LEE COUNTY, FLORIDA PROPOSAL QUOTE FORM FOR

LANDSCAPE MAINTENANCE FOR DOT ROADWAYS: SUMMERLIN/MCGREGOR – SANIBEL ISLAND TO PINE RIIDGE, SANIBEL CAUSEWAY ISLANDS A & B, SUMMERLIN – PINE RIDGE TO GLADIOLUS

| DATE SUBMITTED: May 17, 2011 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VENDOR NAME: P&T Lawn & Tractor Service, 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: Addendum Number One |
| SECTION 1: SANIBEL ISLAND – SEXANT TO CAUSEWAY BRIDGE |
| LANDSCAPE MAINTENANCE: |
| \$ 250.00 PER MONTH TOTAL X 12 MONTHS = \$ 3,000.00 TOTAL |
| MOWING: |
| \$PER CYCLE TOTAL X 24 CYCLES = \$TOTAL |
| MULCHING (PLEASE REFER TO ROUTINE MAINTENANCE ITEM 5: MULCHING FOR INTERVALS) |
| MULCH ONLY (NO LABOR) |
| \$4,200.00PER EVENT X 2 = $$8,400.00$ TOTAL |
| MULCH (LABOR ONLY) |
| \$1,680.00 PER EVENT X 2 = $$3,360.00$ TOTAL |
| SECTION 1: TOTAL \$ 18,360.00 |

SECTION 2: SANIBEL CAUSEWAY ISLANDS A & B

LANDSCAPE MAINTENANCE:

\$ 180.00 PER MONTH TOTAL X 12 MONTHS = \$ 2,160.0 TOTAL

MOWING:

 $$^{450.00}$ PER CYCLE TOTAL X 24 CYCLES = $$^{10,800.00}$ TOTAL

SECTION 2: TOTAL \$ 12,960.00

SECTION 3: SUMMERLIN/MCGREGOR – PUNTA RASSA RD TO PINE RIDGE RD

LANDSCAPE MAINTENANCE:

\$ 916.00 PER MONTH TOTAL X 12 MONTHS = \$110,992.0 00TAL

MOWING:

 $$^{1980.09}$ ER CYCLE TOTAL X 24 CYCLES = $$^{47,520.00}$ TOTAL

MULCHING (PLEASE REFER TO ROUTINE MAINTENANCE ITEM 5: MULCHING FOR INTERVALS)

MULCH ONLY (NO LABOR)

\$19,450.94 EVENT X 2 = \$38,900.09 TOTAL

MULCH (LABOR ONLY)

\$8,600.0\$ ER EVENT X 2 = \$17,200.09 TOTAL

PALM FROND PICK-UP

SAN CARLOS BETWEEN SUMMERLIN AND KELLYROAD

\$ 210.00 PER WEEK X 52 WEEKS = \$10,920TOPAL

SECTION 4: SUMMERLIN - PINE RIDGE RD TO GLADIOLUS

| SECTION N. SCHMIZZAGEN. 12 NE IMPOLITO 10 SELECTIONES | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| LANDSCAPE MAINTENANCE: | |
| \$ 375.00 PER MONTH TOTAL X 12 MONTHS = \$ 4,500.00 TOTAL | |
| MOWING: | |
| \$1,760.0 PER CYCLE TOTAL X 24 CYCLES = \$42,240.00 TOTAL | |
| MULCHING (PLEASE REFER TO ROUTINE MAINTENANCE ITEM 5: MULCHING FOR INTERVALS) | |
| MULCH ONLY (NO LABOR) | |
| $\$^{7,685.00}$ PER EVENT X 2 = $\$^{15,370.00}$ TOTAL | |
| MULCH (LABOR ONLY) | |
| \$2,900.00 PER EVENT X 2 = \$5,800.0 GOTAL | |
| SECTION 4: TOTAL \$_67,910.00 | |
| GRAND TOTAL (SECTIONS 1-4) \$ 224,762.00 | |
| TO BE STARTED WITHIN 7 CALENDAR DAYS AFTER RECE OF AWARD AND PURCHASE ORDER. | 3 IP T |
| Is your firm interested in being considered for the Local Vendor Preference? Yes 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 modific | ations to the que | ote or spe | cifications: |
|-----------------------|-------------------|------------|-------------------------------------------------------------------------------------|
| Yes | No | x | |
| | oter being declar | | the space below or on a separate page massponsive or to have the award of the quote |
| | | | |

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.

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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 PAT Lawn & Tractor Service, Inc |
|------------------------------------------------------------|
| BY (Printed): Teena Zielinski |
| BY (Printed): Teena Zielinski BY (Signature): Suna Zulunu |
| TITLE: President |
| FEDERAL ID # OR S.S. #65-049564 |
| ADDRESS: 15980 Old Olga Road |
| Alva, FL 33920 |
| 239-694-4848 PHONE NO.: |
| 239-694-4848 FAX NO.: |
| 239-707-4610 707-4611 CELLULAR PHONE/PAGER NO.: |
| DUNS #: |
| LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER: 0905016 |
| E-MAIL ADDRESS: ztepet@comcast.net |
| REVISED: 4/16/10 |

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

| | What is the physical location of your principal place of business that is located within the boundaries of Lee/Collier County, Florida? | | | | | | | | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| | 15980 Old Olga Road Alva, FL 33920 Lee Cou | | | | | | | | | | |
| | What is the size of this facility (i.e. sales area size, warehouse, storage yard, etc?) | | | | | | | | | | |
| | Shop is 6,000 square feet Office is 144 square feet | | | | | | | | | | |
| | Storage facility is 50 acres | | | | | | | | | | |
| | | | | | | | | | | | |
| ART | 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.) | | | | | | | | | | |
| ART | 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 | | | | | | | | | | |



State of Florida

Service Description

Business Certification

P & T Lawn & Tractor Service

287 and 295.187, Florida Statutes for a period from: Is certified under the provisions of

August 31, 2009

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August 31, 2011

Torey Alston, Executive Director

Florida Department of Management Services
Office of Supplier Diversity

LEE COUNTY PROCUREMENT MANAGEMENT - BIDDERS CHECK LIST

| | Please read carefully and return with your bid propose | | | | | | | | |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Please check on | se 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 acknowled | edged in the space provided. | | | | | | | |
| | 8. Erasures or other changes made to the quote docur person signing the quote. | ment have been initialed by the | | | | | | | |
| | 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 N | Notarized | | | | | | | |
| | 12. The mailing envelope has been addressed to: MAILING ADDRESS Lee County Procurement Mgmt. P.O. Box 398 or Ft. Myers, FL 33902-0398 | PHYSICAL ADDRESS Lee County Procurement Mgmt. 1825 Hendry St 3 rd Floor Ft. Myers, FL 33901 | | | | | | | |
| | 13. The mailing envelope <u>MUST</u> be sealed and mark Quote Number Opening Date and/or Receiving Date | red with: | | | | | | | |
| www.do.yagona.aa | 14. The quote will be mailed or delivered in time to be specified opening date and time. (Otherwise quote can be specified opening date and time.) | | | | | | | | |
| ngalantanana. | 15. If submitting a "NO BID" please write quote numand check one of the following: | _Insufficient time to respond.) equirement. | | | | | | | |
| | HOT LOWN O | <u>Ivactor</u> | | | | | | | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/21/11

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

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

| cerunce | ite nomer in neu of such endorsemends). | | | | | | | |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------|------------|--|--|--|--|
| PRODUCER Edison Insurance Agency, Inc. 3835 Palm Beach Boulevard #A Fort Myers, FL 33916 | | 239-693-0400 | 0 CONTACT Jackie King | | | | | |
| | | | PHONE (A/C, No, Ext): 239-693-0400 FAX (A/C, No): 23: | 9-693-2522 | | | | |
| | | | E-MAIL ADDRESS: JKing@edisonins.com | | | | | |
| | | | PRODUCER CUSTOMER ID #: PTTRA-1 | | | | | |
| | | | INSURER(S) AFFORDING COVERAGE | NAIC# | | | | |
| INSURED | P & T Tractor Service Inc. dba P & T Lawn & Tractor Services Inc 15980 Old Olga Rd. Alva, FL 33920 | | INSURER A : North Pointe Insurance Co. | 27740 | | | | |
| | | | INSURER B: Employers Preferred Ins. Co. | | | | | |
| | | | INSURER C: | | | | | |
| | | | INSURER D : | | | | | |
| | | • | INSURER E: | | | | | |
| | | | INSURER F: | | | | | |

COVERAGES CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| NSR LTR | TYPE OF INSURANCE | ADDLE | UBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S | |
|------------|-------------------------------------------------------------------------------------------------------------------------|-----------|------------|---------------|----------------------------|----------------------------|----------------------------------------------|----|-----------|
| <u> </u> | GENERAL LIABILITY | 11.550.51 | 1,1-1-6- | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| Α | X COMMERCIAL GENERAL LIABILITY | X | | 3094091204 | 07/28/11 | 07/28/12 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,000 |
| | CLAIMS-MADE X OCCUR | 2010 | | | | | MED EXP (Any one person) | \$ | 5,000 |
| ŀ | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | POLICY X PRO- LOC | | | | | | | \$ | |
| _ | AUTOMOBILE LIABILITY | | | 0004004004 | 07/28/11 | 07/28/12 | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| Α | ANY AUTO | | | 3094091204 | 0//20/11 | 07720712 | BODILY INJURY (Per person) | \$ | |
| _ | ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ | |
| A A | X SCHEDULED AUTOS HIRED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| Α | X NON-OWNED AUTOS | | | | | | | \$ | |
| | | | | | | | | \$ | |
| | X UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | \$ | 2,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | 2004400007 | 07/28/11 | 07/28/12 | AGGREGATE | \$ | 2,000,000 |
| Α | DEDUCTIBLE | 1 | | 3094106607 | 07/20/11 | 01120112 | | \$ | |
| | X RETENTION \$ 10000 | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATU- TORY LIMITS X OTH- | | |
| В | ANY PROPRIETOR/PARTNER/EXECUTIVE | A1 (A | WCV7082034 | WCV7082034 | 12/31/10 | 10 12/31/11 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | , | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | | |
| | | | | | | | | | |
| OFE | DESCRIPTION OF ODERATIONS (LOCATIONS (VEHICLES (Attack ACORD 101 Additional Remarks Schedule if more space is required) | | | | | | | | |

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

| c | ERT | TEIC | ٠Δ. | TE | HC |) I | DER |
|---|-------|------|------|----|-------|-----|-----|
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CANCELLATION

LEEC003

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Lee County BOCC Fax: 239-485-8342 Email: kciccarelli@leegov.com

AUTHORIZED REPRESENTATIVE

PO Box 398

Fort Myers, FL 33902-0398

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