

LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR
THE PURCHASE OF MULCH

DATE SUBMITTED: 06-08-2015VENDOR NAME: Express Mulch 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:

NOTE REQUIREMENT: IT IS THE SOLE RESPONSIBILITY OF THE VENDOR TO CHECK LEE COUNTY PROCUREMENT MANAGEMENT WEB SITE FOR ANY PROJECT ADDENDA ISSUED FOR THIS PROJECT. THE COUNTY WILL POST ADDENDA TO THIS WEB PAGE, BUT WILL NOT NOTIFY.

The undersigned acknowledges receipt of Addenda numbers: _____

SECTION A: FLORI MULCH

PRICE PER YARD – PICKED UP	\$ <u>n/a</u> YD
PRICE PER YARD – DELIVERED	\$ <u>n/a</u> CU. YD.
MINIMUM NUMBER OF YARDS FOR DELIVERY	<u>n/a</u> CU. YD.
PRICE PER 80 CU. YD. LOT – PICKED UP	\$ <u>n/a</u> CU. YD.
PRICE PER 80 CU. YD. LOT – DELIVERED	\$ <u>n/a</u> CU. YD.
BAGS OF FLORI MULCH	BAG SIZE <u>n/a</u> CU.FT.
COST PER BAG – PICKED UP	\$ <u>n/a</u> PER BAG
COST PER BAG – DELIVERED	\$ <u>n/a</u> PER BAG
MINIMUM NUMBER OF BAGS FOR DELIVERY	<u>n/a</u> BAGS
DELIVERY CHARGE FOR A PARTIAL TRUCK LOAD	\$ <u>n/a</u>

SECTION B: VITA MULCH

PRICE PER YARD – PICKED UP \$ n/a YD

PRICE PER YARD – DELIVERED \$ n/a CU. YD.

PRICE PER 80 CU. YD. LOT – PICKED UP \$ n/a CU. YD.

PRICE PER 80 CU. YD. LOT – DELIVERED \$ n/a CU. YD.

MINIMUM NUMBER OF YARDS FOR DELIVERY n/a CU. YD.

BAGS OF VITA MULCH BAG SIZE n/a CU.FT.

COST PER BAG – PICKED UP \$ n/a PER BAG

COST PER BAG – DELIVERED \$ n/a PER BAG

MINIMUM NUMBER OF BAGS FOR DELIVERY n/a BAGS

DELIVERY CHARGE FOR A PARTIAL TRUCK LOAD \$ n/a

SECTION C: SPECIALTY RED/GOLD MULCH

PRICE PER YARD – PICKED UP \$ n/a YD

PRICE PER YARD – DELIVERED \$ n/a CU. YD.

MINIMUM NUMBER OF YARDS FOR DELIVERY n/a CU. YD.

PRICE PER 80 CU. YD. LOT – PICKED UP \$ n/a CU. YD.

PRICE PER 80 CU. YD. LOT – DELIVERED \$ n/a CU. YD.

BAGS OF SPECIALTY RED/GOLD MULCH BAG SIZE n/a CU.FT.

COST PER BAG – PICKED UP \$ n/a PER BAG

COST PER BAG – DELIVERED \$ n/a PER BAG

MINIMUM NUMBER OF BAGS FOR DELIVERY n/a BAGS

DELIVERY CHARGE FOR A PARTIAL TRUCK LOAD \$ n/a

SECTION D: ENGINEERED WOOD FIBER (EWF)

PRICE PER YARD – PICKED UP \$ n/a YD

PRICE PER YARD – DELIVERED \$ n/a CU. YD.

MINIMUM NUMBER OF YARDS FOR DELIVERY n/a CU. YD.

PRICE PER 80 CU. YD. LOT – PICKED UP \$ n/a CU. YD.

PRICE PER 80 CU. YD. LOT – DELIVERED \$ n/a CU. YD.

BAGS BAG SIZE n/a CU.FT.

COST PER BAG – PICKED UP \$ n/a PER BAG

COST PER BAG – DELIVERED \$ n/a PER BAG

MINIMUM NUMBER OF BAGS FOR DELIVERY n/a BAGS

DELIVERY CHARGE FOR A PARTIAL TRUCK LOAD \$ n/a

SECTION E: PRO EUC MULCH

PRICE PER YARD – PICKED UP \$ n/a YD

PRICE PER YARD – DELIVERED \$ n/a CU. YD.

MINIMUM NUMBER OF YARDS FOR DELIVERY n/a CU. YD.

PRICE PER 80 CU. YD. LOT – PICKED UP \$ n/a CU. YD

PRICE PER 80 CU. YD. LOT – DELIVERED \$ n/a CU. YD.

BAGS OF PRO EUC MULCH BAG SIZE n/a CU.FT.

COST PER BAG – PICKED UP \$ n/a PER BAG

COST PER BAG – DELIVERED \$ n/a PER BAG

MINIMUM NUMBER OF BAGS FOR DELIVERY n/a BAGS

DELIVERY CHARGE FOR A PARTIAL TRUCK LOAD \$ n/a

SECTION F: PINE BARK

PRICE PER YARD – PICKED UP \$ n/a YD

PRICE PER YARD – DELIVERED \$ n/a CU. YD.

MINIMUM NUMBER OF YARDS FOR DELIVERY n/a CU. YD.

PRICE PER 100 CU. YD. LOT – PICKED UP \$ n/a CU. YD.

PRICE PER 100 CU. YD. LOT – DELIVERED \$ n/a CU. YD.

BAGS OF PINE BARK BAG SIZE n/a CU.FT.

COST PER BAG – PICKED UP \$ n/a PER BAG

COST PER BAG – DELIVERED \$ n/a PER BAG

MINIMUM NUMBER OF BAGS FOR DELIVERY n/a BAGS

DELIVERY CHARGE FOR A PARTIAL TRUCK LOAD \$ n/a

SECTION G: PINE STRAW

COST PER BALE – PICKED UP \$ n/a YD

COST PER BALE – DELIVERED \$ n/a CU. YD

MINIMUM NUMBER OF BALES FOR DELIVERY n/a BALES.

SECTION H: WASHED SHELL

PICKED UP

- | | |
|-------------------|------------------------------|
| 1) ½" SIZE | \$ <u>n/a</u> PER CUBIC YARD |
| 2) 1" – 1 ½" SIZE | \$ <u>n/a</u> PER CUBIC YARD |

DELIVERED

- | | |
|-------------------|------------------------------|
| 1) ½" SIZE | \$ <u>n/a</u> PER CUBIC YARD |
| 2) 1" – 1 ½" SIZE | \$ <u>n/a</u> PER CUBIC YARD |

MINIMUM NUMBER OF YARDS FOR DELIVERY

n/a CU. YD.

SECTION I: BROWN RIVER ROCK

PICKED UP

- | | |
|---------------------|------------------------------|
| 1) ½" - 1" SIZE | \$ <u>n/a</u> PER CUBIC YARD |
| 2) 1 1/2" – 2" SIZE | \$ <u>n/a</u> PER CUBIC YARD |

DELIVERED

- | | |
|---------------------|------------------------------|
| 1) ½" - 1" SIZE | \$ <u>n/a</u> PER CUBIC YARD |
| 2) 1 1/2" – 2" SIZE | \$ <u>n/a</u> PER CUBIC YARD |

MINIMUM NUMBER OF YARDS FOR DELIVERY

n/a CU. YD.

SECTION J: CRUSHED SHELL

PICKED UP

- | | |
|-------------------|------------------------------|
| 1) ½" – 1" SIZE | \$ <u>n/a</u> PER CUBIC YARD |
| 2) 1" – 1 ½" SIZE | \$ <u>n/a</u> PER CUBIC YARD |

DELIVERED

- | | |
|-----------------|------------------------------|
| 1) ½" – 1" SIZE | \$ <u>n/a</u> PER CUBIC YARD |
|-----------------|------------------------------|

2) 1" - 1 1/2" SIZE

\$ n/a PER CUBIC YARD

MINIMUM NUMBER OF YARDS FOR DELIVERY

n/a CU. YD.

SECTION K: BLOWN IN MULCH

PRICE PER CUBIC YARD FOR INSTALLATION:

- | | |
|------------------------------------|--------------------------------|
| 1. FLORA MULCH | \$ <u>17.25</u> PER CUBIC YARD |
| LABOR TO INSTALL | \$ <u>16</u> PER CUBIC YARD |
| 2. VITA MULCH | \$ <u>14</u> PER CUBIC YARD |
| LABOR TO INSTALL | \$ <u>16</u> PER CUBIC YARD |
| 3. SPECIALTY RED OR GOLD MULCH | \$ <u>19.50</u> PER CUBIC YARD |
| LABOR TO INSTALL | \$ <u>16</u> PER CUBIC YARD |
| 4. ENGINEERED WOOD FIBER (EWF) | \$ <u>24.76</u> PER CUBIC YARD |
| LABOR TO INSTALL | \$ <u>15</u> PER CUBIC YARD |
| 5. PRO EUC MULCH | \$ <u>19.50</u> PER CUBIC YARD |
| LABOR TO INSTALL | \$ <u>16</u> PER CUBIC YARD |
| 6. MEDIUM RUSTIC PINE BARK NUGGETS | \$ <u>22.75</u> PER CUBIC YARD |
| LABOR TO INSTALL | \$ <u>18</u> PER CUBIC YARD |
| 7. PINE STRAW | \$ <u>n/a</u> PER CUBIC YARD |
| LABOR TO INSTALL | \$ <u>n/a</u> PER CUBIC YARD |

TO BE STARTED WITHIN 10 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

WILL YOU DELIVER WITH YOUR OWN VEHICLE AS OPPOSED TO COMMON CARRIER?

YES ✓ NO

Does your firm have a location/office/facility in Lee County?

YES ☒ NO ☐

Address:

3270 Cargo St. Ft Myers, FL 33916

Bidders should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the bid may be grounds to reject the bid.

Are there any modifications to the bid or specifications:

YES ☐ NO ☒

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the bidder being declared nonresponsive or to have the award of the bid rescinded by the County.

MODIFICATIONS:

Bidder shall submit his/her bid 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 Bidder/Bid being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED BIDDER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS BID WITH OTHER BIDDERS AND HAS NOT COLLUDED WITH ANY OTHER BIDDER OR PARTIES TO A BID 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).

FIRM NAME Express Mulch Inc.

BY (Printed): Evan Gorny

BY (Signature): 

TITLE: President

FEDERAL ID # OR S.S. # 45-4922396

ADDRESS: P.O. Box 62204

Fort Myers, FL 33906

PHONE NO.: 239-633-2951

FAX NO.: 239-676-6677

CELLULAR PHONE/PAGER NO.: 239-633-2951

DUNS #: 078525077

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER:
1203836

E-MAIL ADDRESS: info @ expressmulchblowing.com

DISADVANTAGED BUSINESS ENTERPRISE (DBE): Yes ☒ No

ATTACHMENT A
LOCAL VENDOR PREFERENCE QUESTIONNAIRE
(LEE COUNTY ORDINANCE NO. 08-26)

Instructions: Please complete either Part A or B whichever is applicable to your firm

**PART A: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS LOCATED WITHIN
LEE/COLLIER COUNTY (Only complete Part A if your principal place of business is
located within the boundaries of Lee/Collier County)**

1. What is the physical location of your principal place of business that is located within the boundaries of Lee/Collier County, Florida?

3270 Cargo St.
 Ft Myers, FL 33916

2. What is the size of this facility (i.e. sales area size, warehouse, storage yard, etc.)

1 Acre storage yard

**PART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATED WITHIN
LEE/COLLIER COUNTY OR DOES NOT HAVE A PHYSICAL LOCATION WITHIN
LEE/COLLIER COUNTY (Please complete this section.)**

1. How many employees are available to service this contract? _____
2. Describe the types, amount and location of equipment you have available to service this contract.

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

3. Describe the types, amount and location of material stock that you have available to service this contract.

4. Have you provided goods or services to Lee County on a regular basis for the preceding, consecutive three years?

Yes _____

No ✓

If yes, please provide your contractual history with Lee County for the past three, consecutive years. Attach additional pages if necessary.



LEE COUNTY
SOUTHWEST FLORIDA

Lee County Ordinance No. 08-26
Local Bidder's Preference

AFFIDAVIT
PRINCIPAL PLACE OF BUSINESS

Principal place of business is located within the boundaries of Lee County.



Company Name: Express Mulch Inc.
Signature: [Signature] Date: 06-08-2015

STATE OF FL
COUNTY OF Lee

The foregoing instrument was signed and acknowledged before me this 5th day of

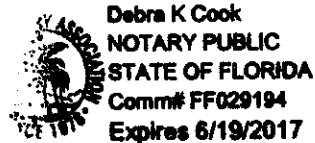
June, 2015, by Evan Garry who has produced

(Print or Type Name)
Personally Known as identification.
(Type of Identification and Number)

Debra K. Cook
Notary Public Signature

Debra K. Cook
Printed Name of Notary Public

FF029194 / 06/19/2017
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.**

AFFIDAVIT CERTIFICATION
IMMIGRATION LAWSSOLICITATION NO.: B-150271 PROJECT NAME: The Purchase of Mulch

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).

Signature: [Signature] Company Name: Express Mulch Inc
Title: President Date: 06-08-2015

STATE OF FL
COUNTY OF Lee

The foregoing instrument was signed and acknowledged before me this 8th day of June 2015, by Erin Egan who has produced
(Print or Type Name)
Personally known as identification.
(Type of Identification and Number)

Debra K. Cook
Notary Public Signature

Debra K. Cook
Printed Name of Notary Public

FF029194 / 06/19/2017
Notary Commission Number/Expiration



Debra K Cook
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF029194
Expires 6/19/2017

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

DATE (MM/DD/YYYY)

06/22/2015

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).

PRODUCER 800-444-4487 Prog Commercial PO Box 94739 Cleveland OH 44101	CONTACT NAME: PHONE (A/C, No, Ext): 800-444-4487 FAX (A/C, No): E-MAIL ADDRESS:																					
INSURED Express Mulch Inc PO Box 62204 Fort Myers FL 33906	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Progressive Express Ins Co</td><td>10193</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Progressive Express Ins Co	10193	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/CP AGG \$ \$
A	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	✓		01683582-3	06/18/2015	06/18/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	UM PIP Medical Pay	✓		01683582-3	06/18/2015	06/18/2016	\$50,000 Nonstacked \$10,000 w \$0 Ded \$5,000

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

Comprehensive \$1,000 Ded
Collision \$1,000 Ded1998 Frht F12 1FV4TEDB4WH964052
2006 GMC Sierra C1500/K1 2GTEK13V661331157**CERTIFICATE HOLDER**Additional Insured
Lee County Board of Country 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



CERTIFICATE OF LIABILITY INSURANCE

EXPRE-5

OP ID: CT

DATE (MM/DD/YYYY)

06/22/2015

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).

PRODUCER Edison Insurance Agency, Inc. 3835 Palm Beach Boulevard #A Fort Myers, FL 33916	CONTACT NAME: Paul Mapes	
	PHONE (A/C, No, Ext): 239-693-0400 FAX (A/C, No): 239-693-2522	
	E-MAIL ADDRESS: PMapes@edisonins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: The Travelers Ind. Co	25658
	INSURER B: Castlepoint Florida Ins. Co.	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED
Express Mulch Inc
Evan Gorny
PO Box 62204
Fort Myers, FL 33906

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			660-3D913009	06/26/2014	06/26/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>					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
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ Included
		<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC			\$
	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"/> HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
							\$
	DED						\$
	RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCP761131902	06/27/2014	06/27/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Landscaping. Lee County Board of County Commissioners is additional insured with respects to Gen. Liab. providing it is required by written contract.

CERTIFICATE HOLDER

CANCELLATION

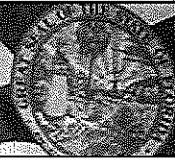
LEEC055

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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Profit Corporation**

EXPRESS MULCH INC.

Filing Information

Document Number	P12000026033
FEI/EIN Number	45-4922396
Date Filed	03/16/2012
State	FL
Status	ACTIVE

Principal Address6588 EAGLE STREET
FORT MYERS, FL 33966**Mailing Address**6588 EAGLE STREET
FORT MYERS, FL 33966**Registered Agent Name & Address**GORNY, EVAN
6588 EAGLE STREET
FORT MYERS, FL 33966**Officer/Director Detail****Name & Address**

Title D,P

GORNY, EVAN
6588 EAGLE STREET
FORT MYERS, FL 33966

Title S, T

GORNY, Heather
6588 EAGLE STREET
FORT MYERS, FL 33966

Title D

GORNY, HEATHER
6588 EAGLE STREET
FORT MYERS, FL 33966

Annual Reports

Report Year	Filed Date
2013	04/04/2013
2014	03/04/2014
2015	01/17/2015

Document Images

01/17/2015 -- ANNUAL REPORT	View image in PDF format
03/04/2014 -- ANNUAL REPORT	View image in PDF format
04/04/2013 -- ANNUAL REPORT	View image in PDF format
03/16/2012 -- Domestic Profit	View image in PDF format

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State of Florida, Department of State