

ATTACHMENT



160 Hunter Blvd Suite A2

Cape Coral, FL 33909

Phone: 239-673-7238 | Fax: 239-673-7239

485-5460

**DATE:** 8/10/12

**PAGES:** 14 pgs.

**ATTN:** Chris Jeffcoat

**FROM:** Brandy Stephenson

**NOTES:**

Contract For towing for  
Code Enforcement

Thank you.

kwiktag®

018 304 859



INFORMAL QUOTE NO.: IT120276

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.

AFFIDAVIT CERTIFICATION IMMIGRATION LAWS

The attached document, Affidavit Certification Immigration Laws, is required and should be submitted with your quotation package. It must be signed and notarized. Failure to include this affidavit with your quote will delay the consideration and review of your submission; and could result in your quote response being disqualified.

REQUIRED PRICING

**Note: Please read this statement; All costs associated with your services must be in the flat rate. This includes any and all costs that your firm feels should be charged for these services. Do not price out separately any costs associated with these services.**

SPECIFY PRICES FOR ITEMS AS LISTED BELOW.

CARS & LIGHT TRUCKS (UP TO AND INCLUDING 11,000 GVW -

\$ 95<sup>00</sup> FLAT RATE PER VEHICLE

MEDIUM DUTY TRUCK (GVW OF 11,001 TO 34,000):

\$ 130<sup>00</sup> FLAT RATE PER VEHICLE

HEAVY DUTY TRUCKS & EQUIPMENT (GVW OF 34,001 OR GREATER):

\$ 150<sup>00</sup> FLAT RATE PER VEHICLE

\$ 375<sup>00</sup> GRAND TOTAL (3 rates listed above)

OPTIONS

\$ 50<sup>00</sup> FILING FEES

\$ 25<sup>00</sup> PER DAY STORAGE FEE  
(Not to exceed 5 days)

INFORMAL QUOTE NO.: IT120276

FOR YOUR RESPONSE TO BE CONSIDERED VALID PLEASE DO NOT FORGET TO SIGN YOUR QUOTE

DATE SUBMITTED: 8/8/12

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 MATERIALS (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME: Jaimes Towing & Recovery Inc

BY (Printed): Brandy Stephenson

BY (Signature): Brandy Stephenson

TITLE: President

FEDERAL ID # OR S.S.# 27-0035998

ADDRESS: 1600 Kenter Blvd A-2  
Cape Coral, FL 33909

PHONE NO.: 239-673-7238

FAX NO.: 239-673-7239

CELLULAR PHONE/PAGER NO.: 239-633-6429

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER: 0905910

E-MAIL ADDRESS: JaimesTowing@yahoo.com

INFORMAL QUOTE NO.: IT120276

AFFIDAVIT CERTIFICATION  
IMMIGRATION LAWS

SOLICITATION NO.: \_\_\_\_\_ PROJECT NAME: Towing for Code Enforcement

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.

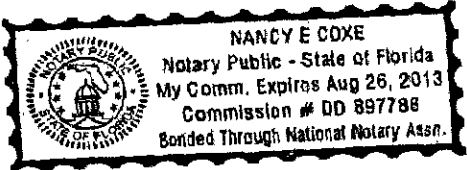
BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name: James Towing & Recovery, Inc.  
Signature: [Handwritten Signature] Title: President Date: 8/9/12

STATE OF FL  
COUNTY OF Lee

The foregoing instrument was signed and acknowledged before me this 9 day of Aug, 2012 by Brandy Stephenson who has produced FLDC as identification.  
(Print of Type Name)  
(Type of Identification and Number)

Nancy E Cox  
Notary Public Signature  
Nancy E Cox  
Printed Name of Notary Public  
DD 897788  
Notary Commission Number/Expiration



The signer 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.

## Jeffcoat, Chris

---

**From:** Figueroa, Mike  
**Sent:** Friday, September 07, 2012 3:43 PM  
**To:** Jeffcoat, Chris  
**Subject:** RE: Insurance for Jaime's Towing

Chris-

Good to go.

Respectfully,

**Mike Figueroa**, Risk Manager  
Lee County Risk Management  
P.O. Box 398  
Fort Myers, Florida 33902  
[mfigueroa@leegov.com](mailto:mfigueroa@leegov.com)  
**Office (239) 533-2310**

**Please Note New Fax Number: (888) 242-3233**

---

**From:** Jeffcoat, Chris  
**Sent:** Friday, September 07, 2012 3:42 PM  
**To:** Figueroa, Mike  
**Subject:** Insurance for Jaime's Towing  
**Importance:** High

Mike is the insurance for Jaimes satisfactory? The standard insurance was required in the spec.

Chris Jeffcoat, CPPB  
Procurement Analyst  
Division of Procurement Management  
P-239 533-5458  
F-239 485-5460  
[cjeffcoat@leegov.com](mailto:cjeffcoat@leegov.com)

### Don't Miss Out on Lee County Bid Opportunities



Attention Lee County Vendors: Subscribe to the new [Lee County Procurement Open Projects RSS feed](#) and never miss out on a bid opportunity again. Get every new open project downloaded to your computer as soon as it's announced. For each open project - quote, bid, competitive negotiation, letter of interest, request for proposal, or request for qualification - you'll receive the project name, solicitation number, pre-bid information, opening information and contact information.

---

Please note: Florida has a very broad public records law. Most written communications to or from County Employees and officials regarding County business are public records available to the public and media upon request. Your email communication may be subject to public disclosure.

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

# JAIMES

TOWING & RECOVERY, INC.

160 Hunter Blvd Suite A2

Cape Coral, FL 33909

Phone: 239-673-7238 | Fax: 239-673-7239

485-5460

**DATE:** 9/7/12

**PAGES:** 4 pgs.

**ATTN:** Chris Jeffcoat

**FROM:** Brandy Stephenson

## **NOTES:**

Auto / Liability & workmans Comp  
Let me know if you have  
any questions. Thanks,  
Brandy



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/7/2012

<b>PRODUCER</b> TRIAD, Inc. 1002 W. Hwy 80 Pooler, GA 31322 (912) 748-6046		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.	
<b>INSURED</b> Jaime's Towing & Recovery Inc 160 HUNTER BLVD SUITE A2 Cape Coral, FL 33909-		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: National Interstate Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	<b>NAIC #</b>

**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 ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOB	TUM4800683-02	10/7/2011	10/7/2012	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 500,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	TUM4800683-02	10/7/2011	10/7/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ ACC \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WD STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	ON HOOK & CARGO	TUM4800683-02	10/7/2011	10/7/2012	\$0,000/75,000 1000 DED
A	GARAGE KEEPERS GKLL	TUM4800683-02	10/7/2011	10/7/2012	100,000 500 DED

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

**CERTIFICATE HOLDER**

**CANCELLATION**

Lee County Board of County Commissioners  
 PO BOX 39B  
 Fort Myers, FL 33902-

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 *[Signature]*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/7/2012

**PRODUCER**  
 TRIAD, Inc.  
 1002 W. Hwy 80  
 Pooler, GA 31322  
 (912) 748-8046

**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**  
 Jaime's Towing & Recovery Inc  
 160 HUNTER BLVD  
 SUITE A2  
 Cape Coral, FL 33909

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: National Interstate Insurance Company	
INSURER B:	
INSURER C:	
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.

INFR ADD'L TR. HERE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	TUM4600849-02	8/11/2012	8/11/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA AGG \$ AUTO ONLY: AGG \$
	<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) If yes, describe under SPECIAL PROVISIONS below OTHER <input type="checkbox"/> V/N				W/C STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>ON HOOK &amp; CARGO</b>	TUM4600849-02	8/11/2012	8/11/2013	100,000 1000 DED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED

**CERTIFICATE HOLDER**

**CANCELLATION**

LEE COUNTY BOARD OF COUNTY COMMISSIONERS  
 PO BOX 398  
 Fort Myers, FL 33902

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 IMPDSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE *[Signature]*





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/7/2012

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> Alliance Insurance Solutions, LLC, ID: (Impact) c/o Impact Staff Leasing, Inc. 250 W. Indiantown Rd, Suite 108 Jupiter, FL 33458	<b>CONTACT NAME:</b> Lindsay Frederick	
	<b>PHONE (A/C. No. Ext):</b> 561-743-0085	<b>FAX (A/C. No.):</b>
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> SUNZ Insurance Company		34762
<b>INSURER B:</b> Aspen Re - London - Best Rating "A"		
<b>INSURER C:</b> Cofin Syndicate - Lloyds - Best Rating "A"		
<b>INSURER D:</b> Brit Syndicate - Lloyds - Best Rating "A"		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED:**  
 Impact Staff Leasing, Inc.  
 250 W. Indiantown Rd, Suite 108  
 Jupiter FL 33458

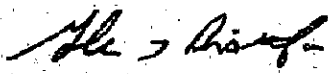
**COVERAGES**      **CERTIFICATE NUMBER:** 14045930      **REVISION NUMBER:**

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.

INER STA	TYPE OF INSURANCE	ADDL SUBR INSR	INSR	YR/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJCT <input type="checkbox"/> LOC							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS							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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	<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	WCPE000004603	8/15/2012	8/15/2013	<input checked="" type="checkbox"/> WC STATU. TORY LIMITS <input type="checkbox"/> COV. ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Workers Compensation							This is for informational purposes and nothing shall create any right under such reinsurance.
C	Excess Coverage							

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

Coverage provided for all leased employees but not subcontractors of: James Towing & Recovery Inc.  
 Client Effective: 5/1/2012

<b>CERTIFICATE HOLDER</b> 1081 LEE COUNTY BOARD OF COUNTY COMMISSIONERS P.O. BOX 398 FORT MYERS FL 33902	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  Glen J DiStefano
--	--

© 1988-2010 ACORD CORPORATION. All rights reserved.

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD.

CERT NO.: 14045930    Kineta Baumgarten 8/7/2012 7:52:44 AM Page 1 of 1