

FORMAL QUOTE NO.: Q-120207

*Original*

**LEE COUNTY, FLORIDA  
PROPOSAL QUOTE FORM  
FOR THE PURCHASE OF METHANOL**

DATE SUBMITTED: 5/2/12

VENDOR NAME: NEXED SOLUTIONS

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:

[Signature]

**BULK METHANOL:**

TOTAL DELIVERED PRICE PER GALLON: \$ 2.50

SPECIFY PRODUCT NAME: Methanol

MINIMUM ORDER QUANTITY FOR DELIVERY: 1500 GAL

**NOTE: MINIMUM/MAXIMUM AMOUNT FOR DELIVERY IS 4000 GALLONS FOR FIESTA VILLAGE AND 500/1500 GALLONS FOR WATERWAY ESTATES.**

MATERIALS TO BE DELIVERED WITHIN 14 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

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 modifications to the quote or specifications?

Yes \_\_\_\_\_ No ✓

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or on a separate page may be grounds for the quoter being declared nonresponsive or to have the award of the quote rescinded by the County.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 NEXED SOLUTIONS

BY (Printed): Todd Whitaker

BY (Signature): Todd Whitaker

TITLE: Dist. Mgr.

FEDERAL ID # OR S.S.# \_\_\_\_\_

ADDRESS: 5125 HAWA AVE

Tampa FL 33634

PHONE NO.: 813-382-0341

813 886-1554  
FAX NO.: 813 357 5990

CELLULAR PHONE/PAGER NO.: \_\_\_\_\_

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

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: KTWhitaker@NEXEDSOLUTIONS.COM



# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)  
04/03/2012

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 certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  Willis of New York, Inc. c/o 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, NO, EXT):</b> 877-945-7378	<b>FAX (A/C, NO):</b> 888-467-2378
	<b>E-MAIL ADDRESS:</b> certificates@willis.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: First Specialty Insurance Corporation	34916-001
<b>INSURED</b>  Nexeo Solutions, LLC 9303 New Trails Suite 400 The Woodlands, TX 77381	INSURER B: ACE American Insurance Company	22667-004
	INSURER C: Indemnity Insurance Company of North Amer	43575-002
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES****CERTIFICATE NUMBER:** 17650201**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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	Y		IRG15252-1	3/31/2012	3/31/2013	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> SIR \$500,000						PERSONAL & ADV INJURY \$ 5,000,000
							GENERAL AGGREGATE \$ 5,000,000
							PRODUCTS - COMP/OP AGG \$ 5,000,000
							GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC
B	AUTOMOBILE LIABILITY			MMTH08695684	3/31/2012	3/31/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input checked="" type="checkbox"/> N	N/A	AOS WLRC4678456A	3/31/2012	3/31/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			CA WLRC46784480	3/31/2012	3/31/2013	E.L. EACH ACCIDENT \$ 1,000,000
B	If yes, describe under DESCRIPTION OF OPERATIONS below			WI SCFC46784522	3/31/2012	3/31/2013	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)

Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and its public officials are included as Additional Insureds as respects to General Liability, where required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

Lee County Board of County Commissioners C/O Lee County Procurement Management P.O. Box 398 Fort Myers, FL 33902-0398	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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AFFIDAVIT CERTIFICATION  
IMMIGRATION LAWS

SOLICITATION NO.: Q-120207 PROJECT NAME: METHAVOL

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: NEXED SOLUTIONS  
[Signature] Sub No 2 5/9/12  
 Signature Title Date

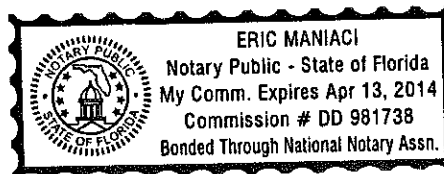
STATE OF Florida  
 COUNTY OF Hillsborough

The foregoing instrument was signed and acknowledged before me this 9<sup>th</sup> day of May, 2012, by Kenneth Whitaker who has produced  
 (Print or Type Name)  
FL DL as identification.  
 (Type of Identification and Number)

[Signature]  
 Notary Public Signature

Printed Name of Notary Public

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.**

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:

\_\_\_\_\_

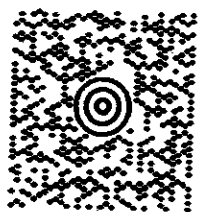
SEALED QUOTE  
NEXEO SOLUTIONS  
5125 W. Hanna Ave.  
Tampa, FL 33634  
Methanol  
Q-120227 Q-120207

Open: 5/15/12

SEALED QUOTE  
(813) 967-0501  
THE UPS STORE #4317  
701 SOUTH HOWARD AVENUE, STE. #106  
TAMPA, FL 33606  
SHIP WT: 1 LBS  
DATE: 10 MAY 2012

SHIP LEE COUNTY PROWREMENT MGMT  
TO: FL 3  
1825 HENDRY ST

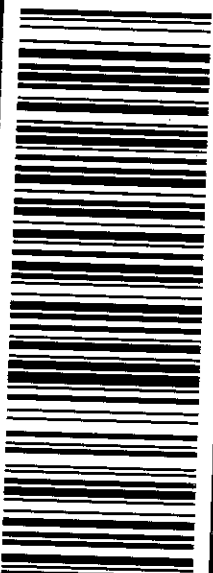
FORT MYERS FL 33901-3054



FL 339 0-01

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REF #2: N



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LEE COUNTY PROWREMENT MGMT  
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1825 HENDRY ST  
FORT MYERS FL 33901 - 3054

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