

INFORMAL TELEPHONE QUOTE: IT120458

LEE COUNTY, FLORIDA INFORMAL
TELEPHONE QUOTATION
FOR FORD SERVICE AND REPAIR

Vendors:

Lee County Fleet Management is interested in getting quotes for the service and repairs of Ford vehicles. Both maintenance and non-maintenance work will be required. The parts to be provided are to be priced out as markup over the dealer's net cost.

Please fax the completed quote to:

Lee County Purchasing
Attn: Chris Jeffcoat - 239-485-5460
by 5:00 p.m. on August 20, 2012

BASIS OF AWARD

All vendors meeting the requirements of these specifications will receive an award. It is the County's intent to award to a pool of vendors for this project.

TERM OF QUOTE

If awarded, the terms of this quote shall be in effect for one year. The County reserves the right to renew this quote (or any portion thereof) and to negotiate lower pricing as a condition for each renewal, for up to four additional one-year periods, upon mutual agreement of both parties and, except as to lower pricing, under the same terms and conditions.

CONTACT PERSON

The awarded vendor shall appoint a person or persons to act as a primary contact for Lee County. This person or back-up shall be readily available during normal work hours by phone or in person, and shall be knowledgeable of the terms and procedures involved.

ESTIMATED DOLLAR VOLUME

The estimated expenditure for Ford service and repairs in the next 12 months is approximately \$99,999. However, no minimum amount is guaranteed.

WARRANTY

All parts shall carry a full factory warranty.

Post-it® Fax Note	7871	Date	8-10-12	# of pages	▶
To	Scott Donaldson		From	Chris	
Company	SAM ELLIOTT FORD		Co.	Lee County	
Phone #			Phone #		
Fax #	274-2406		Fax #		



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All vendors shall provide full factory warranty on all parts furnished, as a result of this quote, against defects in materials and/or workmanship.

SERVICE RATE CHANGES

The quoted labor rates shall be firm and will not vary during the first year of the agreement. However, if the awarded vendor requests a price increase during the remaining years of the contract, it will be reviewed by the Department. If accepted by the Department, the increase will only take effect after the awarded vendor receives the approval in writing from the Department. The mark-ups for materials will remain constant throughout the life of the quote.

PARTS

NOTE: THE SALES PRICE SHALL BE BASED ON FORD MOTOR COMPANY/MOTORCRAFT DEALER NET COST PLUS A MARKUP. ALL REBATES, VOLUME DISCOUNTS, FLEET ALLOWANCES, ETC. SHALL BE INCLUDED IN THE PRICE QUOTED.

As a requirement of the quote the awarded vendor shall, at no cost to Lee County, provide two current Ford Motor Company/Motorcraft Dealer net Cost Pricing Lists; one (1) for Fleet and one (1) for Finance. Fleet and Finance require that the price guides be supplied on either CD or DVD media. Dealer net cost lists must be provided to verify the cost of parts and for prepayment audit. Prices will be allowed to change, but only as the dealer net cost price list changes, and only after the new net cost price lists are provided to both Fleet and Finance.

INVOICING

All invoices should include as a minimum the following information; quote number, manufacturer, manufacturer part number, current dealer net cost, mark up and the final cost of the item. Additionally for labor the invoice should reflect the appropriate hourly labor rate and the number of hours that were used to complete the work and a total labor cost **A sample of your invoice may be required to insure vendor compliance with quote requirements for invoicing.**

INSURANCE (AS APPLICABLE)

Insurance shall be provided, per the attached insurance guide. Upon request, an insurance certificate complying with the attached guide may be required prior to award.

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REQUIRED COST INFORMATION**PRICING (PARTS)**

Vendors shall quote parts based on the Ford Motor Company/Motorcraft dealer net cost plus mark up 10 %.

SERVICE LABOR RATES

Labor rates for maintenance work: \$ Variable per hour

- based on competitive market pricing
- different maintenance has different rates ie brakes, tune-ups

Labor rates for non-maintenance work: \$ 80.00 per hour

FIRM NAME: SAM GALLOWAY FORD LINCOLN

BY (Printed): SCOTT M. DONALDSON

BY (Signature): SCOTT M. DONALDSON

TITLE: SERVICE DIRECTOR

FEDERAL ID # OR S.S.# _____

ADDRESS: 1800 BOY SCOUT DRIVE
FORT MYERS FL 33907

PHONE NO.: (239) 939-5000

FAX NO.: (239) 274-2406

CELLULAR PHONE/PAGER NO.: (239) 425-5644

DUNS#: _____

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER: 100054

E-MAIL ADDRESS: sdonaldson@gallowayauto.com

DISADVANTAGED BUSINESS ENTERPRISE (DBE): _____

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Standard Insurance Requirements

Minimum Insurance Requirements: *Risk Management in no way represents that the insurance required is sufficient or adequate to protect the vendors' interest or liabilities. The following are the required minimums the vendor must maintain throughout the duration of this contract. The County reserves the right to request additional documentation regarding insurance provided*

- a. **Commercial General Liability and Garage and Garage Keepers Legal Liability -**
Coverage shall apply to premises and/or operations, products and/or completed operations, independent contractors, contractual liability, exposures with minimum limits of:
- \$500,000 per occurrence
 - \$1,000,000 general aggregate
 - \$500,000 property damage (PD) or
 - \$1,000,000 combined single limit (CSL) of BI and PD
- b. **Business Auto Liability** - The following Automobile Liability will be required and coverage shall apply to all owned, hired and non-owned vehicles use with minimum limits of:
- \$1,000,000 combined single limit (CSL)
 - \$500,000 bodily injury per person
 - \$1,000,000 bodily injury per accident
 - \$500,000 property damage per accident
- c. **Workers' Compensation** - Statutory benefits as defined by FS 440 encompassing all operations contemplated by this contract or agreement to apply to all owners, officers, and employees regardless of the number of employees. Workers Compensation exemptions may be accepted with written proof of the State of Florida's approval of such exemption. Employers' liability will have minimum limits of:
- \$500,000 per accident
 - \$500,000 disease limit
 - \$500,000 disease - policy limit

****The required minimum limit of liability shown in a and b may be provided in the form of "Excess Insurance" or "Commercial Umbrella Policies." In which case, a "Following Form Endorsement" will be required on the "Excess Insurance Policy" or "Commercial Umbrella Policy."***

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Verification of Coverage:

1. Coverage shall be in place prior to the commencement of any work and throughout the duration of the contract. A certificate of insurance will be provided to the Risk Manager for review and approval. The certificate shall provide for the following:

- a. The certificate holder shall read as follows:

**Lee County Board of County Commissioners
P.O. Box 398
Fort Myers, Florida 33902**

- b. *"Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials"* will be named as an **"Additional Insured"** on the General Liability policy, including Products and Completed Operations coverage.

Special Requirements:

1. An appropriate **"Indemnification"** clause shall be made a provision of the contract.
2. It is the responsibility of the general contractor to insure that all subcontractors comply with all insurance requirements.