

LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR
PLUMBING SUPPLIES

DATE SUBMITTED: 8/10/12

VENDOR NAME: Intertec Brands, Inc. aka Geaxia

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:

The undersigned acknowledges receipt of Addenda numbers:

2

DISCOUNT FROM MANUFACTURER'S CATALOG

NOTE: DELIVERY CHARGES SHALL BE INCLUDED IN THE PERCENTAGES QUOTED.

Please quote a discount on all of the following brands from the listed prices that will be provided to Lee County for verification:

NOTE: IF YOU ARE QUOTING VARIED DISCOUNT STRUCTURES FOR ONE MANUFACTURER PLEASE LIST IT UNDER ATTACHMENT B.

ACORN CATALOG LIST PRICE LESS 2 % OFF

AMERICAN GRANBY CATALOG LIST PRICE LESS No Bid % OFF

AMERICAN STANDARD CHINA CATALOG LIST PRICE LESS No Bid % OFF

AMERICAN STANDARD PARTS CATALOG LIST PRICE LESS No Bid % OFF

AMERICAN STANDARD VALUES CATALOG LIST PRICE LESS No Bid % OFF



A O SMITH PARTS CATALOG LIST PRICE LESS	<u>No Bid</u> % OFF
A/S AMERICA CATALOG LIST PRICE LESS	<u>No Bid</u> % OFF
BRASSCRAFT FITTINGS CATALOG LIST PRICE LESS	<u>20</u> % OFF
BRASSCRAFT STOPS CATALOG LIST PRICE LESS	<u>20</u> % OFF
BOW CATALOG LIST PRICE LESS	<u>No Bid</u> % OFF
CENTRAL BRASS CATALOG LIST PRICE LESS	<u>25</u> % OFF
CHARLOTTE CATALOG LIST PRICE LESS	<u>No Bid</u> % OFF
CHARLOTTE CPVC CATALOG LIST PRICE LESS	<u>No Bid</u> % OFF
CHARLOTTE DWV CATALOG LIST PRICE LESS	<u>No Bid</u> % OFF
CHARLOTTE PRES. CATALOG LIST PRICE LESS	<u>No Bid</u> % OFF
CHICAGO FAUCETS CATALOG LIST PRICE LESS	<u>25</u> % OFF
CHICAGO PARTS CATALOG LIST PRICE LESS	<u>25</u> % OFF
CHURCH CATALOG LIST PRICE LESS	<u>No Bid</u> % OFF
DELANEY CATALOG LIST PRICE LESS	<u>22</u> % OFF
DELTA CATALOG LIST PRICE LESS	<u>25</u> % OFF
ELKART CATALOG LIST PRICE LESS	<u>No Bid</u> % OFF
ELKAY CATALOG LIST PRICE LESS	<u>22</u> % OFF
FERNCO CATALOG LIST PRICE LESS	<u>2</u> % OFF
FIAT CATALOG LIST PRICE LESS	<u>No Bid</u> % OFF
GENERAL WIRE CATALOG LIST PRICE LESS	<u>5</u> % OFF
HAMMOND VALVE CATALOG LIST PRICE LESS	<u>35</u> % OFF
INSINKERATOR CATALOG LIST PRICE LESS	<u>5</u> % OFF
JONES STEPHENS CATALOG LIST PRICE LESS	<u>No Bid</u> % OFF

KNOX CATALOG LIST PRICE LESS	<u>No Bid</u>	% OFF
LEGEND VALVE CATALOG LIST PRICE LESS	<u>No Bid</u>	% OFF
LENOX CATALOG LIST PRICE LESS	<u>5</u>	% OFF
LEONARD CATALOG LIST PRICE LESS	<u>5</u>	% OFF
LOCHNIVAR CATALOG LIST PRICE LESS	<u>No Bid</u>	% OFF
MANSFIELD PLUMBING CATALOG LIST PRICE LESS	<u>No Bid</u>	% OFF
MOEN FAUCETS CATALOG LIST PRICE LESS	<u>20</u>	% OFF
MOEN PARTS OATEY CATALOG LIST PRICE	<u>20</u>	% OFF
RIGID CATALOG LIST PRICE	<u>5</u>	% OFF
SANIFLO CATALOG LIST PRICE LESS	<u>No Bid</u>	% OFF
SIOUX CHIEF CATALOG LIST PRICE LESS	<u>No Bid</u>	% OFF
SLOAN CATALOG LIST PRICE LESS	<u>40</u>	% OFF
SLOAN PARTS CATALOG LIST PRICE LESS	<u>30</u>	% OFF
SLOAN VALVES CATALOG LIST PRICE LESS	<u>40</u>	% OFF
SPEAKMAN CATALOG LIST PRICE LESS	<u>22</u>	% OFF
SYMMONS CATALOG LIST PRICE LESS	<u>20</u>	% OFF
TECTITE CATALOG LIST PRICE LESS	<u>No Bid</u>	% OFF
TRUEBRO CATALOG LIST PRICE LESS	<u>No Bid</u>	% OFF
T/S BRASS CATALOG LIST PRICE LESS	<u>25</u>	% OFF
WEST HOWELL CATALOG LIST PRICE LESS	<u>No Bid</u>	% OFF
WILKINS CATALOG LIST PRICE LESS	<u>5</u>	% OFF
WILLOUBY CATALOG LIST PRICE LESS	<u>5</u>	% OFF
WOODFORD CATALOG LIST PRICE LESS	<u>5</u>	% OFF

ZURN CATALOG LIST PRICE LESS

5 % OFF

TO BE STARTED WITHIN 1 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

Is your firm interested in being considered for the Local Vendor Preference?

Yes _____ No ✓

If yes, then read the paragraph entitled "Local Vendor Preference" included in these specifications. Also complete the Local Vendor Preference Questionnaire and return with your quotation.

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.

Are there any modifications to the quote or specifications:

Yes _____ No ✓

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.

MODIFICATIONS:

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

FIRM NAME Interline Brands, Inc.
d/b/a Sexauer

BY (Printed): Fred M. Brand

BY (Signature): FM

TITLE: V.P. of Field Sales

FEDERAL ID # OR S.S. # 22-2232386

ADDRESS: 701 San Marco Blvd, Attn: Bids Team
Jacksonville, FL 32207

PHONE NO.: 904-476-5836 x114396

FAX NO.: 904-476-5848

CELLULAR PHONE/PAGER NO.: N/A

DUNS #: 080792981

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER: _____

E-MAIL ADDRESS: clorgeorge@interlinebrands.com

DISADVANTAGED BUSINESS ENTERPRISE (DBE): N/A

contract are bought, kept in stock, and regularly sold to the public in the usual course of business. To be a regular dealer, the firm must engage in, as its principal business and in its own name, the purchase and sale of the products in question.

DESIGNATED CONTACT

The awarded vendor shall appoint a person or persons to act as a primary contact for all County departments. This person or back-up shall be readily available during normal work hours by phone or in person, and shall be knowledgeable of the terms and procedures involved.

ADDING OR DELETING MANUFACTURERS OR PRODUCT

As the need for other products and manufacturers becomes necessary, they may be added to the list through negotiation with the vendor and procurement.

Should an item become obsolete, its replacement may be added to the list and the prices negotiated with the vendor and procurement.

PRICE REVISIONS

Prices will be allowed to change but only as the catalog prices change and only after the new pricing is provided to Lee County.

NOTE: The quoted discount percentage(s) shall remain firm over the term of the quote.

PRODUCT PRICE GUIDES

As a requirement of the quote the awarded vendor (s) shall at no cost to Lee County provide the Internet Link or CD-Rom to identify purchased goods and to verify the cost of such goods. The department prefers an internet link to be able to confirm pricing.

Please indicate the format in which this information will be provided:

_____ Internet link

_____ CD-Rom

AFFIDAVIT CERTIFICATION IMMIGRATION LAWS

SOLICITATION NO.: Q-120212 PROJECT NAME: Plumbing Supplies

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: Interline Brands, LLC.
d/b/a Sexauer
Signature: [Signature] Title: v.p. of Field Sales
Date: _____

STATE OF Florida
COUNTY OF Duval

The foregoing instrument was signed and acknowledged before me this 6th day of August, 2012 by Fred M. Bravo who has produced

(Print or Type Name)
n/a as identification. Fred Bravo is personally known
(Type of Identification and Number)
to me.

Nancy M. Stack
Notary Public Signature

Nancy M. Stack
Printed Name of Notary Public

DD 948 386 / expires 12-22-2013
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. LOCAL BIDDER'S PREFERENCE

Note: In order for your firm to be considered for the local vendor preference, you must complete and return the attached "Local Vendor Preference Questionnaire" with your quotation.

The Lee County Local Bidder's Preference Ordinance No. 08-26 is being included as part of the award process for this project. As such, Lee County at its sole discretion, may choose to award a preference to any qualified "Local Contractor/Vendor" in an amount not to exceed 3 % of the total amount quoted by that firm.

"Local Contractor / Vendor" shall mean: a) any person, firm, partnership, company or corporation whose principal place of business in the sole opinion of the County, is located within the boundaries of Lee/Collier County, Florida; or b) any person, firm, partnership, company or corporation that has provided goods or services to Lee County on a regular basis for the preceding consecutive three (3) years, and that has the personnel, equipment and materials located within the boundaries of Lee/Collier County sufficient to constitute a present ability to perform the service or provide the goods.

The County reserves the exclusive right to compare, contrast and otherwise evaluate the qualifications, character, responsibility and fitness of all persons, firms, partnerships, companies or corporations submitting formal bids or formal quotes in any procurement for goods or services when making an award in the best interests of the County.

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?

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

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? 5

2. Describe the types, amount and location of equipment you have available to service this contract.

N/A

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

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

We carry over 100,000 stocked items including, plumbing,
electrical, lighting, door hardware, and HVAC. We have
numerous locations product can be shipped from within
3-5 days for stock and 14-21 days non-stock.

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.

ATTACHMENT B – VARIED DISCOUNT STRUCTURE

MANUFACTURER: _____

SECTIONS/DISCOUNTS OFFERED: _____

MANUFACTURER: _____

SECTIONS/DISCOUNTS OFFERED: _____

MANUFACTURER: _____

SECTIONS/DISCOUNTS OFFERED: _____

MANUFACTURER: _____

SECTIONS/DISCOUNTS OFFERED: _____

MANUFACTURER: _____

SECTIONS/DISCOUNTS OFFERED: _____

MANUFACTURER: _____

SECTIONS/DISCOUNTS OFFERED: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/10/2012

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).

PRODUCER MARSH USA INC. 1717 Arch Street Philadelphia, PA 19103 Attn: PHILADELPHIA.CERTS@MARSH.COM/FAX: 212-948-0360	CONTACT NAME: _____	
	PHONE (A/C, No. Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
347408-ALL-GAWUP-11-12	SEXAU	gaw
INSURED INTERLINE BRANDS, INC. D/B/A SEXAUER 701 SAN MARCO BLVD JACKSONVILLE, FL 32207	INSURER A: Charis Specialty Insurance Company	
	INSURER B: Travelers Prop. Casualty Co. of America	
	INSURER C: Travelers Indemnity Co	
	INSURER D: N/A	
	INSURER E: N/A	
INSURER F: _____		

COVERAGES **CERTIFICATE NUMBER:** CLE-003847158-01 **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 _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			2067728	11/01/2011	11/01/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 _____ \$ _____
B	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			TC2JCAP823K5806TIL11	11/01/2011	11/01/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ _____ \$ _____
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N if yes, describe under DESCRIPTION OF OPERATIONS below			TC2JUB823K578711 (AOS)	11/01/2011	11/01/2012	<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
C				TRKUB823K579911 (OR)	11/01/2011	11/01/2012	

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

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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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LEE COUNTY PROCUREMENT MANAGEMENT - BIDDERS CHECK LIST

IMPORTANT: Please read carefully and return with your bid proposal.

Please check off each of the following items as the necessary action is completed:

- 1. The Quote has been signed.
- 2. The Quote prices offered have been reviewed.
- n/a 3. The price extensions and totals have been checked.
- 4. The original (must be manually signed) and 1 additional copy of the quote has been submitted.
- n/a 5. Two (2) identical sets of descriptive literature, brochures and/or data (if required) have been submitted under separate cover.
- 6. All modifications have been acknowledged in the space provided.
- 7. All addendums issued, if any, have been acknowledged in the space provided.
- 8. Erasures or other changes made to the quote document have been initialed by the person signing the quote.
- n/a 9. Bid Bond and/or certified Check, (if required) have been submitted with the quote in amounts indicated.
- 10. Any Delivery information required is included.
- 11. Affidavit Certification Immigration Signed and Notarized
- 12. The mailing envelope has been addressed to:

MAILING ADDRESS	PHYSICAL ADDRESS
Lee County Procurement Mgmt.	Lee County Procurement Mgmt.
P.O. Box 398	or 1825 Hendry St 3 rd Floor
Ft. Myers, FL 33902-0398	Ft. Myers, FL 33901
- 13. The mailing envelope **MUST** be sealed and marked with:
 - Quote Number
 - Opening Date and/or Receiving Date
- 14. The quote will be mailed or delivered in time to be received no later than the specified opening date and time. (Otherwise quote cannot be considered or accepted.)
- 15. If submitting a "NO BID" please write quote number here _____ and check one of the following:
 - _____ Do not offer this product _____ Insufficient time to respond.
 - _____ Unable to meet specifications (why)
 - _____ Unable to meet bond or insurance requirement.
 - Other: _____

Company Name and Address:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/12/2012

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).

PRODUCER MARSH USA INC. 1717 Arch Street Philadelphia, PA 19103 Attn: PHILADELPHIA.CERTS@MARSH.COM/FAX: 212-948-0360		CONTACT NAME: PHONE (A/C No. Ext): E-MAIL ADDRESS: FAX (A/C No.):	
347408-ALL-GAWUP-11-12 SEXAU GAW AI		INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED INTERLINE BRANDS, INC. D/B/A SEXAUER 701 SAN MARCO BLVD JACKSONVILLE, FL 32207		INSURER A: Chartis Specialty Insurance Company 26983 INSURER B: Travelers Prop. Casualty Co. of America 25874 INSURER C: Travelers Indemnity Co 25868 INSURER D: N/A N/A INSURER E: N/A N/A INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CLE-003847158-02 **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 (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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			2067728	11/01/2011	11/01/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	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			TC2JCAP823K5806TIL11	11/01/2011	11/01/2012	COMBINED SINGLE LIMIT (EA accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	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		TC2JUB823K578711 (AOS)	11/01/2011	11/01/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
C			N/A	TRKUB823K579911 (OR)	11/01/2011	11/01/2012	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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 INCLUDED AS ADDITIONAL INSURED ON THE ABOVE SHOWN COVERAGES, EXCLUDING WORKERS COMPENSATION, AND WHERE REQUIRED BY WRITTEN CONTRACT.

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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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Extremely Urgent

Due: 8/14/12 @ 10am

This envelope is for use with the following services: UPS Next Day Air, UPS World, UPS 2nd

Visit ups.com® or call 1-800-PICK-UPS® (1-800-742-5877) to schedule a pickup or find a drop off location near you.

Domestic Shipments

- To qualify for the Letter rate, UPS Express Envelopes may only contain correspondence, urgent documents, and/or electronic media, and must

Insert under

Do not use UPS Group, UPS Station

INTERLINE BRANDS

Q-120212

Sepauer

AS

12 AUG 13 AM 9:29

01656
J06620_P1

UPS
 UPS Next Day Air®
 UPS Worldwide Express®
 Shipping Document

WEIGHT	LTR <input checked="" type="checkbox"/>	PAK <input type="checkbox"/>	WEIGHT	DATE
				IF A

SATURDAY DELIVERY

1Z 85E 12V 22 10



1Z 85E 12V 22 10

SHIPMENT FROM
UPS ACCOUNT NO. **85E12V**

REFERENCE NUMBER
Q-120212
SUSAN HAVILL
TELEPHONE **904-384-6530**

INTERLINE BRANDS
801 W BAY ST
JACKSONVILLE FL 32204-1605

UPS Next Day Air

DELIVERY TO TELEPHONE

*Lee County Procurement Agent
1505 Hendry St 3rd Floor
Ft. Myers, FL 33901*

1Z 85E 12V 22 10



1Z 85E 12V 22 10

SHIPMENT ID NUMBER **85E1 2V7B 8GY**

0101911202609 1/10 8 United Parcel Service, Louisville, KY