



INVITATION TO BID

The City of Keller, Texas (the City) is soliciting sealed bids for **Indoor Swimming Pool Re-Plaster Services and Alternate Bid For Tile and Grout Refurbishing**. The successful Contractor shall agree to provide the City with the specific equipment and services as outlined in the Bid Specifications.

Bid Due Time/Date: 2:00 p.m., Friday, February 14, 2020

**Recommended Pre-Bid Conference: Tuesday, February 4, 2020 10:00 AM
405 Rufe Snow Dr., Keller, TX 76248**

Designate on the front, lower left-hand corner of your response, the following:

Bid Number: 20-004

Subject: Indoor Swimming Pool Re-Plaster Services

Do Not Open-Bid Documents

Bid Mailing: City of Keller
Address: Purchasing Agent
P.O. Box 770
Keller, Texas 76244

Bid Courier: City of Keller
Delivery address: Purchasing Agent
1100 Bear Creek Pkwy.
Keller, Texas 76248

For convenience at bid opening, enter quote on this cover page and include in the sealed response envelope. **DO NOT** place quoted prices on the outside of the sealed response envelope.

Total Cost: \$ 98,844.00 (dollars)

Alternate Bid #1 Total Cost: \$ 25,680.00 (dollars)

Project start date: September 8, 2020 (date)

CONTRACTOR INFORMATION:

Atlantis Pool Plastering, Inc.

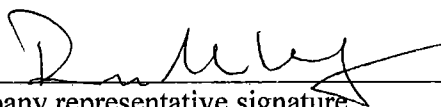
Company name
7700 Hwy 71 W Suite 160

Address
Austin, TX 7735

City, State & Zip
512-243-6877

Area code & telephone number
atlantisplaster@netscape.net

E-Mail


Company representative signature
Dennis Watson

Company representative printed name
President

Title
2/12/2020

Date

OFFICIAL SIGNATURE PAGE

*** THIS PAGE MUST BE COMPLETED OR THE BID WILL BE REJECTED ***

CONFLICT OF INTEREST QUESTIONNAIRE For vendor or other person doing business with local governmental entity		FORM CIQ
<p>This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.</p> <p>A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.</p>	OFFICE USE ONLY <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1 Name of person who has a business relationship with local governmental entity.</p> <p style="font-size: 1.2em; margin-top: 10px;">Atlantis Pool Plastering, Inc.</p> </div> <div style="width: 35%; border: 1px solid black; height: 100px;"></div> </div>		
<p>2 <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire.</p> <p style="font-size: 0.8em;">(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)</p>		
<p>3 Name of local government officer with whom filer has employment or business relationship.</p> <p style="text-align: center; font-size: 1.2em; margin-top: 10px;">N/A</p> <p style="text-align: center; font-size: 0.8em;">Name of Officer</p> <p style="font-size: 0.8em;">This section (Item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.</p> <p>A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p>B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p>C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p>D. Describe each employment or business relationship with the local government officer named in this section.</p>		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <p>4</p> <p style="font-size: 1.2em; margin-top: 10px;"><i>[Signature]</i></p> <p style="font-size: 0.8em;">Signature of person doing business with the governmental entity</p> </div> <div style="width: 45%; text-align: right;"> <p style="font-size: 1.2em; margin-top: 10px;">2/10/2020</p> <p style="font-size: 0.8em;">Date</p> </div> </div>		

Adopted 06/29/2007

****THIS PAGE MUST BE COMPLETED OR BID MAY BE REJECTED****

BID FORM RETURN CHECKLIST

	REQUIRED	SUBMITTED
1. Bid Bond	<u> X </u>	<u>yes</u>
2. Ack. Of Insurance	<u> X </u>	<u>yes</u>
3. References	<u> X </u>	<u>yes</u>
4. Signature Page	<u> X </u>	<u>yes</u>
5. Conflict of Interest Questionnaire	<u> X </u>	<u>yes</u>

Factory Trained



Presents:

ATLANTIS POOL PLASTERING INC.

Factory Trained on Diamond Brite, Diamond Brilliance, River Rok, Durazzo, and Ultra Pearl Brite Swimming Pool & Spa Finishes; Bond Kote, and Spray Deck Systems; and is authorized to offer appropriate SGM Inc. limited warranties where and when applicable.



November 2018- November 2020



1502 S.W. 2nd Place, Pompano Beach, FL 33069 Phone: 800.641.9247 Fax: 954.943.2288

House Bill 89/793 VERIFICATION

I, Dennis Watson (Person name), the undersigned
representative of (Company or Business name)
Atlantis Pool Plastering, Inc.

(hereafter referred to as company) being an adult
over the age of eighteen (18) years of age, after being duly sworn by the undersigned
notary, do hereby depose and verify under oath that the company named-above, under
the provisions of Subtitle F, Title 10, Government Code Chapter 2270::

1. Does not boycott Israel currently; and
2. Will not boycott Israel during the term of the contract the above-named
Company, business or individual with City of Keller, Texas.

Pursuant to Section 2270.001, Texas Government Code:

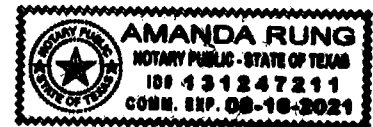
1. "Boycott Israel" means refusing to deal with, terminating business activities with, or
otherwise taking any action that is intended to penalize, inflict economic harm on, or
limit commercial relations specifically with Israel, or with a person or entity doing
business in Israel or in an Israeli-controlled territory, but does not include an action
made for ordinary business purposes; and
2. "Company" means a for-profit sole proprietorship, organization, association,
corporation, partnership, joint venture, limited partnership, limited liability
partnership, or any limited liability company, including a wholly owned subsidiary,
majority-owned subsidiary, parent company or affiliate of those entities or business
associations that exist to make a profit.

2/10/2020
DATE

[Signature]
SIGNATURE OF COMPANY
REPRESENTATIVE

ON THIS THE 10th day of February, 2020,
personally appeared Dennis Watson, the
above-named person, who after by me being duly sworn, did swear and confirm
that the above is true and correct.

NOTARY SEAL [Signature]
NOTARY SIGNATURE



ATLANTIS

POOL PLASTERING

ATTATCHMENT I

7700 West HWY 71 Suite 160 Austin TX
PH: (512) 243-6877 FX: (210) 579-7308

ATLANTIS POOL PLASTERING REFERENCE

Project: Ladybird Johnson Park Pool
432 Lady Bird Drive
Fredericksburg, TX 78624

Owner: City of Fredericksburg
126 W Main Street
Fredericksburg, TX 78624

Ref Contact: Parks Dept Andrea Schmidt 830-990-2018 aschmidt@fbgtx.org
Councilman Hunsaker Engineer Stacie Pye 314-960-6160 stacipye@chh2o.com
Architect Kimley Horn Mark Hatchel 214-420-5625 mark.hatchel@kimley-horn.com

Project Details:

2 pools and wading pool Lap pool 75' x 82' 6,150 SA Leisure pool 107' x 30'
3,210 SA. Cut existing pool in half and made two pools added additional structures on both.
Installed stainless steel gutter. Water blasted existing plaster, removed and replaced racing lane tile
10 lane lap pool. Pool plastered with Diamond Brite Plaster.

Project: Texas School for the Deaf
1102 South Congress Avenue
Austin, TX 78704

Owner: Texas School for the Deaf
1102 South Congress Avenue
Austin, TX 78704

Ref Contact: Project Manager Rossier Ines 808-303-0400 rossier.ines@flintco.com
Parkhill Smith & Cooper Jamie Zavodny 512-676-2100 jzavodny@teampsc.com

Project Details:

6 lane lap pool 2' to 12' depth 75' x 46' with shallow area 30' x 25' 4,384 SA.
Water blasted entire surface area replaced damaged racing lane tile. Installed bond kote and
plastered pool with Diamond Brite plaster. Repaired deck tile where needed.

ATLANTIS

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7700 West HWY 71 Suite 160 Austin TX
PH: (512) 243-6877 FX: (210) 579-7308

ATLANTIS POOL PLASTERING REFERENCE

Project: Circle C Swim Center
5919 La Crosse Ave
Austin, TX 78739

Owner: Swim Center HOA
7817 La Crosse Ave
Austin, TX 78739

Ref Contact: Facilities Director Robert Bardeleben 512-796-9584 facilities@ccswim.net

Project Details:

Community Olympic Pool 164' x 75' 12,300 SA 3'6" to 5' depth. Removed portion of existing pool steps in order to add 3 additional racing lanes and added rails to accommodate ADA entrance. Water blasted entire pool installed new racing lane tile each way. Repaired expansion joints in pool. Installed bond kote and Diamond Brite Plaster.

Project: Gilleland Park Pool
700 North Railroad Ave
Pflugerville, TX 78660

Owner: City of Pflugerville
400 Immanuel Rd
Pflugerville, TX 78691

Ref Contact: Parks Development Mgr. Aileen Dryden 512-990-6353 aileend@pflugervilletx.gov

Councilman Hunsaker Engineer Stacie Pye 314-960-6160 stacipye@chh2o.com

Project Details:

Community City Pool 8 lane lap pool 82' x 60' with a shallow end 65' x 40' 7,360 SA. Removed and replaced gutter system. Water blasted entire surface area of pool. Removed and replaced racing lane tile. Installed new drains and plumbing. Installed bond kote and Diamond Brite plaster.

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POOL PLASTERING

7700 West HWY 71 Suite 160 Austin TX
PH: (512) 243-6877 FX: (210) 579-7308

ATLANTIS POOL PLASTERING REFERENCE

Project: East Metro Park Pool
18706 Blake Manor Rd
Manor TX 78653

Owner: Travis County
700 Lavaca Suite 800
Austin, TX 78701

Ref Contact: Purchasing Agent Andy Carey 512-854-9700 andy.carey@traviscountytexas.gov

Project Details:

City community pool Lap pool 75' x 30' 2,250 SA 4' depth 4 racing lanes. Wading pool 80' x 40' 3,200 SA 2' depth. Removed loose plaster, removed and replaced racing lane tile. Re-grouted perimeter waterline tile. Installed bond kote and Diamond brite plaster.

Project: Keller ISD Natatorium
1000 Bear Creek Pkwy
Keller TX 76248

Owner: Keller Independent School District
350 Keller Parkway
Keller TX 76248

Ref Contact: Goldsmith Construction Company Inc. Bryan Goldsmith 817-379-2900

Project Details:

Keller Natatorium Re-Plaster. Eight lane competition pool. Surface area of 13,944 sq. ft, 186' x 75' dimensions depth of 4' to 11' 6" 805,000 gallons; racing lanes running both ways. Removed existing plaster using hydro blasting installed bond kote and diamond brite plaster.



Atlantis Aquatic Group
Terry Smith
7700 HWY 71 West Stk 160
Austin, TX 78735

Re: City of Pflugerville Letter of Recommendation

Terry,

In the spring of 2018 Atlantis Aquatic Group began work on extensive renovations to one of our pool facilities. The work included complete replacement of the mechanical systems including a new filtration system as well as re-plastering the pool and some deck work. Throughout the project, Terry and his crew worked consistently and in a timely manner. Due to the age of our existing facility, this project had a couple unknown existing circumstances and working together with the engineers and with Terry's extensive expertise in the field, the project moved forward with no issues.

Atlantis Aquatic Group delivered a final product on schedule and the City was able to open for the summer season on-time. Our aquatic operations staff were able to train with Atlantis regarding new pool operating standard and have since continued to keep the pool at optimal operating levels.

It was a pleasure to work and collaborate with Atlantis Aquatic Group. We appreciate the level of detail and commitment to the construction schedule that Terry's group demonstrated.

Thank you,

A handwritten signature in black ink, appearing to read 'A. Dryden', is written over a light blue horizontal line.

Aileen Dryden, PLA | ASLA
Park Development Manager
City of Pflugerville, Texas

CITY OF PFLUGERVILLE
P.O. BOX 589
Pflugerville, TX 78691-0589

STREET ADDRESS
15500 Sun Light Near Way #B
Pflugerville, TX 78660

TEL: 512.990.6400
FAX: 512.989.1052
www.pflugervilletx.gov

Goldsmith Construction Company, Inc.
P.O. Box 2438
Keller, Texas 76244

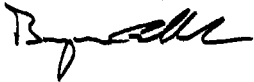
January 21, 2020

Re: Atlantis Aquatic Group Recommendation

To Whom It May Concern:

It is my pleasure to write this letter of recommendation for Atlantis Aquatic Group. I worked with this company on the Keller ISD Natatorium Pool Re-Plastering Project, and they have proven to be a worthy and trusted contract partner. I continue to seek opportunities to work with Atlantis and give them my highest recommendation.

Sincerely,



Bryan Goldsmith
President
Goldsmith Construction Company

Tony Farina | Building Operations Supervisor

The Keller Pointe

Dennis,

I wanted to let you know how much I appreciate the manner in which you and your plaster crew completed work on both our indoor and outdoor pools. You and your staff not only planned both jobs on short notice but completed the work ahead of schedule and with the highest of quality. Thank you once again for all your hard work.

Tony Farina | Building Operations Supervisor

The Keller Pointe

P: 817-743-4305 | F: 817-743-4355

City of Keller, Texas

Email: tfarina@cityofkeller.com

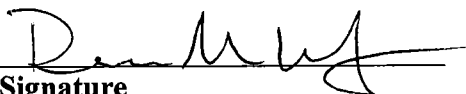
Follow us at: www.twitter.com/cityofkeller

Ranked #7 by MONEY magazine of "Best Places to Live" in 2009!

Come see why at www.thekellerpointe.com or www.cityofkeller.com

CITY OF KELLER
ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS

I acknowledge that by submitting a bid for this project, I am aware of the insurance requirements outlined in these specifications (Number 56-60). If I am awarded the bid, I will comply with all insurance requirements within 10 working days of the bid award, including providing proof that I have insurance which may include, but not be limited to, true and accurate copies of the policies. If I fail to forward all insurance requirements within the 10 working days of the award of the bid, I understand my bid bond will be forfeited.


Signature

Dennis Watson
Printed name

Name of Company: Atlantis Pool Plastering, Inc.
Address of Company: 7700 Hwy 71 W Suite 160
City, State & Zip: Austin, TX 78735



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/6/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Independent Insurance Group, Inc. 3030 LBJ Freeway St, Suite 1300 Dallas TX 75234-7004	CONTACT NAME: Allen Sparks	
	PHONE (A/C, No, Ext): 972-231-8277	FAX (A/C, No): 972-231-8291
	E-MAIL ADDRESS: certs@indinsgrp.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United Fire Lloyds	43559
	INSURER B : Continental Casualty Company	20443
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER:** 1830008511**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	60492850	8/27/2019	8/27/2020	EACH OCCURRENCE \$ 1,000,000 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 \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	Y	Y	60492850	8/27/2019	8/27/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			60492850	8/27/2019	8/27/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	60492850	8/27/2019	8/27/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Leased/Rented			6078849956	8/27/2019	8/27/2020	Limite \$250,000

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

The above checked ADDL INSR and SUBR WVD boxes refer to the following specific endorsements listed below and copies attached:
General Liability: Primary & Noncontributory-Other Insurance Condition form CG2001 0413; Additional Insured-Owners/Lessees/Contractors-Completed Operations form CG2037 0413; Additional Insured - Owners, Lessees or Contractors - Automatic Status for Other Parties When Required in Written Construction Agreement form CG2038 0413; Blanket Waiver of Transfer of Rights of Recovery Against Others To Us form CG2404 0509; Texas Changes - Amendment of Cancellation Provisions or Coverage Change (Blanket 30 Days) form CG0205 1204; Limited Extended Ultra Liability Plus (Includes Aggregate Limit per location and per project) form CG7280 0717
Automobile Liability: Business Auto Ultra Endorsement form CA7109 0117 which provides Additional Insured Status by Contract, Agreement or Permit & Waiver of Subrogation Required by Contract; Texas Cancellation Provision or Coverage Change (Blanket 30 Days) form CA7133 1210
See Attached...

CERTIFICATE HOLDER**CANCELLATION**

For Bidding Purposes Only	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

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Independent Insurance Group, Inc.		NAMED INSURED Atlantis Pool Plastering, Inc. 7700 Hwy 71 W. #160 Austin TX 78735
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Workers Compensation: Texas Blanket Waiver of Subrogation form WC420304B; Texas Notice of Material Change Endorsement (Blanket 30 Days) form WC420601

Umbrella Liability follows form in regards to General Liability, Auto Liability and Workers Compensation.

BID BOND

KNOW ALL MEN BY THESE PRESENTS, that we Atlantis Pool Plastering, Inc. dba Atlantis Aquatic Group

as Principal, hereinafter called the Principal, and Continental Casualty Company

a corporation duly organized under the laws of the State of Illinois as Surety, hereinafter called the Surety, are held and firmly bound unto City of Keller

as Obligee, hereinafter called the Obligee, in the sum of

Bid Amount of One Thousand Five Hundred and no/100--- Dollars (\$ Bid Amount \$1,500.00), for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for


Indoor Swimming Pool Re-Plaster Services, 405 Rufe Snow Dr., Keller, TX 76248, #20-004

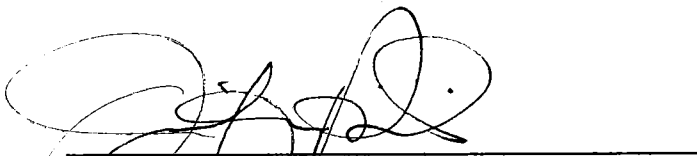
NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this 14th day of February, 2020.


(Witness)

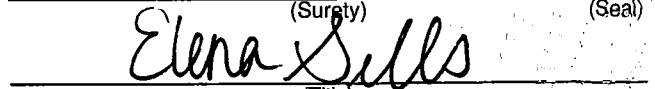
Atlantis Pool Plastering, Inc. dba Atlantis Aquatic Group
(Principal) (Seal)


(Title) President


(Witness)

Jennifer Picchi, Witness

Continental Casualty Company
(Surety) (Seal)


(Title)

Elena Sells, Attorney-in-Fact

Printed in cooperation with the American Institute of Architects (AIA) by the CNA Insurance Companies.

The language in this document conforms exactly to the language used in AIA Document A310 - Bid Bond - February 1970 Edition.

Figure: 28 TAC §1.601(a)(3)

1 IMPORTANT NOTICE

To obtain information or make a complaint:

2 You may contact Continental Casualty Company, National Fire Insurance Company, American Casualty Company or Continental Insurance Company at 312-822-5000.

3 You may call Continental Casualty Company, National Fire Insurance Company, American Casualty Company or Continental Insurance Company's toll-free telephone number for information or to make a complaint at:

1-877-672-6115

4 You may also write to Continental Casualty Company, National Fire Insurance Company, American Casualty Company or Continental Insurance Company at:

CNA Surety
333 South Wabash
Chicago, IL 60604

5 You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

6 You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-Mail: ConsumerProtection@tdi.state.tx.us

7 PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact Continental Casualty Company, National Fire Insurance Company, American Casualty Company or Continental Insurance Company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

8 ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

Form F8277

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Puede comunicarse con Continental Casualty Company, National Fire Insurance Company, American Casualty Company or Continental Insurance Company al 312-822-5000.

Usted puede llamar al numero de telefono gratis de Continental Casualty Company, National Fire Insurance Company, American Casualty Company or Continental Insurance Company's para informacion o para someter una queja al:

1-877-672-6115

Usted tambien puede escribir a Continental Casualty Company, National Fire Insurance Company, American Casualty Company or Continental Insurance Company:

CNA Surety
333 South Wabash
Chicago, IL 60604

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-Mail: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el Continental Casualty Company, National Fire Insurance Company, American Casualty Company or Continental Insurance Company primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company (herein called "the CNA Companies"), are duly organized and existing insurance companies having their principal offices in the City of Chicago, and State of Illinois, and that they do by virtue of the signatures and seals herein affixed hereby make, constitute and appoint

Kathy Sells, Steven W Lewis, Lanny Land, Jennifer Picchi, Elena Sells, Individually

of Grapevine, TX, their true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on their behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

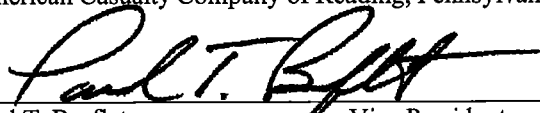
and to bind them thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of their insurance companies and all the acts of said Attorney, pursuant to the authority hereby given is hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law and Resolutions, printed on the reverse hereof, duly adopted, as indicated, by the Boards of Directors of the insurance companies.

In Witness Whereof, the CNA Companies have caused these presents to be signed by their Vice President and their corporate seals to be hereto affixed on this 22nd day of August, 2019.



Continental Casualty Company
National Fire Insurance Company of Hartford
American Casualty Company of Reading, Pennsylvania

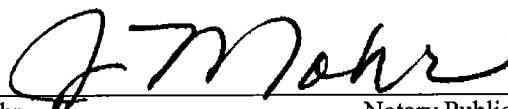

Paul T. Bruflat Vice President

State of South Dakota, County of Minnehaha, ss:

On this 22nd day of August, 2019, before me personally came Paul T. Bruflat to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is a Vice President of Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company described in and which executed the above instrument; that he knows the seals of said insurance companies; that the seals affixed to the said instrument are such corporate seals; that they were so affixed pursuant to authority given by the Boards of Directors of said insurance companies and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said insurance companies.

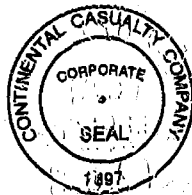


My Commission Expires June 23, 2021

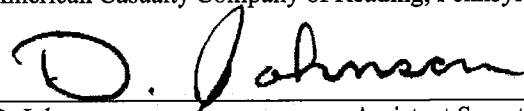

J. Mohr Notary Public

CERTIFICATE

I, D. Johnson, Assistant Secretary of Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company do hereby certify that the Power of Attorney herein above set forth is still in force, and further certify that the By-Law and Resolution of the Board of Directors of the insurance companies printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said insurance companies this 14th day of February, 2020.



Continental Casualty Company
National Fire Insurance Company of Hartford
American Casualty Company of Reading, Pennsylvania


D. Johnson Assistant Secretary

Form F6853-4/2012

Go to www.cnasurety.com > Owner / Obligee Services > Validate Bond Coverage, if you want to verify bond authenticity.