



Smart Solutions. Guaranteed Results.

Lee County, Florida
Proposal for Extermination of Bugs, Roaches and Termites

To: The Board of Lee County Commissioners
Lee County
Fort Myers, Florida

- Cost for Treatment of Drywood Termites- Method of treatment will be structural fumigation. It is very difficult to bid since homes are priced based on cubic foot measurements and not square footages but the prices provided can be used as a base price.
- Bed Bug Treatments- It is advised and we will insist that mattress encasement covers be used in all bed bug situations where beds are present. The minimum for these encasements would be \$150, which would include both mattress and box-spring.

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

DATE SUBMITTED: 3/3/2017

VENDOR NAME: LARUE Pest Management, 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:

COST FOR INITIAL HOME INSPECTION – UP TO 1000 SQ FT \$ 75.00

COST FOR INITIAL HOME INSPECTION – FROM 1001 SQ FT TO 2000 SQ FT \$ 75.00

COST FOR INITIAL HOME INSPECTION – FROM 2001 SQ FT TO 3000 SQ FT \$ 75.00

COST FOR TREATMENT FOR ROACHES – UP TO 1000 SQ FT \$ 175.00

COST FOR TREATMENT FOR ROACHES – FROM 1001 SQ FT TO 2000 SQ FT \$ 195.00

COST FOR TREATMENT FOR ROACHES – FROM 2001 SQ FT TO 3000 SQUARE FEET \$ 210.00

COST FOR TREATMENT FOR GERMAN ROACHES – UP TO 1000 SQ FT \$ 275.00

COST FOR TREATMENT FOR GERMAN ROACHES – FROM 1001 SQ FT TO 2000 SQ FT \$ 325.00

COST FOR TREATMENT FOR GERMAN ROACHES – 2001 SQ FT TO 3000 SQ FT \$ 375.00

COST FOR TREATMENT FOR DRY WOOD TERMITES – UP TO 1000 SQ FT \$ 1500.00

COST FOR TREATMENT FOR DRY WOOD TERMITES – FROM 1001 TO 2000 SQ FT \$ 1800.00

COST FOR TREATMENT FOR DRY WOOD TERMITES – FROM 2001 TO 3000 SQ ET \$ 2100.00

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

\$ 900.00

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

\$ 1100.00

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

\$ 1600.00

COST FOR BED BUG TREATMENT – ONE ROOM

\$ 400.00

COST FOR BED BUG TREATMENT – TWO ROOMS

\$ 750.00

COST FOR BED BUG TREATMENT – THREE ROOMS

\$ 1100.00

HOURLY RATE (FOR ANY ADDITIONAL SERVICES)

\$ 125.00

TOTAL

\$ 13,155.00

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

ANY OTHER SERVICES THAT ARE REQUIRED WILL BE NEGOTIATED WITH THE VENDOR.

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.

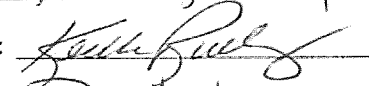
Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote 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: Lacue Pest Management

BY (Printed): Keith D. Ruebeling

BY (Signature): 

TITLE: President

FEDERAL ID # OR S.S.# 47-1935516

ADDRESS: 5611 8th ST W.

Lehigh Acres FL 33971

PHONE NO.: 239-334-0880

FAX NO.: 239-369-2064

CELLULAR PHONE/PAGER NO.: 239-707-7739

DUNS#: _____

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER: 7803959

E-MAIL ADDRESS: info@lacuepest.com

DISADVANTAGED BUSINESS ENTERPRISE (DBE): _____

AFFIDAVIT CERTIFICATION
IMMIGRATION LAWS

SOLICITATION NO.: _____ PROJECT NAME: IT170122KLC

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: Larue Pest Management
Keith D. Ruebeling President 3/6/17
Signature Title Date

STATE OF Florida
COUNTY OF Dee

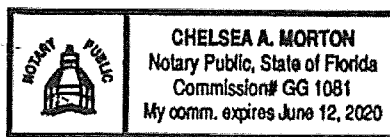
The foregoing instrument was signed and acknowledged before me this 6th day of March

20 17, by Keith D Ruebeling who has produced
(Print or Type Name)

FL DL R145-504-68-390-0 as identification.
(Type of Identification and Number)

Chilton
Notary Public Signature

Chelsea A. Morton
Printed Name of Notary Public



GG 1081 06/12/2020
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.**

2016 - 2017
LEE COUNTY LOCAL BUSINESS TAX RECEIPT

Account Number: 7803959

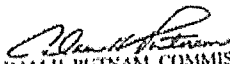
Account Expires: September 30, 2017

Location:
5611 SW 8TH ST
LEHIGH ACRES FL 33971

LARUE PEST MANAGEMENT INC
LARUE PEST MANAGEMENT INC
P O B OX 1253
LEHIGH ACRES FL 33970

May engage in the business of:
PEST CONTROL COMPANY
THIS LOCAL BUSINESS TAX RECEIPT IS NON REGULATORY

Payment Information:	
PAID 424536-8-1	09/30/16 02:24:54 PM
	\$50.00

STATE OF FLORIDA Department of Agriculture and Consumer Services BUREAU OF LICENSING AND ENFORCEMENT		
Date December 16, 2016	File No. JB825	Expires December 31, 2017
THE PEST CONTROL FIRM NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING: December 31, 2017 AT		
5611 W 8TH STREET LEHIGH ACRES, FL 33971		
LARUE PEST MANAGEMENT INC P O BOX 1253 LEHIGH ACRES, FL 33970-1253		Fumigation General Household Pest and Rodent Control Lawn and Ornamental Termite and Other WDO Control
 ADAM H. PUTNAM, COMMISSIONER		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01-03-2017

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 GREAT SCOTT INSURANCE INC 12155 Metro Pkwy Ste 28-A Ft Myers, FL 33966-8302	CONTACT NAME: Daniel Wall PHONE (A/C, No., Ext): (239) 561-5300 E-MAIL ADDRESS: dan@gsinsurance.com	FAX (A/C, No): (239) 561-6496
	INSURER(S) AFFORDING COVERAGE	
INSURED FARU PEST MANAGEMENT, INC. P.O. Box 1253, Lehigh Acres, FL 33970-1253 5611 8th Street W, Lehigh Acres, FL 33971-6312	INSURER A: Imperium Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 35469

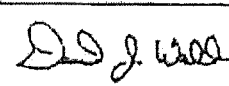
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MMDDYYYY)	POLICY EXP (MMDDYYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-TEST <input type="checkbox"/> LOC		HC-GL-04011-02	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 100,000 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
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> COLL DED \$500 <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> COMP DED \$500		HC-CA-00023-02	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTIONS		HC-EX-00006-00	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				WC STATUTORY LIMITS OTHER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	Inland Marine		HC-IM-00020-02	01/01/2017	01/01/2018	Equipment Limit \$65,700
	Property		HC-CP-00165-02			Building Limit \$ 400,000 Contents Limit \$ 60,000

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

PEST CONTROL OPERATION /AVDO Inspection Professional Liability \$1,000,000 Limit Included
 Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials are named as additional insured in regards to general liability.

CERTIFICATE HOLDER Lee County Board of County Commissioners P.O. Box 398 Fort Myers, FL 33902-0398 M.Laster2@leegov.com	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  sk
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/08/2016

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 TEE & GEE UNDERWRITING MANAGERS, LP 8121 LBJ FREEWAY SUITE 750 DALLAS, TX 75251	CONTACT NAME: PHIL HERRON PHONE (A/C, No., Ext): 828-592-9700 FAX (A/C, No.): 239-592-9800 EMAIL ADDRESS: FHERRON@CONTINUUMHR.COM
	INSURER(S) AFFORDING COVERAGE INSURER A: STATE NATIONAL INSURANCE COMPANY NAIC# 12831 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED PAYROLL MADE EASY, INC. DBA CONTINUUM HR 11691 GATEWAY BLVD., SUITE 104 FORT MYERS, FL 33913	

AVERAGES CERTIFICATE NUMBER: 1 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.

TYPE OF INSURANCE	AGGREGATE LIMIT PER POLICY	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR GEN. AGGREGATE LIMIT AFFORDED PER POLICY PROJECT LOC OTHER					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (per occurrence) MED EXP (Any emp. persons) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP OF AGG
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE DEF. RETENTIONS					EACH OCCURRENCE AGGREGATE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EMPLOYEE OF INSURER EXCLUDED (Mandatory in NH) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A DESCRIPTION OF OPERATIONS:		T9W900000601	12/5/2016	12/5/2017	PER CLAIM OR OTHER E1. EACH ACCIDENT \$ 1,000,000 E1. DISEASE - EA EMPLOYEE \$ 1,000,000 E1. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 TERNATE EMPLOYER, LARUE PEST MANAGEMENT, INC. IS PROVIDED WORKERS' COMPENSATION COVERAGE EFFECTIVE 12/5/2016 ONLY FOR EMPLOYEES PROPERLY ENROLLED AND ASSIGNED TO PAYROLL MADE EASY, INC. DBA CONTINUUM HR. IN ACCORDANCE TO THE CLIENT SERVICES AGREEMENT BETWEEN LARUE PEST MANAGEMENT, INC. AND PAYROLL MADE EASY, INC. DBA CONTINUUM HR.

CERTIFICATE HOLDER **EVIDENCE OF COVERAGE CERTIFICATE**	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 

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