

LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR
EXTERMINATION OF BUGS, ROACHES AND TERMITES

DATE SUBMITTED: _____

VENDOR NAME: Dynamic Pest Control

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:

- COST FOR INITIAL HOME INSPECTION - UP TO 1000 SQ FT \$ 50 (not WDO)
- COST FOR INITIAL HOME INSPECTION - FROM 1001 SQ FT TO 2000 SQ FT \$ 50 (not WDO)
- COST FOR INITIAL HOME INSPECTION - FROM 2001 SQ FT TO 3000 SQ FT \$ 75 (not WDO)
- COST FOR TREATMENT FOR ROACHES - UP TO 1000 SQ FT \$ 80 quarterly
- COST FOR TREATMENT FOR ROACHES - FROM 1001 SQ FT TO 2000 SQ FT \$ 85 quarterly
- COST FOR TREATMENT FOR ROACHES - FROM 2001 SQ FT TO 3000 SQUARE FEET \$ 90 quarterly
- COST FOR TREATMENT FOR GERMAN ROACHES - UP TO 1000 SQ FT
IF Bad, fumigation may be needed \$ 120 ^{initial} 30 monthly
- COST FOR TREATMENT FOR GERMAN ROACHES - FROM 1001 SQ FT TO 2000 SQ FT
IF Bad, fumigation may be needed \$ 130 ^{initial} 40 monthly
- COST FOR TREATMENT FOR GERMAN ROACHES - 2001 SQ FT TO 3000 SQ FT
IF Bad, fumigation may be needed \$ 140 ^{initial} 50 monthly
- COST FOR TREATMENT FOR DRY WOOD TERMITES - UP TO 1000 SQ FT \$ See price sheet
- COST FOR TREATMENT FOR DRY WOOD TERMITES - FROM 1001 TO 2000 SQ FT \$ See price sheet
- COST FOR TREATMENT FOR DRY WOOD TERMITES - FROM 2001 TO 3000 SQ ET \$ See price sheet

COST FOR TREATMENT FOR SUBTERRANEAN TERMITES – UP TO 1000 SQ FT

\$ 5.00 per Lin ft

COST FOR TREATMENT FOR SUBTERRANEAN TERMITES – FROM 1001 SQ FT TO 2000 SQ FT

\$ 5.00 per Linear Ft

COST FOR TREATMENT FOR SUBTERRANEAN TERMITES – FROM 2001 SQ FT TO 3000 SQ FT

\$ 5.00 per Linear ft

COST FOR BED BUG TREATMENT – ONE ROOM

\$ _____

COST FOR BED BUG TREATMENT – TWO ROOMS

\$ _____

COST FOR BED BUG TREATMENT – THREE ROOMS

\$ _____

HOURLY RATE (FOR ANY ADDITIONAL SERVICES)

\$ _____

TOTAL

\$ _____

} We only do tent fumigation for Bed Bugs

WILL YOU CREDIT THE COST OF THE OF THE HOME INSPECTION ONCE A TREATMENT IS AGREED UPON? YES X NO _____

THESE ARE BASE PRICES FOR QUOTING PURPOSES ONLY. ADDITIONAL SERVICES THAT ARE REQUIRED WILL BE NEGOTIATED BETWEEN THE VENDOR AND LEE COUNTY PERSONNEL.

TO BE STARTED WITHIN _____ CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

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.

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.

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

FIRM NAME: Dynamic Pest Control

BY (Printed): Kim Murray

BY (Signature): *Kim Murray*

TITLE: VP

FEDERAL ID # OR S.S.# 65-1014353

ADDRESS: 501 SE 27th St
Cape Coral, FL 33904

PHONE NO.: 239 242-7262

FAX NO.: 239 242-7263

CELLULAR PHONE/PAGER NO.: 239-707-0415

DUNS#: _____

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER: _____

E-MAIL ADDRESS: dynamic@embargmail.com

DISADVANTAGED BUSINESS ENTERPRISE (DBE): _____

Dynamic Pest Control

Price sheet

cubic ft	slab	crawl
12k	929	1064
13k	934	1083
14k	947	1103
15k	965	1122
16k	985	1154
17k	1005	1171
18k	1024	1200
19k	1044	1229
20k	1065	1262
21k	1083	1284
22k	1102	1319
23k	1123	1348
24k	1142	1373
25k	1161	1405
26k	1181	1434
27k	1201	1464
28k	1214	1497
29k	1239	1525
30k	1261	1553
31k	1279	1584
32k	1301	1612
33k	1319	1641

34k	1340	1669
35k	1358	1702
36k	1377	1731
37k	1396	1755
38k	1418	1791
39k	1434	1818
40k	1456	1848
41k	1475	1874
42k	1497	1905
43k	1513	1938
44k	1533	1965
45k	1552	1994
46k	1575	2006
47k	1591	2053
48k	1613	2085
49k	1633	2113
50k	1653	2131

51 to 100k

add \$20 per 1000 cf

add \$25 per 1000 cf

For structures over 100k or higher than 23ft, call us for a price. Difficulty and equipment charges may be added!

Bedbugs require extra gas to penetrate eggs, call for price.

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).

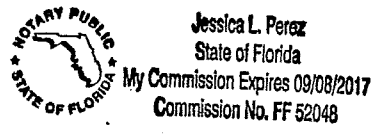
Company Name: Dynamic Pest Control, Inc
Kim Murray VP 3-13-17
Signature Title Date

STATE OF FL
COUNTY OF Lee

The foregoing instrument was signed and acknowledged before me this 13th day of March, 2017, by Kim M. Murray who has produced

(Print or Type Name)
FLDL M100-513-74-550-0 as identification.
(Type of Identification and Number)

Jessica L. Perez
Notary Public Signature
Jessica L. Perez
Printed Name of Notary Public


Jessica L. Perez
State of Florida
My Commission Expires 09/08/2017
Commission No. FF 52048

FF52048 9/08/2017
Notary Commission Number/Expiration

The signee of this Affidavit guarantee, 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.**



CERTIFICATE OF LIABILITY INSURANCE

OP ID: KR

DATE (MM/DD/YYYY)

03/22/2017

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).

PRODUCER Riemer Insurance Group Hallandale Branch PO Box 250 Hallandale, FL 33008-0250 Jan Sheridan		CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: DYNAP1	
INSURED Dynamic Pest Control, Inc. 501 S.E. 27th Street Cape Coral, FL 33904		INSURER(S) AFFORDING COVERAGE INSURER A: Imperium Insurance Company NAIC # 35408 INSURER B: _____ 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY	X		IICGL0169403	07/15/2016	07/15/2017	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
								\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
	<input type="checkbox"/> HIRED AUTOS							\$	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS							\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	EXCESS LIAB						CLAIMS-MADE		
	DEDUCTIBLE							\$	
	RETENTION \$							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A	IICWC0035103	07/15/2016	07/15/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						<input type="checkbox"/> Y/N	E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
								E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Pest Control Operations// Lee County Board of County Commissioners c/o Lee County Procurement Management is additional insured with respect to general liability as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Lee County Board of County Commissioners c/o Lee County Procurement Management PO Box 398 Fort Myers, FL 33902	LEECOU6 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 
--	--

© 1988-2009 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/22/2017

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).

PRODUCER Dawn Sullivan State Farm Agency 2708 Santa Barbara BLVD STE 120 Cape Coral, FL 33914		CONTACT NAME: Courtney Bodine PHONE (A/C, No, Ext): 239-541-3276 FAX (A/C, No): E-MAIL ADDRESS: courtney@dawnsullivan.net	
		INSURER(S) AFFORDING COVERAGE	
INSURED DYNAMIC PEST CONTROL INC 501 SE 27TH ST CAPE CORAL, FL 33904-2828		INSURER A: State Farm Mutual Automobile Insurance Company	NAIC # 25178
		INSURER B:	
		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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR YWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ OTHER \$
A	AUTOMOBILE LIABILITY <input checked="" 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			E13 2161-A15-59 E14 7849-A15-59	01/15/2017 01/15/2017	07/15/2017 07/15/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DED RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

"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 Lee County Board of County Commissioners P.O. Box 398 Fort Myers, Florida 33902	CANCELLATION 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 <i>Courtney Bodine</i>

© 1988-2014 ACORD CORPORATION. All rights reserved.