligatory instruments of similar nature provided that no single obligation shall exceed \$35,000,000.00 and to bind the Companies thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Companies and all of the acts of said Attorney, pursuant to the authority hereby given and hereby ratified and confirmed

The Authority hereby granted is continuous and shall remain in full force and effect until revoked by UNITED FIRE & CASUALTY COMPANY, UNITED FIRE & INDEMNITY COMPANY, AND FINANCIAL PACIFIC INSURANCE COMPANY

This Power of Attorney is made and executed pursuant to and by authority of the following bylaw duly adopted on May 15, 2013, by the Boards of Directors of UNITED FIRE & CASUALTY COMPANY, UNITED FIRE & INDEMNITY COMPANY, and FINANCIAL PACIFIC INSURANCE COMPANY

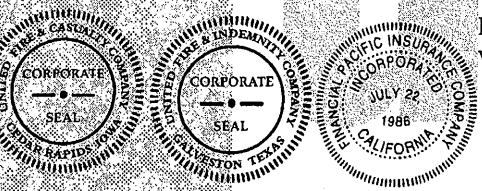
"Article VI - Surety Bonds and Undertakings"

Section 2, Appointment of Attorney-in-Fact. "The President or any Vice President, or any other officer of the Companies may, from time to time, appoint by written certificates attorneys-in-fact to act in behalf of the Companies in the execution of policies of insurance, bonds, undertakings and other obligatory instruments of like nature. The signature of any officer authorized hereby, and the Corporate seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either authorized hereby; such signature and seal, when so used, being adopted by the Companies as the original signature of such officer and the original seal of the Companies, to be valid and binding upon the Companies with the same force and effect as though manually affixed. Such attorneys-in-fact, subject to the limitations set forth in their respective certificates of authority shall have full power to bind the Companies by their signature and execution of any such instruments and to attach the seal of the Companies thereto. The President or any Vice President, the Board of Directors or any other officer of the Companies may at any time revoke all power and authority previously given to any attorney-in-fact

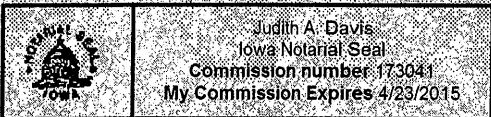
IN WITNESS WHEREOF, the COMPANIES have each caused these presents to be signed by its vice president and its corporate seal to be hereto affixed this 11th day of October, 2013

UNITED FIRE & CASUALTY COMPANY
 UNITED FIRE & INDEMNITY COMPANY
 FINANCIAL PACIFIC INSURANCE COMPANY

By: *Dennis J. Richmann* Vice President



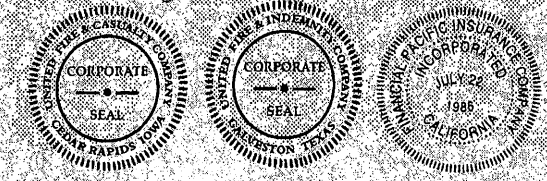
State of Iowa, County of Linn, ss:
 On 11th day of October, 2013, before me personally came Dennis J. Richmann to me known, who being by me duly sworn, did depose and say, that he resides in Cedar Rapids, State of Iowa; that he is a Vice President of UNITED FIRE & CASUALTY COMPANY, a Vice President of UNITED FIRE & INDEMNITY COMPANY, and a Vice President of FINANCIAL PACIFIC INSURANCE COMPANY the corporations described in and which executed the above instrument; that he knows the seal of said corporations; that the seal affixed to the said instrument is such corporate seal, that it was so affixed pursuant to authority given by the Board of Directors of said corporations and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporations



Judith A. Davis Notary Public
 My commission expires: 4/23/2015

I, David A. Lange, Secretary of UNITED FIRE & CASUALTY COMPANY and Assistant Secretary of UNITED FIRE & INDEMNITY COMPANY, and Assistant Secretary of FINANCIAL PACIFIC INSURANCE COMPANY, do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Section of the bylaws and resolutions of said Corporations as set forth in said Power of Attorney, with the ORIGINALS ON FILE IN THE HOME OFFICE OF SAID CORPORATIONS, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect

In testimony whereof I have hereunto subscribed my name and affixed the corporate seal of the said Corporations this 2nd day of December, 2014



By: *David A. Lange*
 Secretary, UF&C
 Assistant Secretary, UF&I/FPIC

OFFICIAL BID FORM
TERM CONTRACT FOR
TRAFFIC CALMING PROGRAM

Mail or Hand Deliver By 2:00 PM, August 26, 2014

ORIGINAL BID FORM AND THREE (3) COMPLETE COPIES

COPY

To:

BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA
INTERNAL OPERATIONS CENTRE II
PROCUREMENT DIVISION
400 E. SOUTH STREET - 2nd FLOOR
ORLANDO, FLORIDA 32801

Bid Opening:

August 26, 2014, - 2:00 PM

Altair Environmental Group, LLC

710 South Milwee Strett		COMPANY NAME	
Longwood, Seminole, Florida, 32750			
COMPLETE MAILING ADDRESS			
CITY, COUNTY, STATE, ZIP CODE			
407-339-7134			407-339-6618
TELEPHONE NUMBER		FAX NUMBER	
Donald Layton		dlayton@altairenvironmental.com	
CONTACT PERSON		E-MAIL ADDRESS	
TIN#: 68-0509371			

NOTE: COMPANY NAME MUST MATCH LEGAL NAME ASSIGNED TO TIN NUMBER. CURRENT W9 MUST BE SUBMITTED WITH BID/PROPOSAL

PART D

To the Board of County Commissioners
Orange County, Florida

The bidder understands that he/she is bidding for a term Contract for which no specific projects have been identified in the Invitation for Bids. The Bidder further acknowledges to the following:

- a. The sites for the work that may be performed under this Contract may be anywhere within Orange County.
- b. Countywide local conditions that may impact the work have been considered.
- c. The Contract Form, General Conditions, Supplementary Conditions, and other Contract documents have been thoroughly examined.
- d. The resultant Contract will contain estimated quantities, unit prices, extended totals and a total estimated contract amount to furnish all labor, materials, plant, equipment, manpower and other resources, including overhead and profit. These costs shall be the means to price any and all Delivery Orders issued thereunder.
- e. Each specific site for work under this Contract shall be issued to the Contractor via Delivery Order per Articles 4, 24, 28, 29 of the General Conditions and other applicable provisions.
- f. This is a unit price Term Contract and the total Estimated Bid is the sum of all pay items total from the Bid Item Schedule, Pages D-3 through D-9.
- g. No specifications or drawings are applicable to the Contract. However, if required, specifications and drawings will apply to individual projects issued under specified Deliver Orders.

**TOTAL ESTIMATED BID:
(BASIC YEAR PLUS OPTION YEARS 1&2)**

Two Million Five Hundred Forty-One Thousand DOLLARS

(\$ 2,541,000.00)

In the event the Contract is awarded to this Bidder, he/she will enter into a formal written agreement with the County in accordance with the accepted Bid within ten (10) calendar days after said Contract is submitted to him/her. The Bidder further agrees that in the event of the Bidder's default or breach of any of the agreements of this proposal, the said bid deposit shall be forfeited as liquidated damages.

Failure of the Bidder to provide pricing for all unit priced items and/or the Base Bid and ALL requested additive/deductive bid items, or alternate bids shall be cause for rejection of the bid as non-responsive.

**Y15-109-CH; SCHEDULE OF PRICES
FOR TRAFFIC CALMING PROGRAM**

BASIC YEAR						
REF NO.	PAY ITEM NO.	DESCRIPTION	EST. QUANTITY	UNIT	UNIT PRICE	TOTAL AMOUNT
1	285	Concrete Base (8.0")	500	SY	50.00	25000.00
2	339	Miscellaneous Asphalt Pavement (1.5")	500	SY	55.00	27,500.00
3	520-1	Concrete Curb and Gutter (Type A)	100	LF	40.00	4000.00
4	520-2	Concrete Curb (Type B)	100	LF	40.00	4000.00
5	520-3	Concrete Curb (Type D)	100	LF	40.00	4000.00
6	520-4	Concrete Curb and Gutter (Type F)	250	LF	40.00	10,000.00
7	520-5	Concrete Curb and Gutter (Type RA)	250	LF	40.00	10,000.00
8	520-99*	Integrated Color Traffic Calming Island Concrete (Special) (6 Inches Thick) (Red) (Running Bond Stamping Pattern)	500	SY	150.00	75,000.00
9	1000-1*	Speed Hump with Approved FDOT Product	150	EA	3500.00	525,000.00
10	1000-2*	Speed Table with Approved FDOT Product	15	EA	4400.00	66,000.00

REF	PAY ITEM NO.	DESCRIPTION	EST.	UNIT	UNIT PRICE	TOTAL AMOUNT
11	1000-3*	Intersection Enhancement with Approved FDOT Product	3,500	SF	8.00	28,000.00
12	1000-4*	Crosswalk with Approved FDOT Product at mid-block crossing	250	SF	35.00	8,750.00
13	1000-5*	Crosswalk with Approved FDOT Product at intersection	250	SF	35.00	8,750.00
14	1000-6*	Renew and Rehabilitate existing locations with FDOT Approved Product	2,000	SF	8.00	16,000.00
15	1000-7*	Renew and Rehabilitate existing Speed Humps with FDOT Approved Product	15	EA	400.00	6,000.00
16	1001-1*	Lagerstroemia Indica (Crape Myrtle Tree) (30 Gal.) (4 month guarantee)	50	EA	20.00	1,000.00
17	1001-2*	Asiatic Jasmine Ground Cover (1 Gal.) (4 month guarantee)	500	EA	10.00	5,000.00
18	1002*	Removal of Pavement for Traffic Calming Island	1,500	SY	10.00	15,000.00
19	1003*	Landscape Quality Fill Dirt	1,000	CY	8.00	8,000.00
20	900-2	Indemnification	1	LS	\$100.00	\$100.00

TOTAL ESTIMATED BASE BID BASIC YEAR:

\$ 847,100.00
(Reference Numbers 1 through 20)

NOTE: ASTERISK (*) DENOTES NON-FDOT PAY ITEM NO.

**Y15-109-CH; SCHEDULE OF PRICES
FOR TRAFFIC CALMING PROGRAM**

OPTION YEAR 1						
REF NO.	PAY ITEM NO.	DESCRIPTION	EST. QUANTITY	UNIT	UNIT PRICE	TOTAL AMOUNT
21	285	Concrete Base (8.0")	500	SY	50.00	25,000.00
22	339	Miscellaneous Asphalt Pavement (1.5")	500	SY	55.00	27,500.00
23	520-1	Concrete Curb and Gutter (Type A)	100	LF	40.00	4,000.00
24	520-2	Concrete Curb (Type B)	100	LF	40.00	4,000.00
25	520-3	Concrete Curb (Type D)	100	LF	40.00	4,000.00
26	520-4	Concrete Curb and Gutter (Type F)	250	LF	40.00	10,000.00
27	520-5	Concrete Curb and Gutter (Type RA)	250	LF	40.00	10,000.00
28	520-99*	Integrated Color Traffic Calming Island Concrete (Special) (6 Inches Thick) (Red) (Running Bond Stamping Pattern)	500	SY	150.00	75,000.00
29	1000-1*	Speed Hump with Approved FDOT Product	150	EA	3,500.00	525,000.00
30	1000-2*	Speed Table with Approved FDOT Product	15	EA	4,400.00	66,000.00

REF	PAY ITEM NO.	DESCRIPTION	EST. QUANTITY	UNIT	UNIT PRICE	TOTAL AMOUNT
31	1000-3*	Intersection Enhancement with Approved FDOT Product	3,500	SF	8.00	28000.00
32	1000-4*	Crosswalk with Approved FDOT Product at mid-block crossing	250	SF	35.00	8,750.00
33	1000-5*	Crosswalk with Approved FDOT Product at intersection	250	SF	35.00	8,750.00
34	1000-6*	Renew and Rehabilitate existing locations with FDOT Approved Product	2,000	SF	8.00	16,000.00
35	1000-7*	Renew and Rehabilitate existing Speed Humps with FDOT Approved Product	15	EA	400.00	6,000.00
36	1001-1*	Lagerstroemia Indica (Crape Myrtle Tree) (30 Gal.) (4 month guarantee)	50	EA	20.00	1000.00
37	1001-2*	Asiatic Jasmine Ground Cover (1 Gal.) (4 month guarantee)	500	EA	10.00	5000.00
38	1002*	Removal of Pavement for Traffic Calming Island	1,500	SY	10.00	15000.00
39	1003*	Landscape Quality Fill Dirt	1,000	CY	8.00	8000.00

ESTIMATED BASE BID FOR OPTION YEAR 1:

\$ 847,000.00
 (Reference Numbers 21 through 39)

NOTE: ASTERISK (*) DENOTES NON-FDOT PAY ITEM NO.

**Y15-109-CH; SCHEDULE OF PRICES
FOR TRAFFIC CALMING PROGRAM**

OPTION YEAR 2

REF NO.	FDOT ITEM NO.	DESCRIPTION	EST. QUANTITY	UNIT	UNIT PRICE	TOTAL AMOUNT
40	285	Concrete Base (8.0")	500	SY	50.00	25,000.00
41	339	Miscellaneous Asphalt Pavement (1.5")	500	SY	55.00	27,500.00
42	520-1	Concrete Curb and Gutter (Type A)	100	LF	40.00	4,000.00
43	520-2	Concrete Curb (Type B)	100	LF	40.00	4,000.00
44	520-3	Concrete Curb (Type D)	100	LF	40.00	4,000.00
45	520-4	Concrete Curb and Gutter (Type F)	250	LF	40.00	10,000.00
46	520-5	Concrete Curb and Gutter (Type RA)	250	LF	40.00	10,000.00
47	520-99*	Integrated Color Traffic Calming Island Concrete (Special) (6 Inches Thick) (Red) (Running Bond Stamping Pattern)	500	SY	150.00	75,000.00
48	1000-1*	Speed Hump with Approved FDOT Product	150	EA	3,500.00	525,000.00
49	1000-2*	Speed Table with Approved FDOT Product	15	EA	4,400.00	66,000.00

REF	PAY ITEM NO.	DESCRIPTION	EST. QUANTITY	UNIT	UNIT PRICE	TOTAL AMOUNT
50	1000-3*	Intersection Enhancement with Approved FDOT Product	3,500	SF	8.00	28000.00
51	1000-4*	Crosswalk with Approved FDOT Product at mid-block crossing	250	SF	35.00	8,750.00
52	1000-5*	Crosswalk with Approved FDOT Product at intersection	250	SF	35.00	8,750.00
53	1000-6*	Renew and Rehabilitate existing locations with FDOT Approved Product	2,000	SF	8.00	16,000.00
54	1000-7*	Renew and Rehabilitate existing Speed Humps with FDOT Approved Product	15	EA	400	6,000.00
55	1001-1*	Lagerstroemia Indica (Crape Myrtle Tree) (30 Gal.) (4 month guarantee)	50	EA	20.00	1,000.00
56	1001-2*	Asiatic Jasmine Ground Cover (1 Gal.) (4 month guarantee)	500	EA	10.00	5,000.00
57	1002*	Removal of Pavement for Traffic Calming Island	1,500	SY	10.00	15,000.00
58	1003*	Landscape Quality Fill Dirt	1,000	CY	8.00	8,000.00

TOTAL ESTIMATED BASE BID FOR OPTION YEAR 2:

\$ 847,000.00
 (Reference Numbers 40 through 58)

NOTE: ASTERISK (*) DENOTES NON-FDOT PAY ITEM NO.

SUMMARY

TOTAL ESTIMATED BASE BID FOR BASIC YEAR: \$ 847,100.00
(Reference Numbers 1 through 20)

TOTAL ESTIMATED BASE BID FOR OPTION YEAR 1: \$ 847,000.00
(Reference Numbers 21 through 39)

TOTAL ESTIMATED BASE BID FOR OPTION YEAR 2: \$ 847,000.00
(Reference Numbers 40 through 58)

TOTAL ESTIMATED BASE BID (BASIC YEAR PLUS OPTION YEARS 1 & 2):

\$ 2,541,000.00
(Reference Numbers 1 through 58)

The Bidder hereby agrees that there is attached a:

- | | | | | |
|-----|--|-----|-------------------------------------|--|
| 1. | Non-Collusion Affidavit | Yes | <input checked="" type="checkbox"/> | |
| 2. | Required Disclosure | Yes | <input checked="" type="checkbox"/> | |
| 3. | M/WBE Forms | | | |
| | Employment Data | Yes | <input checked="" type="checkbox"/> | |
| | Subcontractor/Supplier Page | Yes | <input type="checkbox"/> | |
| | M/WBE Survey | Yes | <input type="checkbox"/> | |
| 4. | Trench Safety Act Form | Yes | <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 5. | Drug-Free Workplace Form | Yes | <input checked="" type="checkbox"/> | |
| 6. | Good Faith Effort Documentation
(If Goals have not been met) | Yes | <input type="checkbox"/> | NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| 7. | Three (3) Complete <u>copies</u> of this Bid Form
with <u>all</u> attachments | Yes | <input checked="" type="checkbox"/> | |
| 8. | References | Yes | <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 9. | Bid Bond on Form in Exhibit 1 (10% of Total Estimated
Contract Amount for First Contract Year) | Yes | <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 10. | Licenses | Yes | <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 11. | Current W9 | Yes | <input type="checkbox"/> | |
| 12. | Project Expenditure Report, Attachment F | Yes | <input type="checkbox"/> | |
| 13. | Relationship Disclosure Form, Attachment G | Yes | <input type="checkbox"/> | |
| 14. | Verification of Employment Status, Attachment H | Yes | <input type="checkbox"/> | |
| 15. | Documentation from Manufacturer proving
Qualification to install product from FDOT's (QPL) List | Yes | <input checked="" type="checkbox"/> | |

ACKNOWLEDGEMENT OF ADDENDA

The Bidder shall acknowledge receipt of any addenda issued to the solicitation by completing the blocks below or by completion of the applicable information on the addendum and returning it not later than the date and time for receipt of the Bid. Failure to acknowledge an addendum that has a material impact on the solicitation may negatively impact the responsiveness of your Bid. Material impacts include but are not limited to changes to specifications, delivery time, performance period, quantities, bonds, letters of credit, insurance, qualifications, etc.

Addendum No. 1 Dated 8/15/14 Addendum No. _____ Dated _____

Addendum No. _____ Dated _____ Addendum No. _____ Dated _____

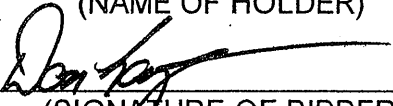
If awarded this construction Contract, the Bidder agrees to complete the work covered by this Contract as specified on each Delivery Order.

The Bidder hereby agrees that the County reserves the right to waive informalities in any Bid and to reject any or all Bids, or to accept any Bid that in its judgement will be for the best interest of the County.

FLORIDA CONSTRUCTION INDUSTRIES LICENSING BOARD CERTIFICATION:

Altair Environmental Group, LLC

 (NAME OF HOLDER) (CERTIFICATION NO.)



 (SIGNATURE OF BIDDER) (CERTIFICATE EXPIRATION DATE)

Don Layton

 (NAME TYPED)

IDENTIFICATION OF BUSINESS ORGANIZATION

Complete and submit the following information:

Type of Organization

{ } Sole Proprietorship Partnership

{ } Joint Venture Corporation

State of Incorporation: Florida

Principal Place of Business (Florida Statute Chapter 607):

 City/County/State

THE PRINCIPAL PLACE OF BUSINESS SHALL BE THE ADDRESS OF THE BIDDER'S PRINCIPAL OFFICE AS IDENTIFIED BY THE FLORIDA DIVISION OF CORPORATIONS

AUTHORIZED SIGNATORIES/NEGOTIATORS

The bidder or proposer represents that the following principals are authorized to sign and/or negotiate Contracts and related documents to which the bidder or proposer will be duly bound. Principal is defined as an employee, officer or other technical or professional in a position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction.

Name	Title	Telephone Number	E-Mail Address
Donald Layton	Project Development	407-339-7134	dlayton@altairenvironmental.com

IN WITNESS WHEREOF, THE BIDDER HAS HEREUNTO SET HIS SIGNATURE AND AFFIXED HIS SEAL THIS 21st DAY OF August, A.D. 2014.

BY: Don Layton (SEAL)

TITLE: Project Development

Don Layton Project Development
PRINT NAME AND TITLE

FEDERAL I.D.# 68-0509371

NON-COLLUSION AFFIDAVIT

The undersigned being first duly sworn as provided by law, deposes and says:

1. This Affidavit is made with the knowledge and intent that it is to be filed with the Board of County Commissioners, Orange County, Florida and that it will be relied upon by said County, in any consideration which may give to and any action which it may take with respect to this Proposal.

2. The undersigned is authorized to make this Affidavit on behalf of,

Altair Environmental Group, LLC
(Name of Corporation, Partnership, Individual, etc.)

A corporation, formed under the laws of Florida

of which he is Project Development
(Sole Owner, partner, president, etc.)

3. Neither the undersigned nor any other person, firm or corporation named in above Paragraph 2, nor anyone else to the knowledge of the undersigned, have themselves solicited or employed anyone else to solicit favorable action for this Proposal by the County, also that no head of any department or employee therein, or any officer of Orange County, Florida is directly interested therein.

4. This Proposal is genuine and not collusive or a sham; the person, firm or corporation named above in Paragraph 2 has not colluded, conspired, connived or agreed directly indirectly with any Bidder or person, firm or corporation, to put in a sham Proposal, or that such other person, firm or corporation, shall refrain from Bidding, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference with any person, firm or corporation, to fix the prices of said proposal or proposals of any other Bidder; and all statements contained in the proposal or proposals described above are true; and further, neither the undersigned, nor the person, firm or corporation named above in Paragraph 3, has directly or indirectly submitted said proposal or the contents thereof, or divulged information or data relative thereto, to any association or to any member or agent thereof.

[Signature]
(AFFIANT)

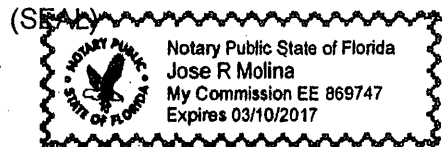
TAKEN, SWORN AND SUBSCRIBED TO BEFORE ME this 26th day of August, 2014.

Notary Public *Jose Roberto Molina C.*

Jose R. Molina
(Print, Type or Stamp Commissioned Name of Notary Public)

Personally Known or Produced Identification

Type of Identification: _____



REQUIRED DISCLOSURE

The following Disclosure is of all material facts pertaining to any felony or civil conviction or any pending felony or civil charges in the last three (3) years in this State or any other State of the United States against 1) Bidder, 2) any business entity related to or affiliated with Bidder, or 3) any present or former executive employee, officer, director, stockholder, partner or owner of Bidder or of any such related or affiliated entity. This Disclosure shall not apply to any person or entity which is only a stockholder, which person or entity owns twenty percent (20) or less of the outstanding shares of a Bidder whose stock is publicly owned and traded.

None


Altair Environmental Group, LLC

BIDDER

EMPLOYMENT DATA, SCHEDULE OF MINORITIES AND WOMEN (Rev. 1/99)

Please provide the following data pertaining to your workforce. If you have an Orange County workforce, it should be shown. If you do not have an Orange county workforce, total permanent workforce should be shown. If this is a Joint Venture, employment data shall be furnished for each firm composing the joint venture. It is mandatory that you provide workforce data. Failure to provide this form with your bid/proposals may be cause for rejection of your bid/proposal.

JOB CATEGORIES	MAJORITY		MINORITY MALES				MINORITY FEMALES				TOTAL
	White Male	White Female	Black	Hispanic	American Indian	Asian American	Black	Hispanic	American Indian	Asian American	
Officials, Mgrs. Supervisors	2										
Professionals				1							
Technicians	1										
Sales Workers											
Office and Clerical		1									
Craftsman (Skilled)	3										
Operatives (Semi-Skilled)	1		2								
Laborers (Unskilled)	2			1							
Service Workers											
Apprentices											
Interns/Co-Ops											
Wages to Work Employees											
TOTAL	9	1	2	2							14
Changes Since Last Report											

The above reflects (Check One): Orange County Workforce Total Permanent Workforce (Outside Orange County)
 For Construction Projects Only: Do you intend to hire new employees for the project? Yes No If yes, how many approximately? 8

Name of Firm Altair Environmental Group, LLC Period of Report 32 No. of Years in Business in Orange County 32
 Form Completed by Donald Layton / Project Development Signature [Signature]
 Form Approved by Donald Layton / Project Development Name/Title (Printed or Typed) Signature
 Name/Title (Printed or Typed) Signature

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PRIME CONTRACTOR/SUBCONTRACTOR/SUPPLIER INFORMATION

If maximum M/WBE participation is desired, bidders must list **all** proposed Subcontractors **and suppliers** to be used. Provide company names; contacts, addresses, phone numbers; work to be performed with the Contractor's own workforce, including estimated dollar amount allocated for that work (work that is consistently and historically performed in-house); total amount to be paid to this sub/supplier (do not discount supply dollars); and M/WBE designation or if non-M/WBE (Majority). See Instructions to Bidders, Part C, for complete M/WBE requirements. Provide **all** information requested. Use additional sheets if necessary. Failure to provide all of the information requested may negatively impact the M/WBE evaluation.

1. What is the estimated percent of work that the Prime Contractor will self-perform? 51 %
List these areas below with approximate dollar amounts to be allocated for the work.

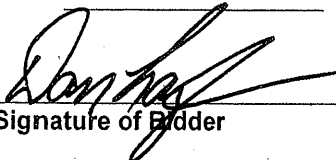
2. Is all work (whether to be subbed or self-performed) listed below? Yes No
Are all material suppliers listed? Yes No
If no, please explain. _____

3. Is your firm certified through Orange County as an M/WBE? Yes No
(See Part C for specific requirements for certified M/WBE firms)

4. Is your firm registered through Orange County as a Service Disabled-Veteran (SDV)? Yes No

5. Did you include any M/WBE credits- First Time Utilization (FTU) or Non-County Utilization (NC) with this bid? (If so, insert copy of credit (If so, insert copy of credit and specify credit type below) Yes No

COMPANY NAME, CONTACT ADDRESS, PHONE NUMBER	WORK TO BE PERFORMED (TRADE) OR COMMODITY	DOLLAR AMOUNT	O.C. CERTIFIED
	TO BE SUPPLIED		M/WBE or Non-M/WBE; Or SDV; or Type of M/WBE Credit -FTU or NC
1 Altair Environmental Group 710 S. Milwee Street Longwood, FL, 32750 407-339-7134	<u>Sub/Supplier/In-house (Circle One)</u> _____	\$1,880,340.00	Non
2 Nicola Transport 413 Tranquille Oaks Dr. Ocoee, FL, 34761	<u>Sub/Supplier/In-house (Circle One)</u> ✓ Trucking, Site work ✓ Excavating	\$700,000.00	MBE
3 _____	<u>Sub/Supplier/In-house (Circle One)</u> Demolition sidewalk, concrete work.		


Signature of Bidder

Project Development
Title

PRIME CONTRACTOR/SUBCONTRACTOR/SUPPLIER INFORMATION

		O.C. CERTIFIED
COMPANY NAME, CONTACT	WORK TO BE PERFORMED	M/WBE or Non-M/WBE;
<u>ADDRESS, PHONE NUMBER</u>	(TRADE) OR COMMODITY	Or SDV; or Type of
	<u>TO BE SUPPLIED</u>	<u>M/WBE Credit -FTU or NC</u>
	<u>DOLLAR AMOUNT</u>	

4	<u>Sub/Supplier/In-house (Circle One)</u>	
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5	<u>Sub/Supplier/In-house (Circle One)</u>	
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6	<u>Sub/Supplier/In-house (Circle One)</u>	
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8	<u>Sub/Supplier/In-house (Circle One)</u>	
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9	<u>Sub/Supplier/In-house (Circle One)</u>	
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10	<u>Sub/Supplier/In-house (Circle One)</u>	
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11	<u>Sub/Supplier/In-house (Circle One)</u>	
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Signature of Bidder

Title

INSTRUCTIONS Contractor shall place the following on their letterhead, executed by their authorized agent. Letter is to be submitted **before 5:00 PM on the second business day (i.e., if bid opens on Thursday, due on Monday before 5:00 PM)** after bid opening to: Orange County Business Development Division; 400 E. South Street; 2nd Floor, Orlando, FL 32801; Fax Number (407) 836-5477. A Letter of Intent is to be executed with all M/WBE Subcontractors and suppliers listed by the Contractor on the Subcontractor/Supplier page submitted with this bid. Any M/WBE's not listed on Subcontractor/Supplier page for this bid will not be accepted. Dollar amounts listed for each Subcontractor shall represent estimated totals for the entire contract, including all Option Years. Failure to submit this form within the required time frame may result in the bid being found non-responsive.

**LETTER OF INTENT
(VERIFICATION M/WBE UTILIZATION)**

IFB # _____ PROJECT TITLE: _____

I, _____, (Prime Contractor) have entered into an agreement with the following Minority/Women-owned Business Enterprise to do the work shown on Attachment C-2 of the Bid Form and shown below. I understand that prior to execution of the prime Contract by Orange County, a subcontract and/or purchase order will be executed with this firm and a copy of the agreement will be sent to the Orange County Business Development Division.

SUBCONTRACTOR/SUPPLIER

SPECIFIC SCOPES OF WORK/COMMODITY

SUBCONTRACT/PURCHASE ORDER PRICE

I understand that I shall not be allowed to substitute or change Subcontractors, without the express prior approval of Orange County's Project Manager and the Business Development Division. Such approval shall in no way relieve my obligations pursuant to Orange County's M/WBE requirements and goals contained in the Orange County Minority/Women Business Enterprise Ordinance, Orange County Code, Chapter 17, Article III, Division 4.

Under penalty of perjury, I declare that I have read the foregoing and the facts stated in it are true. False statements may result in criminal prosecution for a felony of the third degree as provided for in Section 92.525(3), Florida Statutes.

Authorized Agent of Prime Contractor

Authorized Agent, Subcontractor/Supplier

Printed Name & Title

Printed Name & Title

Date: _____

Date: _____

Phone Number

Fax Number

INSTRUCTIONS Contractor shall place the following on their letterhead, executed by their authorized agent. Letter is to be submitted **before 5:00 PM on the second business day (i.e., if bid opens on Thursday , due on Monday before 5:00 PM)** after bid opening to: Orange County Business Development Division; 400 E. South Street; 2nd Floor, Orlando, FL 32801; Fax Number (407) 836-5477. A Letter of Intent is to be executed with all SDV Subcontractors and suppliers listed by the Contractor on the Subcontractor/Supplier page submitted with this bid. Any SDV's not listed on Subcontractor/Supplier page for this bid will not be accepted. Failure to submit this form within the required time frame may result in the bid being found non-responsive.

**LETTER OF INTENT
(VERIFICATION OF SERVICE-DISABLED VETERAN UTILIZATION)**

IFB # _____ PROJECT TITLE _____

I, _____, (Prime Contractor) have entered into an agreement with the following Service-Disabled Veteran Business to do the work shown on Attachment C-2 of the Bid Form and shown below (contingent upon award of the prime contract to our company). I understand that prior to execution of the prime Contract by Orange County, a subcontract and/or purchase order will be executed with this firm and a copy of the agreement will be sent to the Orange County Business Development Division.

SDV SUBCONTRACTOR/SUPPLIER

SPECIFIC SCOPES OF WORK/COMMODITY

SUBCONTRACT/PURCHASE ORDER PRICE

I understand that I shall not be allowed to substitute or change Subcontractors, without the express prior approval of Orange County's Project Manager and the Business Development Division. Such approval shall in no way relieve my obligations pursuant to Orange County's Service-Disable Veteran Business Program requirements contained in the Orange County Ordinance, Orange County Code, Chapter 17, Article III, Division 5.

Under penalty of perjury, I declare that I have read the foregoing and the facts stated in it are true. False statements may result in criminal prosecution for a felony of the third degree as provided for in Section 92.525(3), Florida Statutes.

Authorized Agent of Prime Contractor

Authorized Agent, Subcontractor/Supplier

Printed Name & Title

Printed Name & Title

Date: _____

Date: _____

Phone Number | _____
Fax Number

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M/WBE Survey

Company Altair Environmental Group, LLC Contact Name: Donald Layton

Contact's Phone Number: 407-339-7134 IFB #: Y15-109-CH

Please answer the following questions regarding Orange County's M/WBE Program:

1. If you failed to meet the County's M/WBE goal for this solicitation, please check reasons below:

- No M/WBE contractors/suppliers available
- Self-performing more than 75% of the work
- Self-performing 100% of the work
- Prices from M/WBE contractors/suppliers too high
- Other (please explain)

NA

2. If checked "self performing work" in question #1, explain in detail why you propose to self perform the work and list any subcontractors you intend to use. Also, provide a detailed listing of the suppliers, items to be purchased and costs thereof:

NA

3. When you submitted your bid without the desired M/WBE participation, were you concerned that this deficiency would cause rejection of your bid?

Yes No

If no, why not?

NA

4. What steps do you recommend the County take to ensure that the M/WBE goal is achieved on projects of this nature?

NONE

5. Do you support the County's M/WBE program?

Yes No

If no, why not?

6. Do you believe you can remain competitive if you fully complied with the County's M/WBE program?

Yes No If no, why not?

7. Do you have any type of working relationship with M/WBE subcontractors?

Yes No

If yes, is it (check all that apply):

Routine business only

Only during bid solicitation

Other (please explain)

8. Do you desire to establish a working relationship with M/WBE subcontractors?

Yes No

9. Are you aware that you could call the Business Development Division for information or additional assistance with M/WBE participation in bid solicitations?

Yes No


10. Please provide any additional comments:

Please note that failure to provide this information with your Bid Proposal may delay the award of the contract. Therefore, a timely response is requested. You may be contacted by staff from the Business Development Division in the near future.

COMPLIANCE WITH FLORIDA TRENCH SAFETY ACT (90-96, LAWS OF FLORIDA)

Bidder hereby acknowledges that all costs for complying with the Florida Trench Safety Act are included in the various items of the Bid Schedule or Lump Sum Bid. For informational purposes only, the Bidder is required to further identify these costs in the summary below.

TRENCH SAFETY MEASURE (DESCRIPTION)	UNIT OF MEASURE (LF, SY)	UNIT (QUANTITY)	UNIT COST	EXTENDED COST
A) Trench Box Slopes	LF		\$ 100	\$ 2800.00
B)			\$	\$
C)			\$	\$
D)			\$	\$
			TOTAL	\$

SIGNED: 
 TITLE: Project Development

THIS IS NOT A PAY ITEM: The purpose of this form is to gather information on the costs associated with trench safety measures and to insure that the Bidder has considered these costs and included them in the Bid Schedule or Lump Sum Bid. Contractor will not receive additional payment if actual quantities differ from those estimated or if the Contractor uses a safety measure different than those listed.

(Failure to complete this form may result in the Bid being declared non-responsive.)

DRUG-FREE WORKPLACE FORM


The undersigned vendor, in accordance with Florida Statute 287.087 hereby certifies that
Altair Environmental Group, LLC does:
Name of Business

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. Informs 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, employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.
3. Gives each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in Paragraph 1.
4. In the statement specified in Paragraph 1, notifies 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 such conviction.
5. Imposes a sanction on, or requires the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Makes a good faith effort to continue to maintain a drug-free workplace through implementation of Paragraphs 1 thru 5.

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



Bidder's Signature



Date

GOOD FAITH EFFORT MWBE CONTRACT LOG (See Part C, SECTION 3, Paragraph E-iii)
 (Required only if Good Faith Effort Documentation is being provided as part of this Bid)

IFB No/ Project Name

Firm's Name/Address	Contact Info: E-mail, Phone and /or fax	Scope of Work (Work to be performed/Trade/or Commodity Supplied)	Date	Name of Person Contacting Firms	Firm to Bid (Y or N)	Date & Time Quote Received	Notes
		NA					

Under penalty of perjury, I declare that I have read the foregoing and the facts stated in it are true. False statements may result in criminal prosecution for a felony of the third degree as provided for in Section 92.525 (3), Florida Statutes. I,

Don Layton

[Signature]

Project Development / Staff
 (Signature off Authorized Agent),
 (Printed Name, Title, and Date)

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REFERENCES: Bidders should supply (with the bid form) a list of at least **THREE (3)** similar projects which includes the application of Patterned/Textured Pavement by the **BIDDER as the PRIME OR SUBCONTRACTOR** in accordance with Florida Department of Transportation (FDOT) Qualified Products List (QPL) – Specification 523 Patterned/Textured Pavement successfully completed within the last **FIVE (5) years**. Each project submitted shall clearly indicate whether it was completed by the bidder or subcontractor.

DOCUMENTATION FROM THE MANUFACTURER THAT THE BIDDER OR SUBCONTRACTOR IS QUALIFIED TO INSTALL THE PRODUCT FROM FDOT QUALIFIED PRODUCTS LIST (QPL) FOR PATTERNED/TEXTURED PAVEMENT MUST BE SUBMITTED WITH THE BID.

Failure to provide this information may cause rejection of the bid.

The determination of whether a bidder is responsible or not shall be at the sole discretion of the County. Although the County may request submission of a minimum number of similar projects for evaluation, the County’s determination of a bidder’s responsibility shall not be solely based on the number of similar projects submitted.

The contact person listed as a reference shall be someone who has personal knowledge of the Bidder’s performance during the referenced project. Contact persons must have been informed that they are being used as a reference and that the County will be calling or emailing them.

1. Project Name Term Contract Minor Roadway Project
Owner Orange County / APEC
Contact Jude Gold
Address 9800 International Dr, Orlando, FL

Telephone Number/Email Address 407-885-5812 Jude.Gold@occc.net APEC
/majid@apec.us
Contract Number and Amount # _____ \$ 350,000.00 4078321362

Change Orders \$ X

Final Contract \$ _____

Completed on Schedule? Yes Date: 2011

Project Description Road base, asphalt, curb & gutter concrete repairs
Speed Hump, Pattern Pavings, Speed tables, Islands

2. Project Name Term Contract Roadway Construction and pattern paving
Owner City of Ocoee
Contact Steve Krug
Address 301 Maguire Road
Subcontractor to Apec
Telephone Number/Email Address Skrug@ci.ococoe.fl.us majid@apec.us
Contract Number and Amount # \$ 1,000,000.00
Change Orders \$ X
Final Contract \$ 1,000,000.00
Completed on Schedule? Yes Date: 2011
Project Description Speed Humps, Tables, Islands Crosswalks, School crossing
Road base, asphalt, curb & gutter concrete repairs

3. Project Name Facility Management / Pond / Misc. Work
Owner Orange County
Contact Mark Adams
Address 400 E. South Street, Orlando, FL
Telephone Number/Email Address 407-948-6070 Mark.Adams@ocfl.net
Contract Number and Amount # \$ 350,000.00
Change Orders \$ _____
Final Contract \$ _____
Completed on Schedule? Yes Date: 2011
Project Description Sidewalk, Asphalt, Curb & Gutter
Speed Humps, Tables, Islands Crosswalks, School crossing
Ponds, Roadway

4. Project Name Anniversary Park
 Owner City of Casselberry
 Contact Mark Gisler
 Address 534 W. Lake Mary Blvd, Sanford FL

~~Subcontractor~~ APEC majid@apec.us
 Telephone Number/Email Address 407-262-7725 mgisler@casselberry.org
 Contract Number and Amount # _____ \$ 1,913,654.00
 Change Orders \$ _____
 Final Contract \$ _____
 Completed on Schedule? Yes Date: 2011

Project Description Drainage, Sidewalk, Asphalt, Landscape, Curb & Gutter
 pattern Paving, Traffic Calming

5. Project Name Traffic Calming
 Owner Orange County
 Contact Frank Yokiell/ Subcontractor to
Majid Fouladi/APEC
 Address 400 E south street 4436 Old Winter garden Road
Orlando, fl 32801 Orlando, Fl 32819
 Telephone Number/Email Address 321 229 2386 4078321362
 Contract Number and Amount # _____ \$ _____
 Change Orders \$ 0.0
 Final Contract \$ 350,000.00
 Completed on Schedule? yes Date: _____
Yes
 Project Description Sidewalk, Asphalt, Curb and Gutter, pattern paving and traffic calming

6. Project Name Speed hump/ Speed table Pattern Pavings
Owner City of Orlando
Contact Cesar lidias subcontractor to Apec / M fouladi
Address 400 E. south street 4078321362

Telephone Number/Email Address 407 247 8615

Contract Number and Amount # _____ \$ _____

Change Orders \$ _____

Final Contract \$ 350

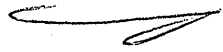
Completed on Schedule? yes Date: _____

Project Description _____

Sidewalk, Asphalt, Curb and Gutter, pattern paving and traffic calming

Bid

Bond





2013 - 2014 9/06/13

City of Longwood
175 W. Warren Avenue Longwood, FL 32750

Receipt # 14-00010028

LOCAL BUSINESS TAX

STATE #	SUBCONTRACTOR
CITY TAX	\$ 125.00
ADMINISTRATIVE FEE	\$ 10.00
TRANSFER FEE	\$ 00
PENALTY	% 00
COUNTY TAX	\$ 25.00

LOCATION: 710 S MILWEE ST

For the Occupation:
SUBCONTRACTORS/11 TO 20 EM

ALTAIR ENVIRONMENTAL GROUP, LLC
710 S MILWEE ST
LONGWOOD FL 32750



TOTALS 160.00

DELGADO, KEVIN

YEAR 10/13-09/14

DIRECTOR OF FINANCE

RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Altair Environmental Group, LLC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ C Exempt payee

Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

710 South Milwee Street

City, state, and ZIP code

Longwood, Florida 32750

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

Employer identification number

6	8	-	0	5	0	9	3	7	1
---	---	---	---	---	---	---	---	---	---

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).

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 on page 4.

Sign Here

Signature of
U.S. person ▶

Melissa Brown

Date ▶

4-17-14

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

For Staff Use Only:

Specific Project Expenditure Report (Revised November 5, 2010)

Initially submitted on _____

For use as of March 1, 2011

Updated On _____

TRAFFIC CALMING PROGRAM

Case or Bid No. Y15-109 -CH

ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT

This lobbying expenditure form shall be completed in full and filed with all application submittals. This form shall remain cumulative and shall be filed with the department processing your application. Forms signed by a principal's authorized agent shall include an executed Agent Authorization Form.

This is the initial Form: _____

This is a Subsequent Form: _____

Part I

Please complete all of the following:

Name and Address of Principal (legal name of entity or owner per Orange County tax rolls): _____

Altair Environmental Group, LLC 710 South Milwee St., Longwood, FL 32750

Name and Address of Principal's Authorized Agent, if applicable: _____

N/A

List the name and address of all lobbyists, consultants, contractors, subcontractors, individuals or business entities who will assist with obtaining approval for this project. (Additional forms may be used as necessary.)

1. Name and address of individual or business entity: _____ N/A
Are they registered Lobbyist? Yes ___ or No X

2. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No X

3. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No X

4. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No X

5. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No X

6. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No X

7. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No X

8. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No X

For Staff Use Only:

Specific Project Expenditure Report (Revised November 5, 2010)

For use as of March 1, 2011

Initially submitted on _____

Updated On _____

TRAFFIC CALMING PROGRAM

Case or Bid No. Y15-109 -CH

Company Name: Altair Environmental Group, LLC

Part II

Expenditures:

For this report, an "expenditure" means money or anything of value given by the principal and/or his/her lobbyist for the purpose of lobbying, as defined in section 2-351, Orange County Code. This may include public relations expenditures including, but not limited to, petitions, fliers, purchase of media time, cost of print and distribution of publications. However, the term "expenditure" **does not** include:

- Contributions or expenditures reported pursuant to chapter 106, Florida Statutes;
- Federal election law, campaign-related personal services provided without compensation by individuals volunteering their time;
- Any other contribution or expenditure made by or to a political party;
- Any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4), in accordance with s.112.3215, Florida Statutes; and/or
- Professional fees paid to registered lobbyists associated with the project or item.

The following is a complete list of all lobbying expenditures and activities (including those of lobbyists, contractors, consultants, etc.) incurred by the principal or his/her authorized agent and expended in connection with the above-referenced project or issue. **You need not include de minimus costs (under \$50) for producing or reproducing graphics, aerial photographs, photocopies, surveys, studies or other documents related to this project.**

Date of Expenditure	Name of Party Incurring Expenditure	Description of Activity	Amount Paid
		N/A	
		TOTAL EXPENDED THIS REPORT	\$

For Staff Use Only:

Specific Project Expenditure Report (Revised November 5, 2010)

Initially submitted on _____

For use as of March 1, 2011

Updated On _____

TRAFFIC CALMING PROGRAM

Case or Bid No. Y15-109 -CH

Company Name: Altair Environmental Group, LLC

Part III

ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED

I hereby certify that information provided in this specific project expenditure report is true and correct based on my knowledge and belief. I acknowledge and agree to comply with the requirement of section 2-354, of the Orange County code, to amend this specific project expenditure report for any additional expenditure(s) incurred relating to this project prior to the scheduled Board of County Commissioner meeting. I further acknowledge and agree that failure to comply with these requirements to file the specific expenditure report and all associated amendments may result in the delay of approval by the Board of County Commissioners for my project or item, any associated costs for which I shall be held responsible. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Date: 8/21/14

Signature of Principal or Principal's Authorized Agent

(check appropriate box)

PRINT NAME AND TITLE: Don Layton / Project Development

STATE OF Florida :

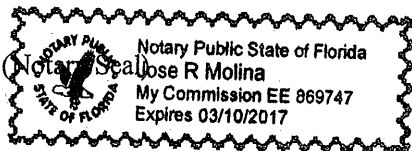
COUNTY OF Seminole :

I certify that the foregoing instrument was acknowledged before me this 26th day of August, 2014 by Donald Layton. He/she is personally known to me or has produced as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the 26th day of August, in the year 2014.

José Roberto Molina C.

Signature of Notary Public
Notary Public for the State of Florida
My Commission Expires: 03/10/2017



Staff signature and date of receipt of form _____
Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.

For Staff Use Only:

Initially submitted on _____

Updated On _____

TRAFFIC CALMING PROGRAM

Case or Bid No. Y15-109 -CH

**FREQUENTLY ASKED QUESTIONS (FAQ) ABOUT THE SPECIFIC PROJECT
EXPENDITURE REPORT**

Updated 3-1-11

WHAT IS A SPECIFIC PROJECT EXPENDITURE REPORT (SPR)?

A Specific Project Expenditure Report (SPR) is a report required under Section 2-354(b) of the Orange County Lobbying Ordinance, codified at Article X of Chapter 2 of the Orange County Code, reflecting all lobbying expenditures incurred by a principal and his/her authorized agent(s) and the principal's lobbyist(s), contractor(s), subcontractor(s), and consultant(s), if applicable, for certain projects or issues that will ultimately be decided by the Board of County Commissioners (BCC).

Matters specifically exempt from the SPR requirement are ministerial items, resolutions, agreements in settlement of litigation matters in which the County is a party, ordinances initiated by County staff, and some procurement items, as more fully described in 2.20 of the Administrative Regulations.

Professional fees paid by the principal to his/her lobbyist for the purpose of lobbying need not be disclosed on this form. (See Section 2-354(b), Orange County Code.)

WHO NEEDS TO FILE THE SPR?

The principal or his/her authorized agent needs to complete and sign the SPR and warrant that the information provided on the SPR is true and correct.

A principal that is a governmental entity does not need to file an SPR.

HOW ARE THE KEY RELEVANT TERMS DEFINED?

Expenditure means "a payment, distribution, loan, advance, reimbursement, deposit, or anything of value made by a lobbyist or principal for the purpose of lobbying. This may include public relations expenditures (including but not limited to petitions, flyers, purchase of media time, cost of print and distribution of publications) but does not include contributions or expenditures reported pursuant to Chapter 106, Florida Statutes, or federal election law, campaign-related personal services provided without compensation by individuals volunteering their time, any other contribution or expenditure made by or to a political party, or any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4)." (See Section 112.3215, Florida Statutes.) Professional fees paid by the principal to his/her lobbyist for the purpose of lobbying are not deemed to be "expenditures." (See Section 2-354, Orange County Code.)

Lobbying means seeking "to encourage the approval, disapproval, adoption, repeal, rescission, passage, defeat or modification of any ordinance, resolution, agreement, development permit, other type of permit, franchise, vendor, consultant, contractor, recommendation, decision or other foreseeable action of the [BCC]," and "include[s] all communications, regardless of whether initiated by the lobbyist or by the person being lobbied, and regardless of whether oral, written or electronic." (See Section 2-351, Orange County Code.) Furthermore, *lobbying* means communicating "directly with the

County Mayor, with any other member of the [BCC], or with any member of a procurement committee.” (See Section 2-351, Orange County Code.) *Lobbying* also means communicating “indirectly with the County Mayor or any other member of the [BCC]” by communicating with any staff member of the Mayor or any member of the BCC, the county administrator, any deputy or assistant county administrator, the county attorney, any county department director, or any county division manager. (See Section 2-351, Orange County Code.) *Lobbying* does not include the act of appearing before a Sunshine Committee, such as the Development Review Committee or the Roadway Agreement Committee other than the BCC.

Principal means “the person, partnership, joint venture, trust, association, corporation, governmental entity or other entity which has contracted for, employed, retained, or otherwise engaged the services of a lobbyist.” *Principal* may also include a person, partnership, joint venture, trust, association, corporation, limited liability corporation, or other entity where it or its employees do not qualify as a lobbyist under the definition set forth in Section 2-351 of the Orange County Code but do perform lobbying activities on behalf of a business in which it has a personal interest.

DOES THE SPR NEED TO BE UPDATED IF INFORMATION CHANGES?

Yes. It remains a continuing obligation of the principal or his/her authorized agent to update the SPR whenever any of the information provided on the initial form changes.

WHERE DO THE SPR AND ANY UPDATES NEED TO BE FILED?

The SPR needs to be filed with the County Department or County Division processing the application or matter. If and when an additional expenditure is incurred subsequent to the initial filing of the SPR, an amended SPR needs to be filed with the County Department or County Division where the original application, including the initial SPR, was filed.

WHEN DO THE SPR AND ANY UPDATES NEED TO BE FILED?

In most cases, the initial SPR needs to be filed with the other application forms. The SPR and any update must be filed with the appropriate County Department or County Division not less than seven (7) days prior to the BCC hearing date so that they may be incorporated into the BCC agenda packet. (See Section 2-354(b), Orange County Code.) When the matter is a discussion agenda item or is the subject of a public hearing, and any additional expenditure occurs less than 7 days prior to BCC meeting date or updated information is not included in the BCC agenda packet, the principal or his/her authorized agent is obligated to verbally present the updated information to the BCC when the agenda item is heard or the public hearing is held. When the matter is a consent agenda item and an update has not been made at least 7 days prior to the BCC meeting or the update is not included in the BCC agenda packet, the item will be pulled from the consent agenda to be considered at a future meeting.

WHO WILL BE MADE AWARE OF THE INFORMATION DISCLOSED ON THE SPR AND ANY UPDATES?

The information disclosed on the SPR and any updates will be a public record as defined by Chapter 119, Florida Statutes, and therefore may be inspected by any interested person. Also, the information will be made available to the Mayor and the BCC members. This information will accompany the other information for the principal's project or item.

CONCLUSION:

We hope you find this FAQ useful to your understanding of the SPR. Please be informed that in the event of a conflict or inconsistency between this FAQ and the requirements of the applicable ordinance governing specific project expenditure reports, the ordinance controls.

Also, please be informed that the County Attorney's Office is not permitted to render legal advice to a principal, his/her authorized agent, or any other outside party. Accordingly, if after reading this FAQ the principal, his/her authorized agent or an outside party has any questions, he/she is encouraged to contact his/her own legal counsel.

RELATIONSHIP DISCLOSURE FORM
FOR USE WITH PROCUREMENT ITEMS, EXCEPT THOSE WHERE THE COUNTY
IS THE PRINCIPAL OR PRIMARY APPLICANT

For procurement items that will come before the Board of County Commissioners for final approval, this form shall be completed by the bidder, offerer, quoter or respondent and shall be submitted to the Procurement Division by the bidder, offerer, quoter or respondent.

In the event any information provided on this form should change, the applicant must file an amended form on or before the date the item is considered by the appropriate board or body.

Part I

INFORMATION ON APPLICANT (BIDDER, OFFEROR, QUOTER, PROPOSER, OR RESPONDENT):

Legal Name of Applicant: Altair Environmental Group, LLC

Business Address (Street/P.O. Box, City and Zip Code): _____
710 South Milwee Street, Longwood, FL 32750

Business Phone (407) 339-7134

Facsimile (407) 339-6618

INFORMATION ON APPLICANT'S AUTHORIZED AGENT, IF APPLICABLE:

(Agent Authorization Form also required to be attached)

Name of Applicant's Authorized Agent:
N/A

Business Address (Street/P.O. Box, City and Zip Code): _____

Business Phone () _____ X

Facsimile () _____ X

OC CE FORM 2P

FOR PROCUREMENT-RELATED ITEMS (November 5, 2010)

For use after March 1, 2011

For Staff Use Only:

Date Submitted _____

Date Updated _____

Bid Number Y15-109 -CH

Company Name: ALTAIR Environmental Group LLC

Part II

IS THE APPLICANT A RELATIVE OF THE MAYOR OR ANY MEMBER OF THE BCC?

___ YES ~~X~~ NO (X)

IS THE MAYOR OR ANY MEMBER OF THE BCC THE APPLICANT'S EMPLOYEE?

___ YES ~~X~~ NO (X)

IS THE APPLICANT OR ANY PERSON WITH A DIRECT BENEFICIAL INTEREST IN THE OUTCOME OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR ANY MEMBER OF THE BCC?

___ YES ~~X~~ NO (X)

If you responded "YES" to any of the above questions, please state with whom and explain the relationship:

(Use additional sheets of paper if necessary)

For Staff Use Only:
Date Submitted _____
Date Updated _____
Bid Number Y15-109 -CH

Company Name: Altair Environmental Group, LLC

Part III
ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Donald Layton
Signature of Applicant

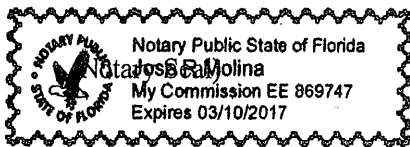
Date: 8/21/14

Print Name and Title of Person completing this form: Donald Layton Project Reebprint

STATE OF Florida :
COUNTY OF Seminole :

I certify that the foregoing instrument was acknowledged before me this 26th day of August, 2014 by Donald Layton. He/she is personally known to me or has produced _____ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the 26th day of August, in the year 2014.



José Roberto Molina E.
Signature of Notary Public
Notary Public for the State of FL
My Commission Expires:
03/10/2017

Staff signature and date of receipt of form

Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.


AGENT AUTHORIZATION FORM

FOR PROCUREMENTS IN ORANGE COUNTY, FLORIDA



I/WE, (PRINT BIDDER, OFFEROR, QUOTER OR RESPONDENT NAME)
Altair Environmental Group, LLC, DO HEREBY AUTHORIZE TO ACT AS MY/OUR
AGENT (PRINT AGENT'S NAME), Donald Layton, TO EXECUTE ANY
PETITIONS OR OTHER DOCUMENTS NECESSARY TO AFFECT THE CONTRACT APPROVAL PROCESS
MORE SPECIFICALLY DESCRIBED AS FOLLOWS, IFB NO. Y15- 109-CH, TRAFFIC CALMING
PROGRAM, AND TO APPEAR ON MY/OUR BEHALF BEFORE ANY ADMINISTRATIVE OR LEGISLATIVE BODY IN
THE COUNTY CONSIDERING THIS CONTRACT AND TO ACT IN ALL RESPECTS AS OUR AGENT IN MATTERS
PERTAINING TO THIS CONTRACT.

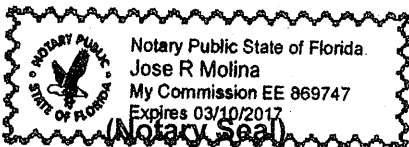
Date: 8/21/14

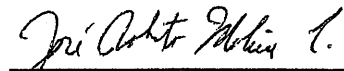

Signature of Bidder, Offeror, Quoter or Respondent

STATE OF Florida :
COUNTY OF Seminole :

I certify that the foregoing instrument was acknowledged before me this 26th day of
August, 2014 by Donald Layton. He/she is personally known to me or has
produced _____ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the 26th
day of August, in the year 2014.




Signature of Notary Public
Notary Public for the State of Florida

My Commission Expires: 03/10/2017

FREQUENTLY ASKED QUESTIONS (FAQ)
ABOUT THE
RELATIONSHIP DISCLOSURE FORM

Updated 6-28-11

WHAT IS THE RELATIONSHIP DISCLOSURE FORM?

The Relationship Disclosure Form (form OC CE 2D and form OC CE 2P) is a form created pursuant to the County's Local Code of Ethics, codified at Article XIII of Chapter 2 of the Orange County Code, to ensure that all development-related items and procurement items presented to or filed with the County include information as to the relationship, if any, between the applicant and the County Mayor or any member of the Board of County Commissioners (BCC). The form will be a part of the backup information for the applicant's item.

WHY ARE THERE TWO RELATIONSHIP DISCLOSURE FORMS?

Form OC CE 2D is used only for development-related items, and form OC CE 2P is used only for procurement-related items. The applicant needs to complete and file the form that is applicable to his/her case.

WHO NEEDS TO FILE THE RELATIONSHIP DISCLOSURE FORM?

Form OC CE 2D should be completed and filed by the owner of record, contract purchaser, or authorized agent. Form OC CE 2P should be completed and filed by the bidder, offeror, quoter, or respondent, and, if applicable, their authorized agent. In all cases, the person completing the form must sign the form and warrant that the information provided on the form is true and correct.

WHAT INFORMATION NEEDS TO BE DISCLOSED ON THE RELATIONSHIP DISCLOSURE FORM?

The relationship disclosure form needs to disclose pertinent background information about the applicant and the relationship, if any, between, on the one hand, the applicant and, if applicable, any person involved with the item, and on the other hand, the Mayor or any member of the BCC.

In particular, the applicant needs to disclose whether any of the following relationships exist: (1) the applicant is a business associate of the Mayor or any member of the BCC; (2) any person involved with the approval of the item has a beneficial interest in the outcome of the matter *and* is a business associate of the Mayor or any member of the BCC; (3) the applicant is a relative of the Mayor or any member of the BCC; or (4) the Mayor or any member of the BCC is an employee of the applicant. (See Section 2-454, Orange County Code.)

HOW ARE THE KEY RELEVANT TERMS DEFINED?

Applicant means, for purposes of a development-related project, the owner, and, if applicable, the contract purchaser or owner's authorized agent. *Applicant* means, for purposes of a procurement item, the bidder, offeror, quoter, respondent, and, if applicable, the authorized agent of the bidder, offeror, quoter, or respondent.

Business associate means any person or entity engaged in or carrying on a business enterprise with a public officer, public employee, or candidate as a partner, joint venture, corporate shareholder where the shares of such corporation are not listed on any national or regional stock exchange, or co-owner of property. In addition, the term includes any person or entity engaged in or carrying on a business enterprise, or otherwise engaging in common investment, with a public officer, public employee, or candidate as a partner, member, shareholder, owner, co-owner, joint venture partner, or other investor, whether directly or indirectly, whether through a Business Entity or through interlocking Parent Entities, Subsidiary Entities, or other business or investment scheme, structure, or venture of any nature. (See Section 112.312(4), Florida Statutes, and Section 2-452(b), Orange County Code.)

Attachment G

FAQs

Employee means any person who receives remuneration from an employer for the performance of any work or service while engaged in any employment under any appointment or contract for hire or apprenticeship, express or implied, oral or written, whether lawfully or unlawfully employed, and includes, but is not limited to, aliens and minors. (See Section 440.02(15), Florida Statutes.)

Relative means an individual who is related to a public officer or employee as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister, grandparent, great grandparent, grandchild, great grandchild, step grandparent, step great grandparent, step grandchild, step great grandchild, person who is engaged to be married to the public officer or employee or who otherwise holds himself or herself out as or is generally known as the person whom the public officer or employee intends to marry or with whom the public officer or employee intends to form a household, or any other natural person having the same legal residence as the public officer or employee. (See Section 112.312(21), Florida Statutes.)

DOES THE RELATIONSHIP DISCLOSURE FORM NEED TO BE UPDATED IF INFORMATION CHANGES?

Yes. It remains a continuing obligation of the applicant to update this form whenever any of the information provided on the initial form changes.

WHERE DO THE RELATIONSHIP DISCLOSURE FORM AND ANY SUBSEQUENT UPDATES NEED TO BE FILED?

For a development-related item, the Relationship Disclosure Form and any update need to be filed with the County Department or County Division where the applicant filed the application. For a procurement item, the Relationship Disclosure Form and any update need to be filed with the Procurement Division.

WHEN DO THE RELATIONSHIP DISCLOSURE FORM AND ANY UPDATES NEED TO BE FILED?

In most cases, the initial form needs to be filed when the applicant files the initial development-related project application or initial procurement-related forms. However, with respect to a procurement item, a response to a bid will not be deemed unresponsive if this form is not included in the initial packet submitted to the Procurement Division.

If changes are made after the initial filing, the final, cumulative Relationship Disclosure Form needs to be filed with the appropriate County Department or County Division processing the application not less than seven (7) days prior to the scheduled BCC agenda date so that it may be incorporated into the BCC agenda packet. When the matter is a discussion agenda item or is the subject of a public hearing, and an update has not been made at least 7 days prior to BCC meeting date or is not included in the BCC agenda packet, the applicant is obligated to verbally present such update to the BCC when the agenda item is heard or the public hearing is held. When the matter is a consent agenda item and an update has not been made at least 7 days prior to the BCC meeting or the update is not included in the BCC agenda packet, the item will be pulled from the consent agenda to be considered at a future meeting.

WHO WILL REVIEW THE INFORMATION DISCLOSED ON THE RELATIONSHIP DISCLOSURE FORM AND ANY UPDATES?

The information disclosed on this form and any updates will be a public record as defined by Chapter 119, Florida Statutes, and may therefore be inspected by any interested person. Also, the information will be made available to the Mayor and the BCC members. This form and any updates will accompany the information for the applicant's project or item.

However, for development-related items, if an applicant discloses the existence of one or more of the relationships described above and the matter would normally receive final consideration by the Concurrency Review Committee or the Development Review Committee, the matter will be directed to the BCC for final consideration and action following committee review.

CONCLUSION:

We hope you find this FAQ useful to your understanding of the Relationship Disclosure Form. Please be informed that if the event of a conflict or inconsistency between this FAQ and the requirements of the applicable ordinance or law governing relationship disclosures, the ordinance or law controls.

Also, please be informed that the County Attorney's Office is not permitted to render legal advice to an applicant or any other outside party. Accordingly, if the applicant or an outside party has any questions after reading this FAQ, he/she is encouraged to contact his/her own legal counsel.

E VERIFICATION CERTIFICATION

IFB NO. Y15-109-CH

NAME OF CONTRACTOR: Altair Environmental Group, LLC (referred to herein as "Contractor")

ADDRESS OF CONTRACTOR:

710 South Milwee St. Longwood, FL 32750

The undersigned does hereby certify that the above named contractor:

1. Is registered and is using the E-Verify system; or
2. Does not have any employees and does not intend to hire any new employees during the period of time that the contractor will be providing services under the contract and consequently is unable to register to use the E-Verify system; or
3. Employs individuals that were hired prior to the commencement of providing labor on the contract and does not intend to hire any new employees during the period of time that the contractor will be providing labor under the contract, and consequently is unable to use the E-Verify system.

The undersigned acknowledges the use of the E-Verify system for newly hired employees is an ongoing obligation for so long as the contractor provides labor under the contract and that the workforce eligibility of all newly hired employees will be properly verified using the E-Verify system.

In accordance with Section 837.06, Florida Statutes, Contractor acknowledges that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties shall be guilty of a misdemeanor in the second degree, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

AUTHORIZED SIGNATURE:

Melissa Brown

NAME:

MELISSA BROWN

TITLE:

Administration Supervisor

DATE:

8/21/14

ATTACHMENT H

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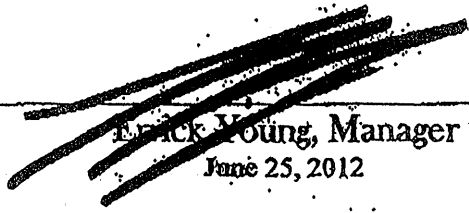
Orange County Business Development Division
P.O. Box 1393
Orlando, Florida 32802-1393
407-836-7317
businessdevelopment@ocfl.net

NICOLA TRANSPORT & EXCAVATING, INC.

Has Been Certified As A
MINORITY BUSINESS ENTERPRISE

Approved Lines Of Business:
TRUCKING, SITE WORK, DEMOLITION, AND EXCAVATING

This certificate is valid:
JUNE 2012 through JUNE 2014


Erick Young, Manager
June 25, 2012



CITY OF ORLANDO

MINORITY BUSINESS ENTERPRISE OFFICE

CITY HALL • 400 SOUTH ORANGE AVENUE • ORLANDO, FLORIDA 32801-3302
PHONE 246-2623 • FAX 246-2878 • <http://www.cityoforlando.net>

MINORITY/WOMEN BUSINESS CERTIFICATION Certified Line(s) of Business

EXPIRATION DATE: 1/31/2015

CERTIFICATION NUMBER: 20074739

CERTIFICATION TYPE: MBE

COMPANY NAME: Nicola Transport & Excavating, Inc
413 Tranquille Oaks Drive
Ocoee, FL 34761

OWNER NAME: Parsram Khublal

CERTIFIED LINE(S) OF BUSINESS/SPECIALTY AREA(S):

Trucking, Site Work, Demolition and Excavating

AGENT AUTHORIZATION FORM



FOR PROCUREMENTS IN ORANGE COUNTY, FLORIDA

AH Air Environmental Group
I/WE, (PRINT BIDDER, OFFEROR, QUOTER OR RESPONDENT NAME)

~~Don Layton/Project Designer~~ DO HEREBY AUTHORIZE TO ACT AS MY/OUR
AGENT (PRINT AGENT'S NAME), Don Layton, TO EXECUTE ANY
PETITIONS OR OTHER DOCUMENTS NECESSARY TO AFFECT THE CONTRACT APPROVAL PROCESS
MORE SPECIFICALLY DESCRIBED AS FOLLOWS, IFB NO. Y14- 1040-J2, ROADBASE, ASPHALT,
CURB, GUTTER AND MISCELLANEOUS CONCRETE REPAIRS, AND TO APPEAR ON MY/OUR
BEHALF BEFORE ANY ADMINISTRATIVE OR LEGISLATIVE BODY IN THE COUNTY CONSIDERING THIS
CONTRACT AND TO ACT IN ALL RESPECTS AS OUR AGENT IN MATTERS PERTAINING TO THIS
CONTRACT.

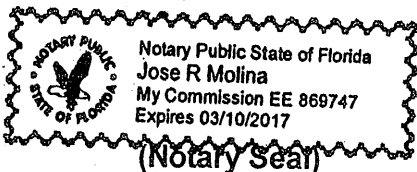
Date: 4/22/14

[Signature]
Signature of Bidder, Offeror, Quoter or Respondent

STATE OF Florida :
COUNTY OF Seminole :

I certify that the foregoing instrument was acknowledged before me this 22nd day of
April, 2014 by Donald Layton. He/she is personally known to me or has
produced _____ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the 22nd
day of April, in the year 2014.



[Signature]
Signature of Notary Public
Notary Public for the State of FL

My Commission Expires: 03/10/2017



CERTIFICATE OF LIABILITY INSURANCE

OP ID SP

DATE (MM/DD/YYYY)

06/25/13

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).

PRODUCER		CONTACT NAME:	
Corkhill Insurance Agency, LLC 20 South Bumby Avenue Orlando FL 32803 Phone: 407-898-8891 Fax: 407-898-8813		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #: ALTAI-1	
INSURED		INSURER(S) AFFORDING COVERAGE	
Altair Environmental Group, LLC Kevin Dalgarno 710 South Milwee Street Longwood FL 32750		INSURER A: Arch Specialty Insurance Co	NAIC #
		INSURER B: American Interstate Ins Co	24759
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			AGL001240-00	05/31/13	05/31/14	EACH OCCURRENCE		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 300,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 1,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
									\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		
	<input type="checkbox"/> ANY AUTO						\$		
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)		
	<input type="checkbox"/> SCHEDULED AUTOS						\$		
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident)		
	<input type="checkbox"/> NON-OWNED AUTOS						\$		
							PROPERTY DAMAGE (Per accident)		
	UMBRELLA LIAB						EACH OCCURRENCE		
	<input type="checkbox"/> OCCUR						\$		
	EXCESS LIAB						AGGREGATE		
	<input type="checkbox"/> CLAIMS-MADE						\$		
	DEDUCTIBLE						\$		
	RETENTION \$						\$		
							\$		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			AVWCFL2207872013	05/31/13	05/31/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS		
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					<input type="checkbox"/> OTHER		
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT	\$ 500000	
							E.L. DISEASE - EA EMPLOYEE	\$ 500000	
				E.L. DISEASE - POLICY LIMIT	\$ 500000				

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

CERTIFICATE HOLDER**CANCELLATION**

ORANCO8

Orange County Board of Commissioners
Purchasing & Contracts Div.
400 E South St. 2nd Flr
Orlando FL 32801

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

Anne M. Stevenson

©1988-2009 ACORD CORPORATION. All rights reserved.

Equipment List

ALL EQUIPMENT LISTED BELOW IS LOCALLY AVAILABLE AT APEC'S PREMISES IN ORLANDO

ALL EQUIPMENT LISTED BELOW IS OWNED BY APEC. OUR EXPERIENCE WITH ALL THE CLASSIFICATIONS OF EQUIPMENT LISTED BELOW BEGUN IN 1998 WHEN THE COMPANY WAS FORMED.

EXCAVATORS		
NAME	MODEL NUMBER	EXPERIENCE
Komatsu	A70859	6 Years
John Deere	JD 650 JLGP	3 Years
John Deere	790H-LC	10 Years

LOADERS		
NAME	MODEL NUMBER	EXPERIENCE
Komatsu	A45368	10 Years
Caterpillar 950	81J14229	4 Years
Kubota	LA272FL	3 Years

DOZERS		
NAME	MODEL NUMBER	EXPERIENCE
Komatsu D31P-20	47905	7 Years

MINI EXCAVATORS		
NAME	MODEL NUMBER	EXPERIENCE
Caterpillar Mini Excavator	CAT03025C4AZ06838	7 Years

TRACTORS		
NAME	MODEL NUMBER	EXPERIENCE
Kubota Tractor	B7510HST	4 Years
John Deere Backhoe	T0310B032635	8 Years
Broom Tractor	88799	9 Years

ROLLERS		
NAME	MODEL NUMBER	EXPERIENCE
Ham Smooth Drum Roller	38916	8 Years
Caterpillar Roller	2006 CB224E 22401565	9 Years

PAVERS		
NAME	MODEL NUMBER	EXPERIENCE
Leeboy Paver	1000F 47250	2 Years

TRUCKS		
NAME	VIN NUMBER	EXPERIENCE
Mack Dump Truck	1M2B12OC7JA061395	10 Years
International Dump Truck	1HTZPGRR6KH627614	10 Years
Ford Dump Truck	1FDKF37H9MNA58892	10 Years
Mack Truck	1M1AA12Y4VW086168	10 Years
Mack Truck	1M1AA12Y4VW086169	10 Years

SKIDSTEERS		
Bobcat Skidteer	517620026	10 Years
Bobcat Skidsteer	19017098	10 Years
Bobcat Skidsteer	512732530	10 Years
Bobcat Hoe Attachment	75000636	3 Years

MISCELLANEOUS		
NAME	MODEL NUMBER	EXPERIENCE
Woods Trailer	GHT52	8 Years
Beam Aligner with Laser	101511	7 Years
Kent Breaker HYD 120	KHB8GII5206	10 Years
Ingersol Rand Compressor 185 CEM	289394UF1221	10 Years
Diesel Generator	2208	10 Years
Trash Pump	25951	5 Years
Compressor	15828	7 Years
Pressure Washer 2500psi	21564	5 Years
Start Engine	2002 Service Pump 4" Diaphragm Start Engine	10 Years
Concrete Floor Grinder MDL EDCO/2-GC	23410	10 Years
Reversible Plaster Compactor MDL/ DYNAPC	32001746	5 Years
Dewalt Honda Generator	Dewalt Honda Generator	6 Years
Generator	GC053425874	5 Years
7500 WAT Electric Start Generator	TG7500RE	10 Years
Compressor	Dual Tank Compressor	10 Years
Pressure Washer	TPW2200	5 Years
Trash Pump	TTP300	10 Years
Target behind saw	327132	6 Years
2000 Moto Diesel Compression	ET11595	10 Years
Snapper Torque	303400744	3 Years
2000 OTC Lab Scope	11565	10 Years
2000 Rinch 2/4 Impact	55572	10 Years
2000 Prolink Plus	90526873	10 Years
Dual Tank Compressor	88851	10 Years
Industrial Trash Pump TPW 2200	88090	10 Years
Individual Pressure Trash Pump	88361	10 Years
Generator TG5500D	4011492	10 Years
2003 3" Trash Pump Wacker PT3A	5395236	10 Years
Generator	87896	10 Years

Due to APEC's 12 years in business, the company established great relationship with Rental Companies, including but not limited Discount Rentals, RSC equipment rental, Thompson Pumps, etc. APEC may rent some equipment from the rental companies based on its necessities.

4/14/14

Mr. Keith L. Milton
Purchasing & Contract Specialist
City of Tallahassee
Procurement Services/DMA

Re: IFB No. 0063-14-KM-BC CCTV Storm Drain Pipe Inspection

Dear Mr. Milton,

As per your request, Altair is pleased to provide you with a partial listing of references for the above referenced project:

- 1). Project Title: Pipe Desilt and Video
Contract #: E5T02 Duration: Start 11/13 till on-going
Agency: Florida Department of Transportation
Contact Reference: Mr. Trevor Williams 407-482-7820
- 2). Project Title: Storm Sewer Cleaning and CCTV Inspection
Contract #: CS-0503-12 Duration: Start 10/13 till on-going
Agency: City of Jacksonville
Contact Reference: Mr. Louis Lawrence 904-472-2859
- 3). Project Title: Clean and Televisive Storm Water Pipeline
Contract #: 13170 Duration: 3/14 Completed
Agency: City of Mt. Dora
Contact Reference: Mr. Paul Ritter 352-735-7151
- 4). Project Title: Clean and Televisive Pipelines
Contract #: 13083 Duration: 6/13 till 7/13
Agency: Miller Pipeline/City of Casselberry
Contact Reference: Mr. Dan Carson 407-937-8559(City of Casselberry)

Altair Environmental Group, L.L.C.

710 South Milwee Street • Longwood • Florida 32750-5150

Telephone: 407-339-7134 • Fax: 407-339-6618

E-Mail: admin@altairenvironmental.com Website: www.altairenvironmental.com



Utility System Services

Inspection • Evaluation • Maintenance • Rehabilitation

- 5). **Project Title: Clean, Televisive and Pipeline Rehabilitation**
Contract #: 13288/13302 Duration 1/14 till 2/14
Agency: Leland Management
Contact Reference: Mr. Bob Moody 352-307-0696

After your review of these references, please feel free to contact us if you require any further information. Altair looks forward to assisting the City of Tallahassee in the near future. Thank You.

Respectfully Submitted

Don Layton

Altair Environmental Group, L.L.C.

710 South Milwee Street • Longwood • Florida 32750-5150

Telephone: 407-339-7134 • Fax: 407-339-6618

E-Mail: admin@altairenvironmental.com Website: www.altairenvironmental.com



Utility System Services

Inspection • Evaluation • Maintenance • Rehabilitation

Projects Completed by Altair Environmental Group

Client	Contact	Phone Number	Project Name	Owner	Owner's Job Number	Description of Services	Year Completed
Ranger Construction Industries, Inc.	Jon Kukor	(407)656-9255	SR-25 (US-27) Clermont	FDOT	238424-1-52-01	Chemical Grout of Stormwater	Jan-2008
Hubbard Construction Comapny	Christian Moreira	(407)468-4196	US-192 Osceola County	FDOT	239673-1-52-01	Chemical Grout of Stormwater	Aug-2008
City of Ocoee	Ken Lengyel (Wastewater)	(407)905-3100 Ext. 4002	Various Locations	City of Ocoee	Various	Chemical Grout of Sanitary Sewer	2004 - Present
City of Ocoee	Catherine Buchanan (Stormwater)	(407)905-3170 Ext. 6004	Various Locations	City of Ocoee	Various	Chemical Grout of Stormwater	2004 - Present
TOHO Water Authority	Steve Cantrell	(407)709-2702	Various Locations	TOHO Water Authority	Various	Chemical Grout of Sanitary Sewer	1990 - Present

Altair Environmental Group, L.L.C.

710 South Milwee Street • Longwood • Florida 32750-5150

Telephone: 407-339-7134 • Fax: 407-339-6618

E-Mail: altairgroup@earthlink.net Website: www.altairenvironmental.com

PART 2 - SUBMITTALS

A. General:

1. CCTV contractors for pipe evaluation surveys shall submit a request for consideration to the MANUAL web site. If the submittal is acceptable, the STANDARDS COMMITTEE will evaluate the product. Samples of pipe evaluations may be requested for testing or field evaluation. Following review of the submittal, the STANDARDS COMMITTEE may request a presentation by the CCTV Contractor to demonstrate the product or provide additional information. Procedures for testing or evaluation in the field shall be as agreed upon between the CONTRACTOR and the STANDARDS COMMITTEE. Results will become a part of the product file and will be made available to the CONTRACTOR upon request.
2. If an issue arises regarding an accepted product to not meet the UTILITIES' requirements, the STANDARDS COMMITTEE may rescind approval.

B. Submittal Requirements:

1. PACP staff certifications; José R. Molina (U-406-3059)
2. Work Zone Traffic Safety employee certification; Randall A. Miller (BT-05-0078)
3. Verifiable references of past experience performing a minimum of 500,000 feet of closed circuit televising. References (municipal or public users) shall include user's name, address and telephone number, number of feet televised and name and telephone number of a contact person having knowledge of the particular usage;

Client	Address	Phone Number	Feet Televised	Contact	
				Name	Phone Number
City of Sarasota	1750 12th Street Sarasota, FL 34236	(941)365-2200	53,200'	Alex Fernandez	(941)650-6974
Utilities Inc. of Florida	200 Weathersfield Ave. Altamonte Springs, FL 32714	(407)869-1919	250,000'	Tony Wierzbicki	Ext. 242
Hometown America Communities	14205 E Colonial Dr. Orlando, FL 32826	(407)341-0053	360,000'	Robert Munro	(407)341-0053
Space Gateway Support	P.O. Box 21237; M/C SGS-320 Kennedy Space Center, FL 32815-0237	(321)867-8170	30,540'	Russ Carson	(321)867-8170
PBS & J	101 Arthur Andersen Blvd. Suite 260 Sarasota, FL 34232	(941)378-0272	26,600'	Peter Putman	(941)954-4036
City of Sanford	412 W 14th Street Sanford, FL 32771	(407)688-5090	39,900'	Rudy Encarnación	(407)688-5090
CPH Engineers / Orange County	1117 E Robinson St. Orlando, FL 32801	(407)425-0452	18,600'	David Mahler	(407)425-0452
Malcolm Pirnie / Orange County	2301 Maitland Center Pkwy. Suite 244 Maitland, FL 32751	(407)660-1133	30,200'	Laura Strach	(407)659-5563
Total			809,040'		

5. Project Name Stormwater Rehab by Chemical Grout
Owner Spruce Creek Golf + Country Club
Contact Mr. Bob Moody
Address 13601 Del Webb Blvd.
Summerfield Fl. 34491
Telephone Number 352-307-0696
Original Contract \$ 25,695.00
Change Orders \$ —
Final Contract \$ 25,695.00
Completed on Schedule? Yes Date: 6/10/10
Project Description Stormwater Pipe/Catch Basin
Rehab by Chemical Grout Injection

6. Project Name Sanitary/Stormwater Pipe Rehab
Owner Village of Westmere/Ocoee
Contact Pat Pirsley @ WHW Construction, Inc.
Address 24234 SR 46
Sorrento, Fl. 32756
Telephone Number 352-383-7305
Original Contract \$ 45,050.00
Change Orders \$ —
Final Contract \$ 45,050.00
Completed on Schedule? Yes Date: 6/22/10
Project Description Sanitary/Storm Rehab by
Chemical Grout Injection

3. Project Name Stormwater Rehabilitation
Owner City of Ormond Beach
Contact Alex Blake
Address Engineering/City Hall
22 S. Beach St., Ormond Bch, Fl. 32174
Telephone Number 386-676-3306
Original Contract \$ 24,375.00
Change Orders \$ —
Final Contract \$ 24,375.00
Completed on Schedule? yes Date: 4/30/10

Project Description Stormwater Pipeline Rehabilitation
by Chemical GROUT Injection

4. Project Name Rehab of 72" RCP by Integral Seals
Owner FDOT
Contact Mike Davis 249-4262
Address Oviedo Maintenance
2400 Camp Road Oviedo, Fl. 32765
Telephone Number 407-249-4262
Original Contract \$ 13,590.00
Change Orders \$ —
Final Contract \$ 13,590.00
Completed on Schedule? yes Date: 6/29/10

Project Description Install 72" Integral Seals
SR 436 @ ALOMA



Utility Systems Services

References

Company Name	Contact	Address	Phone	Fax	Years Relationship	Project Start Dates	Contract Value	Description of
City of Sarasota	Alex Fernandez	1750 12th Street Sarasota, FL 34236	(941)650-6974	(941)365-4840	12	March 2010	\$120,000.00	Clean / TV, Rehabilitatio
Utilities Inc. of Florida	Tony Wierzbicki	200 Weathersfield Ave. Altamonte Springs, FL 32714	(407)869-1919	(407)869-4416	4	2009	\$20,000.00	Rehabilitatio
Hometown America Communities	Robert Munro	14205 East Colonial Dr. Orlando, FL 32826	(407)341-0053	(312)205-1396	20	2010	\$320,000.00	Clean / TV, Rehabilitatio
CPH Engineers	David Mahler	1117 East Robinson Street Orlando, FL 32801	(407)425-0452	(407)648-1036	10	2010	\$480,000.00	Clean / TV

SECTION 5 - ATTACHMENTS

ITB Number: 13-0607

ATTACHMENT 1 - WORK REFERENCES (Complete and submit with bid)

Agency	Florida Department of Transportation
Address	133 S. Semoran Blvd
City, State, ZIP	Orlando, FL 32807
Contact Person	Mr. Jeff Oakes
Telephone	407-482-7835
Date(s) of Service	2013
Type of Service	Cleaning and Televising Storm Pipelines
Comments:	12" to 98" Diameters

Agency	City of Mt. Dora
Address	1250 Highland Street
City, State, ZIP	Mt. Dora, Florida 32757
Contact Person	Mr. Paul Ritter
Telephone	352-735-7151 #1821
Date(s) of Service	2013
Type of Service	Cleaning of Water Quality Structures
Comments:	

Agency	Weland Management
Address	13601 Del Webb Blvd, Summerfield, FL 34491
City, State, ZIP	Summerfield FL 34491
Contact Person	Mr. Bob Moody
Telephone	352-307-0696
Date(s) of Service	2013
Type of Service	Clean/Televis/Rehab of Storm Pipelines
Comments:	12" to 60" Diameters

Experience in Drainage Repair
This Form is for Bidder's to list their work experience.

850-070-05
 MAINTENANCE - 05/11

Altair Environmental Group

E5T07

F 68-0509371

Bidder's Name (please print Company name)

Contract ID

Bidder's FEID Number

Experience in Drainage Repair is required to bid on this project as defined below.

1) For this Contract the Contractor is required to have at least three (3) years of experience in the performance of Drainage Repair, or the Project Superintendent must have at least three (3) years of like experience as a Superintendent. This Form must be filled out and submitted with the bid to the District Contract Administrator. This form must be signed by the Owner or an Officer of the Company and dated in the space provided on the back (page 2) of this form.

2) A Contractor that presently has a certificate of prequalification with the Department in " Drainage" will suffice to meet the above requirements. If the Contractor is prequalified as stated, mark an "X" in this space () and sign and date below.

LIST COMPANY EXPERIENCE

Project Name/Number	Project Location (City, State)	Type of Drainage Repair Work Performed	Owner/Contact Name Contact Phone Number	Prime or Sub	Beginning Mo / Year	Contract Duration
Pipe Joint Sealing / E5Q52	Orange County, Florida	Storm Pipe Rehabilitation 0-66"	FDOT / Wilkes Kemp (407) 482-7800	Sub	08/2013	90 Days
Pipe Lining, Repair & Replacement / E5Q31	Orange & Osceola Counties, Florida	- Pipe Liner 0"-48" - Seal Pipe Joint 0-48" - Pipe Replacement	FDOT / Jeff Oakes (407) 482-7835	Prime	08/2012	100 Days
1-75 South of Colonial Blvd. / E1H76	Ft. Myers, Florida	66" Pipe Joint Repair	FDOT / Crystal Gorman crystal.gorman@dot.state.fl.us	Sub	07/2011	30 Days
1-75 & 1-275 / T7202 (FDOT Owner)	Tampa, Florida	Storm Pipe Repairs & Rehabilitation	SEMA Construction / Don Bernhott (321) 251-0558	Sub	03/2012	30 Days
CR-818 Griffin Rd. (FDOT)	Broward County, Florida	Stormwater Pipe Rehabilitation	Community Asphalt / Manuel Aguilar (305) 829-0700	Sub	04/2009	120 Days
72" Storm Rehabilitation (SR-436) / D01937117	Winter Park, Florida	72" Storm Pipe Rehabilitation	FDOT / Mike Danos (407) 249-4262	Prime	06/2010	61 Days
SR-50 & Econ Trail Storm Pipe Rehab (FDOT)	Orlando, Florida	29"x45" ERCP Storm Pipe Rehabilitation	Prime Construction / Robert Pawlick (407) 737-6741	Sub	03/2011	30 Days
Spruce Creek Stormwater Rehabilitation	Summerfield, Florida	Various Size Storm Pipeline Rehabilitation	Spruce Creek / Bob Moody (352) 307-0696	Prime	02/2010	34 Days
Stormwater Pipeline Repairs (*Since 2003)	Various Location throughout Florida	Storm Pipeline Rehabilitation	Equity Lifestyle Properties / Robert Munro (407) 341-0053	Prime	02/2010	365 Days

Altair Environmental Group, Inc

710 S. Milwee St.

Longwood, Fl 32750

Office (407) 339-7134 Fax (407)339-6618

August 20, 2014

Orange County Government
Purchasing and Contracts Division
P.O. Box 1393
Orlando, FL 32802-1393

Attn. Carol Hewitt, Senior Contract Administrator

Re. Contract Y15-109-CH - Traffic Calming Program

This letter serves as notification that all work and equipment performed/supplied on the above referenced project by Altair Environmental Group, Inc. will be asbestos free.

Sincerely yours,

Donald Layton
Project Development

State of Florida
County of Orange

The foregoing instrument was acknowledged before me this 20th day of August, 2014, by Donald Latyon, who is personally known to me or who produced _____ as identification.

Signature

Print Name : Jose Molina
Notary Public in and for the
County and State aforementioned

My commission expires: March 10, 2017

Altair Environmental Group, LLC Management Plan

Project - IFB-Y14-1040-J2

Altair Environmental Group has been providing quality Trenchless Technology Services throughout the State Of Florida since 1980 and leading the industry in the provision of *Flow Reduction Solutions*, and rehabilitation of storm & wastewater collection systems.

From large municipalities to small community collection systems, Altair applies its in-depth knowledge and understanding of client needs to provide practical and cost effective solutions for the repair and maintenance of storm & wastewater collection systems.

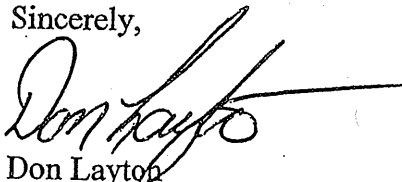
Altair operates a fleet of modern trucks fitted with the latest technology and capable of providing solutions to system inflow and repair problems. Backed by experienced field technicians who work with our clients to analyze and solve system problems or deficiencies. Altair has the experience and quality of service to get the job done right.

Altair provides maintenance programs for Roding Base, Asphalt and Concrete Work, Storm & Wastewater Collection Systems to assist with environmental compliance, which are designed to provide our clients with substantial savings in effluent discharge costs, system repairs or regulatory fines. Altair also provides Storm & wastewater system studies and analysis services are also available, which include pipeline cleaning, video inspection and detailed reporting on system manholes, pipelines and laterals.

Altair has multiple trained and disciplined field technicians and subcontractors available to perform multiple projects for Orange County at any given time, for the project mentioned above.

With a reputation for excellence and quality of service, we are capable of handling the complete job, large or small and flexible to perform specific projects by working in partnership with our clients.

Sincerely,



Don Layton
Project Coordinator



CERTIFICATE OF LIABILITY INSURANCE

OP ID SP

DATE (MM/DD/YYYY)

06/25/13

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).

PRODUCER		CONTACT NAME:	
Corkhill Insurance Agency, LLC 20 South Bumby Avenue Orlando FL 32803 Phone: 407-898-8891 Fax: 407-898-8813		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #: ALTAI-1	
INSURED		INSURER(S) AFFORDING COVERAGE	
Altair Environmental Group, LLC Kevin Dalgarno 710 South Milwee Street Longwood FL 32750		INSURER A: Arch Specialty Insurance Co	NAIC #
		INSURER B: American Interstate Ins Co	24759
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			AGL001240-00	05/31/13	05/31/14	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)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input 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 type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> OCCUR							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			AVWCFL2207872013	05/31/13	05/31/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$ 500000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE	\$ 500000
							E.L. DISEASE - POLICY LIMIT	\$ 500000

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

CERTIFICATE HOLDER**CANCELLATION**

ORANCOB

Orange County Board of Commissioners
Purchasing & Contracts Div.
400 E South St. 2nd Flr
Orlando FL 32801

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

© 1988-2009 ACORD CORPORATION. All rights reserved.

Altair Environmental

**Manufacturer
Qualification**

CERTIFIED INSTALLER

This certificate is presented to

ALTAIR ENVIRONMENTAL GROUP LLC

**AS A CERTIFIED INSTALLER OF THE FOLLOWING
PRODUCT**

Stamped Asphalt

This 1th Day of August 2014

Gerry Oliver



**MAINTENANCE OF TRAFFIC
ADVANCED LEVEL TRAINING COURSE**

This is to certify that

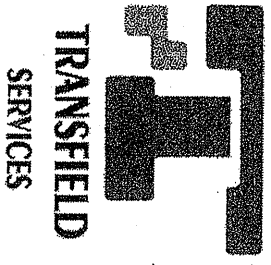
Anthony Crosby

August 30, 2013

has satisfactorily completed the
**MAINTENANCE OF TRAFFIC
ADVANCED LEVEL TRAINING COURSE**



Dean Peterson
Provider: Transfield Service North America
Provider ID 132



MAINTENANCE OF TRAFFIC
ADVANCED LEVEL TRAINING COURSE

This is to certify that

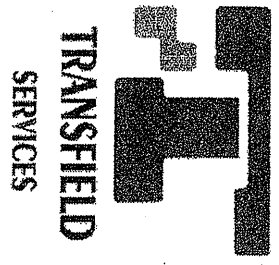
Edward Garvey

August 30, 2013

has satisfactorily completed the
MAINTENANCE OF TRAFFIC
ADVANCED LEVEL TRAINING COURSE



Dean Peterson
Provider: Transfield Service North America
Provider ID 132



**MAINTENANCE OF TRAFFIC
ADVANCED LEVEL TRAINING COURSE**

This is to certify that

William Kirk

August 30, 2013

has satisfactorily completed the
**MAINTENANCE OF TRAFFIC
ADVANCED LEVEL TRAINING COURSE**



Dean Peterson
Provider: Transfield Service North America
Provider ID 132



**MAINTENANCE OF TRAFFIC
ADVANCED LEVEL TRAINING COURSE**

This is to certify that

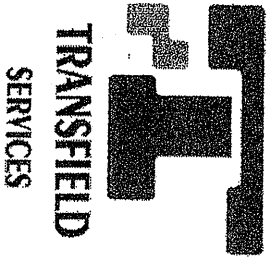
Donald Layton

August 30, 2013

has satisfactorily completed the
**MAINTENANCE OF TRAFFIC
ADVANCED LEVEL TRAINING COURSE**



Dean Peterson
Provider: Transfield Service North America
Provider ID 132



**MAINTENANCE OF TRAFFIC
ADVANCED LEVEL TRAINING COURSE**

This is to certify that

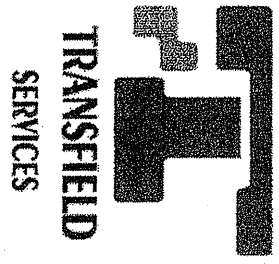
Randall Miller

August 30, 2013

has satisfactorily completed the
**MAINTENANCE OF TRAFFIC
ADVANCED LEVEL TRAINING COURSE**



Dean Peterson
Provider: Transfield Service North America
Provider ID 132



**MAINTENANCE OF TRAFFIC
ADVANCED LEVEL TRAINING COURSE**

This is to certify that

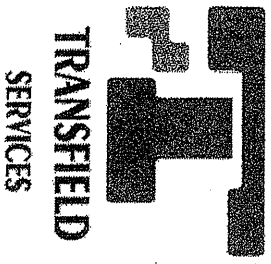
Lorenzo Reaves

August 30, 2013

has satisfactorily completed the
**MAINTENANCE OF TRAFFIC
ADVANCED LEVEL TRAINING COURSE**



Dean Peterson
Provider: Transfield Service North America
Provider ID 132



BID BOND

BOND NUMBER N/A

STATE OF FLORIDA)
SS
COUNTY OF ORANGE)

Executed in 1 Counterpart

KNOW ALL MEN BY THESE PRESENTS, that we, Altair Environmental Group, LLC, as Principal, and United Fire & Casualty Company, as Surety, are held firmly bound unto Orange County, Florida, in the penal sum of: \$ Ten Percent of Amount of Bid -----10%----- Dollars (Ten percent {10%} of base bid if no

amount entered)
(Total Sum Written in Words)

lawful money of the United States, for the payment of which sum well and truly to be made, we bound ourselves, our heirs, executors, administrators and successors, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the Principal has submitted the attached Bid, dated the 26th day of August, 2014, for a Contract entitled:

Traffic Calming Program, IFB Y15-109-CH

NOW THEREFORE, if the Principal shall withdraw said Bid prior to the date of opening the same, or shall within ten (10) days after the prescribed forms are presented to him for signature, enter in a written Contract with Orange County, Florida, in accordance with the Bid as accepted, and give a Performance Bond and a Payment Bond with good and sufficient Surety or sureties as may be required, for the faithful performance and proper fulfillment of such Contract and for prompt payment of all persons furnishing labor or materials in connection therewith, or in the event of the failure to enter into such Contract and give such Bonds within the time specified, if the Principal shall pay the County the difference between the amount specified in said Bid and the amount for which the County may procure the required work and/or supplies, provided the latter amount to be in excess of the former, then the above obligations shall be void and of no effect; otherwise to remain in full force and virtue.

IN WITNESS WHEREOF, the above written parties have executed this instrument under their several seals this the 26th day of August, 2014, the name and corporate seal of each corporate party being affixed and these presents duly signed by its undersigned, pursuant to authority of its governing body.

CONTRACTOR-PRINCIPAL:

Altair Environmental Group, LLC

NAME OF BUSINESS ENTITY

[Signature]
SIGNATURE

(SEAL)

Don Gordon Project Development
TYPE NAME AND TITLE

710 S. Millwee St.

Longwood, FL 32750

BUSINESS ADDRESS

(407) 339-7134

TELEPHONE

Rev:5/18/04 EXHIBIT 1

SURETY:

United Fire & Casualty Company

NAME OF SURETY

[Signature]
SIGNATURE: SURETY AGENT

(SEAL)* Leslie M. Donahue

Attorney-in-Fact and FL Licensed Resident Agent

TYPE NAME AND TITLE

PO Box 73909

Cedar Rapids, IA 52407-3909

BUSINESS ADDRESS

(319) 399-5700

TELEPHONE

NAIC NUMBER: 13021

* Florida Surety Bonds, Inc.
620 N. Wymore Road, Suite 200
Maitland, FL 32751
(407) 786-7770

Licensed Florida Insurance Agent? Yes X No _____

License

Number: D038384

STATE OF Florida)

COUNTY OF Orange) SS

CITY OF Maitland)

Before me, a Notary Public duly commissioned, qualified and acting personally, appeared:

Leslie M. Donahue

to me well known, who being by me first duly sworn upon oath says that he is Attorney-in-Fact for

United Fire & Casualty Company

as Surety, and that he has been authorized by said Surety to execute the foregoing Bid Bond on behalf of the Principal (Contractor) named therein in favor of the owner.

Subscribed and sworn to before me this the 26th day of August , 20 14

Lisa Roseland
Notary Public

Lisa Roseland
(Print, Type or Stamp Commissioned Name of Notary Public)



Personally Known X or Produced Identification N/A

Type of Identification: N/A

In accordance with Part C, Section 19 and Part F Article 8 of the Invitation for Bids, if applicable, list the Lead Surety.

N/A
LEAD SURETY

N/A
AGENT FOR SURETY

Signature

BY: _____ AGENCY ADDRESS: N/A

SURETY ADDRESS: N/A

PHONE N/A



UNITED FIRE & CASUALTY COMPANY, CEDAR RAPIDS, IA
 UNITED FIRE & INDEMNITY COMPANY, GALVESTON, TX
 FINANCIAL PACIFIC INSURANCE COMPANY, ROCKLIN, CA
 CERTIFIED COPY OF POWER OF ATTORNEY

Inquiries: Surety Department
 118 Second Ave SE
 Cedar Rapids, IA 52401

(original on file at Home Office of Company - See Certification)

KNOW ALL PERSONS BY THESE PRESENTS, That UNITED FIRE & CASUALTY COMPANY, a corporation duly organized and existing under the laws of the State of Iowa; UNITED FIRE & INDEMNITY COMPANY, a corporation duly organized and existing under the laws of the State of Texas; and FINANCIAL PACIFIC INSURANCE COMPANY, a corporation duly organized and existing under the laws of the State of California (herein collectively called the Companies) and having their corporate headquarters in Cedar Rapids, State of Iowa, does make, constitute and appoint LESLIE M DONAHUE, OR KIM E NIV, OR JEFFREY W REICH, OR SUSAN L REICH, OR TERESA L DURHAM, OR PATRICIA L SLAUGHTER, OR GLORIA A RICHARDS, OR DON BRAMLAGE, OR LISA ROSELAND, OR CHERYL FOLEY, ALL INDIVIDUALLY OF MAITLAND FL

their true and lawful Attorney(s)-in-Fact with power and authority hereby conferred to sign, seal and execute in its behalf all lawful bonds, undertakings and other obligatory instruments of similar nature provided that no single obligation shall exceed \$35,000,000.00 and to bind the Companies thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Companies and all of the acts of said Attorney, pursuant to the authority hereby given and hereby ratified and confirmed.

The Authority hereby granted is continuous and shall remain in full force and effect until revoked by UNITED FIRE & CASUALTY COMPANY, UNITED FIRE & INDEMNITY COMPANY, AND FINANCIAL PACIFIC INSURANCE COMPANY.

This Power of Attorney is made and executed pursuant to and by authority of the following bylaw duly adopted on May 15, 2013, by the Boards of Directors of UNITED FIRE & CASUALTY COMPANY, UNITED FIRE & INDEMNITY COMPANY, and FINANCIAL PACIFIC INSURANCE COMPANY.

"Article VI - Surety Bonds and Undertakings"

Section 2. Appointment of Attorney-in-Fact. "The President or any Vice President, or any other officer of the Companies may, from time to time, appoint by written certificates attorneys-in-fact to act in behalf of the Companies in the execution of policies of insurance, bonds, undertakings and other obligatory instruments of like nature. The signature of any officer authorized hereby, and the Corporate seal, may be affixed by facsimile to any power of attorney or special power of attorney or certification of either authorized hereby; such signature and seal, when so used, being adopted by the Companies as the original signature of such officer and the original seal of the Companies, to be valid and binding upon the Companies with the same force and effect as though manually affixed. Such attorneys-in-fact, subject to the limitations set forth in their respective certificates of authority shall have full power to bind the Companies by their signature and execution of any such instruments and to attach the seal of the Companies thereto. The President or any Vice President, the Board of Directors or any other officer of the Companies may at any time revoke all power and authority previously given to any attorney-in-fact.

IN WITNESS WHEREOF, the COMPANIES have each caused these presents to be signed by its vice president and its corporate seal to be hereto affixed this 11th day of October, 2013

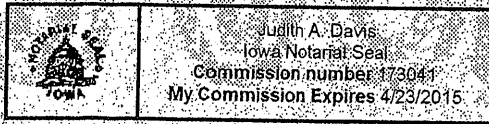
UNITED FIRE & CASUALTY COMPANY
 UNITED FIRE & INDEMNITY COMPANY
 FINANCIAL PACIFIC INSURANCE COMPANY

By: *Dennis J. Richmann* Vice President

State of Iowa, County of Linn, ss:

On 11th day of October, 2013, before me personally came Dennis J. Richmann

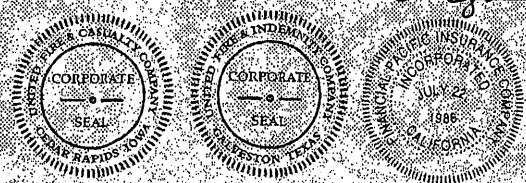
to me known, who being by me duly sworn, did depose and say, that he resides in Cedar Rapids, State of Iowa; that he is a Vice President of UNITED FIRE & CASUALTY COMPANY, a Vice President of UNITED FIRE & INDEMNITY COMPANY, and a Vice President of FINANCIAL PACIFIC INSURANCE COMPANY the corporations described in and which executed the above instrument, that he knows the seal of said corporations; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporations and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporations.



Judith A. Davis Notary Public
 My commission expires: 4/23/2015

I, David A. Lange, Secretary of UNITED FIRE & CASUALTY COMPANY and Assistant Secretary of UNITED FIRE & INDEMNITY COMPANY, and Assistant Secretary of FINANCIAL PACIFIC INSURANCE COMPANY, do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Section of the bylaws and resolutions of said Corporations as set forth in said Power of Attorney, with the ORIGINALS ON FILE IN THE HOME OFFICE OF SAID CORPORATIONS, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

In testimony whereof I have hereunto subscribed my name and affixed the corporate seal of the said Corporations this 10th day of August, 2014



By: *David A. Lange*
 Secretary, UF&C
 Assistant Secretary, UF&I/FPIC