

FORMAL QUOTE NO.: Q-110171

**LEE COUNTY, FLORIDA  
PROPOSAL QUOTE FORM  
FORD AUTOMOBILES, SPORT UTILITY VEHICLES, PASSENGER & LIGHT  
DUTY VANS, LIGHT & MEDIUM DUTY TRUCKS, AND CAB & CHASSIS**

DATE SUBMITTED: \_\_\_\_\_

VENDOR NAME: SAM GALLOWAY FORD INC.

TO: The Board of County Commissioners  
Lee County  
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers:

#1 Attachment A and B pages 27A 28A 29A 30A

**BASIS OF AWARD:**

PERCENTAGE FIGURE BELOW "DEALER SELLING PRICE" COLUMN OF THE KELLEY BLUE BOOK'S KARPOWER ON LINE NEW CAR PRICING SOFTWARE:

3.536 %

**OPTION A: DEALER INSTALLED OPTIONS:**

**NOTE: In order to be considered for award, Option A must be completed.**

Percentage Figure Above "Actual Invoice" Of Dealer Installed Options Performed By A Sub-Contractor:

0 %

TO BE DELIVERED WITHIN       /       CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

Is your firm interested in being considered for the Local Vendor Preference?

Yes   X   No                     

If yes, then read the paragraph entitled "Local Vendor Preference" included in these specifications. Also complete the Local Vendor Preference Questionnaire and return with your quotation.

Quoters should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the quote may be grounds to reject the quote.

Are there any modifications to the quote or specifications?

Yes                      No   X  

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the quoter being declared nonresponsive or to have the award of the quote rescinded by the County.

MODIFICATIONS:

Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED QUOTER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS QUOTE WITH OTHER QUOTERS AND HAS NOT COLLUDED WITH ANY OTHER QUOTER OR PARTIES TO A QUOTE WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME: STAN GALLOWAY FORD INC.

BY (Printed): PAUL JUDSON

BY (Signature): 

TITLE: FLEET ACCOUNT MANAGER

FEDERAL ID # OR S.S.# 59-0329880

ADDRESS: 1800 BOY SCOUT DRIVE  
FT MYERS FL 33907

PHONE NO.: 239-274-2321

FAX NO.: 239 274 2391

CELLULAR PHONE/PAGER NO.: 239-633-4990

DUNS #: \_\_\_\_\_

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER: 1000056

E-MAIL ADDRESS: PJUDSON@GALLOWAYAUTO.COM

REVISED: 4/16/10

AFFIDAVIT CERTIFICATION  
IMMIGRATION LAWS

SOLICITATION NO.: \_\_\_\_\_ PROJECT NAME: \_\_\_\_\_

LEE COUNTY WILL NOT INTENTIONALLY AWARD COUNTY CONTRACTS TO ANY CONTRACTOR WHO KNOWINGLY EMPLOYS UNAUTHORIZED ALIEN WORKERS, CONSTITUTING A VIOLATION OF THE EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. SECTION 1324 a(e) {SECTION 274A(e) OF THE IMMIGRATION AND NATIONALITY ACT ("INA").

LEE COUNTY MAY CONSIDER THE EMPLOYMENT BY ANY CONTRACTOR OF UNAUTHORIZED ALIENS A VIOLATION OF SECTION 274A(e) OF THE INA. SUCH VIOLATION BY THE RECIPIENT OF THE EMPLOYMENT PROVISIONS CONTAINED IN SECTION 274A(e) OF THE INA SHALL BE GROUNDS FOR UNILATERAL CANCELLATION OF THE CONTRACT BY LEE COUNTY.

BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name: Sam Galloway Ford, Inc.  
Brooke Samuelson CFO  
Signature Title Date

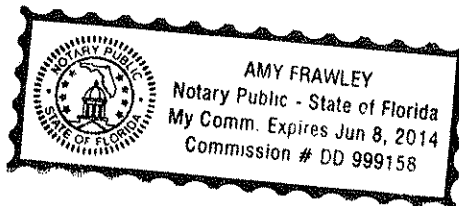
STATE OF FL  
COUNTY OF Lee

The foregoing instrument was signed and acknowledged before me this 28 day of March, 2011, by Brooke Samuelson who has produced  
(Print or Type Name)  
FL DL S542079604040 as identification.  
(Type of Identification and Number)

Amy Frawley  
Notary Public Signature

Amy Frawley  
Printed Name of Notary Public

6/8/14  
Notary Commission Number/Expiration



The signee of this Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made. **LEE COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION, AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.**

**ATTACHMENT A**  
**LOCAL VENDOR PREFERENCE QUESTIONNAIRE**  
**(LEE COUNTY ORDINANCE NO. 08-26)**

Instructions: Please complete either Part A or B whichever is applicable to your firm

**PART A: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS LOCATED WITHIN LEE/COLLIER COUNTY (Only complete Part A if your principal place of business is located within the boundaries of Lee/Collier County)**

1. **What is the physical location of your principal place of business that is located within the boundaries of Lee/Collier County, Florida?**

1800 Boy Scout Drive  
Ft Myers Fl. 33907

2. **What is the size of this facility (i.e. sales area size, warehouse, storage yard, etc.)**

4 bldgs 142,277 SQ FT  
\_\_\_\_\_  
\_\_\_\_\_

N/A

**PART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATED WITHIN LEE/COLLIER COUNTY OR DOES NOT HAVE A PHYSICAL LOCATION WITHIN LEE/COLLIER COUNTY (Please complete this section.)**

1. **How many employees are available to service this contract? \_\_\_\_\_**  
\_\_\_\_\_

2. **Describe the types, amount and location of equipment you have available to service this contract.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

3. Describe the types, amount and location of material stock that you have available to service this contract.

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4. Have you provided goods or services to Lee County on a regular basis for the preceding, consecutive three years?

Yes   X   No           

If yes, please provide your contractual history with Lee County for the past three, consecutive years. Attach additional pages if necessary.

*Previous AUTO CONTRACT*

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ATTACHMENT A

**LIST OF AUTHORIZED DEALER INSTALLED OPTION MANUFACTURERS  
EFFECTIVE 6/01/2006**

1. EMERGENCY AND WARNING LIGHTS:
  - A. STROBE - NORTH AMERICAN SIGNAL COMPANY
  - B. ROTATING BEACON – TARGET TECH (FEDERAL SIGNAL CORP)
  - C. CORNER INTERCEPT – NOVA ELECTRONICS
  
2. BEDLINERS:
  - A. DURALINER
  - B. RHINO LININGS
  - C. LINE-X
  
3. TOOL BOXES:
  - A. DELTA
  - B. DAYTON
  
4. TRAILER HITCHES:
  - A. DRAW-TITE
  - B. REESE
  
5. LIFT GATES:
  - A. TOMMY GATE
  
6. ALUMINUM DUMP BODY INSERTS:
  - A. TRUCK CRAFT
  - B. EZ DUMPER
  
7. UTILITY AND STAKE BODIES:
  - A. OMAHA
  - B. READING
  - C. RKI
  
8. CRANES:
  - A. AUTO-CRANE
  - B. LIFTMOORE
  - C. RKI
  
9. DUMP AND FLAT BED DUMP HOISTS:
  - A. VENCO CONVERSION HOISTS

10. TRUCK AND VAN ACCESSORIES:
  - A. SILVER SHIELD SYSTEMS
  - B. TAILGATERS
  - C. MASTERACK
  - D. AMERICAN VANS





# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/2/2011

**PRODUCER**  
 Wells Fargo Ins Services USA, Inc. (WFS)  
 2054 Vista Parkway  
 West Palm Beach FL 33411-2710  
 (561) 655-5500 (561) 655-5508

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
 Sam Galloway Ford, Inc. DBA Sam Galloway Ford  
 P.O. Box 70  
 Ft Myers FL 33902

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: New Hampshire Insurance Compan	23841
INSURER B: Granite State Insurance Compan	23803
INSURER C: New Hampshire Insurance Compan	23841
INSURER D:	
INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR (A/B/C/L)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	01LX0062626213	3/1/2011	3/1/2012	EACH OCCURRENCE \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-SENT <input checked="" type="checkbox"/> LOC				DAMAGED TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Excluded
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	02CA0062696303	3/1/2011	3/1/2012	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000
					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO \$10,000 PIP Coverage	01LX0062626213	3/1/2011	3/1/2012	AUTO ONLY - EA ACCIDENT \$ 1,000,000 OTHER THAN AUTO ONLY: EA ACC \$ ASG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	01DD004011823	3/1/2011	3/1/2012	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Garagekeepers	01LX0062626213	3/1/2010	3/1/2011	\$1,000,000/\$2,000,000
A	01LX0062626213	\$2,100,000 Excess	3/1/2011	3/1/2012	\$10,000 PIP Coverage \$5,000/\$25,000 Comp Ded \$5,000 Collision Ded

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

Galloway Ford, Inc. DBA Sam Galloway Ford, 15565 S. Tamiami Trail, Inc, 4i Investments, LLP, Estero Group, LLP, G.W., Inc. DBA Galloway Family of Dealerships, Galloway 1995 Limited Partnership, LLP, Galloway 1995 Partnership, LLC, Galloway Automotive Inc., Galloway Imports of Southwest FL, Inc., Galloway Imports, LLC DBA Sam Galloway Mazda, GK Management LLC, Master Care Protection Plan, Inc, Miracle Mile Auto Leasing Inc., Sam Galloway Ford Inc. DBA Galloway Collision Center, Sam Galloway Ford South LTD DBA Coconut Point Ford Sam Galloway Ford, Inc. DBA Sam Galloway Ford Lincoln SEFS, Inc Certificate Holder is listed as additional insured as their interest may appear.

**CERTIFICATE HOLDER**

Lee County Board of County Commissioners  
 20 Box 398  
 Fort Myers FL 33902

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *Ch. Galloway*

### IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

### DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



**NOTEPAD:**

INSURED'S NAME Sam Galloway Ford Inc

SAMGA-1

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OP:ID KT

DATE 06/30/10

Sam Galloway Ford, Inc. - 59-0329880; Sam Galloway Ford South, Ltd. d/b/a  
Coconut Point Ford - 20-0632000; Galloway Imports, LLC dba Sam Galloway  
Mazda - 26-0723206; GW, Inc. - 65-0553362; 15565 Tamiami Trail, Inc. -  
65-0434020; Estero Group, LLP - 65-1158994; 41 Investments,  
LLP - 65-1159012; Galloway 1995 Limited Liability Partnership, LLLP -  
65-0552165; Master Care Protection Plan, Inc. - 65-0700840

ADDENDUM #1 FOR FORMAL QUOTE NO.: Q-110171

LEE COUNTY PROCUREMENT MANAGEMENT - BIDDERS CHECK LIST

**IMPORTANT:** Please read carefully and return with your bid proposal.

Please check off each of the following items as the necessary action is completed:

- 1. The Quote has been signed.
- 2. The Quote prices offered have been reviewed.
- 3. The price extensions and totals have been checked.
- 4. The original (must be manually signed) and 1 additional copy of the quote has been submitted.
- 5. Two (2) identical sets of descriptive literature, brochures and/or data (if required) have been submitted under separate cover.
- 6. All modifications have been acknowledged in the space provided.
- 7. All addendums issued, if any, have been acknowledged in the space provided.
- 8. Erasures or other changes made to the quote document have been initialed by the person signing the quote.
- 9. Bid Bond and/or certified Check, (if required) have been submitted with the quote in amounts indicated.
- 10. Any Delivery information required is included.
- 11. Affidavit Certification Immigration Signed and Notarized
- 12. The mailing envelope has been addressed to:

<b>MAILING ADDRESS</b>	<b>PHYSICAL ADDRESS</b>
Lee County Procurement Mgmt.	Lee County Procurement Mgmt.
P.O. Box 398 or	1825 Hendry St 3 <sup>rd</sup> Floor
Ft. Myers, FL 33902-0398	Ft. Myers, FL 33901
- 13. The mailing envelope **MUST** be sealed and marked with:  
Quote Number  
Opening Date and/or Receiving Date
- 14. The quote will be mailed or delivered in time to be received no later than the specified opening date and time. (Otherwise quote cannot be considered or accepted.)
- 15. If submitting a "NO BID" please write quote number here \_\_\_\_\_  
and check one of the following:  
\_\_\_\_\_ Do not offer this product \_\_\_\_\_ Insufficient time to respond.  
\_\_\_\_\_ Unable to meet specifications (why)  
\_\_\_\_\_ Unable to meet bond or insurance requirement.  
Other: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_