

BID PROPOSAL FORM BID NO. 2026-001

**BID TO: CITY COMMISSION
CITY OF MARGATE**

1. The undersigned bidder proposes and agrees, if this bid is accepted, to enter into an Agreement with the City in the form included in the Contract Documents to perform the Work as specified or indicated in said Contract Documents entitled:

CANAL EMBANKMENTS AND STORMWATER INFRASTRUCTURE IMPROVEMENTS

2. Bidder accepts all of the terms and conditions of the Contract Documents, including without limitation those in the Notice Inviting Bids and Instructions to Bidders, dealing with the disposition of the Bid Security.

3. The bid will remain open for the period stated in the Notice Inviting Bids unless otherwise required by law. Bidder will enter into an Agreement within the time and in the manner required in the Notice Inviting Bids and the Instructions to Bidders, and will furnish the insurance certificates, payment bond, and performance bond required by the Contract Documents.

4. It is the Contractor's responsibility to contact the City at (954) 935-5346 prior to the bid opening to determine if any addenda have been issued on the project. Bidder has examined copies of all the Contract Documents including the following addenda (receipt of all of which is acknowledged):

Nu nber 1 Date 11-26-2025
2 12-3-2025

5. Bidder has familiarized himself with the nature and extent of the Contract Documents, Work, site, locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations), and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Bidder deems necessary.

6. This bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm, or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization, or corporation. Bidder has not directly or indirectly induced or solicited any other bidder to submit a false or sham bid. Bidder has not solicited or induced any person, firm or corporation to refrain from bidding and bidder has not sought by collusion to obtain for itself any advantage over any other bidder or over the City.

To all the foregoing, and including all Bid Schedule(s) and Information Required of Bidder contained in this Bid Form, said bidder further agrees to complete the Work required under the Contract Documents within the Contract Time stipulated in said Contract Documents, and to accept in full payment thereof the Contract Price based on the Total Bid Price(s) named in the aforementioned Bidding Schedule(s).

NAME OF FIRM: EMC Divers, Inc.

ADDRESS: 1248 Turnbull Bay Rd. New Smyrna Beach, FL 32168

NAME OF SIGNER Jeff Landers
(Print or Type)

TITLE OF SIGNER President

SIGNATURE:  DATE: 11-28-2025

TELEPHONE NO: 5613395304 FACSIMILE NO: 386-402-3396

EMAIL: jeff@emcdivers.com & service@emcdivers.com

SCHEDULE OF BID PRICES – BID NO. 2026-001

TO: CITY COMMISSION

CITY OF MARGATE

(Please fill in all blanks and return with your proposal.)

In accordance with your request for proposals and the specifications contained herein, the undersigned proposes the following:

BIDDER AGREES TO PERFORM ALL THE WORK DESCRIBED IN THE CONTRACT DOCUMENTS FOR THE FOLLOWING UNIT PRICES OR LUMP SUMS. BIDS SHALL INCLUDE SALES TAX AND ALL OTHER APPLICABLE TAXES AND BIDDER UNDERSTANDS THAT THE EXTENDED TOTAL FOR EACH AND EVERY ITEM IS THE RESULT OF MULTIPLYING THE QUANTITY TIMES THE UNIT COST STATED IN FIGURES. ANY DISCREPANCY BETWEEN THE UNIT AND TOTAL, THE UNIT PREVAILS.

	Item	UOM	Unit Price
1	Furnish and Install Bank Stabilization Erosion Barrier Bag – Base Layer with Clean Dredged Sand Fill Material (with no divers)	LF	\$45.00
2	Furnish and Install Bank Stabilization Erosion Barrier Bag – Each Additional Layer with Clean Dredged Sand Fill Material (with no divers)	LF	\$42.00
3	Furnish and Install Bank Stabilization Erosion Barrier Bag – Top Overlay Layer with Clean Sand Material Fill (NO Dredged Material)	LF	\$42.00
4	Furnish and Install Bank Stabilization Erosion Barrier Bag – Base Layer with Imported Clean Sand Material Fill	LF	\$45.00
5	Furnish and Install Bank Stabilization Erosion Barrier Bag – Each Additional Layer with Imported Clean Sand Material Fill	LF	\$42.00
6	Furnish and Install 4-inch SCH 80 PVC Conduit (irrigation)	LF	\$20.00
7	Furnish and Install St. Augustine Sod (includes watering)	SY	\$20.00
8	Remove Existing Minor Trees (3.0" to 5.0" diameter trunk) – cut just above the roots	EA	\$200.00
9	Remove Existing Major Trees (5.1" to 8" diameter trunk) - cut just above the roots	EA	\$300.00
10	City Requested Removal and Replacement of Existing Hedges	LF	\$50.00
11	Demolish and Remove Existing Wooden Docks	SY	\$200.00
12	勞工小時率 for Ancillary and Unspecified Work (5% mark-up on materials)	HR	\$125.00

ALL BIDS MUST BE SIGNED WITH THE VENDOR NAME AND BY AN OFFICER OR EMPLOYEE HAVING THE AUTHORITY TO BIND THE COMPANY OR FIRM BY SIGNATURE.

SAFETY DATA SHEETS ENCLOSED? YES NO

SPECIFICATION SHEETS/BROCHURES? YES NO

HAVE YOUR INSURANCE REPRESENTATIVE REVIEW THE SAMPLE INSURANCE CERTIFICATE TO ENSURE COMPLIANCE.

WILL YOUR FIRM ACCEPT PAYMENT VIA A CITY OF MARGATE VISA CREDIT CARD? PLEASE CHECK ONE YES NO

BIDDER'S GENERAL INFORMATION:

The bidder shall furnish the following information. Additional sheets shall be attached as required. Failure to complete Item Nos. 1, 3, and 7 (if required) will cause the bid to be non-responsive and may cause its rejection. In any event, no award will be made until all of the Bidder's General Information (i.e., items 1 through 7 inclusive) is delivered to the City.

(1) CONTRACTOR'S name and address:

EMC Divers, Inc.

1248 Turnbull Bay Rd. New Smyrna Beach FL 32168

(2) CONTRACTOR'S telephone number: O: 386-402-8756 / C: 561-339-5304

(3) CONTRACTOR'S license: Primary classification: Certified General Contractor

State License Number: CGC1517529

Supplemental classifications held, if any: _____

Name of Licensee, if different from (1) above: _____

(4) Name of person who inspected site of proposed Work for your firm:

Name: Jeff Landers Date of Inspection: 11-18-2025

(5) Name, address, and telephone number of Surety Company and agent who will provide the required bonds on this contract (if required): _____

All Star Surety, Jason Centrella - 904-230-1324

232 Canal Blvd. Suite #4 Ponte Vedre Beach, FL 32082

(6) ATTACH TO THIS BID the experience resume of the person who will be designated as Supervisor for this project.

(7) ATTACH TO THIS BID, a financial statement (**If Required**), references, and other information, sufficiently comprehensive to permit an appraisal of CONTRACTOR'S current financial condition.

Please see references as listed in the reference portion of bid document

(8) Subcontractors: The Bidder further proposes that as part of their submittal there is attached a list of subcontracting firms or businesses who will be awarded subcontracts for portions of the work in the event the bidder is awarded the Contract.

Sod Installation - Meyers Sod / or other based on availability

(9) Is your firm a certified minority/small/women's business entity? If yes, please provide documentation.

NO

PERFORMANCE BOND

KNOW ALL MEN BY THESE PRESENTS:

That we, _____ as Contractor and _____ as Surety, are held and firmly bound unto the **CITY OF MARGATE, FLORIDA** hereinafter called City in the sum of (\$_____) dollars, lawful money of the United States, for the payment of which well and truly to be made, we bind ourselves, our heirs, executors, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, said Contractor has been awarded and is about to enter into the annexed Agreement with said City to perform the Work as specified or indicated in the Bid Documents entitled:

NOW, THEREFORE, if the said Contractor shall fully and faithfully perform all the requirements of said Bid Documents required to be performed on its part, at the times and in the manner specified herein, inclusive of the one year maintenance period if necessary, then this obligation shall be null and void, otherwise it shall remain in full force and effect.

PROVIDED, that any alterations in the Work to be done or the materials to be furnished, or changes in the time of completion, which may be made pursuant to the terms of said Bid Documents, shall not in any way release said Contractor or said Surety thereunder, nor shall any extensions of time granted under the provisions of said Bid Documents, release either said Contractor or said Surety, and notice of such alterations or extensions of the Agreement is hereby waived by said Surety.

SIGNED and SEALED, this _____ day of _____, 20__.

(CONTRACTOR)

(SURETY)

BY: _____

(SIGNATURE) BY: _____
(SIGNATURE)

STATE OF FLORIDA, COUNTY OF BROWARD:

BEFORE ME PERSONALLY APPEARED THE ABOVE, KNOWN TO ME TO BE THE PERSONS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO AND BEFORE BY MEANS OF ____ PHYSICAL PRESENCE OR ____ ONLINE NOTARIZATION ME THAT THEY EXECUTED SAID INSTRUMENT FOR THE PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL, THIS _____ DAY OF _____, 20__.

NOTARY PUBLIC: _____

PAYMENT BOND

KNOW ALL MEN BY THESE PRESENTS:

That we _____ as Contractor and _____ as Surety, are held and firmly bound unto the **CITY OF MARGATE, FLORIDA**, hereinafter called City, in the sum of (\$_____) dollars, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, said Contractor has been awarded and is about to enter into the annexed Agreement with said City to perform the Work as specified or indicated in the Contract Documents entitled:

NOW THEREFORE, if said Contractor, or subcontractor, fails to pay for any materials, equipment, or other supplies, or for rental of same, used in connection with the performance of work contracted to be done, or for amounts due under applicable State law for any work or labor thereon, said Surety will pay for the same in an amount not exceeding the sum specified above, and, in the event suit is brought upon this bond, a reasonable attorney's fee to be fixed by the court. This bond shall inure to the benefit of any persons, companies, or corporations entitled to file claims under applicable State law.

PROVIDED, that any alterations in the Work to be done or the materials to be furnished, or changes in the time of completion, which may be made pursuant to the terms of said Contract Documents, shall not in any way release said Contractor or said Surety thereunder, nor shall any extensions of time granted under the provisions of said Contract Documents release either said Contractor or said Surety, and notice of such alterations or extensions of the Agreement is hereby waived by said Surety.

SIGNED and **SEALED**, this _____ day of _____, 20____.

(CONTRACTOR)

(SURETY)

By: _____
(SIGNATURE)

By: _____
(SIGNATURE)

STATE OF FLORIDA, COUNTY OF BROWARD:

BEFORE ME PERSONALLY APPEARED THE ABOVE, KNOWN TO ME TO BE THE PERSONS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO AND BEFORE ME BY MEANS OF ____ PHYSICAL PRESENCE OR ____ ONLINE NOTARIZATION THAT THEY EXECUTED SAID INSTRUMENT FOR THE PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL, THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC: _____

REFERENCE SHEET BID NO. 2026-001

In order to receive Bid Award consideration on the proposed bid, it is a requirement that this sheet be complete and returned with your bid/proposal. This information may be used in determining the bid award for this Project.

BIDDER (COMPANY NAME): EMC Divers, Inc.

ADDRESS: 1248 Turnbull Bay Rd. New Smyrna Beach, FL 32168

CONTACT PERSON: Jeff Landers TITLE: President

TELEPHONE: 386-402-8756 FACSIMILE: 386-427-3396

NUMBER OF YEARS IN BUSINESS: 19

ADDRESS OF NEAREST FACILITY: 1248 Turnbull Bay Rd. New Smyrna Beach, FL 32168

LIST THREE (3) COMPANIES OR GOVERNMENTAL AGENCIES WHERE THESE PRODUCTS OR SERVICES HAVE BEEN PROVIDED IN THE LAST YEAR.

1. COMPANY NAME: City of Port St Lucie

ADDRESS: 121 SW Port St Lucie Blvd. PSL, FL PHONE: 772-871-5186

CONTACT PERSON: Louis Johnson TITLE: Assistant Public Works Director

2. COMPANY NAME: Caulfield Wheeler Inc.

ADDRESS: 7900 Glades Rd. Boca Raton, fl PHONE: 561-239-9521

CONTACT PERSON: Charlie Gard TITLE: Field Engineer

3. COMPANY NAME: Sonoma Isles HOA

ADDRESS: 205 Sonoma Isles Cir. Jupiter Fl PHONE: 561-972-7904

CONTACT PERSON: Octavio Rodriguez TITLE: Property Manager

**COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH ACT (O.S.H.A.)
BID NO. 2026-001**

Bidder certifies that all material, equipment, etc. contained in this bid meet all O.S.H.A. requirements. Bidder further certifies that if he/she is the successful bidder, and the material, equipment, etc., delivered is subsequently found to be deficient in any O.S.H.A. requirement in effect on date of delivery, all costs necessary to bring the material, equipment, etc. into compliance with the aforementioned requirements shall be borne by the bidder.

OCCUPATIONAL HEALTH AND SAFETY DATA SHEET REQUIRED:

In compliance with Chapter 442, Florida Statutes, any item delivered from a contract resulting from this bid must be accompanied by a SAFETY DATA SHEET (SDS). The SDS must include the following information:

- A. The chemical name and the common name of the toxic substance.
- B. The hazards or other risks in the use of the toxic substances, including:
 - 1. The potential for fire, explosion, corrosivity and reactivity;
 - 2. The known acute and chronic health effects of risks from exposure, including the medical conditions which are generally recognized as being aggravated by exposure to the toxic substance; and
 - 3. The primary routes of entry and symptoms of overexposure.
- C. The proper precautions, handling practices, necessary personal protective equipment, and other safety precautions in the use of or exposure to the toxic substances, including appropriate emergency treatment in case of overexposure.
- D. The emergency procedure for spills, fire, disposal, and first aid.
- E. A description in lay terms of the known specific potential health risks posed by the toxic substances intended to alert any person reading this information.
- F. The year and month, if available, that the information was compiled and the name, address and emergency telephone number of the manufacturer responsible for preparing the information.

SIGNATURE:



DATE: 11-28-2025

**CITY OF MARGATE
STATEMENT OF NO BID**

**IF YOU DO NOT INTEND TO BID ON THIS PROPOSAL, RETURN THIS FORM TO ADDRESS
WHERE BID IS TO BE SUBMITTED:**

Type text here

I/We have declined to bid on your proposal No: 2026-001

Bid Description: Canal Embankments and Stormwater Infrastructure Improvements

For the following reason:

- 1. Specifications are too tight, i.e. geared toward one brand or manufacturer only (Explain reason below)
- 2. Insufficient time to respond to invitation.
- 3. We do not offer this commodity/service or equivalent.
- 4. Our product/service schedule would not permit us to perform.
- 5. Unable to meet specifications.
- 6. Unable to meet bonding requirements.
- 7. Specifications unclear (Explain below).
- 8. Other (Specify below).

REMARKS: _____

Attach additional pages if required.

I/We understand that if the NO BID form is not executed and returned, our name may be deleted from the list of qualified bidders for the City of Margate.

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE NO: _____ DATE: _____

SIGNATURE OF BIDDER: _____

DRUG-FREE WORKPLACE PROGRAM FORM BID NO. 2026-01

In accordance with Section 287.087, State of Florida Statutes, preference shall be given to businesses with Drug-free Workplace Programs. Whenever two or more bids which are equal with respect to price, quality, and service are received for the procurement of commodities or contractual service, a bid received from a business that certifies that it has implemented a Drug-free Workplace Program shall be given preference in the award process. In the event that none of the tied vendors has a Drug-free Workplace program in effect, the City reserves the right to make final Decisions in the City's best interest. In order to have a Drug-free Workplace Program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify 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, Florida Statutes, or of any controlled substance law of the United States or of any State, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation. If bidder's company has a Drug-free Workplace Program, so certify below:

AS THE PERSON AUTHORIZED TO SIGN THE STATEMENT, I CERTIFY THAT THIS FIRM COMPLIES FULLY WITH THE ABOVE REQUIREMENTS.

SIGNATURE OF BIDDER:



DATE: 11-28-2025

OFFEROR'S QUALIFICATION STATEMENT BID NO. 2026-001

The undersigned certifies under oath the truth and correctness of all statements and of all answers to questions made hereinafter:

Type text here

SUBMITTED TO: City of Margate
(Purchasing Division)

ADDRESS: 5790 Margate Blvd.
Margate, FL 33063

CIRCLE ONE: Corporation Partnership Individual Other

SUBMITTED BY: EMC Divers, Inc.

NAME: Jeff Landers

ADDRESS: 1248 Turnbull Bay Rd. New Smyrna Beach, FL 32168

TELEPHONE NO.: 386-402-8756

FACSIMILE NO.: 386-427-3396

1. State the true, exact, correct and complete name of the partnership, corporation, trade or fictitious name under which you do business and the address of the place of business. (Attach corporate documents from the State of Florida (sunbiz.org) to this statement.)

The correct name of the Offeror is: EMC Divers, Inc.

The address of the principal place of business is:

1248 Turnbull Bay Rd. New Smyrna Beach, FL 32168

2. If Offeror is a corporation, answer the following:

a. Date of Incorporation: August 2006

b. State of Incorporation: Florida

c. President's name: Jeff Landers

d. Vice President's name: Jeff Landers

e. Secretary's name: Jeff Landers

f. Treasurer's name: Jeff Landers

g. Name and address of Resident Agent: Jeff Landers

3. If Offeror is an individual or a partnership, answer the following:

a. Date of organization: NA

b. Name, address and ownership units of all partners:

c. State whether general or limited partnership: _____

4. If Offeror is other than an individual, corporation or partnership, describe the organization and give the name and address of principals:

NA

5. If Offeror is operating under a fictitious name, submit evidence of compliance with the Florida Fictitious Name Statute.

6. How many years has your organization been in business under its present business name?

19 safe & successful years!

a. Under what other former names has your organization operated?

NA

7. Indicate registration, license numbers or certificate numbers for the businesses or professions which are the subject of this Proposal. Please attach certificate of competency and/or state registration.

8. Have you ever failed to complete any work awarded to you? If so, state when, where and why?

NA

9. State the names, telephone numbers and last known addresses of three (3) owners, individuals or representatives of owners with the most knowledge of work which you have performed or goods you have provided, and to which you refer (government owners are preferred as references).

Louis Johnson	121 SW Port St Lucie Blvd. Port St Lucie, Fl	772-871-5186
(Name)	(Address)	(Phone Number)

Charlie Gard	7900 Glades Rd. Boca Raton, fl	561-239-9521
(Name)	(Address)	(Phone Number)

Octavio Rodriguez	205 Sonoma Isles Cir. Jupiter Fl	561-972-7904
(Name)	(Address)	(Phone Number)

10. List the pertinent experience of the key individuals of your organization (continue on insert sheet, if necessary).

EMC has several project managers and employees within our firm with extensive experience in canal bank restoration, dredging and erosion barrier installation.
We understand the type of product and service the City of Margate is expecting.

11. State the name(s) of the individual(s) who will have personal supervision of the work:

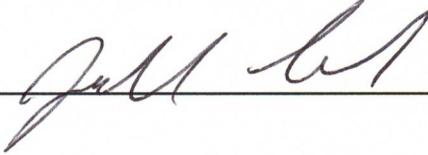
Steve Barla - Project Manager

Terry Manis - Project Manager

Jeff Landers - Project Manager

Gilbert Garcia - Project Manager

THE OFFEROR ACKNOWLEDGES AND UNDERSTANDS THAT THE INFORMATION CONTAINED IN RESPONSE TO THIS QUALIFICATION STATEMENT SHALL BE RELIED UPON BY OWNER IN AWARDING THE CONTRACT AND SUCH INFORMATION IS WARRANTED BY OFFEROR TO BE TRUE. THE DISCOVERY OF ANY OMISSION OR MISSTATEMENT THAT MATERIALLY AFFECTS THE OFFEROR'S QUALIFICATIONS TO PERFORM UNDER THE CONTRACT SHALL CAUSE THE OWNER TO REJECT THE PROPOSAL, AND IF AFTER THE AWARD TO CANCEL AND TERMINATE THE AWARD AND/OR CONTRACT.

Signature: 

State of Florida

County of Volusia

On this the 28 day of Nov, 2025 before me by means of C physical presence or online notarization, the undersigned Notary Public of the State of Florida, personally appeared Jeff Lenders and

(Name(s) of individual(s) who appeared before notary)

whose name(s) is/are Subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it.

Traci L Cline
NOTARY PUBLIC, STATE OF FLORIDA

Traci L Cline
(Name of Notary Public: Print,
Stamp or Type as Commissioned.)

Personally known to me, or
 Produced identification:

(Type of Identification Produced
 DID take an oath, or DID NOT take an oath



TRACI L. CLINE
Notary Public
State of Florida
Comm# HH213821
Expires 1/26/2026

NON-COLLUSIVE AFFIDAVIT FOR BID 2026-001

State of Florida)

County of Volusia)

Jeff Landers being first duly sworn, deposes and says that:

He/she is the Owner, (Owner, Partner, Officer, Representative or Agent) of EMC Divers, Inc, the Offeror that has submitted the attached Proposal;

He/she is fully informed regarding the preparation and contents of the attached Proposal and of all pertinent circumstances regarding such Proposal;

Such Proposal is genuine and is not a collusive or sham Proposal;

Neither the said Offeror nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Offeror, firm, or person to submit a collusive or sham Proposal in connection with the Work for which the attached Proposal has been submitted; or to refrain from bidding in connection with such Work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Offeror, firm, or person to fix the price or prices in the attached Proposal or of any other Offeror, or to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Offeror, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Work;

The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Offeror or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed, and delivered in the presence of:

Tracy L. Clark

Witness

SJR

Witness

By

Jeff Landers

Jeff Landers

Printed Name

President

Title

ACKNOWLEDGMENT
NON-COLLUSIVE AFFIDAVIT FOR BID 2026-001

State of Florida
County of Volusia

On this 28 day of Nov, 2025, before me by means of ✓ physical presence or online notarization, the undersigned Notary Public of the State of Florida, personally appeared

Jeff Landers

(Name(s) of individual(s) who appeared before notary)

whose name(s) is/are Subscribed to within the instrument, and he/she/they acknowledge that he/she/they executed it.

WITNESS my hand
and official seal.

NOTARY PUBLIC
SEAL OF OFFICE:



TRACI L. CLINE
Notary Public
State of Florida
Comm# HH213821
Expires 1/26/2026

Traci L Cline
NOTARY PUBLIC, STATE OF FLORIDA

Traci L Cline

(Name of Notary Public: Print,
Stamp, or Type as Commissioned)

Personally known to me, or
 Produced identification

(Type of Identification Produced)

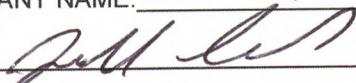
DID take an oath, or DID NOT take an oath

SCRUTINIZED COMPANIES CERTIFICATION

I hereby swear or affirm that as of the date below this company is not listed on a Scrutinized Companies list created pursuant to 215.4725, 215.473, or 287.135, Florida Statutes. Pursuant to 287.135, Florida Statutes I further affirm that:

1. This company is not participating in a boycott of Israel such that it is not refusing to deal, terminating business activities, or taking other actions to limit commercial relations with Israel, or persons or entities doing business in Israel or in Israeli-controlled territories, in a discriminatory manner.
2. This Company does not appear on the Scrutinized Companies with Activities in Sudan List where the State Board of Administration has established the following criteria:
 - a. Have a material business relationship with the government of Sudan or a government- created project involving oil related, mineral extraction, or power generation activities, or
 - b. Have a material business relationship involving the supply of military equipment, or
 - c. Impart minimal benefit to disadvantaged citizens that are typically located in the geographic periphery of Sudan, or
 - d. Have been complicit in the genocidal campaign in Darfur.
3. This Company does not appear on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List where the State Board of Administration has established the following criteria:
 - a. Have a material business relationship with the government of Iran or a government- created project involving oil related or mineral extraction activities, or
 - b. Have made material investments with the effect of significantly enhancing Iran's petroleum sector.
4. This Company is not engaged in business operations in Cuba or Syria.

VENDOR/COMPANY NAME: EMC Divers, Inc.

SIGNATURE: 

PRINTED NAME: Jeff Landers

TITLE: President

DATE: 11-28-2025

The scrutinized company list is maintained by the State Board of Administration and available at <http://www.sbafla.com/>

**CITY OF MARGATE
E-VERIFY FORM**

Project Name:	Canal Embankments & Stormwater Infrastructure Improvements
Project No.:	2026-001

ACKNOWLEDGEMENT

Definitions:

“Contractor” means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration.

“Subcontractor” means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.

Effective January 1, 2021, public and private employers, contractors and subcontractors will begin required registration with, and use of the E-verify system in order to verify the work authorization status of all newly hired employees. Vendor/Consultant/Contractor acknowledges and agrees to utilize the U.S. Department of Homeland Security’s E-Verify System to verify the employment eligibility of:

- a) All persons employed by Vendor/Consultant/Contractor to perform employment duties within Florida during the term of the contract; and
- b) All persons (including subvendors/subconsultants/subcontractors) assigned by Vendor/Consultant/Contractor to perform work pursuant to the contract with the Department. The Vendor/Consultant/Contractor acknowledges and agrees that use of the U.S. Department of Homeland Security’s E-Verify System during the term of the contract is a condition of the contract with the City of Margate; and
- c) Should vendor become successful Contractor awarded for the above-named project, by entering into this Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility," as amended from time to time. This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The contractor shall maintain a copy of such affidavit for the duration of the contract. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination. If this contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination and shall be liable for any additional costs incurred by the City as a result of the termination.

COMPANY CONTACT INFORMATION

Company Name:	EMC Divers, Inc.
Authorized Signature:	
Print Name:	Jeff Landers
Title	President
Date:	11-28-2025
Phone:	386-402-8756
Email:	service@emcdivers.com & jeff@emcdivers.com
Website:	www.emcdivers.com

Affidavit Attesting to Noncoercive Conduct for Labor or Services

Non-government Entity name: EMC Divers, Inc. ("Vendor")

Ver dor FEIN: 20-5343265

Address: 1248 Turnbull Bay Rd.

Address: **New Smyrna Beach** State: **FL** Zip: **32168**

Phone: 386-402-8756 Email Address: service@emcdivers.com

As a nongovernmental entity executing, renewing, or extending a contract with a government entity, **Vendor** is required to provide an affidavit under penalty of perjury attesting that **Vendor** does not use coercion for labor or services in accordance with Section 787.06, Florida Statutes.

As defined in Section 787.06(2)(a), coercion means:

1. Using or threatening to use physical force against any person;
2. Restraining, isolating, or confining or threatening to restrain, isolate, or confine any person without lawful authority and against her or his will;
3. Using lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or service are not respectively limited and defined;
4. Destroying, concealing, removing, confiscating, withholding, or possessing any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
5. Causing or threatening to cause financial harm to any person;
6. Enticing or luring any person by fraud or deceit; or
7. Providing a controlled substance as outlined in Schedule I or Schedule II of Section 893.03 to any person for the purpose of exploitation of that person.

As a person authorized to sign on behalf of **Vendor**, I certify that **Vendor** does not use coercion for labor or services in accordance with Section 787.06.

Written Declaration

Under penalties of perjury, I declare that I have read the foregoing Affidavit and that the facts stated in it are true.

By:

 Author

Authorized Signature

Print Name and Title: Jeff Landers - President

Det. v. 11-28-2025

**AFFIDAVIT REGARDING PROHIBITION ON CONTRACTING
WITH
ENTITIES OF FOREIGN COUNTRIES OF CONCERN**

Pursuant to Section 287.138, Florida Statutes (which is expressly incorporated herein by reference), the City may not knowingly enter into a contract with an entity which would give access to an individual's personal identifying information if (a) the entity is owned by the government of a foreign country of concern; (b) the government of a foreign country of concern has a controlling interest in the entity; or (c) the entity is organized under the laws of or has its principal place of business in a foreign country of concern.

This affidavit must be completed by an officer or representative of an entity submitting a bid, proposal, or reply to, or entering into, renewing, or extending, a contract with the City which would grant the entity access to an individual's personal identifying information.

1. EMC Divers, Inc. ("entity") does not meet any of the criteria in paragraphs (2)(a)-(c) of Section 287.138, F.S.

In the presence of:

Under penalties of perjury, I declare that I have read the foregoing and the facts stated in it are true:

Witness #1 Print Name: Valerie Cline

Print Name: Jeff Landers

Witness #2 Print Name: Steve Basler

Entity Name: EMC Divers, Inc.

OATH OR AFFIRMATION

State of Florida
County of Volusia

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 18 day of NOV, 2025, by Jeff Landers
(name of person) as President (type of authority) for
EMC Divers Inc (name of party on behalf of whom instrument is executed).

→ Tracy L. Cleve

Notary Public (Print, Stamp, or Type as Commissioned)

Commissioned) _____
Personally known to me; or
Produced identification (Type of Identification: _____)
Did take an oath; or
Did not take an oath



TRACI L. CLINE
Notary Public
State of Florida
Comm# HH213821
Expires 1/26/2026

**BYRD ANTI LOBBYING CERTIFICATION FOR CONTRACTS, GRANTS,
LOANS, AND COOPERATIVE AGREEMENTS**

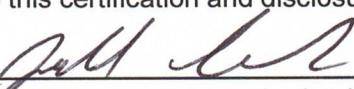
To be submitted with each bid or offer exceeding \$100,000

The undersigned certifies, to the best of his or her knowledge and belief, that:

5. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
6. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
7. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The Contractor, ENCLAVES, INC., certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. §3801 *et seq.* apply to this certification and disclosure, if any.


Signature of Contractor's Authorized Official

Jeff Landers - President

Name and Title of Contractor's Authorized Official

Date 11-28-2025

STATEMENT OF COMPLIANCE - SMALL AND MINORITY BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, AND LABOR SURPLUS AREA FIRMS

The undersigned Contractor hereby swears under penalty of perjury that Contractor took the following affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms were used when possible:

- (1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;
- (2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
- (3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
- (4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises; and
- (5) Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.

Dated 11-28-2025, 2025 EMC Divers, Inc.
Contractor

By Jeff Landers
(Signature)

By Jeff Landers - President (Name and Title)

STATE OF Florida)
) SS.
COUNTY OF Volusia)

The foregoing instrument was acknowledged before me this 28 day of Nov, 2025 by
means of physical presence or online notarization Jeff Landers
who is personally known to me or who has produced as
identification and who did/did not take an oath. WITNESS my hand and official seal, this 28 day of
Nov, 2025.

(NOTARY SEAL) Traci L Cline

(Signature of person taking acknowledgment)

Jeff Landers - President

(Print Name of officer taking acknowledgment)

President
(Title or rank)

My Commission expires:
(Serial number, if any)



TRACI L. CLINE
Notary Public
State of Florida
Comm# HH213821
Expires 1/26/2026



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

Detail by Entity Name

Florida Profit Corporation

EMC DIVERS INC.

Filing Information

Document Number P06000103249

FEI/EIN Number 20-5343265

Date Filed 08/08/2006

State FL

Status ACTIVE

Last Event REINSTATEMENT

Event Date Filed 09/29/2010

Principal Address

1248 TURNBULL BAY ROAD
NEW SMYRNA BEACH, FL 32168

Changed: 04/14/2016

Mailing Address

1248 TURNBULL BAY ROAD
NEW SMYRNA BEACH, FL 32168

Changed: 04/14/2016

Registered Agent Name & Address

LANDERS , JEFFREY A
1248 TURNBULL BAY ROAD
NEW SMYRNA BEACH, FL 32168

Name Changed: 01/28/2013

Address Changed: 04/14/2016

Officer/Director Detail

Name & Address

Title PRESIDENT

LANDERS, JEFFREY A
1248 TURNBULL BAY ROAD
NEW SMYRNA BEACH, FL 32168

Annual Reports

Report Year	Filed Date
2023	04/26/2023
2024	03/21/2024
2025	04/09/2025

Document Images

04/09/2025 -- ANNUAL REPORT	View image in PDF format
03/21/2024 -- ANNUAL REPORT	View image in PDF format
04/26/2023 -- ANNUAL REPORT	View image in PDF format
04/25/2022 -- ANNUAL REPORT	View image in PDF format
04/27/2021 -- ANNUAL REPORT	View image in PDF format
05/26/2020 -- ANNUAL REPORT	View image in PDF format
04/29/2019 -- ANNUAL REPORT	View image in PDF format
03/27/2018 -- ANNUAL REPORT	View image in PDF format
04/21/2017 -- ANNUAL REPORT	View image in PDF format
04/14/2016 -- ANNUAL REPORT	View image in PDF format
02/20/2015 -- ANNUAL REPORT	View image in PDF format
03/07/2014 -- ANNUAL REPORT	View image in PDF format
01/28/2013 -- ANNUAL REPORT	View image in PDF format
04/12/2012 -- ANNUAL REPORT	View image in PDF format
01/09/2012 -- ANNUAL REPORT	View image in PDF format
02/18/2011 -- ANNUAL REPORT	View image in PDF format
09/29/2010 -- REINSTATEMENT	View image in PDF format
10/23/2009 -- Name Change	View image in PDF format
04/30/2009 -- ANNUAL REPORT	View image in PDF format
04/30/2008 -- Off/Dir Resignation	View image in PDF format
01/05/2008 -- ANNUAL REPORT	View image in PDF format
01/08/2007 -- ANNUAL REPORT	View image in PDF format
08/08/2006 -- Domestic Profit	View image in PDF format



DISA Drug and Alcohol Free Workplace Program

Enrollment Verification Certificate

Our records show that, as of 09/3/2013 (date), EMC Divers Inc. ("Company") is enrolled in a DISA Contractor Consortium (DCC) drug and alcohol testing program, Client ID Number: **116.61**. DISA, as administrator of the Program, certifies that the program is designed to maintain a drug and alcohol free workplace per the stipulations of the monitoring agency or owner. This is the EPCC program that pulls at an annual random testing rate of 50% for drug.

This Program imposes certain ongoing requirements upon Company in order for Company to be in compliance with the program. This certificate is provided to confirm Company's enrollment only. This certificate does not certify Company's compliance with the terms of their Program as of any date. Company's compliance status can be verified through the **DISAWorks™** system, or by contacting Client Services at:

Phone (281) 673-2400 -- Fax (281) 673-1010



Gene W. Perry
President and Chairman

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

dbpr
Florida



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

LANDERS, JEFFREY A

EMC DIVERS INC.
1248 TURNBULL BAY ROAD
NEW SMYRNA BEACH FL 32168

LICENSE NUMBER: CGC1517529

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 09/10/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





WINFAB® 2404 geotextile fabric is manufactured using high tenacity polypropylene yarns that are woven to form a dimensionally stable network, which allows the yarns to maintain their relative position.

WINFAB® 2404 geotextile fabric resists ultraviolet deterioration, rotting, and biological degradation and is inert to commonly encountered soil chemicals.

PROPERTY	TEST METHOD	MARV ENGLISH	MARV METRIC
Tensile Strength (Grab)	ASTM D4632	400 x 315 lbs	1,780 x 1,402 N
Elongation (Grab)	ASTM D4632	15% x 15%	15% x 15%
Trapezoidal Tear Strength	ASTM D4533	150 x 165 lbs	668 x 734 N
CBR Puncture	ASTM D6241	1,150 lbs	5,118 N
Wide Width Tensile	ASTM D4595	3,000 x 2,760 lbs/ft	43.8 x 40.3 kN/m
UV Resistance (500 hrs)	ASTM D4355	90%	90%
Apparent Opening Size*	ASTM D4751	40 US Std. Sieve	0.425 mm
Percent Open Area (POA)	COE-02215	1%	1%
Permittivity	ASTM D4491	.96 sec ⁻¹	.96 sec ⁻¹
Permeability	ASTM D4491	.07 cm/sec	.07 cm/sec
Water Flow Rate	ASTM D4491	70 gpm/ft ²	2,852 lpm/m ²

*Maximum Average Roll Value

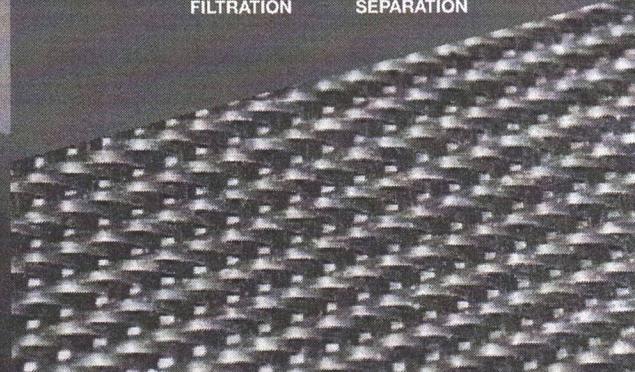
PRODUCT DATA SHEET WINFAB® 2404



FILTRATION



SEPARATION



PROPERTY	TEST METHOD	TYPICAL ENGLISH	TYPICAL METRIC
Roll Dimensions	Measured	15 ft x 300 ft	4.6 m x 91.5 m
Roll Area	Measured	500 yd ²	418 m ²

Disclaimer: WINFAB assumes no liability for the completeness or accuracy of this information or the ultimate use of this information. WINFAB disclaims any and all implied, expressed, or statutory standards, guarantees, or warranties. This includes without limitation any implied warranty as to merchantability or fitness for a particular purpose or arising from a course of dealing or usage of trade as to equipment, materials, or information furnished herewith. This document should not be construed as engineering advice. Always consult the project engineer for project specific requirements. The end user assumes sole responsibility for the use of this information and product. The property values listed above are subject to change without notice.

WINFAB® and GMA® are trademarks of Willacoochee Industrial Fabrics, Inc.

©2021 Willacoochee Industrial Fabrics Inc.

WINFAB | www.winfabusa.com
1 Nashville Mills Rd. Nashville GA 31639
Ph: (912) 534-5757 • Fax: (912) 534-5533



Initials: GK # : 87
Date: 2016

SAFETY DATA SHEET



WINFAB WOVEN GEOTEXTILES

SDS DATE: 5/7/2014

SECTION 1: IDENTIFICATION

PRODUCT NAME: WINFAB Woven Geotextile
CHEMICAL NAME: Polypropylene Yarns
RECOMMENDED USE: Construction
COMPANY: Willacoochee Industrial Fabrics
ADDRESS: 769 W. Main St
Willacoochee, GA 31650
EMERGENCY PHONE: 912-534-5757
FAX PHONE: 912-534-5533

SECTION 2: Hazard Identification

Based upon data that is currently available, polypropylene woven fabrics are "articles" and are not hazardous under OSHA Hazard Communication Standard (29 CFR 1910.1200).

GHS LABEL REQUIREMENTS: Not Required.

rd

SECTION 3: Composition

Ingredient Chemical Name (CAS#)	OSHWA PEL or TWA	ACGIH TLV	Weight %
Polypropylene Resin (9003-07-0)	N/A	N/A	94-99%
Carbon Black (7333-86-4)	3.5 mg/cm TWA	3.5 mg/cm TWA	0-5%

Section 2 Notes: No hazardous components in geotextile fabrics at or above threshold limit values

SECTION 4: FIRST AID

EYES: Flush With Water. If pain or irritation persists, consult a physician

SKIN: Treat as thermal burn if contact is made with molten

INGESTION: N/A

INHALATION: N/A

NOTES TO PHYSICIANS OR FIRST AID PROVIDERS: N/A

SECTION 5: FIRE-FIGHTING MEASURES

FLASH POINT: F: > 600 degrees

EXTINGUISHING MEDIA: Dry Chemical, CO₂, Foam, Water, Halon.

SPECIAL FIRE FIGHTING PROCEDURES: Avoid Inhalation of vapors; Use self contained breathing apparatus when fire fighting in confined areas.

UNUSUAL FIRE AND EXPLOSION HAZARDS: Treat as a solid that can burn. Generally burns slowly with low smoke density and flaming drips. Burns with a high smoke density under certain conditions.

SECTION 6: Accidental Release

No Environmental threat is expected from a release

SECTION 7: HANDLING AND STORAGE

HANDLING AND STORAGE: Practice reasonable care and caution when handling. Store in a cool, dry location away from oxidizing materials

SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

RESPIRATORY PROTECTION: Use NIOSH respirator when product is hot/molten

SKIN PROTECTION: Use gloves when handling molten product.

CLOTHING AND EQUIPMENT: Normal work clothing.

WORK HYGIENIC PRACTICES: Practice general hygiene by washing hands and clothes after handling.

SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE: Fabric rolled on a cardboard core

ODOR: Essentially Odorless

PHYSICAL STATE: Solid

SAFETY DATA SHEET

WINFAB WOVEN GEOTEXTILES

SDS DATE: 5/7/2014



SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES (continued)

BOILING POINT: N/A

MELTING POINT: C: 120-170 degrees

FREEZING POINT: N/A

VAPOR PRESSURE (mmHg): N/A

VAPOR DENSITY (AIR = 1): N/A

SPECIFIC GRAVITY (H₂O = 1): 0.9 – 0.905

EVAPORATION RATE: N/A

SOLUBILITY IN WATER: N/A

SECTION 10: STABILITY AND REACTIVITY

Material is stable. Hazardous polymerization will not occur.

HAZARDOUS DECOMPOSITION PRODUCTS: Carbon Dioxide, Carbon Monoxide, Hydrocarbons, and dense smoke.

SECTION 11: TOXICOLOGICAL INFORMATION

INHALATION: Not likely. INJECTION: Not Likely. SKIN CONTACT: Prolonged contact may cause mild irritation in some individuals. EYE EFFECTS: Non-toxic but may irritate the eyes. SKIN EFFECTS: Non-toxic but may irritate the skin.

TARGET ORGANS: None. CHRONIC: There are no health effects due to long term use or contact. CARCINOGENICITY: The International Agency for Research on Cancer (IARC) evaluation is that, "Carbon black (airborne, unbound particles of respirable size) is possibly carcinogenic to humans (Group 2B)". MUTAGENICITY AND REPRODUCTIVE EFFECTS: Not believed to be mutagenic or a reproductive hazard.

SECTION 12: ECOLOGICAL INFORMATION

Not expected to be hazardous to the environment in its present form

SECTION 13: DISPOSAL INFORMATION

Used material should be recycled or disposed of according to regulations.

SECTION 14: TRANSPORT INFORMATION

DOT CLASSIFICATION: Not Regulated

PROPER SHIPPING NAME: Wrapped rolls of fabric made from synthetic fibers. NMFC 49265 Sub 9, Class 70

SECTION 15: REGULATORY INFORMATION

USA TSCA: This product is considered an article and is exempt from TSCA requirements.

SARA TITLE III: CERCLA/SARA (302) EXTREMELY HAZARDOUS SUBSTANCES: None listed

SARA (311,312) HAZARD CLASS: None listed SARA (313) CHEMICALS: None listed

CALIFORNIA PROPOSITION 65: Carbon Black (airborne, unbound particles of respirable size), CAS# 1333-86-4 is listed as a possible carcinogen.

CANADA DOMESTIC SUBSTANCES LIST (DSL): This product is not specified on the DSL or NDSL.

CANADA REGULATIONS (WHMIS): Not listed

SECTION 16: OTHER INFORMATION

DISCLAIMER: This form complies with OSHA's Hazard Communication Standard, 29 CFR 1910.1200. The information contained herein is believed to be accurate but is not warranted for accuracy whether originating with this company or not. Recipients are advised to confirm in advance of need that the information is current, applicable, and suitable to their circumstances.

Jeff Landers
1248 Turnbull Bay Rd.
New Smyrna Beach, FL 32168
(561)339-5304

Education: Graduate of Commercial Diving Academy, Jacksonville, FL (2003)

FL State Licensed General Contractor since 2008

Special Skills: Experienced in a variety of skills, including Erosion Control (specifically geo tube), culvert cleaning & inspections, underwater video inspection, Underwater and Topside welding / cutting. The use of hydraulic tools, concrete forming and pumping, hydraulic & mechanical dredging, bridge and hull corrosion inspection and general construction.

Experienced in Project management and supervision of multiple crews on various projects.

Work Experience: **2006-Present EMC Divers, Inc. - New Smyrna Beach, FL**

HSE Manager – Responsible for developing and implementing safety programs for Marine Construction & inland diving operations.

Operations Manager - Manage operations and staffing, hiring and training employees. Supervise operations and working closely with company reps. Responsible for compressor air tests, hose pressure tests and gauge calibrations along with all related record keeping. Managed multiple heavy and civil construction projects.

Project Manager – Multiple Geo Tube installations, hydraulic and mechanical dredging operations, heavy and civil construction projects.



ADDENDUM NO. 1

BID NO. 2026-001

Wednesday, November 26, 2025

TO ALL BIDDERS:

Please incorporate the following information/clarifications, changes, additions, and/or deletions into the specification packet for the above-referenced project:

REMOVE/REPLACE:

Remove: All references to Bid Opening date of Wednesday, December 3, 2025

Replace: Bid Opening date will be Wednesday, December 10, 2025 at 11:00 am

Reason: Bid due date extended, location of opening will be the same.

QUESTIONS/CLARIFICATIONS:

1. **Q:** For Item #1 on the description of work, Item A finishes with saying "no less than 12" thickness" for the erosion barrier. Then under Item C it says "minimum thickness of 18". What is the size of erosion barrier expected? It also specifies a minimum of 18" throughout other areas in the description of work.

A: The 12" thick top bag is for the sole purpose of being cut to enable to Contractor to spread sand to receive grass. Grass must be installed on sand. All other layered bags will be 18" thick.

2. **Q:** Is there a Bid Bond required?

A: No

3. **Q:** Is a Florida General Contractors License required for a Bid to be considered?

A: Yes, all references to "CONTRACTOR" in the Bid documents shall be a Licensed Certified General Contractor at minimum. Please complete Bidders General Information Sheet (Page 33).

4. **Q:** Is USL&H Insurance Coverage required?

A: Yes, Addendum No. 2 will be issued with a modified sample insurance certificate.

Kelly McGilvray

Kelly McGilvray

Buyer II

Wednesday, November 26, 2025

Please sign and return the acknowledgment page of this addendum by email or by fax. The original acknowledgement page is to be included with your Bid submission.

ACKNOWLEDGEMENT FORM

ADDENDUM NO. 1

BID NO. 2026-001

I acknowledge receipt of Addendum No. 1 for BID No. 2026-001. This addendum contains three (3) pages. Please include the original of this form in your Bid submission.

Company Name: EMC Divers, Inc.

Address: 1248 Turnbull Bay Rd. NSB, FL 32168

Name of Signer Jeff Landers
(please print)

Signature: Jeff Landers Date: 12-2-25

Telephone: 561-339-5304 Facsimile: _____

Please fax your completed form to (954) 935-5258 or e-mail to purchase@margatefl.com.

Kelly McGilvray

Kelly McGilvray

Buyer II

Wednesday, November 26, 2025

NOTE: The original of this form must be included with your Bid submission.



ADDENDUM NO. 2

BID NO. 2026-001

Wednesday December 3, 2025

TO ALL BIDDERS:

Please incorporate the following information/clarifications, changes, additions, and/or deletions into the specification packet for the above-referenced project:

REMOVE/REPLACE:

Remove: Sample Insurance Certificate, Attachment A

Replace: Updated Sample Insurance Certificate, Attachment A1

Reason: Updated insurance requirements. When providing proof of insurance to the City, the certificate must include text confirming USLH coverage in the Workers' Compensation section or be provided in the policy's list of endorsements to confirm coverage is in place.

Kelly McGilvray

Kelly McGilvray
Buyer II

Wednesday, December 3, 2025

Please sign and return the acknowledgement page of this addendum by email or by fax. The original acknowledgement page is to be included with your Bid submission.

ACKNOWLEDGEMENT FORM

ADDENDUM NO. 2

BID NO. 2026-001

I acknowledge receipt of Addendum No. 2 for BID No. 2026-001. This addendum contains three (3) pages. Please include the original of this form in your Bid submission.

Company Name: EMC Divers, Inc.

Address: 1248 Turnbull Bay Rd. NSB, FL 32168

Name of Signer Jeff Landers
(please print)

Signature:  Date: 12-4-2025

Telephone: 386-402-8756 Facsimile: 386 427 3396

Please fax your completed form to (954) 935-5258 or e-mail to purchase@margatefl.com.

Kelly McGilvray

Kelly McGilvray

Buyer II

Wednesday, December 3, 2025

NOTE: The original of this form must be included with your Bid submission.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2025

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: <input type="text"/>	
	PHONE (A/C, No, Ext): <input type="text"/>	Phone Number <input type="text"/>
	E-MAIL ADDRESS: <input type="text"/>	
INSURER(S) AFFORDING COVERAGE <input type="text"/>	NAIC # <input type="text"/>	
INSURER A: <input type="text"/>	12345	
INSURER B: <input type="text"/>		
INSURER C: <input type="text"/>		
INSURER D: <input type="text"/>		
INSURER E: <input type="text"/>		
INSURER F: <input type="text"/>		
Producer Name <input type="text"/>		
Producer Address <input type="text"/>		
Producer Phone Number <input type="text"/>		
INSURED		
Contractor or Subcontractor Name <input type="text"/>		
Contractor or Subcontractor Address <input type="text"/>		

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 WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			Policy Number <input type="text"/>	10/01/2025	09/30/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	X COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR X Environmental Pollution Liability <input type="checkbox"/>		X				
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY			Policy Number <input type="text"/>	10/01/2025	09/30/2026	COMBINED SINGLE LIMIT (ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	X ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULE D AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						
	UMBRELLA LIABILITY EXCESS LIABILITY <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A <input type="checkbox"/>	Policy Number <input type="text"/>	10/01/2025	09/30/2026	X WC STATUTORY LIMITS \$ OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

The City of Margate shall be included as an additional insured on the Commercial General Liability policy, as required by the agreement.

CERTIFICATE HOLDER

CANCELLATION

City of Margate
5790 Margate Blvd.
Margate, FL 33063

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

Signature of Authorized Rep.

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF MARINE / ENERGY INSURANCE

DATE (MM/DD/YYYY)
12/03/2025

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 Gulf Marine Insurance Brokers, LLC. 204 East Maple Ridge Dr Metairie, LA 70001	CONTACT NAME: <input type="text"/> Billy Courtenay
	PHONE (A/C, No, Ext): <input type="text"/> (504-352-0083) FAX (A/C, No):
	E-MAIL <input type="text"/> billy@gulfmarineins.com
	PRODUCER CUSTOMER ID #:
	INSURER(S) AFFORDING COVERAGE
	INSURER A :U.S. Specialty Insurance Company 29599
	INSURER B :Great American Insurance Company 16691
	INSURER C :Safe Harbor Insurance Company 12563
	INSURER D :Starnet Insurance Company 40045
	INSURER E :American Equity Insurance Company 43117
	INSURER F :Progressive Paloverde Insurance Company 44695

COVERAGEs	CERTIFICATE NUMBER:	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	HULL AND MACHINERY		OMH 429-81-53-05	10/31/2025	10/31/2026	<input checked="" type="checkbox"/> PER SCHEDULE ON FILE
	<input type="checkbox"/> COLLISION LIABILITY	X				<input type="checkbox"/> INSURED VALUE \$
	<input type="checkbox"/> TOWERS LIABILITY	X				<input type="checkbox"/> COLLISION (Ea occurrence) \$
						<input type="checkbox"/> TOWERS (Ea occurrence) \$
						\$
B	PROTECTION AND INDEMNITY		OMH 429-81-53-05	10/31/2025	10/31/2026	<input type="checkbox"/> PER CLUB RULES
	<input type="checkbox"/> CREW LIABILITY <input checked="" type="checkbox"/> JONES ACT					<input checked="" type="checkbox"/> EA OCCURRENCE PER VESSEL, CSL \$ 1,000,000
	<input checked="" type="checkbox"/> COLLISION LIABILITY					<input type="checkbox"/> COLLISION (Ea occ), CSL \$
	<input type="checkbox"/> TOWERS LIABILITY	X				<input type="checkbox"/> TOWERS (Ea occ), CSL \$
	<input checked="" type="checkbox"/> REMOVAL OF WRECK					<input type="checkbox"/> REMOVAL OF WRECK (Ea occurrence) \$
	<input checked="" type="checkbox"/> IN REM					\$
						\$
						\$
C	POLLUTION LIABILITY		V-16807-25	10/31/2025	10/31/2026	<input type="checkbox"/> EA OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> OPA 90	X				\$
	<input checked="" type="checkbox"/> CERCLA	X				\$
	<input checked="" type="checkbox"/> NON-OPA / NON-CERCLA	X				\$
						\$
D	MARITIME EMPLOYERS LIABILITY		BOUMA254969	10/31/2025	10/31/2026	<input type="checkbox"/> ANY ONE PERSON \$
	<input checked="" type="checkbox"/> ALTERNATE EMPLOYER					<input type="checkbox"/> ANY ONE ACCIDENT \$ 1,000,000
	INCLUDES <input checked="" type="checkbox"/> CREW <input checked="" type="checkbox"/> EMPS	N/A				\$
	<input checked="" type="checkbox"/> JONES ACT	X				\$
	<input checked="" type="checkbox"/> DEATH ON THE HIGH SEAS					\$
	<input checked="" type="checkbox"/> IN REM ENDORSEMENT					\$
B	Contractors Equipment	X	OMH 429-81-53-05	10/31/2025	10/31/2026	<input type="checkbox"/> Rented & Leased \$ 100,000
		X				<input type="checkbox"/> Deductible \$ 1,000
						\$

CERTIFICATE HOLDER	CANCELLATION
<p>City of Margate 5790 Margate Blvd Margate FL 33063</p>	<p>SHOULD ANY OF THE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>Billy Courtenay</i></p>

COVERAGES

CERTIFICATE NUMBER: 6Y2SYQ7E

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	COMMERCIAL GENERAL LIABILITY X MARINE GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			OML 429-78-57-12	10/31/2025	10/31/2026	EACH OCCURRENCE	\$ 1,000,000
			X X				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS-COMP / OP AGG	\$ 1,000,000
								\$
								\$
F	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> SCHEDULED AUTOS ALL OWNED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS X HIRED AUTOS		X X	987596933	10/02/2025	10/02/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
E	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below X ALTERNATE EMPLOYER USL&H ENDORSEMENT MARITIME EMPLOYERS LIABILITY OCSL ACT	Y / N	N / A X	0495242Y	06/20/2025	06/20/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. (Each accident)	\$ 1,000,000
							E.L. DISEASE (Ea employee)	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
								\$
								\$
								\$
								\$
E	U.S. LONGSHORE & HARBOR WORKERS COMPENSATION ACT X ALTERNATE EMPLOYER MARITIME EMPLOYERS LIABILITY X OCSL ACT		N / A X	ALMA01251-12	06/20/2025	06/20/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. (Each accident)	\$ 1,000,000
							E.L. DISEASE (Ea employee)	\$ 1,000,000
							E.L. DISEASE - ANN AGG	\$ 1,000,000
								\$
								\$
								\$
								\$
A	AIRCRAFT LIABILITY OWNED AIRCRAFT NON-OWNED AIRCRAFT PASSENGER LIABILITY						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
								\$
A	UMBRELLA / EXCESS LIAB / BUMBERSHOOT UMBRELLA <input checked="" type="checkbox"/> BUMBERSHOOT EXCESS CLAIMS MADE <input checked="" type="checkbox"/> OCCUR DED <input type="checkbox"/> RETENTION \$		X X	CXS12935.105	10/31/2025	10/31/2026	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
								\$
								\$
								\$
							CSL, ANY ONE OCCURRENCE (100% interest)	\$
							ANY ONE OCCURRENCE (100% interest)	\$
							VALUES AS SCHEDULED	\$
							VALUES AS SCHEDULED	\$
								\$
								\$
							VALUES AS SCHEDULED	\$
							VALUES AS SCHEDULED	\$
								\$
							AGGREGATE	\$
VESSEL(S):	X	AS PER ATTACHED SCHEDULE		AS DETAILED IN THE DESCRIPTION OF OPERATIONS				

DESCRIPTION OF OPERATIONS / LOCATIONS (ACORD 101, Additional Remarks Schedule, may be attached, if more space is required)

Excess Bumbershoot Liability: Limit: \$5,000,000 Excess of \$5,000,000 Bumbershoot Excess of Underlying. Security: Endurance Assurance Corporation 50% Policy No. OMX10015160004 Ascot Insurance Company 50% Policy No. 646-356-8101 Term: 10/31/2025-10/31/2026

Hull & Machinery:

Hull & Machinery form (Taylor Form SP-39C) is endorsed to include Blanket Additional Insured and Waiver of Subrogation, where required by written contract, pursuant and subject to the policy's terms, conditions, and exclusions.

Protection & Indemnity:

Protection & Indemnity form (AIMU P&I Clauses) is endorsed to include Removal of Wreck, Collision Liability, In Rem, Blanket Additional Insured and Waiver of Subrogation, where (continued next page)



ADDITIONAL REMARKS SCHEDULE

Page 3 of 3

PRODUCER Gulf Marine Insurance Brokers, LLC.	INSURED EMC Divers, Inc., EMC Services, Inc.
POLICY NUMBER	
CARRIER	NAIC CODE
	ISSUE DATE: 10/31/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

(continued from previous page)

required by written contract, pursuant and subject to the policy's terms, conditions, and exclusions.

Vessel Pollution:

Vessel Pollution Form is endorsed to include OPA / CERCLA and Blanket Additional Insured and Waiver of Subrogation, where required by written contract, pursuant and subject to the policy's terms, conditions, and exclusions.

Marine General Liability:

Marine General Liability form (GAI2193 03/20) is endorsed to include Blanket Primary and Non-Contributory wording, In Rem, Ship Repairers Legal Liability, Traveling Workman, Wharfingers Liability, Explosion and Collapse, Blanket Additional Insured and Waiver of Subrogation, where required by written contract, pursuant and subject to the policy's terms, conditions, and exclusions.

Maritime Employers Liability:

Maritime Employers Liability form (LSW675 A 04/09) is endorsed to include In Rem, Alternate Employer, Death on the High Seas, and Waiver of Subrogation, where required by written contract, pursuant and subject to the policy's terms, conditions, and exclusions.

Bumbershoot Liability:

Bumbershoot Liability form (XL-BSTFRM 01/04) is endorsed to include Blanket Additional Insured and Waiver of Subrogation, where required by written contract, pursuant and subject to the policy's terms, conditions, and exclusions. Schedule of Underlying to include: Protection & Indemnity, Auto Liability, Marine General Liability, Maritime Employers Liability, Employers Liability and Vessel Pollution.

Security: 50% Lead - U.S. Specialty Insurance Co. CXS12935.105

25% - Endurance Assurance Co. Policy OMX10015272904
25% Markel American Insurance Co. Policy 9CE4910-2

Excess Bumbershoot Liability: Excess Bumbershoot Liability form (AIMU Following Form Excess Marine Liability Clauses) is endorsed to include Blanket Additional Insured and Waiver of Subrogation, where required by written contract, pursuant and subject to the policy's terms, conditions, and exclusions. Schedule of Underlying to include: Protection & Indemnity, Auto Liability, Marine General Liability, Maritime Employers Liability, Employers Liability, Vessel Pollution and Bumbershoot.

The Producer will endeavor to mail 30 days written notice to the Certificate Holder named on the certificate if any policy listed on the certificate is cancelled prior to the expiration date.

This Certificate Is Issued As A Matter Of Information Only And Confers No Rights Upon The Certificate Holder. This Certificate Does Not Amend, Extend Or Alter The Coverage Afforded By The Policies Described Herein.