

**PORT EVERGLADES FRANCHISE APPLICATION**

An application will not be deemed complete and ready for processing until all required documents and fees are received.  
A separate application must be filed for each type of franchise applied for.

FRANCHISE TYPE

CHECK ONE

☐

STEAMSHIP AGENT

☐

STEVEDORE

☒

CARGO HANDLER

☐

TUGBOAT & TOWING

☐

VESSEL BUNKERING

VESSEL OILY WASTE REMOVAL

VESSEL SANITARY WASTE WATER REMOVAL

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MARINE TERMINAL SECURITY

☐

MARINE TERMINAL SECURITY

FIREARMS CARRYING SECURITY PERSONNEL

NON-FIREARMS CARRYING SECURITY PERSONNEL

Note: Applicant is the legal entity applying for the franchise. If the Applicant is granted the franchise, it will be the named franchisee. All information contained in this application shall apply only to the Applicant, and not to any parent, affiliate, or subsidiary entities.

Applicant's

Name: **Hirsch Stevedoring, LLC**

(Name as it appears on the certificate of incorporation, charter, or other legal documentation as applicable, evidencing the legal formation of the Applicant)

Applicant's Business Address 6701 NW 22<sup>nd</sup> Ter Fort Lauderdale, FL 33309  
Number / Street City/State/Zip

Phone # ( 954 ) 952-5991 E-mail: terry.hirsch@hirschstevedoring.com /

operations@hirschstevedoring.com

Fax #: ( )

Name of the person authorized to bind the Applicant (Person's signature must appear on Page 13.)

Name: Terrance L Hirsch

Title Owner, General Manager

Business Address 6701 NW 22<sup>nd</sup> Ter Fort Lauderdale FL 33309  
Number / Street City/State/Zip

Phone # (954) 952-5991 E-mail: terry.hirsch@hirschstevedoring.com /  
operations@hirschstevedoring.com

Fax #: ( )

Provide the Name and Contact Information of Applicant's Representative to whom questions about this application are to be directed (if different from the person authorized to bind the Applicant):

Representative's Name

Representative's Title

Representative's Business Address  
Number / Street City/State/Zip

Representative's Phone #

Representative's E-mail address

Representative's Fax # ( ) \_\_\_\_\_

**PLEASE COMPLETE THIS APPLICATION AND LABEL ALL REQUIRED BACKUP DOCUMENTATION TO CLEARLY IDENTIFY THE SECTION OF THE APPLICATION TO WHICH THE DOCUMENTATION APPLIES (I.E...., SECTION A, B, C, etc.).**

**Section A**

1. List the name(s) of Applicant's officers, including, CEO, CO Q CFO, director(s), member(s), partner(s), shareholder(s), principal(s), employee(s), agents, and local representative(s) active in the management of the Applicant.

Officers:

Title General Manager

First Name Terrance Middle Name L

Last Name Hirsch

Business Street Address 6701 NW 22<sup>nd</sup> Ter

City, State, Zip Code Fort Lauderdale, Florida 33309

Phone Number (954) 952-5991 Fax Number ( ) \_\_\_\_\_

Email Address terry.hirsch@hirschstevedoring.com

Title Manager of Administration

First Name Michelle Middle Name \_\_\_\_\_

Last Name Hirsch

Business Street Address 6701 NW 22<sup>nd</sup> Ter

City, State, Zip Code Fort Lauderdale, FL 33309

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email Address michelle.hirsch@hirschstevedoring.com

**Members: See attached sheet. (Section A - Members of Hirsch Stevedoring)**

Title \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Business Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Title \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Business Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_@\_\_\_\_\_.

Attach additional sheets if necessary.

2. RESUMES: Provide a resume for each officer, director, member, partner, shareholder, principal, employee, agent, and local representative(s) active in the management of the Applicant, as listed above.

**Please see attached Resumes (Section A.2 – Resumes)**

**Section B**

1. Place checkmark to describe the Applicant:  
( ) Sole Proprietorship ( ) Corporation ( ) Partnership ( ) Joint Venture ( **X** ) Limited Liability Company
2. Provide copies of the documents filed at the time the Applicant was formed including Articles of Incorporation (if a corporation); Articles of Organization (if an LLC); or Certificate of Limited Partnership or Limited Liability Limited Partnership (if a partnership). If the Applicant was not formed in the State of Florida, provide a copy of the documents demonstrating that the Applicant is authorized to conduct business in the State of Florida.

**Please see attached (Section B - Articles of Organization, Section B - SunBiz Record Hirsch Stevedoring)**

**Section C**

1. Has there been any change in the ownership of the Applicant within the last five (5) years? (e.g., any transfer of interest to another party)  
Yes\_\_\_ No **X** If " Yes," please provide details in the space provided. Attach additional sheets if necessary.
  2. Has there been any name change of the Applicant or has the Applicant operated under a different name within the last five (5) years?  
Yes\_\_\_ No **X** If " Yes," please provide details in the space provided, including: Prior name(s) and Date of name change(s) filed with the State of Florida's Division of Corporations or other applicable state agency. Attach additional sheets if necessary.
- 
3. Has there been any change in the officers, directors, executives, partners, shareholders, or members of the Applicant within the past five (5) years?  
Yes\_\_\_ No **X** If " Yes," please provide details in the space provided, including:  
Prior officers, directors, executives, partners, shareholders, members  
Name(s) \_\_\_\_\_  
New officers, directors, executives, partners, shareholders, members  
Name(s) \_\_\_\_\_  
Also supply documentation evidencing the changes including resolution or minutes appointing new officers, list of new principals with titles and contact information, and effective date of changes. Attach additional sheets if necessary.

**Section D**

Provide copies of all fictitious name registrations filed by the Applicant with the State of Florida's Division of Corporations or other State agencies. If none, indicate "None" **NONE**\_\_\_\_\_.



#### Section E

1. Has the Applicant acquired another business entity within the last five (5) years?  
Yes \_\_\_ No X If "Yes," please provide the full legal name of any business entity which the Applicant acquired during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.  
If none, indicate "None" NONE.
2. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the acquired firm's officers, managers, employees and/or the acquired firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.
3. Has the Applicant been acquired by another business entity within the last five (5) years? Yes \_\_\_ No X If "Yes," provide the full legal name of any business entity which acquired the Applicant during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.  
If none, indicate "None" NONE.
4. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the parent firm's officers, managers, employees and/or the parent firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

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#### Section F

Provide the Applicant's previous business history, including length of time in the same or similar business activities as planned at Port Everglades.

**Applicant is a newly formed company. The manager and CEO of Applicant is Terry Hirsch, an innovative and experienced leader who brings over 29 years of diverse logistics management expertise to Hirsch Stevedoring. Terry emphasizes placing customers at the core of the business model. He has direct experience in leading terminal operations and managing strategy development for top tier institutions at ports around the country. He brings an exceptional safety record, while driving key phases of operational planning, technical oversight, human resource management, and assessment of end-user needs while efficiently resolving issues.**

**Please see attached Resume (Section A.2) for full employment history.**

#### Section G

1. Provide a list of the Applicant's current managerial employees, including supervisors, superintendents, and forepersons.



**Terry Hirsch – General Manager**  
**Michelle Hirsch – Manager of Administration**

2. List the previous work history/experience of the Applicant's current managerial employees, including their active involvement in seaports and length of time in the same or similar business activities as planned at Port Everglades.

**Terry Hirsch has worked in Port Everglades for the past six years, all in Management roles. He effectively managed safety across several operations, ensuring low numbers of incidents and injuries during all terminal/vessel operations. In his roles as General Manager, he secured over \$2,000,000 of new business into Port Everglades, creating more than 100 jobs.**

**Terry served on the Board of Directors for the Port Everglades Association in 2018.**

**Prior to working in Florida, Terry had several roles with Ports America and Stevedoring Services of America, in the Ports of Oakland, Long Beach, Los Angeles, Port Hueneme, San Diego, Portland, and San Francisco, notably managing a \$300M+ modular laboratory shipment for Genentech and completing successful operations discharging the San Francisco / Oakland Bay Bridge's temporary "S" curve.**

**Please see attached Resume (Section A.2) for full employment history.**

#### **Section H**

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. **Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).**

If none, state "None" **NONE**.

Seaport \_\_\_\_\_ Number of Years Operating at this Seaport \_\_\_\_\_

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client

### Section I

1. Provide a description of all past (within the last five (5) years) and pending litigation and legal claims where the Applicant is a named party, whether in the State of Florida or in another jurisdiction, involving allegations that Applicant has violated or otherwise failed to comply with environmental laws, rules, or regulations or committed a public entity crime as defined by Chapter 287, Florida Statutes, or theft-related crime such as fraud, bribery, smuggling, embezzlement or misappropriation of funds or acts of moral turpitude, meaning conduct or acts that tend to degrade persons in society or ridicule public morals.

The description must include all of the following:

- a) The case title and docket number
- b) The name and location of the court before which it is pending or was heard
- c) The identification of all parties to the litigation
- d) General nature of all claims being made

If none, indicate "None" **NONE**.

2. Indicate whether in the last five (5) years the Applicant or an officer, director, executive, partner, or a shareholder, employee or agent who is or was (during the time period in which the illegal conduct or activity took place) active in the management of the Applicant was charged, indicted, found guilty or convicted of illegal conduct or activity (with or without an adjudication of guilt) as a result of a jury verdict, nonjury trial, entry of a plea of guilty or nolo contendere where the illegal conduct or activity (1) is considered to be a public entity crime as defined by Chapter 287, Florida Statutes, as amended from time to time, or (2) is customarily considered to be a white-collar crime or theft-related crime such as fraud, smuggling, bribery, embezzlement, or misappropriation of funds, etc. or (3) results in a felony conviction where the crime is directly related to the business activities for which the franchise is sought.

Yes\_\_\_ No **X**

If you responded "Yes," please provide all of the following information for each indictment, charge, or conviction:

- a) A description of the case style and docket number
- b) The nature of the charge or indictment
- c) Date of the charge or indictment
- d) Location of the court before which the proceeding is pending or was heard
- e) The disposition (e.g., convicted, acquitted, dismissed, etc.)
- f) Any sentence imposed
- g) Any evidence which the County (in its discretion) may determine that the Applicant and/or person found guilty or convicted of illegal conduct or activity has conducted itself, himself or herself in a manner as to warrant the granting or renewal of the franchise.

### Section J

The Applicant must provide a current certificate(s) of insurance. Franchise insurance requirements are determined by Broward County's Risk Management Division and are contained in the Port Everglades Tariff No. 12 as amended, revised or reissued from time to time. The Port Everglades Tariff is contained in the Broward County Administrative Code, Chapter 42, and is available for inspection on line at: <http://www.porteverglades.net/development/tariff>.

Please see COI attached (Section J - Hirsch Stevedoring COI Broward)

### Section K

1. The Applicant must provide its most recent audited or reviewed financial statements prepared in accordance with generally accepted accounting principles, or other documents and information which demonstrate the Applicant's creditworthiness, financial responsibility, and resources, which the Port will consider in evaluating the Applicant's financial responsibility.

**Proforma P&L attached (Section K – Hirsch Stevedoring Proforma P&L Consolidated Franchise)  
Bank Statement, Bank Credit Limit, and invoices showing credit terms attached (Section K - Bank  
and Credit Statements)**

2. Has the Applicant or entity acquired by Applicant (discussed in Section E herein) sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it within the last five (5) year period?

Yes ☐ No ☒

If "Yes," please provide the following information for each bankruptcy or insolvency proceeding:

- a) Date petition was filed, or relief sought
- b) Title of case and docket number
- c) Name and address of court or agency
- d) Nature of judgment or relief
- e) Date entered

3. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for the business or property of the Applicant?

Yes ☐ No ☒

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

4. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for any entity, business, or property acquired by the Applicant?

Yes ☐ No ☒

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

### Section L

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:

Name of Reference \_\_\_\_\_ Nature of Business \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Legal Business Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

(Provide on a separate sheet.)



**Please see attached references (Section L - Hirsch Stevedoring - Credit References)**

**Section M**

1. Security: Pursuant to Port Everglades Tariff 12, Item 960, all Franchisees are required to furnish an Indemnity and Payment Bond or Irrevocable Letter of Credit drawn on a U.S. bank in a format and an amount not less than \$20,000 as required by Broward County Port Everglades Department.
2. Has the Applicant been denied a bond or letter of credit within the past five (5) years?  
Yes ☐ No ☒  
If "Yes," please provide a summary explanation in the space provided of why the Applicant was denied. Use additional sheets if necessary.

**Section N**

1. Provide a list and description of all equipment currently owned and/or leased by the Applicant and intended to be used by the Applicant for the type of service(s) intended to be performed at Port Everglades including the age, type of equipment and model number.  
  
**Intended to be leased initially: Forklifts 4x6k, 1x15 mt (30k lbs). 1-2 Company trucks and 2 Mules and Mafi's.**
2. Identify the type of fuel used for each piece of equipment. **Diesel, Gasoline and Propane**
3. Indicate which equipment, if any, is to be domiciled at Port Everglades. **All equipment mentioned above.**
4. ~~Will all equipment operators be employees of the Applicant, on the payroll of the Applicant, with wages, taxes, benefits, and insurance paid by the Applicant?~~  
Yes ☐ No ☒  
If "No," please explain in the space provided who will operate the equipment and pay wages, taxes, benefits, and insurance, if the franchise is granted. Use additional sheets if necessary.  
**Labor Temp Agency will provide PIT certified operators (PIT, Power Industrial Trucks).**

**Section O**

Provide a copy of the Applicant's current Broward County Business Tax Receipt (formerly Occupational License).

**See Attached Tax Receipts (Section O - City Business\_Tax\_Receipt and Section O - 2020 Broward County Tax Reciept)**

**Section P**

1. Provide a copy of Applicant's safety program.
2. Provide a copy of Applicant's substance abuse policy.
3. Provide a copy of Applicant's employee job training program/policy.
4. Provide information regarding frequency of training.
5. Include equipment operator certificates, if any.

**Please see Safety Manual and Procedures, including substance abuse and training policies, attached. (Section P - Hirsch Stevedoring Safety Manual and Policies)**

**Section Q**

1. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from any federal, state, or local environmental regulatory agencies?  
Yes \_\_\_ No X
2. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or civil penalties from the U.S. Coast Guard? Yes \_\_\_ No X
3. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from the Occupational Safety and Health Administration?  
Yes \_\_\_ No X

If you responded "Yes" to any of this section's questions 1, 2, or 3 above, please provide a detailed summary for each question containing the following information:

- a) Name and address of the agency issuing the citation or notice
- b) Date of the notice
- c) Nature of the violation
- d) Copies of the infraction notice(s) from the agency
- e) Disposition of case
- f) Amount of fines, if any
- g) Corrective action taken

Attach copies of all citations, notices of violations, warning notices, civil penalties and fines issued by local, state, and federal regulatory agencies, all related correspondence, and proof of payment of fines.

4. Provide a statement (and/or documentation) which describes the Applicant's commitment to environmental protection, environmental maintenance, and environmental enhancement in the Port.

**Hirsch Stevedoring LLC is committed to supporting the care and sustainability of our environment.**

**We are committed to complying with all applicable environmental laws and regulations and diligently addressing any instances or potential instances of non-compliance. We believe that by incorporating business best practice principles into our environmental compliance program, including pollution abatement and prevention, a focus on minimizing our carbon footprint, and**

**Hirsch Stevedoring, LLC, pledges to comply and follow the rule of law of Local, State and Federal regulations; to monitor, quantify, benchmark, record our environmental performance via annual assessments in accordance with Port Everglades' participation in the Green Marine initiative. We similarly pledge to maintain pollution prevention best practices in all of our operations.**

**We truly appreciate the opportunity to do business at Port Everglades, FL, and remain fully committed to continue working with you to meet our environmental and sustainability goals.**

**See also attached (Section R - Enviro - Enforcement Action Advanced Search)**



## **Section R**

Provide written evidence of Applicant's ability to promote and develop growth in the business activities, projects or facilities of Port Everglades through its provision of the services (i.e., stevedore, cargo handler or steamship agent) it seeks to perform at Port Everglades. For first-time applicants (stevedore, cargo handler and steamship agent), the written evidence must demonstrate Applicant's ability to attract and retain new business such that, Broward County may determine in its discretion that the franchise is in the best interests of the operation and promotion of the port and harbor facilities. The term "new business" is defined in Chapter 32, Part II of the Broward County Administrative Code as may be amended from time to time.

**Terrance Hirsch, the manager of the Applicant, has been working in the maritime business since 1991, providing stevedoring and cargo handling services to maritime customers together with related agency services. He has worked with companies providing these services in Port Everglades for over 5 years. His work included handling all types of break bulk, containers and project cargoes. He has managed stevedore operations (as General Manager) handling over \$10,000,000 in annual volume.**

**The Applicant will bring eight new cargo customers to Port Everglades. These companies are either already calling at other ports in Florida or are new services. We expect to serve businesses that call the islands around the Caribbean region. We anticipate RORO ships with smaller volumes (400-1200mt) RORO vessels to start. This type of vessel will have a minimal footprint impact on the Port. We anticipate that vessels will be in and out within 6-8 hours with limited berthing space requirements (4-5 times a week). These services will provide a very much needed window not only for regular service calls to the islands but now, reconstruction to those devastated by the recent hurricane. We are also in talks with the Bahamian Government for long term contracts that will be critical for the islands' infrastructure.**

**Our services will accommodate critically needed Caribbean cargo shippers. We will not interfere with daily cruise traffic nor container operations. Our operations will be year round short window operations with consistent callings, steady work for laborers and essential cargoes.**

**There is an opportunity here for all of us here in Port Everglades. Terry Hirsch has been a longtime supporter of Port Everglades and has advocated its advantages cargo customers over the last seven years. He has over 29 years of stevedore experience, has actively followed the development of the Port Master Plan and is known as a team player who works for the good of the port community. His philosophy is that standing and supporting the needs of not only the customers, but of the port community as a whole is a reflection of character.**

If you have checked an Applicant box for VESSEL BUNKERING, VESSEL OILY WASTE REMOVAL, VESSEL SANITARY WASTEWATER REMOVAL, OR MARINE TERMINAL SECURITY, the following additional information is required:

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**VESSEL BUNKERING**

**Section T-** A Letter of Adequacy from the U.S. Coast Guard and a copy of the applicant's operations manual approved by the U.S. Coast Guard.

**Section V-** A copy of the applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

**Section W-** A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

**Section Z-** An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.



☐ **VESSEL OILY WASTE REMOVAL**

**Section S** - Certificate of Adequacy in compliance with the Directives of MARPOL 73/75 and 33 CFR 158, if applicable.

**Section T**- A Letter of Adequacy from the U.S. Coast Guard and a copy of the Applicant's operations manual approved by the U.S. Coast Guard.

**Section U**- A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

**Section V**- A copy of the Applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

**Section W**- A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

**Section X**- A Used Oil Collector, Transporter, and Recycler Certificate from the Florida Dept. of Environmental Protection.

**Section Y**- An Identification Certificate from the U.S. Environmental Protection Agency.

**Section Z**- An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the Applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.

☐ **VESSEL SANITARY WASTE WATER REMOVAL**

**Section U**- A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

**Section Z1**- A copy of the Applicant's operations manual.

**Section Z2**- A Septage Receiving Facility Waste Hauler Discharge Permit from the Broward County Water and Wastewater Services Operations Division.

☐ **MARINE TERMINAL SECURITY**

**Section N1**- A list of all metal detection devices, walk-through and hand held, as well as all luggage and carryon x-ray machines owned or leased, to be used or domiciled at Port Everglades. Listing must include brand name and model.

**Section N2**- A copy of all manufacturers recommended service intervals and name of company contracted to provide such services on all aforementioned equipment.

**Section N3**- A description of current method employed to assure all equipment is properly calibrated and functioning.

**Section N4**- current training requirements and training syllabus for employees operating x-ray equipment. Highlight emphasis on weapon and contraband identification. Include equipment operator certificates, if any.

**Section O1**- Provide copies of all local, state and federal licenses, including:

**a.** A copy of the Applicant's State of Florida Business License.

**b.** A copy of security agency's Manager's "M" or "MB" License and a copy of the security agency's "B" or "BB" License issued by the Florida Department of Agriculture and Consumer Services.

**Section P3**- SECURITY GUARDS / SUPERVISORS

**a.** Provide Applicant's background requirements, education, training etc., for personnel hired as security guards.

**b.** Provide historic annual turnover ratio for security guards.

**c.** Provide a copy of Applicant's job training program/policy including a copy of training curriculum and copies of all manuals and take-home materials made available to security guards. Include information regarding frequency of training.

**d.** Provide background requirements, experience, licensing and any and all advanced training provided to supervisory personnel.

**e.** Provide present policy for individual communication devices either required of security guards or supplied by the employer.

- f. Provide procurement criteria and source as well as Applicant's certification requirements for K-9 workforce.  
g. Provide information on the number of security guards / supervisors currently employed or expected to be employed to provide security services at Port Everglades.

Supervisors \_\_\_\_\_  
Class D Guards \_\_\_\_\_  
Class G Guards \_\_\_\_\_  
K-9 Handlers \_\_\_\_\_

**Port Everglades Tariff 12**

References to the Port Everglades Tariff 12 as amended or reissued: <http://www.porteverglades.net/development/tariff>

**Application Fees**

The following fees have been established for franchised businesses at Port Everglades. Initial processing fees are nonrefundable. A franchise is required for each category of business.

**Stevedore**

Initial processing fee, assignment fee, or reinstatement fee \$ 11,000.00  
Annual Fee \$ 4,000.00

**Cargo Handler**

Initial processing fee, assignment fee, or reinstatement fee \$ 11,000.00  
Annual Fee \$ 4,000.00

**Steamship Agent**

Initial processing fee, assignment fee, or reinstatement fee \$ 4,000.00  
Annual Fee \$ 2,250.00

**Tugboat and Towing**

Initial processing fee, assignment fee, or reinstatement fee \$ 26,000.00  
Annual Fee By Contract

**Vessel Bunkering, Vessel Oily Waste Removal,**

**Vessel Sanitary Waste Water Removal**

Initial processing fee, assignment fee, or reinstatement fee \$ 4,000.00  
Annual Fee \$ 2,250.00

For first-time franchise Applicants, both the initial application fee and the annual fee must be submitted at time of application. Thereafter, annual franchise fees are due and payable each year on the franchise anniversary date, which is defined as the effective date of the franchise.

Note: Check(s) should be made payable to:

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS and be mailed with this application to:  
Port Everglades Business Administration Division  
1850 Eller Drive, Fort Lauderdale, FL 33316

**Required Public Hearing**

Staff review of this application will not commence until such time as all of the above requested information and documentation has been provided and the franchise application has been determined by staff to be complete. All of the above requested information and Sections are required to be completed prior to the scheduling of the public hearing. Staff will request that the Broward County Board of County Commissioners set a public hearing to consider the franchise application and hear comments from the public. The Applicant will be notified of the Public Hearing date and must plan to attend the Public Hearing.

By signing and submitting this application, Applicant certifies that all information provided in this application is true and correct. Applicant understands that providing false or misleading information on this application may result in the franchise application being denied, or in instances of renewal, a franchise revoked. Applicant hereby waives any and all claims for any damages resulting to the Applicant from any disclosure or publication in any manner of any material or information acquired by Broward County during the franchise application process or during any inquiries, investigations, or public hearings.

Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) or to its officers, directors, senior management personnel, or business operation as stated in this application, Applicant agrees to provide such updated information to the Port Everglades Department of Broward County, including the furnishing of the names, addresses (and other



information as required above) with respect to persons becoming associated with Applicant after its franchise application is submitted, and any other required documentation requested by Port Everglades Department staff as relating to the changes in the business operation. This information must be submitted within ten (10) calendar days from the date of any change made by the Applicant.

Applicant certifies that all workers performing functions for Applicant who are subject to the Longshore and Harbor Workers' Act are covered by Longshore & Harbor Workers' Act, Jones Act Insurance, as required by federal law.

This application and all related records are subject to Chapter 119, F.S., the Florida Public Records Act.

By its execution of this application, Applicant acknowledges that it has read and understands the rules, regulations, terms and conditions of the franchise it is applying for as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended, and agrees, should the franchise be granted by Broward County, to be legally bound and governed by all such rules, regulations, terms and conditions of the franchise as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended.

The individual executing this application on behalf of the Applicant, personally warrants that s/he has the full legal authority to execute this application and legally bind the Applicant.

Signature of Applicant's Authorized

Representative  Date Signed: 5/26/2020

Signature name and title - typed or printed: **Terrance L Hirsch – General Manager**

Witness Signature (\*Required\*) 

Witness name-typed or printed **Michelle Hirsch**

Witness Signature (\*Required\*) 

Witness name-typed or printed **Ari Mukamal**

If a franchise is granted, all official notices/correspondence should be sent to:

Name: **Terry Hirsch** Title: **Owner, General Manager**  
Address **6701 NW 22<sup>nd</sup> Ter., Fort Lauderdale, FL 33308** Phone **(954) 952-5991**  
Email: **terry.hirsch@hirschstevedoring.com**

cc: **Anitra Lanczi, 1512 E. Broward Blvd, Suite 101, Fort Lauderdale, FL 33301**  
Phone: **954-278-6723**  
Email: **Anitra@LancziLaw.com**

## Section A

### Members of Hirsch Stevedoring LLC

1) Hirsch Maritime LLC – 60 Units

Members of Hirsch Maritime LLC:

Terrance Hirsch  
Michelle Hirsch  
6701 NW 22<sup>nd</sup> Terrace  
Ft. Lauderdale, FL 33309  
[terry.hirsch@hirschmaritime.com](mailto:terry.hirsch@hirschmaritime.com)  
[michelle.hirsch@hirschmaritime.com](mailto:michelle.hirsch@hirschmaritime.com)

2) Embophonic LLC – 40 Units

Members of Embophonic LLC

Ari Mukamal  
2404 Hollywood Blvd.  
Hollywood, FL 33020  
[amukamal@embophonic.com](mailto:amukamal@embophonic.com)

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## **TERRANCE L. HIRSCH**

6701 NW 22<sup>nd</sup> Terrace • Fort Lauderdale, FL 33309 • 954-592-5991 • terry.hirsch@hirschmaritime.com

### **MARINE OPERATIONS / TERMINAL MANAGEMENT**

*Effectively Integrating Business and Logistic Operations*

Innovative and an experienced leader with diverse logistics management expertise and a record of driving bottom line performance through emphasis on placing customers at the core of the business model. Direct experience in leading terminal operations and managing strategy development for top tier institutions. Exceptional safety record, while driving key phases of operational planning, technical oversight, human resource management, and assessment of end-user needs while efficiently resolving issues. Serve as a welcome addition to any operation/governmental team, with a demonstrated ability to deliver highly critical business objectives within tight schedules and budgets.

#### ***Signature Strengths Include:***

**Breakbulk-Bulk-Liquid / Heavy Lift/ RoRo/Lolo Operations • Container Operations • Autos / Military Operations • Terminal Operations Business Strategy • Resource Planning • Vendor Management • Organizational Development • Cost Controls Process Re-engineering & Improvement • Performance Optimization • LEAN Manufacturing Maintenance & Repair • Customer Relations • Project Management • Needs Assessment/Site Safety Manager & FSO • HS&E Representative • Claims Manager • Contract Negotiations • Budgetary Development & Management • Soft Skills**

#### **PROFESSIONAL EXPERIENCE**

**Hirsch Maritime LLC/Hirsch Stevedoring LLC**  
Fort Lauderdale, FL. November 2019 -Current  
[hirschmaritime.com/hirschstevedoring.com](http://hirschmaritime.com/hirschstevedoring.com)

##### **President, November 2019**

After 28 years of continuous maritime employment for other stevedore companies, I began my own company's in 2019 to address a void in the market where I found an opportunity and a great deal of support. My services that are currently being offered and utilized at the current moment

- Contractual support
- Operational/Technical Planning
- Business Development
- Safety Consulting
- Terminal Development
- Port Captain Services
- Environmental Consulting

Currently, I have obtained a lease for property and a warehouse within the ports property (Matcon-Sierra Tanks Farm) to help aid in the companies continued development and entice of new services to call PEV.

##### **Host Terminals (South Florida)**

*Fort Lauderdale/West Palm Beach, Fl. April 2017 to October 2019*

##### **General Manager, July 2019**

I was responsible for a \$10 million dollar stevedore operation in South Florida. I oversaw a labor pool of 63 individuals, managing customer interaction, direct/indirect costs, and operational efficiencies for the South Florida region. Serve as subject matter expert for all operations, project, planning, preparing, and executing of various complex jobs. Collaborate with customers and staff teams, executing contracts/rate proposals and effectively managing operations to deliver increased performance. Serve as the point of contact to government agencies, vessel port captains, owners, trucking companies and providing guidance on handling cargo and bulk commodities. Effectively manage safety across



**TERRANCE L. HIRSCH • Page - 2 - • terry.hirsch@hirschmaritime.com**

several operations, ensuring low numbers of incidents and injuries during all terminal/vessel operations. Served on the Board of Director for the Port Everglades Association 2018 year

**Select Accomplishments:**

- Stabilized losses to exceed companies previous revenue records for 2017 and 2018.
- Added \$1.4 million in new business to the operation in the two years since taking on role of General Manager.
- Recognized by the company as the most efficient/successful operating arm of the \$100 million company.
- Reduced budgetary labor related costs by 25% by increasing efficiencies in the operations (33.4% direct labor).
- Have introduced new operational procedures that resulted in higher efficient production that turned vessels around faster, saving both parties an average of 10-15% on costs.
- Positive reputation with both private and governmental organization resulting in new introductions and business opportunities.
- Successful direct operational involvement with moving humanitarian supplies to Puerto Rico/Region post Hurricane Maria
- Team building strength and labor retention abilities
- Developed the most diverse Stevedoring operation in Port Everglades.

**Portus LLC (Port Everglades)**

*Fort Lauderdale, Fl. May 2014 -Current*

**General Manager, June 2014-April 2017**

I managed a \$6.5 million dollar stevedore operation in Port Everglades, Florida. My duties include managing a union / non-union labor pool of 55 individuals, managing customer interaction, direct/indirect costs, and operational efficiencies for the Port Everglades operation. Serve as subject matter expert for all operations, project, planning, preparing, and executing of various complex jobs. Collaborate with customers and staff teams, executing contracts/rate proposals and effectively managing operations to deliver increased performance. Serve as the point of contact to government agencies, ship's husbandry, port captains, trucking companies and providing guidance on handling cargo and bulk commodities. Managed safety across several operations, ensuring low numbers of incidents and injuries during all terminal/vessel operations.

**Select Accomplishments:**

- Responsible for turning the site operation around by reversing losses (CFO -\$512k-2014 to \$564k-2015)
- Replaced 61% of loss revenue from budget due to sale of shipping service customers in 2016
- Restructure rebar operation resulting from 20mt an hour to 80mt+ an hour on a continuous basis
- Reduced budgeted labor to labor related revenue by 5% by increasing efficiencies in the operations.
- Have brought in \$650k in new business for the site in 2016
- Captured 3 out of the 4 rebar carriers here in PEV
- Have been recognized by CEO for being the most efficient and positively perceived operation within the companies umbrella
- Over 400 days without a recordable LTI
- Team building strength and labor retention abilities
- Positive relationships with all our customers/charterers/port representatives and perspective customers.

**Ports America (Outer Harbor - Berth 22-25)**

*Oakland, CA, 2005 – May 2014*

**Operations Manager, 2010 – May 2014**

Oversee union / Non-union labor of 50+ people daily, managing customer interaction, cost, and operational efficiencies for a variety of projects. Serve as subject matter expert for all heavy lift / project, planning, preparing, and executing of various complex jobs. Collaborate with customers and staff teams, executing contracts and effectively managing projects to deliver increased performance. Serve as the point of contact to government agencies, customers, port captains, and trucking companies, providing guidance on handling cargo and bulk commodities in addition to liner

**TERRANCE L. HIRSCH • Page - 3 - • terry.hirsch@hirschmaritime.com**

services and customer representatives who not only call Outer Harbor, but call other facilities. Effectively manage safety across operations, ensuring low numbers of incidents and injuries during all hands lifts and otherwise.

**Select Accomplishments:**

- Spearhead labor 30-55% "labor to revenue" ratio for containers.
- Recognized by senior management for building billable standby detention for many operations to the point of being asked to mentor many of the new employees on contract use.
- Maintains \$5.28 per box cost of the gate staff, well under the budget of \$5.50, earning 3.6 out of 4 on annual reviews.
- Holds stevedore production rate of 30.2 to 35.6 lifts per hour on 85% of vessel operations (When working Marine).
- Awarded with the company's "Employee of the Quarter" award for Q12013 (achieved a grade of 3.6 on a scale of 4 on the 2012 annual performance review).

**Container Yard Manager, TransBay, Berth 25, 2008 - 2010**

Maintained yard operations, managing a team of 40+ union members across a 40-acre facility. Put in place new yard operations that improved "turn times" on single and double gate transactions. Developed new SOPs to greatly improve customer relations and significantly reduce customer service failures. Maintained yard planning, deliveries, and customer service.

**Select Accomplishments:**

- Managed weekly revenue for net sales of up to \$45K, earning 3.5 out of 4 on annual reviews.
- Responsible for vessel planning and the management of vessel operations in addition to directing daily yard operations.
- Maintained Lost Time Incident Frequency Rate (LTIFR) under the goal of 3.75 for Transbay (Yard Operations).
- Recognized for consistently achieving safety benchmarks for lost days that was under the allotted goal of 4.25.

**Site Manager, Pier 80, San Francisco, CA, 2005 – 2008 (ran under umbrella of Ports America)**

Managed site operations across 69 acres, operating on an annual budget ranging from \$7M - \$10M. Maintained health and wellbeing of terminal, managing all labor (union and non-union), vessels, equipment, and operations. Oversaw profit and loss, monitoring expenses, capital requests, RFPs, and new business development. Assisted marketing department in launching various campaigns, and maintained successful operations for all lifts. Collaborated with the Port of San Francisco and other government agencies on issues that affected maritime business at Pier 80.

**Select Accomplishments:**

- Successfully managed a \$300M+ modular laboratory shipment for Genentech, netting \$45K in revenue for the terminal.
- Completed successful operations discharging the San Francisco / Oakland Bay Bridge's temporary "S" curve.
- Spearheaded labor to revenue percentages of 86-95% despite challenging contractual obligations.
- Recognized by senior management for superior performance and leadership abilities.
- Turned safety record around on Pier 80. Led the company's (General Stevedoring Line of Business) with a highly successful safety program (0 lost days due to injury in 2008).

**Stevedoring Services of America (SSA)**  
Southern California, 2000 - 2005

**Senior Superintendent**

Managed and oversaw Bulk/Break Bulk, Heavy Lift and Project operations in the Southern California Region, handling an enormous variety of commodities. Planned the vessel, manning, and multiple vessel locations at berth and other locations, executing vessel operations from beginning to end; planned floor layout for fruit operations, fumigation coordination (USDA), and delivery scheduling. Additionally, traveled to San Diego to run the Dole vessel/terminal operations, leading as sole Superintendent for the job at night. Resolved all issues and managed handling of Petroleum products which had special State and Federal handling procedures. Handled all billing and payroll responsibilities.



**TERRANCE L. HIRSCH** • Page - 4 - • [terry.hirsch@hirschmaritime.com](mailto:terry.hirsch@hirschmaritime.com)

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**Select Accomplishments:**

- Served as effective problem solver, operational liaison, and increased productivity through continuous improvement.
- Handled the role of Relief Bulk Manager and Fruitdock Manager when necessary.
- Managed night operations in Los Angeles, Long Beach and San Diego.
- Operated up to 4 vessels independently, regularly with great success.
- I had the full confidence of the senior staff

**EDUCATION**

**Bachelor of Arts, Global Systems: International Security and Conflict Resolution**

San Diego State University

**Associates Degree, International Business**

Long Beach City College

***Paid Internship: Consultant – Superintendent, Stevedoring Services of America(1997-1999)***

**CERTIFICATIONS**

**Company/Vessel Facility Officer Certification Program**, California Maritime Academy

***Hazmat Identification***, Pacific Maritime Association (PMA)

First Aid, AED and CPR

Extensive certificates on a full spectrum of fields

Transportation Worker Identification Credential

**NATIONAL INCIDENT MANAGEMENT SYSTEM S**

ICS 100, 200, 300 (USCG), 400 (USCG), 700 & 800

**ORGANIZATIONA- G ROUPS**

Pacific Transportation Association (Board of Directors 2008/9)

Port Everglades Association (Board of Director 2018)

***Technology:*** MS Office, Terminal Operating Systems, M21, numerous databases, Business Objects, Oracle, Prism, Kronos, Jade, Netsuite to name a few



**Michelle Hirsch**  
6701 NW 22<sup>nd</sup> Terrace  
Fort Lauderdale, FL 33309  
(650) 290-1249  
Mhirsch345@juno.com

#### **SUMMARY OF QUALIFICATIONS**

10 plus years of office experience involving heavy customer service. Great organizational skills, attention to detail, computer knowledge, data entry, quick learner, ability to work independently. Strong people skills, proactive, dependable, friendly, enthusiastic, flexible and willing to work where needed.

#### **TECHNICAL SKILLS AND SPECIAL ABILITIES**

- Microsoft Office
- QuickBooks
- Data Management
- Online Banking
- Inventory Control
- Outlook
- Keyboarding 60 w.p.m.
- Order entry
- Adding machines
- Fax Machine
- AS400
- Multiple-line telephone systems
- Photocopiers
- UPS/FedEx/DHL

#### **EDUCATION**

1998 LONG BEACH CITY COLLEGE, Associate of Arts Degree

1999 ISO TRAINING, Seminar and Certification

2001 Finger Print Classification and Identification Certificate

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2003 ASP Tactical Baton Certification

2003 EAST TEXAS POLICE ACADEMY, Basic Peace Officer Certificate

#### **EXPERIENCE**

March 2017 – May 2020 Office Manager/Personal Assistant, Light'N Up, Inc, Sunrise, FL

- Order processing via Email, Fax, Phone and Online platforms such as Amazon and Wayfair
- Invoicing customers
- Entering checks received into QuickBooks
- Doing online deposits to the bank
- Managing employee time clock, requests for time off and absences
- Managing inventory and inventory reconciliation
- Managing spreadsheets for Owner's other companies for tax accountant and bank reconciliation
- Managing Owners personal affairs such as reconciling checkbook with bank statements, managing spreadsheets for accountant, corresponding with attorney, updating his personal financial statement, maintaining, and ordering his prescriptions as well as other matters.

June 2016 – January 2017 ECONOMIC SELF-SUFFICIENCY SPECIALIST I, State of Florida, Fort Laud, FL

- Determining the eligibility of applicants and recipients for public assistance programs such as food assistance, Medicaid and temporary cash assistance.
- Analyzing a broad range of documentation and entering data into a computer-based eligibility system while adhering to time sensitive agency deadlines
- Gathering data from the customer by phone and their on-line application and entering it into the FLORIDA computer system. ESSIs are responsible for calculating and authorizing monthly benefit amounts based on financial information and household.

December 2014 – May 2016 OFFICE ADMINISTRATIVE, Superior Building Supplies, Fort Laud., FL

- Order processing via Email, Fax and Online
- Process all claims with UPS, FedEx, and major freight carriers
- Process all transportation documentation
- Interact with our distributors via phone and email
- Customer service

February 2007 – March 2014 IMPORT SPECIALIST, Liberty Gold Fruit Co., Inc., SSF, CA

- Process all paperwork for incoming freight containers
- Request and ship samples overseas
- Maintain extensive inventory control in all 10 of our 3<sup>rd</sup> Party Warehouses and reconcile any discrepancies each month
- Maintain weekly out of stock reports to insure sufficient inventory is kept on hand for customers
- Communicate with our suppliers regarding any discrepancies in the shipping schedule
- Keep Monthly spreadsheet of all updated freight rates
- Responsible for all incoming mail and outgoing shipments
- Responsible for all ISF information on each of our shipments (This is a U.S. Customs requirement).
- Proofread all of our labels and Nutrition Information for clarity and accuracy.
- Provide support to President for his projects on an ongoing basis

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May 2006- February 2007 RETAIL ASSISTANT, Scrapbook Nook, San Bruno, CA

- Responsible for ordering product from vendors
- Answer all incoming emails and telephone inquiries regarding orders
- Do all online orders and shipping of those orders
- Troubleshoot problems of online orders
- Open/Close the store
- Receive and inventory all product that comes into the store

September 2005 – April 2006 OPERATIONS ASSISTANT, SSF Imported Auto Parts, SSF, CA

- Inventory Control
- Shipping and Receiving
- Tracking Packages
- Spreadsheet Analysis
- Monthly Sales Tracking
- Maintaining and Updating Intra-office Policies and Procedures

February 2005 – June 2005 EXECUTIVE ASSISTANT, AeroTechnology, Long Beach, CA

- Responsible for answering all customer service calls.
- Scheduled all travel itinerary for President and Vice President of Company
- Did all data entry of purchasing quotes
- Spreadsheet and summary reports for President/Vice President of Company
- Managed presidents financial accounts

July 2003 – December 2004 ASSISTANT MANAGER, Food Fast Corp., Mabank, TX

- Responsible for doing the daily close reports of the store.
- Handled all aspects of money handling including counting the deposit, reconciling any discrepancies, making deposits at the bank.
- Did the purchase orders every week, sent all paperwork to main office via computer on a daily basis, and worked with vendors to do individual orders.

November 2002 - June 2003 STUDENT, East Texas Police Academy, Athens, TX

June 1999 - June 2002 WAREHOUSE ACCOUNT SUPERVISOR, Mitsui-Soko Inc., Carson, CA

- Had extensive customer contact on a daily basis. Responsible for contact between our client, the trucker, and the clients' customers.
  - Responsible for processing 500+ orders per week. The orders were processed individually and were separated by destination, trucking company, weight, etc.
  - Did inventory control and reconciliation. Responsible for maintaining accurate inventory spreadsheets for beginning and end of each month. Matched inventory with the warehouse and reconciled any differences that may have occurred.
  - Processed claims for the client concerning any shortages or damages that may have been reported by their customers.
  - Bonded for U.S. Customs and kept U.S. Custom files for auditing purposes.
-



## Ari I. Mukamal

24 Cayuga Road, Sea Ranch Lakes, FL 33308 • (415) 723-3331 • mukamal@stanfordalumni.org

### Summary of Qualifications

- 23+ years experience in strategic marketing, management, operations, and business development
- Supply Chain, Regulatory Affairs, Quality Management, Quality Assurance, Direct and Relationship marketing, Market Research, and Customer Experience, including Customer Engagement, NPS, Online Advertising, DRTV, and Social Media

### Experience

**Puerto Rico Pharmaceutical, Inc., San Juan, PR**

2012 -  
present

#### Director

*Lead PRP's Supply Chain, Quality Management, Regulatory Departments, and India Operations, ensuring supply of high quality pharmaceutical products throughout the Caribbean, Central America, and parts of South America. Directly manage orders for Dominican Republic and Haiti.*

- Founded PRP's Mumbai office, hiring General Manager and expanding to 16 staff, including QA, QC, RA, and Supply Chain, saving the company \$2MM+
- Achieved ISO 9000:2015 Certification for Mumbai office for Provision of Services for Testing, Assessment, and Certification of Pharmaceuticals and for Provision of Services for Review of Pharmaceutical Product Quality Dossiers
- Tested and released over 550 batches of pharmaceuticals TTM, Improved timely release of batches from 55% to 75% (SLA 15 business days)
- Created and rolled out prioritization methodology for business development in Caribbean and Central America markets, improving commercialization rate by 80%. Same initiative reduced duplicative regulatory work by 50% through development of Harmonized SOP for Registration across markets
- Developed new SOPs for vendor qualification and quality assurance, reducing product quality issues by 85% and saving over \$1,000,000 in product recall and destruction expenses
- Organized and led delegations from Bahamas, Barbados, and Haiti to India, including meetings with CDSCO (Central Drugs Standard Control Organization, New Delhi) and visits to manufacturing sites
- Created templates for managing inventory that included all relevant information including margin reducing stock outs and improving overall margin performance
- Restructured regulatory process to streamline and simplify product and company registration across PRP's territories. Reduced time to submission by up to 90%. Improved quality of regulatory submissions, reducing error rate and returns from MOH by 95%
- Identified 100+ low-potential products in regulatory and eliminated saving \$500,000 in expenses

**Logitech, Inc., Fremont, CA**

2010 – 2011

#### Director, Customer Experience & Relationship Marketing; Director, Consumer Insights

*Led Logitech's Global Customer Experience, Relationship Marketing, and Consumer Insights strategy and execution.*

- Founded Relationship Marketing department; developed short- and long-term strategies for RM and organizational structure, including interdepartmental support and team staffing plan
- Created and executed RM programs for Logitech Revue, Harmony, Alert, and other products, driving over \$6m in direct incremental revenue and driving direct ROI as high as 3,300%
- Developed Logitech consumer data strategy and launched executive-sponsored RM/IT project consolidating 12 siloed databases into a master source for consumer data and insights
- Renegotiated ESP services with agency, resulting in a 90% net cost reduction per email sentLed Customer Experience team; act as a leading customer advocate throughout the company
- Developed long term evaluation methodology and tools to measure and analyze the impact of the NPS and Voice of the Customer programs and their impact on Logitech customers and products
- Awarded direction of Consumer Insights and Customer Experience teams, developed and executed turnaround plans; 100% retention rate for existing team members

Ari I. Mukamal (page 2 of 3)

<b>G2 direct &amp; digital</b> , San Francisco, CA	2005-2010
<b>Senior Vice President, Director of Strategic Planning</b> <i>Led G2 West strategic planning practice, develop agency approach to CRM and loyalty, marketing measurement, social media, Rich Internet Applications, and marketing technology</i> <ul style="list-style-type: none"> <li>• Created innovative, addictive Flash video game for awareness and lead generation, showcasing NetApp's products, driving over 8,700 hours of gameplay and 52,000 pageviews</li> <li>• Developed prospect and customer communications streams for Adobe that increased customer lifetime value by over 7% and contributed to a 55% increase in trial conversion rate</li> </ul>	
<b>Vice President, Account Director</b> <i>Managed 25+ person team and \$6 million budget for Adobe Systems, NetApp, and others</i> <ul style="list-style-type: none"> <li>• Led Adobe's Customer Engagement Marketing programs, including Consumer, Design, Print, Web, Video, Developer, Enterprise, and Vertical segments</li> <li>• Led G2's NetApp Demand Generation team, creating turnkey programs for partners and field, generated over \$1.25MM in revenue with 3 FTE</li> <li>• Drove direct marketing strategy and execution across seven global product launches; oversaw development of email, online advertising, landing pages, microsites, and direct mail</li> <li>• Managed team that implemented Adobe's use of engagement metrics to drive to end-actions, driving deep consumer interaction, response, and Lifetime Value</li> <li>• Grew agency budget by 25% per year organic growth</li> <li>• Created internal training courses and mentorship; 9 promotions within team in 4 years</li> </ul>	
<b>Publicis Dialog</b> , San Francisco, CA	2004-2005
<b>Senior Strategic Planner</b> <i>Managed cross-functional teams including account, creative, media, and production groups to create and implement multi-million dollar marketing campaigns for Fortune 100 companies</i> <ul style="list-style-type: none"> <li>• Developed direct response marketing, customer lifecycle management, lead generation and nurturing plans for Sprint and Hewlett Packard</li> <li>• Generated over 5% response for HP direct mail and email campaigns</li> <li>• Managed tactical execution of programs including online advertising, partnerships, direct mail, email, trade show strategy and marketing, customer communications, and telemarketing</li> </ul>	
<b>McCann Worldgroup</b> , San Francisco, CA	2000-2004
<b>Senior Marketing &amp; Business Development Manager</b> <i>Drove new business development across six McCann Worldgroup companies: online/web marketing, experiential marketing, traditional advertising, direct marketing, branding, and PR</i> <ul style="list-style-type: none"> <li>• Secured new business wins totaling over \$6M in annual revenue, including Nestle Carnation Instant Breakfast, Oakland Athletics, and LSI Logic Storage Systems</li> </ul>	
<b>Strategic Planner (MRM Partners)</b> <i>Created agency-wide data management discipline for online, direct marketing, and lead generation programs</i> <ul style="list-style-type: none"> <li>• Formed and implemented process for tracking campaign elements to individual contact, enabling more effective measurement of results and subsequent improvements in strategy</li> <li>• Developed strategic marketing plans driving revenue and retention for Nestle, Sony, and Microsoft through optimization of creative, media, production, database, and segmentation</li> </ul>	
<b>Manager, Strategy (Zentropy Partners)</b> <i>Led strategic engagements for clients implementing online marketing and business initiatives</i>	
<b>NextPlanetOver.com</b> , San Francisco, CA	1999-2000
<b>Associate Director, Business Development</b> <i>Developed and implemented strategic co-marketing partnerships with online content providers and entertainment enthusiast organizations</i>	
<b>A. T. Kearney, Financial Institutions Group</b> , San Francisco, CA	1997-1999
<b>Associate, Business Analyst</b> <i>Analyzed strategic business opportunities for financial services, insurance, technology and media companies looking for new sources of top-line growth</i>	

Ari I. Mukamal (page 3 of 3)

## **Education**

**Stanford University**, Palo Alto, California

Master of Arts in Organizational Sociology, 1997

Bachelor of Arts in Political Science, with Honors and Distinction, 1996

**Oxford University, Stanford-in-Oxford**, Oxford, England

Conducted Honors Thesis research: *Britain's Official Secrets Acts: History and Persistence of a Disputed Law*

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## **Additional Information**

MarketingSherpa Silver Award – Best Automated Campaign – Adobe CS Trial Follow-up, 2009

Manager, Coach, Second Baseman, San Francisco Men's Adult Baseball League Red Giants, 2000 – 2012; South Florida Baseball League Broward Mariners, 2012-present

Alumni Advisor, Member of House Corporation Board of Directors, Phi Kappa Psi Fraternity – Grand Chapter of Phi Kappa Psi - 2002, 2005, 2007, 2010 Stanford University

A.T. Kearney Great Client Work Award; A.T. Kearney Intellectual Capital Award

Member of Stanford Marching Band, Fort Lauderdale Symphonic Winds – trombone and mellophone



**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L19000282213  
FILED 8:00 AM  
November 12, 2019  
Sec. Of State  
dlokeefe

**Article I**

The name of the Limited Liability Company is:  
HIRSCH STEVEDORING, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
6701 NW 22ND TERRACE  
FORT LAUDERDALE, FL. 33309

The mailing address of the Limited Liability Company is:  
6701 NW 22ND TERRACE  
FORT LAUDERDALE, FL. 33309

**Article III**

The name and Florida street address of the registered agent is:  
TERRANCE L HIRSCH  
6701 NW 22ND TERRACE  
FORT LAUDERDALE, FL. 33309

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: TERRANCE L. HIRSCH

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
TERRANCE L HIRSCH  
6701 NW 22ND TERRACE  
FORT LAUDERDALE, FL. 33309

**L19000282213**  
**FILED 8:00 AM**  
**November 12, 2019**  
**Sec. Of State**  
dlokeefe

Signature of member or an authorized representative

Electronic Signature: TERRANCE L. HIRSCH

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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Detail by Entity Name

<http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDeta...>

DIVISION OF CORPORATIONS



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



Detail by Entity Name

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDeta...

### Detail by Entity Name

Florida Limited Liability Company  
HIRSCH STEVEDORING, LLC

#### Filing Information

Document Number	L19000282213
FEI/EIN Number	84-3904903
Date Filed	11/12/2019
State	FL
Status	ACTIVE

#### Principal Address

6701 NW 22ND TERRACE  
FORT LAUDERDALE, FL 33309

#### Mailing Address

6701 NW 22ND TERRACE  
FORT LAUDERDALE, FL 33309

#### Registered Agent Name & Address

HIRSCH, TERRANCE L  
6701 NW 22ND TERRACE  
FORT LAUDERDALE, FL 33309

#### Authorized Person(s) Detail

##### Name & Address

Title MGR

HIRSCH, TERRANCE L  
6701 NW 22ND TERRACE  
FORT LAUDERDALE, FL 33309

#### Annual Reports

Report Year	Filed Date
2020	04/10/2020

#### Document Images

[04/10/2020 -- ANNUAL REPORT](#)

[View image in PDF format](#)

[11/12/2019 -- Florida Limited Liability](#)

[View image in PDF format](#)

Florida Department of State, Division of Corporations



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/26/2020

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).

<b>PRODUCER</b> United States SEA-LAND INSURANCE CORPORATION 1880 N CONGRESS AVE STE 227 BOYNTON BEACH FL 33426		<b>CONTACT NAME:</b> Lori Sousa <b>PHONE (A/C, No, Ext):</b> 5614414833 <b>E-MAIL ADDRESS:</b> lsousa@sealandins.com <b>FAX (A/C, No):</b> 561-634-2143	
<b>INSURED</b> Hirsch Stevedoring LLC 6701 NW 22nd Ter Fort Lauderdale FL 33309		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Argonaut Insurance Co <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
HIRSSTE-01		NAIC # 19801	

## COVERAGES

CERTIFICATE NUMBER: 493391308

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 <input checked="" type="checkbox"/> TOLL GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		726OM3845-00	5/22/2020	5/22/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

## CERTIFICATE HOLDER

## CANCELLATION

Broward County Board of County Commissioners 1850 Eller Dr Suite #603 Fort Lauderdale FL 33316	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	---

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Section K - Hirsch Stevedoring Proforma Consolidated Franchise

Business Proforma (Indication) Income Statement					
	\$ / Month	% /GS		\$ / Year	% /GS
<b>INCOME</b>					
Customer 1	\$ 42,000.00	34.7%		\$ 504,000.00	34.7%
Customer 2	\$ 13,000.00	10.7%		\$ 156,000.00	10.7%
Customer 3	\$ 15,000.00	12.4%		\$ 180,000.00	12.4%
Customer 4	\$ 10,000.00	8.3%		\$ 120,000.00	8.3%
Customer 5	\$ 24,666.67	20.4%		\$ 296,000.00	20.4%
Customer 6	\$ 6,500.00	5.4%		\$ 78,000.00	5.4%
Customer 7	\$ -	0.0%		\$ -	0.0%
Customer 8	\$ 10,000.00	8.3%		\$ 120,000.00	8.3%
	\$ -	0.0%		\$ -	0.0%
	\$ -	0.0%		\$ -	0.0%
	\$ -	0.0%		\$ -	0.0%
	\$ -	0.0%		\$ -	0.0%
<b>Gross Income</b>	<b>\$ 121,166.67</b>	<b>100.0%</b>		<b>\$ 1,454,000.00</b>	<b>100.0%</b>
<b>COST OF GOODS</b>					
	\$ -	0.0%			0.0%
	\$ -	0.0%		\$ -	0.0%
<i>Direct Material Cost</i>					
Terminal Manager / Superintendent	\$ 5,833.33	22.8%		\$ 70,000.00	22.8%
Administrator	\$ 3,750.00	14.7%		\$ 45,000.00	14.7%
Supervisor	\$ 3,750.00	14.7%		\$ 45,000.00	14.7%
General Manager	\$ 6,250.00	24.5%		\$ 75,000.00	24.5%
Payroll Taxes / Benefits - Direct	\$ 1,958.33	7.7%		\$ 23,500.00	7.7%
Health Insurance	\$ 2,500.00	9.8%		\$ 30,000.00	9.8%
Supplies	\$ 500.00	2.0%		\$ 6,000.00	2.0%
Other Employee Costs	\$ 1,000.00	3.9%		\$ 12,000.00	3.9%
		0.0%			0.0%
		0.0%			0.0%
		0.0%			0.0%
		0.0%			0.0%
<i>Direct Labor Cost</i>	<i>\$ 25,541.67</i>	<i>100.0%</i>		<i>\$ 306,500.00</i>	<i>100.0%</i>
<b>GROSS PROFIT (LOSS)</b>	<b>\$ 95,625.00</b>	<b>78.9%</b>		<b>\$ 1,147,500.00</b>	<b>78.9%</b>
<b>EXPENSES</b>					
Sales/Marketing Expenses	\$ 16,440.00	23.5%		\$ 197,280.00	23.5%
Employee Bonuses	\$ -	0.0%		\$ -	0.0%
Forklift (36,000 # Machine) (1)	\$ 3,800.00	5.4%		\$ 45,600.00	5.4%
Forklift (3T) x 4	\$ 4,100.00	5.9%		\$ 49,200.00	5.9%
Fuel	\$ 5,500.00	7.9%		\$ 66,000.00	7.9%
Grid Rental	\$ -	0.0%		\$ -	0.0%
Insurance & Bond	\$ 2,500.00	3.6%		\$ 30,000.00	3.6%
IT - Internet & Computers	\$ 1,250.00	1.8%		\$ 15,000.00	1.8%
Labor Ready/ Labor Broker / 3rd Party Labor	\$ 5,000.00	7.2%		\$ 60,000.00	7.2%
License/Permits	\$ 100.00	0.1%		\$ 1,200.00	0.1%
M&R (hit or miss on rental)	\$ 500.00	0.7%		\$ 6,000.00	0.7%
Meals / Entertainment	\$ 500.00	0.7%		\$ 6,000.00	0.7%
Misc (Startup)	\$ 1,000.00	1.4%		\$ 12,000.00	1.4%
Mule (2) / Mafi (1)	\$ 2,000.00	2.9%		\$ 24,000.00	2.9%
Office Expenses/Supplies	\$ 350.00	0.5%		\$ 4,200.00	0.5%
Other Equipment	\$ -	0.0%		\$ -	0.0%
Pallet Jack	\$ 10.00	0.0%		\$ 120.00	0.0%
Payroll Processing	\$ 949.08	1.4%		\$ 11,388.96	1.4%
Phones	\$ -	0.0%		\$ -	0.0%
Portable potty	\$ 200.00	0.3%		\$ 2,400.00	0.3%
Postage / Shipping	\$ 100.00	0.1%		\$ 1,200.00	0.1%
Professional Services (Legal/Accounting)	\$ 3,000.00	4.3%		\$ 36,000.00	4.3%
Rent	\$ 15,000.00	21.5%		\$ 180,000.00	21.5%
Security	\$ 3,475.00	5.0%		\$ 41,700.00	5.0%
Soft Gear	\$ 250.00	0.4%		\$ 3,000.00	0.4%
Terminal Stevedoring License	\$ 1,083.00	1.6%		\$ 12,996.00	1.6%
Travel	\$ 500.00	0.7%		\$ 6,000.00	0.7%
Utilities/Trash Box	\$ 1,250.00	1.8%		\$ 15,000.00	1.8%
Vehicle Lease	\$ 1,000.00	1.4%		\$ 12,000.00	1.4%
PEA Dues	\$ 250.00	0.4%		\$ 3,000.00	0.4%
<b>TOTAL EXPENSES</b>	<b>\$ 69,857.08</b>	<b>100.0%</b>		<b>\$ 838,284.96</b>	<b>100.0%</b>
<b>NET OPERATING PROFIT</b>	<b>\$ 25,767.92</b>	<b>21.3%</b>		<b>\$ 309,215.04</b>	<b>21.3%</b>



Section K - Bank and Credit Statements



P.O. Box 15284  
Wilmington, DE 19850

HIRSCH STEVEDORING, LLC  
6701 NW 22ND TER  
FORT LAUDERDALE, FL 33309

Business Advantage  
Relationship Rewards

**Customer service information**

1.888.BUSINESS (1.888.287.4637)

bankofamerica.com

Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

## Your Business Advantage Checking Preferred Rewards for Bus Platinum

for April 1, 2020 to April 30, 2020

Account number: 2290 5873 8134

**HIRSCH STEVEDORING, LLC**

### Account summary

Beginning balance on April 1, 2020	\$80,000.00
Deposits and other credits	0.00
Withdrawals and other debits	-273.40
Checks	-0.00
Service fees	-0.00
<b>Ending balance on April 30, 2020</b>	<b>\$79,726.60</b>

# of deposits/credits: 0

# of withdrawals/debits: 1

# of items-previous cycle<sup>1</sup>: 0

# of days in cycle: 30

Average ledger balance: \$79,899.75

<sup>1</sup>Includes checks paid, deposited items & other debits

HIRSCH STEVEDORING, LLC | Account # 2290 5873 8134 | April 1, 2020 to April 30, 2020

## IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

**How to Contact Us** - You may call us at the telephone number listed on the front of this statement.

**Updating your contact information** - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

**Deposit agreement** - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

**Electronic transfers: In case of errors or questions about your electronic transfers** - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

**Reporting other problems** - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

**Direct deposits** - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Bank of America, N.A. Member FDIC and  Equal Housing Lender



## Your checking account

HIRSCH STEVEDORING, LLC | Account # 2290 5873 8134 | April 1, 2020 to April 30, 2020

### Withdrawals and other debits

Date	Description	Amount
Card account # XXXX XXXX XXXX 5258		
04/20/20	CHECKCARD 0419 DRI*PRINTING SERV 888-888-4211 CA 55432860110200689101501 CKCD 5111 XXXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-273.40
<b>Subtotal for card account # XXXX XXXX XXXX 5258</b>		<b>-\$273.40</b>
<b>Total withdrawals and other debits</b>		<b>-\$273.40</b>

### Service fees

The Monthly Fee on your Business Advantage Checking account was waived for the statement period ending 03/31/20. A check mark below indicates the requirement(s) you have met to qualify for the Monthly Fee waiver on the account.

- ☐ \$2,500+ in new net purchases on a linked Business credit card
- ☒ \$15,000+ average monthly balance in primary checking account
- ☒ \$35,000+ combined average monthly balance in linked business accounts
- ☐ active use of Bank of America Merchant Services
- ☐ active use of Payroll Services
- ☒ enrolled in Business Advantage Relationship Rewards

For information on how to open a new product, link an existing service to your account, or about Business Advantage Relationship Rewards please call 1.888.BUSINESS or visit [bankofamerica.com/smallbusiness](http://bankofamerica.com/smallbusiness).



#### Your Digital Tip

#### BANK OF AMERICA BUSINESS ADVANTAGE

### Dreading the shredding?

Go paperless — you'll have security without the hassle of storing and shredding old statements. View your statements online any time.

You can enroll today by logging in to Online Banking at [bankofamerica.com/SmallBusiness](http://bankofamerica.com/SmallBusiness) and clicking on **Profiles & Settings** (in the upper right, next to Sign Out).

ARWY4MJB | SSM-04-19-0138B



HIRSCH STEVEDORING, LLC | Account # 2290 5873 8134 | April 1, 2020 to April 30, 2020

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**Daily ledger balances**

Date	Balance (\$)	Date	Balance(\$)
04/01	80,000.00	04/20	79,726.60

Statements & Documents in 2020 [View All](#)

- Statements ^

You have no statements available.

If you need an older statement, visit [Request Statements](#) in Online Banking.

Other Account Documents ^

You have no documents available.

## Request Statements

Get older statements for eligible accounts.

[Manage your Paperless Settings](#)

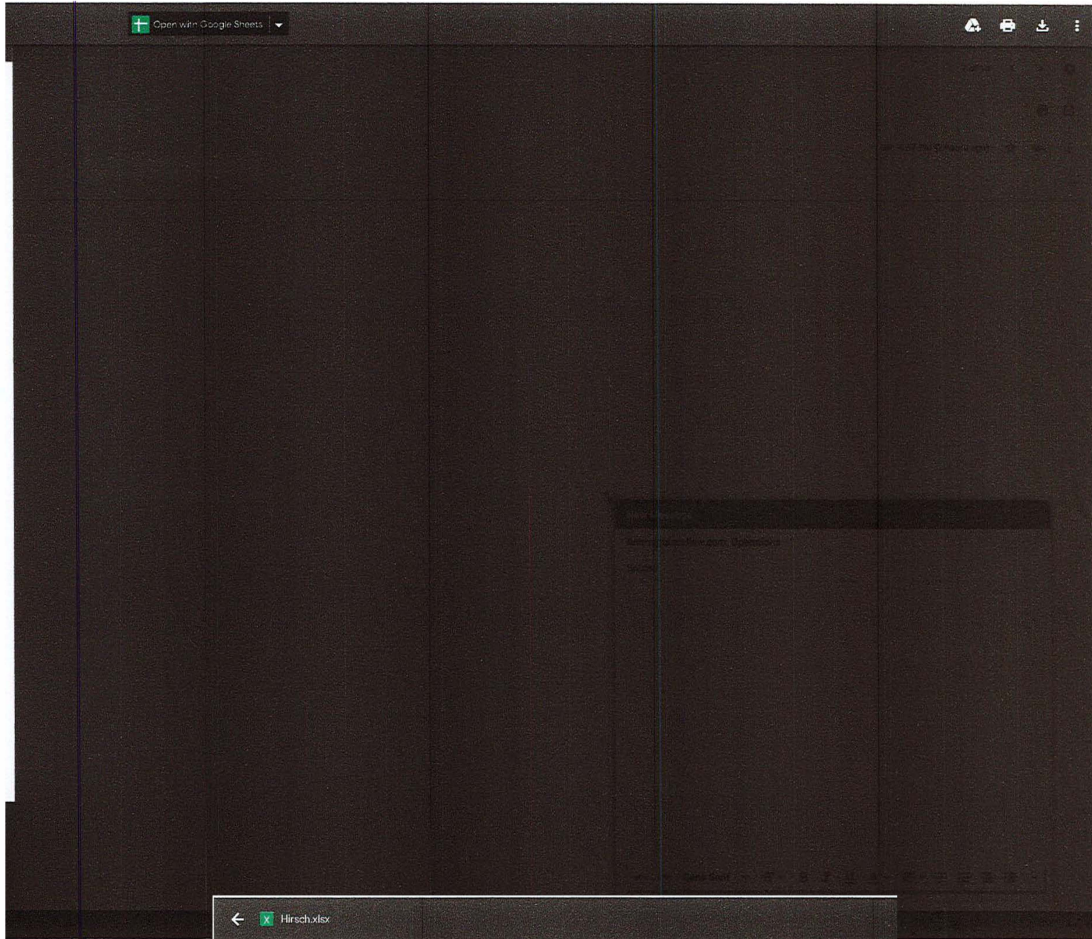
Get safe, secure statements right in your desktop

Tax statements can only be downloaded because they contain your Tax Identification Number (TIN), Social Security Number (SSN) and/or full account number.

To view statements online in PDF format, you will need Adobe Reader software 6.0 or higher. If you don't have Adobe Reader installed on your computer, you can [download Adobe Reader now for free](#).

Some account information may be delayed up to 15 minutes if you've had recent activity.

Purchases/Cash Advances that have been authorized but not yet posted have been deducted from the Credit/Cash availability.



Invoice

DATE 5/1/2019

Hirschtor

# TireProMax and Lites

2049 for 25th Jun  
 Fort Lauderdale, FL 33316  
 Phone: 954-224-9522

## BILL TO

Hirsch Stevedoring LLC  
 6791 NW 22nd Terrace  
 Fort Lauderdale, FL 33309  
 Phone: 954-952-5991

## DESCRIPTION

1) Forklifts

2) Forklift Detail

3) Equipment over time

4) Prepare Spare parts

500.00

1,400.00

250.00

2,644.00

0.00

0

2,644.00

TOTAL

## OTHER COMMENTS

1. Total payment due in 10 days

2. Please include the invoice number on your check

change

credit as follows: change

change

change

change

change

change

change

change

change

change

change

change

change

change

change

change

change

change

change

change

change

change

change

change

change

change

If you have any

questions at 954-224-9522

Thank You For Your Business!

163



**Section L - Credit References**

**Name of Reference:** Port Consolidated  
**Contact Name:** Munir Gloria  
**Legal Business Street Address:**  
**City, State, Zip Code:**  
**Phone Number:**

**Nature of Business:** Fuel & Oil  
**Title:** Sales Representative  
PO Box 350430  
Fort Lauderdale, FL 33335  
(954) 522-1182

**Name of Reference:** TireProMax and Lifts  
**Contact Name:** Yorden Carmona  
**Legal Business Street Address:**  
**City, State, Zip Code:**  
**Phone Number:**

**Nature of Business:** Equipment Rental  
**Title:** Owner  
2049 E 35<sup>th</sup> Ave  
Fort Lauderdale, FL 33316  
(954) 224-9522

**Name of Reference:** High Sierra Terminaling  
**Contact Name:** Julio Iglesias  
**Legal Business Street Address:**  
**City, State, Zip Code:**  
**Phone Number:**

**Nature of Business:** Asphalt Mixing  
**Title:** Terminal Manager  
1200 SE 20th Street  
Fort Lauderdale, FL 33316  
(954) 764-8818

**Name of Reference:** Bank of America  
**Contact Name:** Karen Bent Heeralal  
**Legal Business Street Address:**  
**City, State, Zip Code:**  
**Phone Number:**

**Nature of Business:** Banking  
**Title:** Officer, Small Business Consultant  
4803 Coconut Creek Pkwy  
Coconut Creek, FL 33063  
(954) 516-2808

---

## BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000  
VALID OCTOBER 1, 2019 THROUGH SEPTEMBER 30, 2020

**DBA:**  
**Business Name:** HIRSCH STEVEDORING LLC

**Receipt #:** 326-306067  
**Business Type:** COURIER/TRANSPORT/DLVRY/TOWING  
(WAREHOUSING )

**Owner Name:** TERRNACE HIRSCH  
**Business Location:** 6701 NW 22 TER  
FT LAUDERDALE  
**Business Phone:** 954 952 5991

**Business Opened:** 11/18/2019  
**State/County/Cert/Reg:**  
**Exemption Code:**

**Rooms                      Seats                      Employees                      Machines                      Professionals**

1

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
16.50	0.00	0.00	4.13	0.00	0.00	20.63

### THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

**THIS BECOMES A TAX RECEIPT**  
**WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

**Mailing Address:**

HIRSCH STEVEDORING LLC  
6701 NW 22 TER  
FORT LAUDERDALE, FL 33309

**Receipt #** WWW-19-00182293  
**Paid** 05/25/2020 20.63

**2019 - 2020**

## BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000  
VALID OCTOBER 1, 2019 THROUGH SEPTEMBER 30, 2020

**DBA:**  
**Business Name:** HIRSCH STEVEDORING LLC

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**State/County/Cert/Reg:**  
**Exemption Code:**

**Rooms                      Seats                      Employees                      Machines                      Professionals**

1

For Vending Business Only						
Number of Machines:				Vending Type:		
Signature	Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Total Paid
	16.50	0.00	0.00	4.13	0.00	20.63

**Receipt #** WWW-19-00182293  
**Paid** 05/25/2020 20.63



## CITY OF FORT LAUDERDALE BUSINESS TAX YEAR 2019-2020



Business Tax Division

100 N ANDREWS AVE | FORT LAUDERDALE, FL 33301 | (954) 828 - 5195

**Business ID:** BT-GEN-20050079

**Business Name:** HIRSCH STEVEDORING, LLC

**Business Address:** 6701 NW 22nd Terr

TERRY HIRSCH  
HIRSCH STEVEDORING, LLC  
6701 NW 22 TER  
FORT LAUDERDALE FL 33309

---

### TAX CATEGORIES

424001 HOME OFFICE - RESTRICTED

**Contact:** TERRY HIRSCH  
**Business Email:** Terry.Hirsch@Hirschstevedoring.Com

- This Receipt is issued for the period commencing October 1st and ending September 30th of the years shown above.
- If you have closed or moved out of the city, please email [businesstax@fortlauderdale.gov](mailto:businesstax@fortlauderdale.gov) and include the Business ID #.
- A transfer of business location within city limits is subject to zoning approval. Complete a Business Tax Transfer Application online to obtain the necessary approval. A transfer fee of 10% of the Business Tax fee applies, not less than \$3.00, no more than \$25.00.
- If you have sold your business, please email a copy of the Bill of Sale to [businesstax@fortlauderdale.gov](mailto:businesstax@fortlauderdale.gov) and include the Business ID #. A transfer of ownership will incur a transfer fee of 10% of the Business Tax fee, not less than \$3.00, no more than \$25.00.

Please be advised that this issuance of a Business Tax Receipt establishes that the business you intend to conduct is a use permitted by the City Zoning Code for the location at which you intend to operate. The issuance of a Business Tax Receipt in no way certifies that the property located at this address is in compliance with other provisions of the City Code of Ordinances.

100 N ANDREWS AVE, 1st FLOOR  
FORT LAUDERDALE, FL 33301  
TEL 954 828 5195  
WWW.FORTLAUDERDALE.GOV





# **Hirsch Stevedoring LLC**

## **Safety & Company Policy**

**PORT EVERGLADES SAFETY,  
POLICIES AND PROCEDURES.  
PROMOTING A SAFETY CONSCIOUS  
WORK ENVIRONMENT.**

### **Employee Safety Responsibilities**

The primary responsibility of the employees of Hirsch Stevedoring of Port Everglades is to perform his or her duties in a safe manner in order to prevent injury to themselves and others.

As a condition of employment, employees **MUST** become familiar with, observe and obey Hirsch Stevedoring of Port Everglades rules and established policies for health, safety, and preventing injuries while at work. Additionally, employees **MUST** learn the approved safe practices and procedures that apply to their work.

Before beginning special work or new assignments, an employee should review applicable and appropriate safety rules.

If an employee has any questions about how a task should be done safely, he or she is under instruction **NOT** to begin the task until he or she discusses the situation with his or her immediate supervisor. Together they will determine the safe way to do the job.

If, after discussing a safety situation with his or her supervisor an employee still has questions or concerns, he or she is required to contact the Safety Coordinator.

**NO EMPLOYEE IS EVER REQUIRED** to perform work that he or she believes is unsafe or that he or she thinks is likely to cause injury or a health risk to themselves or others.



## EMPLOYEE SAFETY RULES

1. **Conduct:** Horseplay, 'practical jokes', etc. are forbidden. Employees are required to work in an injury free manner displaying accepted levels of behavior. Conduct which places the employee or others at risk, or which threatens or intimidates others is forbidden.

2. **Drugs & Alcohol:** Use and/or possession of illegal drugs or alcohol on company property or on company time is forbidden. Reporting for work while under the influence of illegal drugs or alcohol is forbidden.

3. **Housekeeping:** The following areas must remain clear of obstructions:

- Aisles/Exits
- Fire extinguishers and emergency equipment
- All electrical breakers, controls, and switches
- Eye wash station and first aid

You are responsible for keeping your work area clean and safe. Clean-up several times throughout the day disposing of trash and waste in approved containers, wiping up any drips/spills immediately, and putting equipment and tools away as you are finished with them.

4. **Injury Reporting:** All work injuries must be reported to your supervisor immediately. Failure to do so may result in loss of Workers' Compensation benefits. After all medical appointments, resulting from a work-related injury, you must contact Management to discuss your progress. You must also give Management any paperwork that you received at the appointment.

5. **Personal Protective Equipment (PPE):** Inspect PPE prior to each use. Do not use damaged PPE. You are required to maintain and keep PPE clean.

- a) Safety Glasses – **must be worn at all times** in designated areas.
- b) Hard Hats – **must be worn at all times** in designated areas.
- c) Gloves – work gloves **must be worn at all times** when handling sharp or rough stock, welding, or performing other jobs which could cause hand injuries. Synthetic gloves must be worn when handling chemicals.
- d) Welding – appropriate filter lens, welding helmet, gloves, and sleeves are required for welders at all times.
- e) Respirators – only employees trained and authorized to use respirators are allowed to do so.
- f) Hearing Protection – is required in areas where noise exposure is more than 90dBA (85dBA if you already have experienced hearing loss.)
- g) Fall Arrest – PPE which includes working at heights **must be worn at all times**, no exceptions. Inspect gear to ensure it is in good working order.



**6. Equipment Operation:** You must be specifically trained and authorized by the Management to operate the following:

- Company vehicles
- Forklifts (variable capacities)
- Machine and power tools
- Welding
- Cranes/hoists

When operating machines: do not wear loose clothing, long hair should be tied up and back, remove jewelry, and sleeves should either be rolled all the way up or all the way down.

Never operate damaged or defective equipment. Turn the machine off and report it to your supervisor immediately.

Never tamper with, remove, or deactivate machine guards or controls designed to ensure safe operations.

Never reach into an operating machine or moving machine part.

Cell phone usage is forbidden on all vessel/terminal operations.

**7. Ladders:**

- Inspect all ladders prior to each use
- Ladders must be placed on secure footing
- Only one person is allowed on a ladder at one time
- Never stand on the top two steps of a stepladder
- ~~Always maintain 3-point contact when working on ladders~~
- Never reach beyond arm length when working off of a ladder
- Never use metal ladders when working on or around electrical equipment

**8. Cranes/Hoists/Lifting Devices:**

- Inspect all cranes, hoists and lifting devices (slings, hooks, etc.) prior to each use. Never use damaged equipment
- Never walk under a load suspended from a hoist or a crane
- Keep all personnel clear of the 'fall zone' of a crane/hoist
- Know the weight of material being lifted. Never overload a crane/hoist
- Stay out of the "bight" at all times during the vessel/terminal operation.

**9. Lockout/Tagout:** Prior to working on any machinery when guards are removed, every energy source (electrical, hydraulic, chemical, mechanical, etc.) must be deactivated, stored energy dissipated, and the control locked in the off (safe) position (if required).

**Lockout/Tagout** (*continued*): Never remove or tamper with a lockout performed by another employee or contractor. A lockout could consist of a lock applied to a control such as a switch, breaker, or valve. A tag containing words such as "DANGER DO NOT OPERATE"

may also be used for lockout. If you see the lock, the tag, or both applied to an energy control device it means, "keep your hands off".

**10. Hazard Communication:**

- a) All DG containers must be labeled to identify contents and hazards. All labels use numbers to rank the hazard level in all 4 sides of container 3' from the bottom of container.
- b) A Material Safety Data Sheet (MSDS) must be secured for all chemical purchased or brought on site. You have a right to access MSDSs – ask your supervisor.
- c) Follow all label and MSDS instructions – including amount instructions.
- d) Store all flammable liquids in safety cabinets or safety cans. Never use flammable chemicals around ignition sources such as smokers, pilot lights, or arcing/sparking electrical equipment (if required).
- e) Wear required PPE.

**11 Confined Space Entry:** only trained and authorized employees are permitted to enter confined spaces. If you believe that your job requires confined space entry, contact your supervisor prior to undertaking the work. (Confined spaces are areas not meant for human occupancy, have limited means of entry/exit, and have electrical, chemical, thermal, atmosphere, or entrapment hazards.)

**12. Emergencies:**

- a) In the event of any serious injury or fire call 911. Send someone to the facility entrance to meet the Emergency Responder. If in doubt, call 911.
- b) Upon discovering a fire, alert others in immediate danger and initiate facility wide fire alarm.
- c) When the evacuation signal is given, all employees should immediately turn off equipment, close doors, and evacuate to their designated evacuation areas. Attendance will be taken to account for all personnel. Stay together in the group until further instructions are received.
- d) Do not attempt to fight any fire which is uncontained, or source is unknown, unless manageable. Human life and everyone's safety takes precedence.
- e) Do not touch blood or any other bodily fluid during or following an incident. Gloves and other barriers should be used. If you think that you have been exposed to bodily fluid notify your supervisor immediately.

## FIRST-AID PROCEDURES

### 1 3. Emergency Phone Numbers:

Safety Coordinator: [954-952-5991](tel:954-952-5991)

First Aid Response: [954-359-9900](tel:954-359-9900)

Ambulance: [954-359-9900](tel:954-359-9900)

Medical Clinic: [954-624-2991](tel:954-624-2991)

Poison Control: [800-222-1222](tel:800-222-1222)

Fire Department: [954-828-6800](tel:954-828-6800)

Police: [954-765-4321](tel:954-765-4321)

Clinic Name/Address: Memorial Regional Hospital

### 1 4. Minor First-Aid Treatment

First-aid kits are kept in the front office and in the service vehicles. If you sustain an injury or are involved in an accident requiring minor first-aid treatment:

- [Inform your supervisor.](#)
- Administer first-aid treatment to the injury or wound.
- If a first-aid kit is used, indicate usage on the accident investigation report.
- ~~Access to a first-aid kit is not intended to be a substitute for medical attention.~~
- Provide details for the completion of the accident investigation report.

### 1 5. Nonemergency Medical Treatment

For nonemergency work-related injuries requiring professional medical assistance, management must first authorize treatment. If you sustain an injury requiring treatment other than first aid:

- [Inform your supervisor.](#)
- Proceed to the posted medical Facility. Your supervisor will assist with [transportation, if necessary.](#)
- Provide details for the completion of the accident investigation report.

#### [Emergency Medical Treatment](#)

If you sustain a severe injury requiring emergency treatment:

- Call for help and seek assistance from a co-worker.
- Use the emergency telephone numbers and instructions



posted on the first-aid kit to request assistance and transportation to the local hospital emergency room.

- Provide details for the completion of the accident investigation report.

#### *First-Aid Training*

Each employee will receive training and instructions from his or her supervisor regarding our first-aid procedures. Full time managers/foreman will have certified first aid training in the field of CPR, AED and First Aid

### **FIRST-AID INSTRUCTIONS**

**In all cases requiring emergency medical treatment, immediately call or have a co-worker call to request emergency medical assistance. Inform Management with haste, if manager is not already present. Use required bloodborne pathogen procedures while administering first aid.**

#### **Wounds:**

Minor: *Cuts, lacerations, abrasions or puncture.*

- Wash the wound using soap and water; rinse it well.
- Cover the wound using a

clean dressing. Major: *Large, deep and bleeding wounds*

- Stop the bleeding by pressing directly on the wound, using a bandage or cloth.

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Keep pressure on the wound until medical help arrives.

#### **Broken Bones:**

- Do not move the victim unless it is absolutely necessary.
- If the victim must be moved, "splint" the injured area. Use a board, cardboard or rolled newspaper as a splint.

#### **Burns:**

Thermal (Heat)

- Rinse the burned area without scrubbing it, keep immerse in water.  
*Do not use ice water!*
- Blot dry the area and **lightly** cover it using sterile gauze or a clean cloth. Chemical
- Immediately flush the exposed area with cool water for 15 to 20 minutes.

**Eye Injury:**

Small particles

- Do not rub your eyes.
- Use the corner of a soil clean cloth to draw particles out or hold the eyelids open and flush the eyes continuously with water.

Large or stuck particles

- If a particle is stuck in the eye, do not attempt to remove it.
- Cover both eyes with a

bandage. Chemical

- Immediately irrigate the eyes and under the eyelids with water for 30 minutes.

**Neck or Spine Injury:**

- If the victim appears to have injuries his or her neck or spine or is unable to move his or her arm or leg, do not attempt to move the victim unless it is absolutely necessary.

**Heat Exhaustion:**

- Loosen the victim's tight clothing.
- Give the victim sips of cool water.
- Make the victim lie down in a cooler place.

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**16. Lifting:** If you need help moving material, ask for it. When you lift, use your leg muscles by squatting close to the load, preserving the curve in your back, spreading your feet, and lifting with your legs, keeping the load close to your body. When you turn holding an object, move your feet, do not twist.

**17. Specific Training:** Dependent upon assignment, employee may be required to complete (and pass) additional pre-employment testing and safety training. Including but not limited to Workplace Injuries, Hazard Communication, General Safe Work Practices, Working under the influences and Power Industrial Truck training (PIT).

These rules have been established to help you stay safe and injury free. Violation of the above rules or conduct that does not meet minimum accepted work standards, will result in discipline up to and including termination.

When working at a customer location, employees are required to follow the above rules as well as customer rules and procedures and work in a manner which reflects positively on the company. Before operating any equipment at a customer location, permission must be secured from the customer contact.

#### COMPANY'S COMMITMENT TO SAFETY

In compliance with the Drug-Free Workplace Act of 1988, **Hirsch Stevedoring**, has a commitment to providing a safe, quality-oriented and productive work environment consistent with the standards of the community in which we operate. Alcohol and drug abuse pose a threat to the health and safety of **Hirsch Stevedoring**, employees and to the security of our equipment and facilities. For these reasons, **Hirsch Stevedoring**, is committed to the elimination of drug and/or alcohol use and abuse in the workplace.

This policy outlines the practice and procedure designed to correct instances of identified alcohol and/or drug use in the workplace. This policy continues to apply to all employees and all applicants for employment of **Hirsch Stevedoring**. The Human Resources Department is responsible for policy administration.

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#### EMPLOYEE ASSISTANCE AND DRUG-FREE AWARENESS

Illegal drug use and alcohol misuse have a number of adverse health and safety consequences. Information about those consequences and sources of help for drug/alcohol problems is available from the Human Resources Department, who has been trained to make referrals and assist employees with drug/alcohol problems.

**Hirsch Stevedoring** will assist and support employees who voluntarily seek help for such problems before becoming subject to discipline and/or termination under this policy. Such employees will be allowed to use accrued paid time off, placed on leaves of absence, referred to treatment providers and otherwise accommodated as required by law. Such employees may be required to document that they are successfully following



prescribed treatment and to take and pass follow-up tests if they hold jobs that are safety-sensitive or require driving or have violated this policy previously. Once a drug test has been scheduled, the employee will have forfeited their right to be granted a leave of absence for treatment and possible discipline, up to and including discharge, will be unavoidable.

Employees should report to work fit for duty and free of any adverse effects of illegal drugs or alcohol. This policy does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their doctors about the medications' effect on their fitness for duty and ability to work safely and promptly disclose any work restrictions to their supervisor. Employees should not, however, disclose underlying medical conditions unless directed to do so.

#### WORK RULES

1. Whenever employees are working, are operating any **Hirsch Stevedoring**, vehicle, are present on **Hirsch Stevedoring**, premises, or are conducting Company related work off-site, they are prohibited from:

- using, possessing, buying, selling, manufacturing or dispensing an illegal drug (to include possession of drug paraphernalia);

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- being under the influence of alcohol or an illegal drug as defined in this policy; and

- possessing or consuming alcohol.

2. The presence of any detectable amount of any illegal drug or illegal controlled substance in an employee's body system, while performing company business or while in a company facility, is prohibited.

3. **Hirsch Stevedoring** will also not allow any employee to perform their duties while taking prescribed drugs that are adversely affecting the employee's ability to safely and effectively perform their job duties. Employees taking a prescribed medication must carry it in the container labeled by a licensed pharmacist or be prepared to produce it if asked.

4. Any illegal drugs or drug paraphernalia will be turned over to an appropriate law enforcement agency and may result in criminal prosecution.

#### REQUIRED TESTING

**Pre-employment:** All applicants must pass a drug test before beginning work or receiving an offer of employment. Refusal to

submit to testing will result in disqualification of further employment consideration.

**Reasonable Suspicion:** Employees are subject to testing based upon (but not limited to) observations by the supervision of apparent workplace use, possession or impairment. Human Resources, the Plant Manager, or the Director of Operations shall be consulted before sending an employee for testing. All levels of supervision making this decision must utilize the "Observation Checklist" to document specific observations and behaviors that create a reasonable suspicion that the person is under the influence of illegal drugs and/or alcohol. If the results of the "Observation Checklist" indicate further action is justified, the manager/supervisor should confront the employee with the documentation and with a union representative present (for all unionized employees) and/or with another member of management (for all non-unionized employees). *Under no circumstances will the employee be allowed to drive himself or herself to the testing facility. A member of supervision/management and a union rep (if appropriate) must escort the employee; the supervisor/manager will make arrangements for the employee to be transported home.*

**Post-accident:** Employees are subject to testing when they cause or contribute to accidents that seriously damage a Hirsch Stevedoring vehicle, machinery, equipment, or property and/or result in an injury to themselves or another employee requiring off-site medical attention. A probable belief circumstance will be presumed to arise in any instance involving a work-related accident or injury in which an employee who was operating a

motorized vehicle (including, but not limited to, forklift, Company pickup trucks, overhead cranes, Top Picks, Hoppers, Gearmen, Foremen and management.

The investigation and subsequent testing must take place within two (2) hours following the accident, if not sooner. *Under no circumstances will the employee be allowed to drive himself or herself to the testing facility*

**Follow-up:** Employees who have tested positive, or otherwise violated this policy, are subject to discipline, up to and including discharge. Depending upon the circumstances and the employee's work history/record, [Company Name] may offer an employee who violates this policy or tests positive the opportunity to return to work on a last chance basis pursuant to mutually agreeable terms, which could include follow-up drug testing at times and frequencies determined by [Company Name] for a minimum of one (1) year but not more than two (2) years as well as a waiver of the right to contest any termination resulting from a subsequent positive test. If the employee either does not complete their rehabilitation program

or tests positive after completing the rehabilitation program, they will be subject to immediate discharge from employment.

#### COLLECTION AND TESTING PROCEDURES

Employees subject to alcohol testing shall be driven to a **Hirsch Stevedoring** designated facility and directed to provide breath specimens. Breath specimens shall be tested by trained technicians using federally approved breath alcohol testing devices capable of producing printed results that identify the employee. If an employee's breath alcohol concentration is .04 or more, a second breath specimen shall be tested approximately 20 minutes later. The results of the second test shall be determinative. Alcohol tests may, however, be a breath, blood or saliva test, at the Company's discretion. For purposes of this Policy, test results generated by law enforcement or medical providers may be considered by the Company as work rule violations.

Applicants and employees subject to drug testing shall be driven to a **Hirsch Stevedoring** designated medical facility and directed to provide urine specimens. Applicants and employees may provide specimens in private unless they appear to be submitting altered, adulterated or substitute specimens. Collected specimens shall be sent to a federally certified laboratory and tested for evidence of marijuana, cocaine, opiates, amphetamines, PCP, benzodiazepines, methadone, methaqualone and propoxyphene use. (Where indicated, specimens may be tested for other illegal drugs.) The laboratory shall screen all specimens and confirm all positive screens. There shall be a chain of custody from the time specimens are collected through testing and storage.

The laboratory shall transmit all positive drug test results to a Medical Review Officer ("MRO") retained by **Hirsch Stevedoring**, who shall offer persons with positive results a reasonable opportunity to rebut or explain the results. Persons with positive test results may also ask the MRO to have their split specimen sent to another federally certified laboratory to be tested at the



applicant's or employee's own expense. Such requests must be made within 48 hours of notice of test results. If the second facility fails to find any evidence of drug use in the split specimen, the employee or applicant will be treated as passing the test. In no event shall a positive test result be communicated to Hirsch Stevedoring, until such time that the MRO has confirmed the test to be positive.

#### CONSEQUENCES

Applicants who refuse to cooperate in a drug test or who test positive will not be hired and will not be allowed to re-apply/re-test in the future.

*Employees who refuse to cooperate in required tests or who use, possess, buy, sell, manufacture or dispense an illegal drug in violation of this policy will be terminated. If the employee refuses to be tested yet we believe they are impaired, under no circumstances will the employee be allowed to drive himself or herself home.*

The first time an employee tests positive for alcohol or illegal drug use under this policy, the result will be discipline up to and including discharge.

Employees will be paid for time spent in alcohol/drug testing and then suspended pending the results of the drug/alcohol test. After the results of the test are received, a date/time will be scheduled to discuss the results of the test; this meeting will include a member of management/supervision, a union representative (if requested), and Human Resources. When an individual is suspected to be under the influence of an illegal foreign substance, a drug test will be demanded by the suspected individual. If the results prove to be negative, the employee will receive backpay for the times/days of suspension.

#### CONFIDENTIALITY

Information and records relating to positive test results, drug and alcohol dependencies and legitimate medical explanations provided to the MRO shall be kept confidential to the extent required by law and maintained in secure files separate from normal personnel files. Such records and information may be

disclosed among managers and supervisors on a need-to-know basis and may also be disclosed where relevant to a grievance, charge, claim or other legal proceeding initiated by or on behalf of an employee or applicant.

#### INSPECTIONS

**Hirsch Stevedoring** reserves the right to inspect all portions of its premises for drugs, alcohol or other contraband; affected employees may have union representation involved in this process. All employees, contract employees and visitors may be asked to cooperate in inspections of their persons, work areas, and property that might conceal a drug, alcohol, or other contraband. Employees who possess such contraband or refuse to cooperate in such inspections are subject to appropriate discipline, up to and including discharge.

#### CRIMES INVOLVING DRUGS

**Hirsch Stevedoring** prohibits all employees, including employees performing work under government contracts, from manufacturing, distributing, dispensing, possessing or using an illegal drug in or on **Hirsch Stevedoring** premises or while conducting company business. **Hirsch Stevedoring** employees are also prohibited from misusing legally prescribed or OTC drugs. Law enforcement personnel shall be notified, as appropriate, where criminal activity is suspected.

#### EMPLOYEE ACKNOWLEDGEMENT FORM

Hirsch Stevedoring of Port Everglades is firmly committed to your safety. We will do everything possible to prevent workplace accidents and are committed to providing a safe working environment for you and all employees.

You are encouraged to report any unsafe work practices or safety hazards encountered on the job. All accidents/incidents (no matter how slight) are to be reported immediately to the supervisor on duty.

A key factor in implementing this policy will be strict compliance to all applicable federal, state, local, and Workforce Resources of Miami policies and procedures.

Failure to comply with these policies may result in disciplinary actions.

Additionally, Hirsch Stevedoring of Port Everglades subscribes to these principles:

1. All accidents are preventable through implementation of effective Safety and Health Control policies and programs.
2. Safety and Health controls are a major part of our work week every day.
3. Accident prevention is good business. It minimizes human suffering, promotes better working conditions for everyone, holds Workforce Resources of Miami in higher regard with customers, and increases productivity.
4. Management is responsible for providing the safest possible workplace for Employees. Consequently, management is committed to allocating and providing the resources needed to promote and effectively implement this safety policy.
5. Employees are responsible for following safe work practices, company rules, and for preventing accidents and injuries.
6. Our safety program applies to all employees and persons affected or associated in any way by the scope of this business.

By signing this document, I confirm receipt of Hirsch Stevedoring of Port Everglades Employee Safety Handbook and acknowledge that I have read and understood all policies, programs, and actions as described and agree to comply with these policies.

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**Employee Signature**

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**Date**



**HIRSCH STEVEDORING LLC**  
PORT EVERGLADES, FLORIDA

**STEVEDORE  
& TERMINAL  
SERVICES**

**STEVEDORE OPERATIONS  
SUPERVISOR SAFETY CHECKLIST**

Vessel/Barge/Voy Number	Weather Conditions:	Berth:
Work Process:		Date:

We acknowledge and agree that this checklist is intended to guide us in operations and other activities for Stevedoring and Terminal Operations. This checklist is not intended and should not be taken as excluding or limiting our responsibility to operate and act safely under the Workplace Health and Safety Act or otherwise at law.

We agree to take all necessary steps to ensure safe operations and other activities at all facilities on the part of ourselves, employees, agents, contractors or principals, regardless of whether such steps are referred to in this checklist.

**SAFETY CHECKLIST**

**Risk Assessment:**

a) Has a Risk assessment been conducted for the intended operation?	
b) Do you have a Safe Work Procedure, including safe lifting procedures?	
c) Has a safety briefing been conducted for the workmen immediately before commencement of work?	
d) Have you ensured that there is and will continue to be proper and adequate supervision of work at all times?	

**Stevedoring Gangs:**

a) Do all workers possess the relevant skills/training?	
b) Have all workers been given adequate instruction, information, and supervision for them to perform work?	
c) Are all workers equipped with and wearing proper and complete safety gear such as safety helmets, gloves, safety footwear, long pants, reflective vests, harness (if required), and safety goggles/glasses?	

**Work Environment:**

a) Are the gangway, safety net, and safe-all-net provided and safely secured?	
b) Are safe means provided for access to and from cargo hatches/high workplaces?	
c) Are hatches and confined spaces adequately ventilated for safe entry and work?	
d) Are cargos inspected and in apparent safe condition?	
e) Is the lighting level sufficient in the hatches to ensure work can be safely carried out?	

**Machinery, Equipment, and Certification**

a) Are the appropriate certified stevedore rigging being utilized?	
b) Have pre-operation checks of forklifts or mobile equipment been performed?	
c) Do lifting appliances, machines, and ship's gear appear to be in good working condition?	
d) Have you obtained a copy of a signed/stamped Gear Certificate from the vessel prior to operation?	

A signed, dated, and stamped stow plan with loading/discharging sequence MUST be obtained from vessel prior to any cargo operations.

I confirm and declare that I have implemented the control measures described above, and any other safety measures not listed above, and will do so until the completion of operation or work including during the change of shifts.

Supervisor (print) \_\_\_\_\_

Supervisor (signature) \_\_\_\_\_

Supervisor contact # \_\_\_\_\_

**HIRSCH STEVEDORING LLC**  
PORT EVERGLADES, FLORIDA

**STEVEDORE  
& TERMINAL  
SERVICES**

**STEVEDORE OPERATIONS  
SAFETY MEETING ATTENDANTS**

Vessel/Voyage: \_\_\_\_\_

The undersigned hereby acknowledge and agree that we attended the safety meeting, are wearing all required PPE (personal protective equipment), and are prepared to work in a safe manner.

1 _____ hrs	12 _____ hrs
2 _____ hrs	13 _____ hrs
3 _____ hrs	14 _____ hrs
4 _____ hrs	15 _____ hrs
5 _____ hrs	16 _____ hrs
6 _____ hrs	17 _____ hrs
7 _____ hrs	18 _____ hrs
8 _____ hrs	19 _____ hrs
9 _____ hrs	20 _____ hrs
10 _____ hrs	21 _____ hrs
11 _____ hrs	22 _____ hrs

Supervisor (print) \_\_\_\_\_

Supervisor (signature) \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_



STEVEDORE  
& TERMINAL  
SERVICES

<b>VESSEL / CRANE #:</b>		<b>DATE:</b>
<b>SHIFT:</b>	<b>AM</b> <input type="checkbox"/> <b>PM</b> <input type="checkbox"/>	<b>COMPLETE</b>
<b>PRE-SHIFT INSPECTION</b> S = SATISFACTORY    U = UNSATISFACTORY    N/A = NOT APPLICABLE		
CRANE CERTIFICATES RECEIVED FROM VESSEL & VERIFIED (ANNUAL)	<input type="checkbox"/> S	<input type="checkbox"/> U <input type="checkbox"/> N/A
CRANE PEDESTAL, BOLTED CONNECTION AND LOWER STRUCTURE APPEAR SOLID / GOOD QUALITY	<input type="checkbox"/> S	<input type="checkbox"/> U <input type="checkbox"/> N/A
DRIVING CAB GENERAL CONDITION (USE NOTES SECTION EVEN IF FOUND SATISFACTORY)	<input type="checkbox"/> S	<input type="checkbox"/> U <input type="checkbox"/> N/A
CONDITION OF ENTRY/EXIT DOOR(S)	<input type="checkbox"/> S	<input type="checkbox"/> U <input type="checkbox"/> N/A
CONDITION OF SEAT	<input type="checkbox"/> S	<input type="checkbox"/> U <input type="checkbox"/> N/A
WINDOWS CLEAN, CLEAR AND PROVIDES SUFFICIENT VISIBILITY	<input type="checkbox"/> S	<input type="checkbox"/> U <input type="checkbox"/> N/A
GAUGES IN WORKING ORDER	<input type="checkbox"/> S	<input type="checkbox"/> U <input type="checkbox"/> N/A
WARNING & INDICATOR LIGHTS FUNCTIONING PROPERLY	<input type="checkbox"/> S	<input type="checkbox"/> U <input type="checkbox"/> N/A
CONTROL/BRAKES FUNCTIONING PROPERLY	<input type="checkbox"/> S	<input type="checkbox"/> U <input type="checkbox"/> N/A
EMERGENCY STOP FUNCTIONING PROPERLY	<input type="checkbox"/> S	<input type="checkbox"/> U <input type="checkbox"/> N/A
LIST/BOOM/WEIGHT INDICATORS FUNCTIONING PROPERLY	<input type="checkbox"/> S	<input type="checkbox"/> U <input type="checkbox"/> N/A
SAFETY DEVICES PRESENT (FIRE EXTINGUISHER/EMERGENCY EXIT, ETC)	<input type="checkbox"/> S	<input type="checkbox"/> U <input type="checkbox"/> N/A
QUAD ANNUAL INSPECTION CERTIFICATION	<input type="checkbox"/> S	<input type="checkbox"/> U <input type="checkbox"/> N/A
	<input type="checkbox"/> S	<input type="checkbox"/> U <input type="checkbox"/> N/A
	<input type="checkbox"/> S	<input type="checkbox"/> U <input type="checkbox"/> N/A
NOTES:          		
PRE-SHIFT CHECKLIST PERFORMED BY:		

## **Training Policy**

Hirsch Stevedoring is committed to supporting all of its staff in developing their careers, helping them to fulfil their potential and ensuring they get as much out of working life as they possibly can. Our Training & Development Policy is based on the following principles:

- Hirsch Stevedoring thinks of its workforce as an asset, as well as a cost, and believes that it should invest in that asset.
- Hirsch Stevedoring's investment in training and development opportunities should seek to support the achievement of business goals, and will be directed accordingly.
- Hirsch Stevedoring will support individuals in their personal and professional development, but expects employees to share in the responsibility for this.
- Hirsch Stevedoring will ensure that appropriate procedures are in place to plan, deliver and evaluation and training and development activity.
- Hirsch Stevedoring believes that line managers have a key role to play in people development.
- Hirsch Stevedoring regularly reviews its overall level of investment in staff training and development to ensure that adequate and appropriate resources are provided.
- Hirsch Stevedoring is committed to equality of opportunity in its training and development activities and elsewhere, and believes that decisions relating to training and development should be made fairly, consistently and without reference to race, gender, disability, nationality, religion, age, sexual orientation, family status or any other irrelevant factor.

## **Training & Development Activity**

Hirsch Stevedoring provides a range of training and development opportunities for staff.

- **Health and safety training.** This includes risk assessment, fire safety and first aid.
- **Technical training.** Dependent upon assignment, employee may be required to complete (and pass) additional pre-employment testing and safety training. Including but not limited to Workplace Injuries, Hazard Communication, General Safe Work Practices, Working under the influences and Power Industrial Truck training (PIT).
- **Skills training.** This includes internal and external courses on skills relevant to employees' roles. This includes management and leadership development.

## **Responsibility for Training**



In line with the Company's expectation that employees share in the responsibility for their own development, by requesting training wanted, and by demonstrating the benefit of training on the job.

Supervisors will ask questions of employees and answer employees' questions to ensure knowledge and understanding of safety rules, policies and job-specific procedures described in the Hirsch Stevedoring Safety Manual and Policies.

## **Training Procedure**

1. The Supervisor:
  - maintains sufficient knowledge of processes to allow realistic assessment of staff competencies
  - monitors employee competence to identify need for retraining or continuous education
  - identifies training needs related to new projects, new or revisions to procedures & processes
  - initially trains employees on how to perform assigned job tasks safely.
  - implements training
  - maintains training records
2. Training procedure is applicable to:
  - induction training for new staff
  - training related to new procedures or revisions to procedures and processes
  - retraining
3. Induction Training:
  - Induction training must be designed to ensure new staff has fundamental knowledge and skills regardless of their specific job function, including all health and safety, workplace rules and procedures, and corporate policies, including drug policy.
4. Training:
  - All staff must read and familiarize themselves with the Hirsch Stevedoring Safety Manual and Policies which is to be provided to each employee by his/her supervisor on the first day of employment or job transfer.
  - If staff members have any questions regarding the material they should seek clarification from their Supervisors.
  - Supervisors shall assess training needs on an annual basis as part of Annual Performance Review or more frequently if required
  - If deficiency in performance is observed with respect to targets & objectives Supervisor shall provide constructive feedback and additional training if required
  - Training should ensure all staff understands the procedure/ changes to procedures and effective date.
  - Proficiency may be demonstrated through self certification, classroom training, other documented learning experience, certificate, or a combination of these.
  - Changes to roles/ responsibilities may require re-training.
  - All employees will be retrained periodically on safety rules, policies and procedures, and when changes are made to the workplace safety manual.

- Individual employees will be retrained after the occurrence of a work-related injury caused by an unsafe act or work practice, and when a supervisor observes employees performing any unsafe activity.

5. Training Frequency:

- Employees will be required to review and certify in the Training records that they have reviewed the Hirsch Stevedoring Safety Manual and Policies and Safety Training at a minimum of two times each year.
- All other training associated with job responsibilities will be repeated as deemed necessary by the Supervisor

6. Project specific training:

- Staff assigned to special projects must receive relevant training to enable them to perform duties appropriately.
- They must complete required training before starting specific project related activities

7. Training Records:

- Training records should contain at least the following
  - i. Training Requirements as per Annexure 1
  - ii. Evidence of Training as per Annexures 2 and 3



## Annexure 01: Training Requirements

Name of Employee	
Job Title/ Description	

[illegible]

## Annexure 02: Training Attendance Sheet

Subject of training	
Corresponding Policy(ies) (if any)	
Date	
Trainer	
Signature of Trainer	

### Trainees Attended

[illegible]

### Annexure 03: Staff Training Record


Name	
Job Title/ Description	

10.

[illegible]




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ENVIROS

Enforcement Action Advanced Search


**No information was found matching your selection criteria. Please try again.**

Enforcement Action Number:

House Number:  To:

Street:    


Direction Street Name Street Type Suite

City:  Zip:

Section:  Township:  Range:





Respondent:

[Help on this page](#)  
Screen ID: 23473



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## Florida Hazardous Waste Handler Search Results



Florida Department of Environmental Protection

### Hazardous Waste Facilities Search Results

#### Selection Criteria for This Handler Search:

EPAID: % ; Name: **HIRSCH STEVEDORING, LLC** % ; Address: % ; City: % ; County: %

#### For Facility Data Links:

**A**ctivities -- provides a list of RCRA compliance activities and violations.

**M**apping in GIS -- this opens a **[NEW IMPROVED]** GIS mapping tool focused on the facility.

**D**ocuments -- this provides a list of electronic documents available online.

**E**rror Reporting -- send us feedback to address data errors.

**C**ounty Verification -- County or RPC verification of Facility and Waste for this site.

#### For a Generator Status History:

click on the **Status**. - **N**OT indicates a facility is a Non-Notifier and may not have been issued the associated EPAID - **Check with DEP before using that EPAID!**

[Legend of Status Types](#)

EPA ID	Name	County	Address	Contact	Status	As of	Data Links
<b>Search has retrieved 0 Facilities</b>							

#### Legend of Status Types:

LQG - Large Quantity Generator

SQG - Small Quantity Generator

CES - Conditionally Exempt Small Quantity Generator

UOT - Used Oil Transporter

TRA - Hazardous Waste Transporter

TSD - Treatment/Storage/Disposal Facility

CLO - Closed

NHR - Non-Handler of Hazardous Waste



## Occupational Safety and Health Administration

Menu

Q SEARCH OSHA

OSHA ▾ STANDARDS ▾ TOPICS ▾ HELP AND RESOURCES ▾ Contact Us FAQ A to Z Index English  
Español

## Establishment Search

### Reflects inspection data through 06/16/2020

This page enables the user to search for OSHA enforcement inspections by the name of the establishment. Information may also be obtained for a specified inspection or inspections within a specified SIC.

**Note:** Please read important information below regarding interpreting search results before using.

Search By:

**Your search did not return any results.**

Establishment

(This box can also be used to search for a State Activity Number for the following states: NC, SC, KY, IN, OR and WA)

State

OSHA Office

Site Zip Code

Case Status ☒ All ☐ Closed ☐ Open

Violation Status ☒ All ☐ With Violations ☐ Without Violations

Inspection Date

Start Date

End Date

Submit

Reset

#### Can't find it?

Wildcard use %

Basic Establishment Search Instructions

Advanced Search Syntax

#### NOTE TO USERS

[https://www.osha.gov/pls/imis/establishment.html?p\\_message=2&establishm...](https://www.osha.gov/pls/imis/establishment.html?p_message=2&establishm...) 6/22/2020

## Establishment Search Page | Occupational Safety and Health Administration Page 2 of 2

The Integrated Management Information System (IMIS) was designed as an information resource for in-house use by OSHA staff and management, and by state agencies which carry out federally-approved OSHA programs. Access to this OSHA work product is being afforded via the Internet for the use of members of the public who wish to track OSHA interventions at particular work sites or to perform statistical analyses of OSHA enforcement activity. It is critical that users of the data understand several aspects of the system in order to accurately use the information.

The source of the information in the IMIS is the local federal or state office in the geographical area where the activity occurred. Information is entered as events occur in the course of agency activities. Until cases are closed, IMIS entries concerning specific OSHA inspections are subject to continuing correction and updating, particularly with regard to citation items, which are subject to modification by amended citations, settlement agreements, or as a result of contest proceedings. THE USER SHOULD ALSO BE AWARE THAT DIFFERENT COMPANIES MAY HAVE SIMILAR NAMES AND CLOSE ATTENTION TO THE ADDRESS MAY BE NECESSARY TO AVOID MISINTERPRETATION.

The Integrated Management Information System (IMIS) is designed and administered as a management tool for OSHA to help it direct its resources. When IMIS is put to new or different uses, the data should be verified by reference to the case file and confirmed by the appropriate federal or state office. Employers or employees who believe a particular IMIS entry to be inaccurate, incomplete or out-of-date are encouraged to contact the OSHA field office or state plan agency which originated the entry.

### UNITED STATES DEPARTMENT OF LABOR

Occupational Safety and Health Administration  
200 Constitution Ave NW  
Washington, DC 20210  
☎ 800-321-6742 (OSHA)  
TTY  
[www.OSHA.gov](http://www.OSHA.gov)

#### FEDERAL GOVERNMENT

White House  
Severe Storm and Flood Recovery Assistance  
Disaster Recovery Assistance  
[DisasterAssistance.gov](http://DisasterAssistance.gov)  
[USA.gov](http://USA.gov)  
No Fear Act Data  
U.S. Office of Special Counsel

#### OCCUPATIONAL SAFETY AND HEALTH

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A - Z Index  
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#### ABOUT THE SITE

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Plug-Ins Used by DOL  
Accessibility Statement



**From:** [Osorno-Belleme, Angela](#)  
**To:** [HQS-SMB-FOIA](#)  
**Subject:** Freedom of Information Act Request  
**Date:** Monday, June 8, 2020 2:22:00 PM  
**Attachments:** [image002.png](#)

---

Please accept this email as a Freedom of Information Act request for information on any environmental infractions, fines, penalties, and resolutions associated with the following companies:

Kirby Inland Marine, LP  
1020 Port Boulevard, Suite 2  
Miami, FL 33132

Hyde Shipping Corporation  
10025 N.W. 116th Way, Suite #2  
Medley, FL 33178

Intercruises Shoreside & Port Services, Inc.  
80 SW 8<sup>th</sup> Street, Suite 1800  
Miami, FL 33130

Hirsh Stevedoring, LLC  
6701 NW 22<sup>nd</sup> Terrace  
Fort Lauderdale, FL 33309

The period of this request is January 1, 2015 through June 1, 2020.

Your response may include redactions (removal) of Personal Information(5 U.S.C. 552(b)(6) and (b)(7)(c) information.

Thank you.



**Angela Osorno Belleme, PMP**  
**Franchise & Business Permit Manager**  
Broward County Port Everglades Department  
1850 Eller Drive, Suite 603  
Fort Lauderdale, FL 33316  
Ph (954) 468-0112 Fx (954) 468-525-1910  
[aosornobelleme@broward.org](mailto:aosornobelleme@broward.org)