

LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR
MISCELLANEOUS TRIMMING AND REMOVAL OF TREES

DATE SUBMITTED: 8-12-2015

VENDOR NAME: FORESTRY RESOURCES ECOLOGICAL, INC.

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

**THIS IS AN INFORMAL QUOTE SO YOU CAN E-MAIL THE BID BACK TO ME;
kciccarelli@leegov.com OR FAX IT TO ME AT 239-485-5460. PLEASE RETURN IT TO
ME BY WEDNESDAY AUGUST 12, 2015 BY 4:00 P.M.**

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:

SCOPE

The intent of this quote is provide miscellaneous tree trimming and removal of trees, etc. such as but not limited to: tree trimming, staking, structural pruning, tree removal, etc. Rates will be negotiated per job.

Please provide the following:

LABOR RATE \$100- PER HOUR (FOR AN ARBORIST)

LABOR RATE \$350- PER HOUR INCLUDES: 4 MEN WITH A BUCKET TRUCK AND WOOD CHIPPER. ALL LABOR TOOLS, FUEL AND DISPOSAL FOR RECYCLING. ALSO INCLUDES CLEAN-UP OF WORK AREA.

PLEASE INCLUDE YOUR CURRENT INSURANCE CERTIFICATE AND ADDIDAVIT CERTIFICATION IMMIGRATION LAWS

TO BE STARTED WITHIN 2 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

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.

Vendors may be added or deleted at any time. Vendors who do not complete or carry out their jobs correctly will be terminated from this bid.

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: FORESTRY RESOURCES ECOLOGICAL, INC.

BY (Printed): RICK K JOYCE

BY (Signature): 

TITLE: PRESIDENT

FEDERAL ID # OR S.S.# 65-0320862

ADDRESS: 4358 MICHIGAN LINK
FORT MYERS, FL 33916

PHONE NO.: (239) 334-2493

FAX NO.: (239) 334-1723

CELLULAR PHONE/PAGER NO.: (239) 851-9366

DUNS#: 966483729

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER: 9503945

E-MAIL ADDRESS: rjoyce@fri-eco.com

DISADVANTAGED BUSINESS ENTERPRISE (DBE): N/A

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/12/2015

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).


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| PRODUCER Gulfshore Insurance - Naples 4100 Goodlette Road North Naples, FL 34103-3303 239 261-3646 | CONTACT NAME: Karla Palacio PHONE (A/C, No, Ext): 239 263-4527 E-MAIL ADDRESS: kpalacio@gulfshoreinsurance.com | FAX (A/C, No): 239 213-2836 |
| | INSURER(S) AFFORDING COVERAGE INSURER A : Amerisure Insurance Company INSURER B : Federal Insurance Company INSURER C : INSURER D : INSURER E : INSURER F : | |
| INSURED Forestry Resources, Inc. & Forestry Resources Ecological Inc. FRTSolutions, Inc 4353 Michigan Link Fort Myers, FL 33916 | | |

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOG | X | X | GL20907660001 | 01/01/2015 | 01/01/2016 | EACH OCCURRENCE | \$1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$300,000 |
| | | | | | | | MED EXP (Any one person) | \$10,000 |
| | | | | | | | 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 type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | X | X | CA20907640002 | 01/01/2015 | 01/01/2016 | 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 <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0 | X | | CU20907680001 | 01/01/2015 | 01/01/2016 | EACH OCCURRENCE | \$5,000,000 |
| | | | | | | | AGGREGATE | \$5,000,000 |
| | | | | | | | | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | WC209076900 | 01/01/2015 | 01/01/2016 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER | |
| | | | | | | | E.L. EACH ACCIDENT | \$1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$1,000,000 |
| B | Cargo Liability | | | 06691601 | 01/01/2015 | 01/01/2016 | | 10,000 |

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 public officials are Named as Additional Insured on a primary non contributory basis as respects to General Liability Only as needed by contract, per form CG7124 1205 (Advantage Blanket Additional Insured Endorsement), which includes "ongoing operations" and "your work - completed operations" and form CG7184 0508 (Florida Advantage General Liability Extension Endorsement), which includes Waiver of Subrogation. (See Attached Descriptions)

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| CERTIFICATE HOLDER Lee County Board of County Commissioners PO Box 398 Fort Myers, FL 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  |