

CONTRACT REVIEW CHECKLIST

CONTRACT TYPE: Commodity

SUBJECT: Project known as: Sign Materials for the Department of Transportation
Between Lee County and Traffic Supplies and Distribution, LLC

Reference: Department Director approval: N/A
County Administrator approval: N/A

Reference: Board action approving contract/agreement
Board Date: 9/5/2017 Agenda Item No.: 27

The subject contract is forwarded herewith for review and/or endorsements:

(1) **By the Director of:** Routed by Procurement
Project Sponsoring Department

Recommendation to execute
 Not recommending execution for the following reason(s):

Date received: _____ Date returned/forwarded: _____
Signed: _____

(2) **By Procurement Management:**

Recommending execution
 Not recommending execution for the following reason(s):

Procurement Contract Reviewed by: _____ Date: _____
Date received: Sept 13 2017 Date returned/forwarded: 9/26/17
Signed: [Signature]

(3) **By the Risk Management**

Recommending execution
 Not recommending execution for the following reason(s)

Date received: Oct 2, 2017 Date returned/forwarded: Oct 5, 2017
Signed: [Signature]

(4) **By the County Attorney:**

Recommending execution
 Not recommending execution for the following reason(s)

Date received: 10/5/17 Date returned/forwarded: 10/5/17
Signed: Laura Chuck Lira

(5) **Board**

(6) **Clerk's Office, Minutes Department**

(7) **Procurement Management**

2017 OCT -5 PM 2:28
RECEIVED BY
LEE CO. ATTORNEY
2017 OCT -6 PM 4:43
10/9/17 TK
MINUTES OFFICE
Page 1 of 1
RECEIVED

ORIGINAL

**AGREEMENT FOR
SIGN BLANKS, POSTS, HARDWARE, AND MISCELLANEOUS SIGN
MATERIALS FOR DOT TRANSPORTATION**

THIS AGREEMENT ("Agreement") is made and entered into as of the date of execution by both parties, by and between Lee County, a political subdivision of the State of Florida, hereinafter referred to as the "County" and Traffic Supplies & Distribution, LLC, a Florida limited liability company whose address is 3001 Industrial Ave. Three, Fort Pierce, FL 34946, and whose federal tax identification number is 47-2936894, hereinafter referred to as "Vendor."

WITNESSETH

WHEREAS, the County intends to purchase sign blanks, posts, hardware, and miscellaneous sign materials from the Vendor in connection with "Sign Blanks, Posts, Hardware, and Miscellaneous Sign Materials for DOT Transportation" (the "Purchase"); and,

WHEREAS, the County issued Solicitation No. B170108DKR on February 17, 2017; and,

WHEREAS, the County evaluated the responses received and found the Vendor qualified to provide the necessary products; and,

WHEREAS, the County posted a Notice of Intended Decision on April 20, 2017; and,

WHEREAS, the Vendor has reviewed the products and services to be supplied pursuant to this Agreement and is qualified, willing and able to provide all such products and services in accordance with its terms.

NOW, THEREFORE, the County and the Vendor, in consideration of the mutual covenants contained herein, do agree as follows:

I. PRODUCTS AND SERVICES

The Vendor agrees to diligently provide all products and services for the Purchase in accordance with the project Scope of Services made part of this Agreement as Exhibit A, attached hereto and incorporated herein. Vendor shall comply strictly with all of the terms and conditions of Solicitation No. B170108DKR, a copy of which is on file with the County's Department of Procurement Management and is deemed incorporated into this Agreement.

II. TERM AND DELIVERY

A. This Agreement shall commence immediately upon execution by both the County and the Vendor, and shall continue on for a one-year (1) period on

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an "as need basis." There may be an option to extend this contract as specified in the Scope of Work or specifications upon the approval of both the County and the Vendor at the time of extension or renewal for three (3) additional one (1) year periods.

- B. A purchase order must be issued by the County before commencement of any work or purchase of any goods related to this Agreement.

III. COMPENSATION AND PAYMENT

- A. The County shall pay the Vendor in accordance with the terms and conditions of this Agreement for providing all products and services as set forth in Exhibit A, and further described in Exhibit B, Fee Schedule, attached hereto and incorporated herein. Said total amount to be all inclusive of costs necessary to provide all products and services as outlined in this Agreement, and as supported by the Vendor's submittal in response to Solicitation No B170108DKR.
- B. Notwithstanding the preceding, Vendor shall not make any deliveries or perform any work under this Agreement until receipt of a purchase order from the County. Vendor acknowledges and agrees that no minimum order or amount of product or work is guaranteed under this Agreement and County may elect to issue no purchase orders. If a purchase order is issued, the County reserves the right to amend, reduce, or cancel the purchase order in its sole discretion.
- C. All funds for payment by the County under this Agreement are subject to the availability of an annual appropriation for this purpose by the County. In the event of nonappropriation of funds by the County for the services provided under this Agreement, the County will terminate the contract, without termination charge or other liability, on the last day of the then current fiscal year or when the appropriation made for the then-current year for the services covered by this Agreement is spent, whichever event occurs first. If at any time funds are not appropriated for the continuance of this Agreement, cancellation shall be accepted by the Vendor on thirty (30) days' prior written notice, but failure to give such notice shall be of no effect and the County shall not be obligated under this Agreement beyond the date of termination.

IV. METHOD OF PAYMENT

- A. The County shall pay the Vendor in accordance with the Local Government Prompt Payment Act, Section 218.70, Florida Statutes, upon receipt of the Vendor's invoice and written approval of same by the County indicating that the products and services have been provided in conformity with this Agreement.

- B. The Vendor shall submit an invoice for payment to the address indicated on the purchase order on a monthly basis for those specific products and services as described in Exhibit A (and the corresponding fees as described in Exhibit B that were provided during that invoicing period.
- C. For partial shipments or deliveries, progress payments shall be paid monthly in proportion to the percentage of products and services delivered on those specific line items as approved in writing by the County.

V. ADDITIONAL PURCHASES

- A. No changes to this Agreement or the performance contemplated hereunder shall be made unless the same are in writing and signed by both the Vendor and the County.
- B. If the County requires the Vendor to perform additional services or provide additional product(s) related to this Agreement, then the Vendor shall be entitled to additional compensation based on the Fee Schedule as amended to the extent necessary to accommodate such additional work or product(s). The additional compensation shall be agreed upon before commencement of any additional services or provision of additional product(s) and shall be incorporated into this Agreement by written amendment. The County shall not pay for any additional service, work performed or product provided before a written amendment to this Agreement.

Notwithstanding the preceding, in the event additional services are required as a result of error, omission or negligence of the Vendor, the Vendor shall not be entitled to additional compensation.

VI. LIABILITY OF VENDOR

- A. The Vendor shall save, defend, indemnify and hold harmless the County from and against any and all claims, actions, damages, fees, fines, penalties, defense costs, suits or liabilities which may arise out of any act, neglect, error, omission or default of the Vendor arising out of or in any way connected with the Vendor or subcontractor's performance or failure to perform under the terms of this Agreement.
- B. This section shall survive the termination or expiration of this Agreement.

VII. VENDOR'S INSURANCE

- A. Vendor shall procure and maintain insurance as specified in Exhibit C Insurance Requirements, attached hereto and made a part of this Agreement.
- B. Vendor shall, on a primary basis and at its sole expense, maintain in full force and effect, at all times during the life of this Agreement, insurance



coverage (including endorsements) and limits as described in Exhibit C. These requirements, as well as the County's review or acceptance of insurance maintained by Vendor, are not intended to and shall not in any manner limit or qualify the liabilities or obligations assumed by Vendor under this Agreement. Insurance carriers providing coverage required herein must be licensed to conduct business in the State of Florida and must possess a current A.M. Best's Financial Strength Rating of B+ Class VII or better. No changes are to be made to these specifications without prior written specific approval by County Risk Management.

VIII. RESPONSIBILITIES OF THE VENDOR

- A. The Vendor shall be responsible for the quality and functionality of all products supplied and services performed by or at the behest of the Vendor under this Agreement. The Vendor shall, without additional compensation, correct any errors or deficiencies in its products, or if directed by County, supply a comparable replacement product or service.
- B. The Vendor warrants that it has not employed or retained any company or person (other than a bona fide employee working solely for the Vendor), to solicit or secure this Agreement and that it has not paid or agreed to pay any person, company, corporation, individual, or firm other than a bona fide employee working solely for the Vendor, any fee, commission, percentage, gift, or any other consideration, contingent upon or resulting from the award of this Agreement.
- C. The Vendor shall comply with all federal, state, and local laws, regulations and ordinances applicable to the work or payment for work thereof, and shall not discriminate on the grounds of race, color, religion, sex, or national origin in the performance of work under this Agreement.
- D. Vendor specifically acknowledges its obligations to comply with Section 119.0701, Florida Statutes, with regard to public records, and shall:
 - 1) keep and maintain public records that ordinarily and necessarily would be required by the County in order to perform the services required under this Agreement;
 - 2) upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law;
 - 3) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed, except as authorized by law; and

- 4) meet all requirements for retaining public records and transfer, at no cost to the County, all public records in possession of Vendor upon termination of this Agreement and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the County in a format that is compatible with the information technology system of the County.

IF THE VENDOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE VENDOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THE CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 239-533-2221, 2115 SECOND STREET, FORT MYERS, FL 33901, publicrecords@leegov.com; <http://www.leegov.com/publicrecords>.

- E. The Vendor is, and shall be, in the performance of all work, services and activities under this Agreement, an independent contractor. Vendor is not an employee, agent or servant of the County and shall not represent itself as such. All persons engaged in any work or services performed pursuant to this Agreement shall at all times, and in all places, be subject to the Vendor's sole direction, supervision and control. The Vendor shall exercise control over the means and manner in which it and its employees perform the work, and in all respects the Vendor's relationship and the relationship of its employees to the County shall be that of an independent contractor and not as employees of the County. The Vendor shall be solely responsible for providing benefits and insurance to its employees.

IX. OWNERSHIP OF PRODUCTS

It is understood and agreed that all products provided under this Agreement shall become the property of the County upon acceptance by the County.

X. TIMELY DELIVERY OF PRODUCTS AND PERFORMANCE OF SERVICES

- A. The Vendor shall ensure that all of its staff, contractors and suppliers involved in the production or delivery of the products are fully qualified and capable to perform their assigned tasks.
- B. The personnel assigned by the Vendor to perform the services pursuant to this Agreement shall comply with the terms set forth in this Agreement.
- C. The Vendor specifically agrees that all products shall be delivered within the time limits as set forth in this Agreement, subject only to delays caused by force majeure, or as otherwise defined herein. "Force majeure" shall be

deemed to be any unforeseeable and unavoidable cause affecting the performance of this Agreement arising from or attributable to acts, events, omissions or accidents beyond the control of the parties.

XI. COMPLIANCE WITH APPLICABLE LAW

This Agreement shall be governed by the laws of the State of Florida. Vendor shall promptly comply with all applicable federal, state, county and municipal laws, ordinances, regulations, and rules relating to the services to be performed hereunder and in effect at the time of performance. Vendor shall conduct no activity or provide any service that is unlawful or offensive.

XII. TERMINATION

- A. The County shall have the right at any time upon fifteen (15) days' written notice to the Vendor to terminate this Agreement in whole or in part for any reason whatsoever. In the event of such termination, the County shall be responsible to Vendor only for fees and compensation earned by the Vendor, in accordance with Section III, prior to the effective date of said termination. In no event shall the County be responsible for lost profits of Vendor or any other elements of breach of contract.
- B. After receipt of a notice of termination, except as otherwise directed, the Vendor shall stop work on the date of receipt of the notice of termination or other date specified in the notice; place no further orders or subcontracts for materials, services, or facilities except as necessary for completion of such portion of the work not terminated; terminate all vendors and subcontracts; and settle all outstanding liabilities and claims.
- C. The County's rights under this Agreement shall survive the termination or expiration of this Agreement and are not waived by final payment or acceptance and are in addition to the Vendor's obligations under this Agreement.

XIII. DISPUTE RESOLUTION

- A. In the event of a dispute or claim arising out of this Agreement, the parties agree first to try in good faith to settle the dispute by direct discussion. If this is unsuccessful, the parties may enter into mediation in Lee County, Florida, with the parties sharing equally in the cost of such mediation.
- B. In the event mediation, if attempted, is unsuccessful in resolving a dispute, the parties may proceed to litigation as set forth below.
- C. Any dispute, action or proceeding arising out of or related to this Agreement will be exclusively commenced in the state courts of Lee County, Florida, or where proper subject matter jurisdiction exists, in the United States District



Court for the Middle District of Florida. Each party irrevocably submits and waives any objections to the exclusive personal jurisdiction and venue of such courts, including any objection based on forum non conveniens.

- D. This Agreement and the rights and obligations of the parties shall be governed by the laws of the State of Florida without regard to its conflict of laws principles.
- E. Unless otherwise agreed in writing, the Vendor shall be required to continue all obligations under this Agreement during the pendency of a claim or dispute including, but not limited to, actual periods of mediation or judicial proceedings.

XIV. STOP WORK ORDER

The County may, at any time, by written order to the Vendor, require the Vendor to stop all or any part of the work called for by this Agreement. Any order shall be identified specifically as a stop work order issued pursuant to this clause. This order shall be effective as of the date the order is delivered to the Vendor. Upon receipt of such an order, the Vendor shall immediately comply with its terms and take all reasonable steps to minimize the incurrence of costs allocable to the work covered by the order during the period of work stoppage. The Vendor shall not resume work unless specifically so directed in writing by the County. The County may take one of the following actions:

1. Cancel the stop work order; or
2. Terminate the work covered by the order; or
3. Terminate the Agreement in accordance with provisions contained in Section XI.

In the event the County does not direct the Vendor to resume work, the stop work order may be converted into a notice of termination for convenience pursuant to Section XI. The notice period for such termination shall be deemed to commence on the date of issuance of the stop work order. In the event the County does not direct the Vendor to resume work within ninety (90) days, the Vendor may terminate this Agreement.

XV. VENDOR WARRANTY

- A. All products provided under this Agreement shall be new (unless specifically identified otherwise in Exhibit B and of the most suitable grade for the purpose intended.
- B. If any product delivered does not meet performance representations or other quality assurance representations as published by manufacturers, producers or distributors of the products or the specifications listed in this

Agreement, the Vendor shall pick up the product from the County at no expense to the County. The County reserves the right to reject any or all materials if, in its judgment, the item reflects unsatisfactory workmanship or manufacturing or shipping damage. In such case, the Vendor shall refund to the County any money which has been paid for same.

XVI. MISCELLANEOUS

- A. This Agreement constitutes the sole and complete understanding between the parties and supersedes all other contracts between them, whether oral or written, with respect to the subject matter. No amendment, change or addendum to this Agreement is enforceable unless agreed to in writing by both parties and incorporated into this Agreement.
- B. The Vendor shall not assign any interest in this Agreement and shall not transfer any interest in same (whether by assignment or novation) without the prior written consent of the County, except that claims for the money due or to become due to the Vendor from the County under this Agreement may be assigned to a financial institution or to a trustee in bankruptcy without such approval from the County. Notice of any such transfer or assignment due to bankruptcy shall be promptly given to the County.
- C. The exercise by either party of any rights or remedies provided herein shall not constitute a waiver of any other rights or remedies available under this Agreement or any applicable law.
- D. The failure of the County to enforce one or more of the provisions of the Agreement shall not be construed to be and shall not be a waiver of any such provision or provisions or of its right thereafter to enforce each and every such provision.
- E. The parties covenant and agree that each is duly authorized to enter into and perform this Agreement and those executing this Agreement have all requisite power and authority to bind the parties.
- F. Neither the County's review, approval or acceptance of, nor payment for, the products and services required under this Agreement shall be construed to operate as a waiver of any rights under this Agreement or of any cause of action arising out of the performance of this Agreement.
- G. If the Vendor is comprised of more than one legal entity, each entity shall be jointly and severally liable hereunder.
- H. Any notices of default or termination shall be sufficient if sent by the parties via United States certified mail, postage paid, or via a nationally recognized delivery service, to the addresses listed below:

Vendor's Representative:

Name: Martin Warner
Title: Managing Member
Address: 3501 S. Sanford Ave
Sanford, FL 32773
Telephone: 321-332-1341
Facsimile: 772-429-3458
E-mail: mwarner@tsdist.com

County's Representatives:

Names: Roger Desjarlais Mary Tucker
Titles: County Manager Director of
Procurement
Management
Address: P.O. Box 398
Fort Myers, FL 33902
Telephone: 239-533-2221 239-533-8881
Facsimile: 239-485-2262 239-485-8383
E-Mail: rdesjarlais@leegov.com mtucker@leegov.com

- I. Any change in the County's or the Vendor's Representative will be promptly communicated by the party making the change.
- J. Paragraph headings are for the convenience of the parties and for reference purposes only and shall be given no legal effect.
- K. In the event of conflicts or inconsistencies, the documents shall be given precedence in the following order:
 - 1. Agreement
 - 2. County's Purchase Order
 - 3. Solicitation No. B170108DKR
 - 4. Vendor's Submittal in Response to Solicitation No. B170108DKR

[The remainder of this page intentionally left blank.]

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date last below written.

WITNESS:

Signed By: *[Signature]*

Print Name: Kerin Hughes

Traffic Supplies & Distribution, LLC

Signed By: *[Signature]*

Print Name: MARTIN WARNER

Title: MANAGING MEMBER

Date: 6/9/17

LEE COUNTY

BOARD OF COUNTY COMMISSIONERS
OF LEE COUNTY, FLORIDA

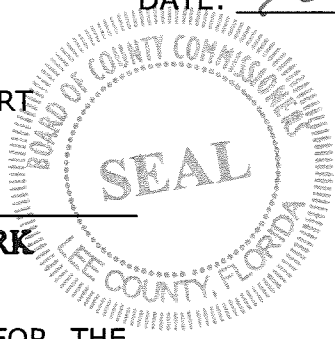
BY: *[Signature]*

Vice CHAIR Commissioner Cecil L. Pendergrass
Lee County Board of County Commissioners
District 2

DATE: 10-6-17

ATTEST:
CLERK OF THE CIRCUIT COURT
Linda Doggett, Clerk

BY: *[Signature]*
DEPUTY CLERK



APPROVED AS TO FORM FOR THE
RELIANCE OF LEE COUNTY ONLY:

BY: *[Signature]*
OFFICE OF THE COUNTY ATTORNEY

[Handwritten mark]

EXHIBIT A
SPECIFICATIONS OR SCOPE OF SERVICES

DELIVERY REQUIREMENTS

All items are to be delivered: F.O.B., Lee County, Florida to the following site:

Lee County Traffic Section
Billy Creek Commerce Center
5650 Enterprise Parkway
Fort Myers, Florida 33905

Deliveries will be accepted Monday through Thursday, between 8:00 a.m. and 4:00 p.m.
All items are to be delivered within forty-five (45) calendar days after issuance of a purchase order.
The Vendor understands and agrees that failure to deliver a purchase within forty-five (45) calendar days may be cause for termination of contract. The County reserves the right to purchase from another vendor should the Vendor fail to deliver items within the specified time.

MATERIAL SPECIFICATIONS

A. SIGNPOSTS (U TYPE)

Posts are to be hot rolled flanged channel with galvanized, per ASTM A123 finish and intended to be used as support for signs.

MATERIALS: Posts shall be produced from high strength rail steel according to ASTM A499-80, Grade 60.

SECTION: Posts shall be of a uniform flanged channel section.

WEIGHT: The weight of the signpost before holes are punched shall be 1-1/4, 2.00 or 3.00 lbs/foot, as specified. The weight tolerance shall be plus or minus 3-1/2%

LENGTH: The length of the signpost shall be 7', 10' 12' or 14', as specified, with a tolerance of plus or minus 1 inch.

PUNCHING: Punching shall be full-length .375 diameter holes on 1" centers. First hole to be 1" from top of post with the bottom pointed.

FABRICATION: The finished post shall be machine straightened and have a smooth uniform finish, free from injurious defects affecting their strength, durability or appearance. Boltholes shall be carefully spaced vertically and horizontally. All holes and sheared ends shall be commercially free from burrs.

B. SIGNPOSTS (ROUND)

MATERIALS: Posts shall be aluminum 4" I.D. at 15' lengths, alloy 6061-T6, with a wall thickness of .188.

C. SQUARE FULL PUNCH POSTS

14 GAUGE (.083")

**EXHIBIT A
SPECIFICATIONS OR SCOPE OF SERVICES**

MATERIAL: Tubing shall be roll formed from steel conforming to Standard Specifications for Steel Sheet, A.S.T.M. Designation A653-94, Structural Quality, Grade 50 modified to Grade 55.

FINISH: Material shall be hot-dip galvanized (Zinc Coated), Coating Designation G-90, with added chemical treatment for enhanced corrosion protection.

SHAPE: The cross section of the post shall be square tubing, carefully formed from 14 ga. steel sheet and welded so as the weld flash does not interfere with the telescoping properties.

Size	Wt. Per Foot Perf. 4 Sides lbs.	Area Sq In.	SECTION PROPERTIES		
			I In. ⁴	S In. ³	R In.
2.00" x 2.00"	1.99	.474	.296	.296	.790

I - Moment of Inertia
I - Moment of Inertia
S - Section Modulus
R - Radius of Gyration

YIELD STRENGTH: Cold forming provides tubing rated at 60,000 psi Minimum Yield Strength.

HOLES: Hole diameter shall be 7/16" (plus or minus 1/64") on 1" centers on all four sides. Holes shall be on centerline of each side in true alignment and opposite to each other. Tolerance on the hole opening is plus or minus 1/8" in 20'.

LENGTH: Length of each post shall be as specified with a permissible length tolerance of plus or minus 1/4".

TOLERANCES:

Nominal Outside Dimension, (in.)	Outside Tolerance All Sides at Corners inch*	Squareness Tolerance, inch**	Twist Permissible in .3 ft., inch***
2.00 x 2.00	+/- .008"	+/- .012"	.062"

* Measured at least 2" from the end of tube.
** Tubing may have sides failing to be 90 deg. to each other by the tolerance listed.
*** Twist is measured by holding down the edge of one end of a square tube on a surface plate with the bottom side of the tube parallel to the surface plate and noting the height that either corner on the opposite end of the bottom side is above the surface plate.

STRAIGHTNESS:

Permissible variation in straightness is 1/16" in 3'.

CONVEXITY AND CONCAVITY:

Measured in the center of the flat sides, tolerances is plus or minus .010 inch applied to the specific size determined at the corner.

WALL THICKNESS:

Solicitation No. B170108DKR

EXHIBIT A SPECIFICATIONS OR SCOPE OF SERVICES

Permissible variation in wall thickness is plus .011" or minus .008".

CORNER RADII:

Standard corner radius is 5/32", plus or minus 1/32".

TELESCOPING:

The finished posts shall be straight and have a smooth uniform finish. It shall be possible to telescope consecutive size tubes freely for ten feet.

12 GAUGE (.105")

MATERIAL: Tubing shall be roll formed from steel conforming to Standard Specifications for Steel Sheet, A.S.T.M. Designation A653-94, Structural Quality, Grade 40.

FINISH: Material shall be hot-dip galvanized (Zinc Coated), Coating Designation G-90, with added chemical treatment for enhanced corrosion protection.

SHAPE: The cross section of the post shall be square tubing, carefully formed from 12 ga. steel sheet and welded so as the weld flash does not interfere with the telescoping properties.

Size	Wt. Per Foot Perf. 4 Sides lbs.	Area Sq In.	SECTION PROPERTIES		
			I In. ⁴	S In. ³	R In.
2.25" x 2.25"	2.79	.695	.561	.499	.898
			I - Moment of Inertia I - Moment of Inertia S - Section Modulus R - Radius of Gyration		

HOLES: Hole diameter shall be 7/16" (plus or minus 1/64") on 1" centers on all four sides. Holes shall be on centerline of each side in true alignment and opposite to each other. Tolerance on the hole opening is plus or minus 1/8" in 20'.

LENGTH: Length of each post shall be as specified with a permissible length tolerance of plus or minus 1/4".

TOLERANCES:

Nominal Outside Dimension, (in.)	Outside Tolerance All Sides at Corners inch*	Squareness Tolerance, inch**	Twist Permissible in .3 ft., inch***
2.25 x 2.25	+/- .010"	+/- .014"	.062"
* Measured at least 2" from the end of tube.			
** Tubing may have sides failing to be 90 deg. to each other by the tolerance listed.			
*** Twist is measured by holding down the edge of one end of a square tube on a surface plate with the bottom side of the tube parallel to the surface plate and noting the height that either corner on the opposite end of the bottom side is above the surface plate.			

STRAIGHTNESS:

Solicitation No. B170108DKR

EXHIBIT A SPECIFICATIONS OR SCOPE OF SERVICES

Permissible variation in straightness is 1/16" in 3'.

CONVEXITY AND CONCAVITY:

Measured in the center of the flat sides, tolerances is plus or minus .010 inch applied to the specific size determined at the corner.

WALL THICKNESS:

Permissible variation in wall thickness is plus .011" or minus .008".

CORNER RADII:

Standard corner radius is 5/32", plus or minus 1/32".

TELESCOPING:

The finished posts shall be straight and have a smooth uniform finish. It shall be possible to telescope consecutive size tubes freely for ten feet.

D. PRISMATIC REFLECTOR TYPE PAVEMENT MARKERS (ROAD DELINEATORS)

Markers shall consist of an acrylic plastic shell filled with a tightly adherent potting compound. The shell shall contain one or two prismatic reflective faces as required to reflect incident light from a single or opposite directions. The markers shall be in the shape of a shallow frustum of a pyramid.

DETAILED SPECIFICATIONS

DESIGN AND FABRICATION:

1. Plastic Shells:

Dimensions: 4" x 4" x .65"
Slope of Reflecting face: 30 degrees
Area of Each Reflecting Surface: 3.25 sq. in.

2. Surface:

The outer surface of the shell shall be smooth except for purposes of identification.

The base of the marker shall be substantially free from gloss or substances that may reduce its bond to adhesive. This shall be done by embedding sand or inert granules on the surface of the potting compound prior to its curing. The overall height of the marker after the addition of this material shall not exceed 0.75 inches.

3. Material:

Shell shall be molded of methyl methacrylate conforming to Federal Specifications L-P-380, Type 1, Class 3.

EXHIBIT A
SPECIFICATIONS OR SCOPE OF SERVICES

Filler shall be a potting compound selected for strength, resilience, and adhesion adequate to pass physical requirements as outlined below.

OPTICAL REQUIREMENTS

1. Definitions:

Horizontal entrance angle shall mean the angle in the horizontal plane between the direction of incident light and the normal to the leading edge of the marker.

Observation angle shall mean the angle at the reflector between observer's line of sight and the director of the light incident on the reflector.

Specific intensity (S.I.) shall mean candlepower of the returned light at the chosen observation and entrance angles for each foot candle of illumination at the reflector on a plane perpendicular to the incident light.

2. Optical Performance:

The specific intensity of each crystal reflecting surface at 0.2 degrees observation angle shall be not less than the following when the incident light is parallel to the base of the marker.

Hor. Ent. Angle	S.I.
0 degrees	3.0
20 degrees	1.2

For yellow reflectors the specific intensity shall be 60% of the value for crystal. For red reflectors the specific intensity shall be 25% of the value for crystal.

E. SIGN BLANKS

All sign blanks must be drilled for use with the U-channel and square sign posts listed herein. Blanks are to be drilled with .375" diameter holes in any of the following patterns, as directed by Lee County DOT: horizontally, vertically, or both; square, diamond or both. At Lee County's direction, the Vendor may be required to drill blanks to accommodate either one or two posts. All holes shall be drilled at no charge to Lee County.

E. SIGN BLANKS-ALUMINUM TYPE I, 5052-H38

SURFACE TREATMENT: Sign blanks shall receive a surface preparation including degreasing, and then be treated using either an ALODINE 1200 process. Both sides of blanks shall be treated. Surface shall be thoroughly rinsed or otherwise cleaned, neutralized and completely dried after the treatment. All blanks shall be delivered in an absolutely dry and clean state. Vendor shall furnish a certified copy of the mill analysis covering each size and type of material, for each shipment to Lee County. Lee County reserves the right to have an independent test of material supplied. Vendor shall be held responsible if the material does not meet specifications.



EXHIBIT A
SPECIFICATIONS OR SCOPE OF SERVICES

MATERIALS: Type I aluminum should meet federal specifications QQ-A-250/8F, with federal standard 184 covering stenciling, waived. Type I 5052-H38 shall meet the aluminum standards for chemical composition limits as follows: Silicon .025; Iron .040; Copper .10, Manganese .10; Magnesium 2.2 - 2.8; Chromium .15 - .35; Zinc .10; Others .20; Aluminum Minimum - remainder.

F.-HARDWARE

All hardware is to be supplied in the sizes as listed herein or on the bid form.

The spikes are too galvanized and must be shipped in 50 pound boxes.



**EXHIBIT B
FEE SCHEDULE**

ITEM #	DESCRIPTION	QUANTITY	UNIT PRICE
A. SIGNPOSTS U TYPE			
1	7' lengths (1-1/4 lbs./ft.) Code:8013006	1-100	\$7.18
2	7' lengths (1-1/4 lbs./ft.) Code:8013006	101-500	\$7.18
3	7' lengths (1-1/4 lbs./ft.) Code:8013006	500+	\$7.18
4	7' lengths (2lbs./ft) Code: 8013008	1-100	\$9.45
5	7' lengths (2lbs./ft) Code: 8013008	101-500	\$9.45
6	7' lengths (2lbs./ft) Code: 8013008	500+	\$9.45
7	10' lengths (2 lbs./ft.) Code: 8013010	1-100	\$16.96
8	10' lengths (2 lbs./ft.) Code: 8013010	101-500	\$16.96
9	10' lengths (2 lbs./ft.) Code: 8013010	500+	\$16.96
10	12' lengths (2 lbs./ft.) (Code: 8013012)	1-100	\$19.98
11	12' lengths (2 lbs./ft.) (Code: 8013012)	101-500	\$19.98
12	12' lengths (2 lbs./ft.) (Code: 8013012)	500+	\$19.98
13	12' lengths (3 lbs./ft.) (Code: 8013014)	1-100	\$31.32
14	12' lengths (3 lbs./ft.) (Code: 8013014)	101-500	\$31.32
15	12' lengths (3 lbs./ft.) (Code: 8013014)	500+	\$31.32
16	14' lengths (2 lbs./ft.) (Code: 8013016)	1-100	\$21.60
17	14' lengths (2 lbs./ft.) (Code: 8013016)	101-500	\$21.60
18	14' lengths (2 lbs./ft.) (Code: 8013016)	500+	\$21.60
19	14' lengths (3 lbs./ft. (Code: 8013018)	1-100	\$34.72
20	14' lengths (3 lbs./ft. (Code: 8013018)	101-500	\$34.72
21	14' lengths (3 lbs./ft. (Code: 8013018)	500+	\$34.72
B SIGNPOSTS-ROUND			
1	15' lengths, 4" I.D. (Code: 8013020)	1-100	\$82.24
2	15' lengths, 4" I.D. (Code: 8013020)	101-500	\$82.24
3	15' lengths, 4" I.D. (Code: 8013020)	500+	\$82.24
C. SQUARE FULL PUNCH POSTS			
1	2"-14 gauge 10' (Code: 8013044)	1-100	\$22.18
2	2"-14 gauge 10' (Code: 8013044)	101-500	\$22.18

**EXHIBIT B
FEE SCHEDULE**

3	2"-14 gauge 10' (Code: 8013044)	500+	\$22.18
4	2"-14 gauge 12' (Code: 8013045)	1-100	\$25.42
5	2"-14 gauge 12' (Code: 8013045)	101-500	\$25.42
6	2"-14 gauge 12' (Code: 8013045)	500+	\$25.42
7	2.25"-12 gauge 10' (Code: 8013046)	1-100	\$28.08
8	2.25"-12 gauge 10' (Code: 8013046)	101-500	\$28.08
9	2.25"-12 gauge 10' (Code: 8013046)	500+	\$28.08
10	2.25"-12 gauge 12' (Code: 8013048)	1-100	\$34.56
11	2.25"-12 gauge 12' (Code: 8013048)	101-500	\$34.56
12	2.25"-12 gauge 12' (Code: 8013048)	500+	\$34.56
13	2" – 14 gauge 14' square posts	1-100	\$32.66
14	2" – 14 gauge 14' square posts	101-500	\$32.66
15	2" – 14 gauge 14' square posts	500+	\$32.66
16	2.25" – 12 gauge 2' square sleeves	1-100	\$6.48
17	2.25" – 12 gauge 2' square sleeves	101-500	\$6.48
18	2.25" – 12 gauge 2' square sleeves	500+	\$6.48
19	2.25" – 12 gauge 3' square sleeves	1-100	\$8.64
20	2.25" – 12 gauge 3' square sleeves	101-500	\$8.64
21	2.25" – 12 gauge 3' square sleeves	500+	\$8.64
22	2.25" – 12 gauge 4' square sleeves	1-100	\$10.26
23	2.25" – 12 gauge 4' square sleeves	101-500	\$10.26
24	2.25" – 12 gauge 4' square sleeves	500+	\$10.26

D. ROAD DELINEATORS

1	Bi-directional (Code: 5500905)	1-100	\$0.94
2	Bi-directional (Code: 5500905)	101-500	\$0.94
3	Bi-directional (Code: 5500905)	500+	\$0.94
4	Mono-directional (Code: 5500910)	1-100	\$0.94
5	Mono-directional (Code: 5500910)	101-500	\$0.94
6	Mono-directional (Code: 5500910)	500+	\$0.94
7	Two Color Bi-directional (Code: 5500915)	1-100	\$0.94
8	Two Color Bi-directional (Code: 5500915)	101-500	\$0.94
9	Two Color Bi-directional (Code: 5500915)	500+	\$0.94

E. TYPE I 5052 H38 ALODINE 1200

1	36"x36"x0.080" (Code: 8013102)	1-75	\$18.47
2	36"x36"x0.080" (Code: 8013102)	76-125	\$18.47
3	36"x36"x0.080" (Code: 8013102)	125+	\$18.47
4	30"x30"x0.080" (Code: 8013104)	1-75	\$12.83
5	30"x30"x0.080" (Code: 8013104)	76-125	\$12.83

**EXHIBIT B
FEE SCHEDULE**

6	30"x30"x0.080" (Code: 8013104)	125+	\$12.83
7	24"x30"x0.080" (Code: 8013106)	1-75	\$10.26
8	24"x30"x0.080" (Code: 8013106)	76-125	\$10.26
9	24"x30"x0.080" (Code: 8013106)	125+	\$10.26
10	18"x24"x0.080" (Code: 8013108)	1-75	\$6.16
11	18"x24"x0.080" (Code: 8013108)	76-125	\$6.16
12	18"x24"x0.080" (Code: 8013108)	125+	\$6.16
13	12"x18"x0.080" (Code: 8013110)	1-75	\$3.08
14	12"x18"x0.080" (Code: 8013110)	76-125	\$3.08
15	12"x18"x0.080" (Code: 8013110)	125+	\$3.08
16	6"x24"x0.080" (Code: 8013112)	1-75	\$2.05
17	6"x24"x0.080" (Code: 8013112)	76-125	\$2.05
18	6"x24"x0.080" (Code: 8013112)	125+	\$2.05
19	7. 6"x30"x0.080" (Code: 8013114)	1-75	\$2.57
20	7. 6"x30"x0.080" (Code: 8013114)	76-125	\$2.57
21	7. 6"x30"x0.080" (Code: 8013114)	125+	\$2.57
22	9"x24"x0.080" (Code: 8013116)	1-75	\$3.08
23	9"x24"x0.080" (Code: 8013116)	76-125	\$3.08
24	9"x24"x0.080" (Code: 8013116)	125+	\$3.08
25	9"x30"x0.080" (Code: 8013118)	1-75	\$3.85
26	9"x30"x0.080" (Code: 8013118)	76-125	\$3.85
27	9"x30"x0.080" (Code: 8013118)	125+	\$3.85
28	9"x36"x0.080" (Code: 8013120)	1-75	\$4.62
29	9"x36"x0.080" (Code: 8013120)	76-125	\$4.62
30	9"x36"x0.080" (Code: 8013120)	125+	\$4.62
31	9"x42"x0.080" (Code: 8013122)	1-75	\$5.39
32	9"x42"x0.080" (Code: 8013122)	76-125	\$5.39
33	9"x42"x0.080" (Code: 8013122)	125+	\$5.39
34	24"x24"x0.080" (Code: 8013124)	1-75	\$8.21
35	24"x24"x0.080" (Code: 8013124)	76-125	\$8.21
36	24"x24"x0.080" (Code: 8013124)	125+	\$8.21
37	22"x40"x0.080" (Code: 8013126)	1-75	\$12.54
38	22"x40"x0.080" (Code: 8013126)	76-125	\$12.54
39	22"x40"x0.080" (Code: 8013126)	125+	\$12.54
40	24"x48"x0.080" (Code: 8013128)	1-75	\$16.42
41	24"x48"x0.080" (Code: 8013128)	76-125	\$16.42
42	24"x48"x0.080" (Code: 8013128)	125+	\$16.42

**EXHIBIT B
FEE SCHEDULE**

43	18"x19"x0.080" (Code: 8013130)	1-75	\$4.87
44	18"x19"x0.080" (Code: 8013130)	76-125	\$4.87
45	18"x19"x0.080" (Code: 8013130)	125+	\$4.87
46	8"x24"x0.080" (Code: 8013132)	1-75	\$2.74
47	8"x24"x0.080" (Code: 8013132)	76-125	\$2.74
48	8"x24"x0.080" (Code: 8013132)	125+	\$2.74
49	9"x12"x0.080" (Code: 8013134)	1-75	\$1.54
50	9"x12"x0.080" (Code: 8013134)	76-125	\$1.54
51	9"x12"x0.080" (Code: 8013134)	125+	\$1.54
52	48"x36"x0.080" (Code: 8013136)	1-75	\$24.62
53	48"x36"x0.080" (Code: 8013136)	76-125	\$24.62
54	48"x36"x0.080" (Code: 8013136)	125+	\$24.62
55	36"x24"x0.080" (Code: 8013138)	1-75	\$12.31
56	36"x24"x0.080" (Code: 8013138)	76-125	\$12.31
57	36"x24"x0.080" (Code: 8013138)	125+	\$12.31
58	18"x6"x0.080" (Code: 8013140)	1-75	\$1.54
59	18"x6"x0.080" (Code: 8013140)	76-125	\$1.54
60	18"x6"x0.080" (Code: 8013140)	125+	\$1.54
61	12"x6"x0.080" (Code: 8013142)	1-75	\$1.03
62	12"x6"x0.080" (Code: 8013142)	76-125	\$1.03
63	12"x6"x0.080" (Code: 8013142)	125+	\$1.03
64	21"x15"x0.080" (Code: 8013144)	1-75	\$4.49
65	21"x15"x0.080" (Code: 8013144)	76-125	\$4.49
66	21"x15"x0.080" (Code: 8013144)	125+	\$4.49
67	24"x12"x0.080" (Code: 8013146)	1-75	\$4.10
68	24"x12"x0.080" (Code: 8013146)	76-125	\$4.10
69	24"x12"x0.080" (Code: 8013146)	125+	\$4.10
70	12"x30"x0.080" (Code: 8013148)	1-75	\$5.13
71	12"x30"x0.080" (Code: 8013148)	76-125	\$5.13
72	12"x30"x0.080" (Code: 8013148)	125+	\$5.13
73	12"x42"x0.080" (Code: 8103150)	1-75	\$7.18
74	12"x42"x0.080" (Code: 8103150)	76-125	\$7.18
75	12"x42"x0.080" (Code: 8103150)	125+	\$7.18
76	12"x48"x0.080" (Code: 8013152)	1-75	\$8.21
77	12"x48"x0.080" (Code: 8013152)	76-125	\$8.21
78	12"x48"x0.080" (Code: 8013152)	125+	\$8.21
79	OCTAGONAL 36"x36"x0.080" (Code: 8013154)	1-75	\$18.47

**EXHIBIT B
FEE SCHEDULE**

80	OCTAGONAL 36"x36"x0.080"(Code: 8013154)	76-125	\$18.47
81	OCTAGONAL 36"x36"x0.080"(Code: 8013154)	125+	\$18.47
82	OCTAGONAL 30"x30"x0.080" (Code: 8013156)	1-75	\$12.83
83	OCTAGONAL 30"x30"x0.080" (Code: 8013156)	76-125	\$12.83
84	OCTAGONAL 30"x30"x0.080" (Code: 8013156)	125+	\$12.83
85	48"x132"x0.080"(Code: 8013158)	1-75	\$90.29
86	48"x132"x0.080"(Code: 8013158)	76-125	\$90.29
87	48"x132"x0.080"(Code: 8013158)	125+	\$90.29
88	PENTAGON 36"x36"x0.080" (Code: 8013160)	1-75	\$18.47
89	PENTAGON 36"x36"x0.080" (Code: 8013160)	76-125	\$18.47
90	PENTAGON 36"x36"x0.080" (Code: 8013160)	125+	\$18.47
91	ROUND 36"x0.080"(Code: 8013162)	1-75	\$18.47
92	ROUND 36"x0.080"(Code: 8013162)	76-125	\$18.47
93	ROUND 36"x0.080"(Code: 8013162)	125+	\$18.47
94	ROUND 48"x48"x0.080 (Code: 8013164)	1-75	\$32.83
95	ROUND 48"x48"x0.080 (Code: 8013164)	76-125	\$32.83
96	ROUND 48"x48"x0.080 (Code: 8013164)	125+	\$32.83
97	ROUND 18"x18"x0.080"(Code: 8013166)	1-75	\$4.62
98	ROUND 18"x18"x0.080"(Code: 8013166)	76-125	\$4.62
99	ROUND 18"x18"x0.080"(Code: 8013166)	125+	\$4.62
100	ROUND 48"x72"x0.080" (Code: 8013168)	1-75	\$49.25
101	ROUND 48"x72"x0.080" (Code: 8013168)	76-125	\$49.25
102	ROUND 48"x72"x0.080" (Code: 8013168)	125+	\$49.25
103	ROUND 30"x36"x0.080"(Code:8013170)	1-75	\$15.39
104	ROUND 30"x36"x0.080"(Code:8013170)	76-125	\$15.39
105	ROUND 30"x36"x0.080"(Code:8013170)	125+	\$15.39
106	County Route Marker 24"x24"x0.080"(Code: 8013172)	1-75	\$8.21
107	County Route Marker 24"x24"x0.080"(Code: 8013172)	76-125	\$8.21
108	County Route Marker 24"x24"x0.080"(Code: 8013172)	125+	\$8.21
109	Hazard Marker Drilled 13/64 cat eye holes & 5/16 mounting holes 18" x 18" x 0.080" (Code: 8013174)	1-75	\$4.62
110	Hazard Marker Drilled 13/64 cat eye holes & 5/16 mounting holes 18" x 18" x 0.080" (Code: 8013174)	76-125	\$4.62
111	Hazard Marker Drilled 13/64 cat eye holes & 5/16 mounting holes 18" x 18" x 0.080" (Code: 8013174)	125+	\$4.62
112	24"x0.080" Round (Code: 8013176)	1-75	\$8.21
113	24"x0.080" Round (Code: 8013176)	76-125	\$8.21
114	24"x0.080" Round (Code: 8013176)	125+	\$8.21

**EXHIBIT B
FEE SCHEDULE**

115	6"x36"x0.080"(Code: 8013178)	1-75	\$3.08
116	6"x36"x0.080"(Code: 8013178)	76-125	\$3.08
117	6"x36"x0.080"(Code: 8013178)	125+	\$3.08
118	Yield Blank 36"x36"x 36"-0.080" (Code: 8013180)	1-75	\$18.47
119	Yield Blank 36"x36"x 36"-0.080" (Code: 8013180)	76-125	\$18.47
120	Yield Blank 36"x36"x 36"-0.080" (Code: 8013180)	125+	\$18.47
121	24"x24"x24"-0.080" (Code: 8013182)	1-75	\$8.21
122	24"x24"x24"-0.080" (Code: 8013182)	76-125	\$8.21
123	24"x24"x24"-0.080" (Code: 8013182)	125+	\$8.21
124	12"x36"x0.080" (Code: 8013184)	1-75	\$6.16
125	12"x36"x0.080" (Code: 8013184)	76-125	\$6.16
126	12"x36"x0.080" (Code: 8013184)	125+	\$6.16
127	Pendant Blank 36"x48"x0.080" (Code: 8013186)	1-75	\$24.62
128	Pendant Blank 36"x48"x0.080" (Code: 8013186)	76-125	\$24.62
129	Pendant Blank 36"x48"x0.080" (Code: 8013186)	125+	\$24.62
130	4' x 8'6" x .125 (Code: 8013188)	1-75	\$73.87
131	4' x 8'6" x .125 (Code: 8013188)	76-125	\$73.87
132	4' x 8'6" x .125 (Code: 8013188)	125+	\$73.87
133	24" x 0.080" Coast Guard Dayboard Isosceles Triangle (Code: 8013190)	1-75	\$8.21
134	24" x 0.080" Coast Guard Dayboard Isosceles Triangle (Code: 8013190)	76-125	\$8.21
135	24" x 0.080" Coast Guard Dayboard Isosceles Triangle (Code: 8013190)	125+	\$8.21
136	48" x 0.080" Coast Guard Dayboard Isosceles Triangle (Code: 8013192)	1-75	\$32.83
137	48" x 0.080" Coast Guard Dayboard Isosceles Triangle (Code: 8013192)	76-125	\$32.83
138	48" x 0.080" Coast Guard Dayboard Isosceles Triangle (Code: 8013192)	125+	\$32.83
139	60" x 36" x 0.080" (Code: 8013194)	1-75	\$30.78
140	60" x 36" x 0.080" (Code: 8013194)	76-125	\$30.78
141	60" x 36" x 0.080" (Code: 8013194)	125+	\$30.78
142	60" x 48" x 0.080" (Code: 8013196)	1-75	\$41.04
143	60" x 48" x 0.080" (Code: 8013196)	76-125	\$41.04
144	60" x 48" x 0.080" (Code: 8013196)	125+	\$41.04
145	62" x 36" x 0.080" (Code: 8013198)	1-75	\$31.81
146	62" x 36" x 0.080" (Code: 8013198)	76-125	\$31.81
147	62" x 36" x 0.080" (Code: 8013198)	125+	\$31.81
148	62" x 48" x 0.080"(Code: 8013199)	1-75	\$42.41

**EXHIBIT B
FEE SCHEDULE**

149	62" x 48" x 0.080"(Code: 8013199)	76-125	\$42.41
150	62" x 48" x 0.080"(Code: 8013199)	125+	\$42.41

F. HARDWARE -SPIKES

1	3/8" x 8" GALVANIZED(Code: 8013478)	50 lb box	\$75.00

G. TYPE I 5052 H38 (these are new items added to Section E.)

1	30"x18"x0.080"	1-75	\$7.70
2	30"x18"x0.080"	76-125	\$7.70
3	30"x18"x0.080"	125+	\$7.70
4	36"x20"x0.080"	1-75	\$10.26
5	36"x20"x0.080"	76-125	\$10.26
6	36"x20"x0.080"	125+	\$10.26



EXHIBIT C
INSURANCE REQUIREMENTS
INSURANCE GUIDE

Minimum Insurance Requirements: *Risk Management in no way represents that the insurance required is sufficient or adequate to protect the vendors' interest or liabilities. The following are the required minimums the vendor must maintain throughout the duration of this contract. The County reserves the right to request additional documentation regarding insurance provided*

- a. **Commercial General Liability** - Coverage shall apply to premises and/or operations, products and completed operations, independent contractors, contractual liability exposures with minimum limits of:

\$500,000 per occurrence
\$1,000,000 general aggregate
\$500,000 products and completed operations
\$500,000 personal and advertising injury

- b. **Business Auto Liability** - The following Automobile Liability will be required and coverage shall apply to all owned, hired and non-owned vehicles use with minimum limits of:

\$500,000 combined single limit (CSL)
\$300,000 bodily injury per person
\$500,000 bodily injury per accident
\$300,000 property damage per accident

- c. **Workers' Compensation** - Statutory benefits as defined by FS 440 encompassing all operations contemplated by this contract or agreement to apply to all owners, officers, and employees regardless of the number of employees. Workers Compensation exemptions may be accepted with written proof of the State of Florida's approval of such exemption. Employers' liability will have minimum limits of:

\$100,000 per accident
\$100,000 disease limit
\$500,000 disease – policy limit

*The required minimum limit of liability shown in a and b may be provided in the form of "Excess Insurance" or "Commercial Umbrella Policies." In which case, a "Following Form Endorsement" will be required on the "Excess Insurance Policy" or "Commercial Umbrella Policy."

EXHIBIT C INSURANCE REQUIREMENTS

Verification of Coverage:

1. Coverage shall be in place prior to the commencement of any work and throughout the duration of the contract. A certificate of insurance will be provided to the Risk Manager for review and approval. The certificate shall provide for the following:

- a. The certificate holder shall read as follows:

Lee County Board of County Commissioners
P.O. Box 398
Fort Myers, Florida 33902

- b. *“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.

Special Requirements:

1. An appropriate “Indemnification” clause shall be made a provision of the contract.
2. It is the responsibility of the general contractor to insure that all subcontractors comply with all insurance requirements



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/27/2017

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 have ADDITIONAL INSURED provisions or 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).

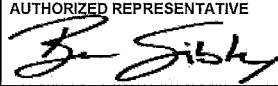
PRODUCER Sihle Insurance Group, Inc. 1021 Douglas Ave. Altamonte Springs FL 32714	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 407-869-5490 E-MAIL ADDRESS: Certificates@sihle.com	FAX (A/C, No): 407-389-3580
	INSURER(S) AFFORDING COVERAGE INSURER A : Old Dominion Insurance Company	
INSURED TRAFSUP-01 Traffic Supplies and Distribution, LLC 3501 S Sandford Ave Sanford FL 32773	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1794095999 **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 <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 - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp - \$ 500 <input checked="" type="checkbox"/> Coll - \$500			B1T7267V	2/9/2017	2/9/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 \$ \$
	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	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

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 
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A.M. Best Rating Services

Old Dominion Insurance Company (2)

A.M. Best #: 002822 NAIC #: 40231 FEIN #: 592070420

Domiciliary Address

4601 Touchton Road East Suite 3300
 Jacksonville, FL 32246-4486
 United States

Web: www.msagroup.com

Phone: 904-642-3000

Fax: 904-380-7441



Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.

View additional [news, reports and products](#) for this company.

Based on A.M. Best's analysis, [051272 - Main Street America Grp Mut Hldgs, Inc.](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

Financial Strength Rating [View Definition](#)

Rating:	A (Excellent)
Affiliation Code:	r (Reinsured)
Financial Size Category:	XII (\$1 Billion to \$1.25 Billion)
Outlook:	Stable
Action:	Affirmed
Effective Date:	December 02, 2016
Initial Rating Date:	June 29, 1992

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term:	a+
Outlook:	Stable
Action:	Affirmed
Effective Date:	December 02, 2016
Initial Rating Date:	January 29, 2008

u Denotes [Under Review Best's Rating](#)

Best's Credit Rating Analyst

Rating Issued by: A.M. Best Rating Services, Inc.
Financial Analyst: Michael Martin
Associate Director : Raymond Thomson, CPCU, ARc, ARM

Disclosure Information



View A.M. Best's [Rating Disclosure Form](#)



[A.M. Best Affirms Credit Ratings of Main Street America Group Members; Assigns Issue Credit Rating to Surplus Notes Offering December 02, 2016](#)

Rating History

A.M. Best has provided ratings & analysis on this company since 1992.

Financial Strength Rating

Effective Date	Rating
12/2/2016	A
6/11/2015	A
6/13/2014	A
6/18/2013	A
5/1/2012	A

Long-Term Issuer Credit Rating

Effective Date	Rating
12/2/2016	a+
6/11/2015	a+
6/13/2014	a+
6/18/2013	a+
5/1/2012	a+

Best's Credit Reports



Best's Credit Report - Where applicable, includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.
Report Revision Date: 2/22/2017 (represents the latest significant change).



Historical Reports are available in [Best's Credit Report Archive](#).

View additional [news](#), [reports](#) and [products](#) for this company.

Press Releases

<u>Date</u>	<u>Title</u>
Dec 02, 2016	A.M. Best Affirms Credit Ratings of Main Street America Group Members; Assigns Issue Credit Rating to Surplus Notes Offering
May 01, 2012	A.M. Best Affirms Ratings of Main Street America Group and Its Members
Feb 28, 2011	A.M. Best Upgrades Issuer Credit Ratings of Main Street America Group and Its Members
Jan 29, 2008	A.M. Best Affirms Rating of Main Street America Group
Jan 24, 2007	A.M. Best Affirms Rating of Main Street America Group

European Union Disclosures

A.M. Best - Europe Rating Services Limited (AMBERS), a subsidiary of A.M. Best Rating Services, Inc., is an External Credit Assessment Institution (ECAI) in the European Union (EU). Therefore, Credit Ratings issued and endorsed by AMBERS may be used for regulatory purposes in the EU as per Directive 2006/48/EC.

Australian Disclosures

A.M. Best Asia-Pacific Limited (AMBAP), Australian Registered Body Number (ARBN No.150375287), is a limited liability company incorporated and domiciled in Hong Kong. AMBAP is a wholesale Australian Financial Services (AFS) Licence holder (AFS No. 411055) under the Corporations Act 2001. Credit Ratings emanating from AMBAP are not intended for and must not be distributed to any person in Australia other than a wholesale client as defined in Chapter 7 of the Corporations Act. AMBAP does not authorize its Credit Ratings to be disseminated by a third-party in a manner that could reasonably be regarded as being intended to influence a retail client in making a decision in relation to a particular product or class of financial product. AMBAP Credit Ratings are intended for wholesale clients only, as defined.

Credit Ratings determined and disseminated by AMBAP are the opinion of AMBAP only and not any specific credit analyst. AMBAP Credit Ratings are statements of opinion and not statements of fact. They are not recommendations to buy, hold or sell any securities or any other form of financial product, including insurance policies and are not a recommendation to be used to make investment /purchasing decisions.

Important Notice: A.M. Best's Credit Ratings are independent and objective opinions, not statements of fact. A.M. Best is not an Investment Advisor, does not offer investment advice of any kind, nor does the company or its Ratings Analysts offer any form of structuring or financial advice. A.M. Best's credit opinions are not recommendations to buy, sell or hold securities, or to make any other investment decisions. For additional information regarding the use and limitations of Credit Rating opinions, as well as the rating process, information requirements and other rating related terms and definitions, please view [Understanding Best's Credit Ratings](#).

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/26/2017

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 have **ADDITIONAL INSURED** provisions or 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 Sihle Insurance Group, Inc. 1021 Douglas Ave. Altamonte Springs FL 32714	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 407-869-5490 E-MAIL ADDRESS: Certificates@sihle.com	FAX (A/C, No): 407-389-3580
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Old Dominion Insurance Company	40231
INSURED TRAFSUP-01 Traffic Supplies and Distribution, LLC 3501 S Sandford Ave Sanford FL 32773	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1923345791 **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 <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 - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp - \$ 500 <input checked="" type="checkbox"/> Coll - \$500			B1T7267V	2/9/2017	2/9/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 \$ \$
	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	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

CERTIFICATE HOLDER INFORMATION ONLY	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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY/NON-CONTRIBUTING INSURANCE
ENDORSEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Any person or organization qualifying as an insured under the Additional Insured – Owners, Lessees or Contractors Endorsement, Form CG 20 10 04 13 AND CG 20 37 04 13 attached to this policy.

It is agreed that Commercial General Liability Coverage Form CG 00 01 Section IV paragraphs 4.b. and 4.c. do not apply with respect to other valid and collectible Commercial General Liability insurance, whether primary or excess, available to the person or organization shown in the Schedule and:

- 1) Who is an insured under an Additional Insured-Owners, Lessees or Contractors endorsement attached to this policy; and

- 2) Who requires by specific written contract that this insurance is to be primary and/or non-contributory to other valid and collectible insurance available to that person or organization.

This endorsement does not change the scope of coverage provided to the person or organization by any Additional Insured endorsement.

All other terms and conditions remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
 CONTRACTORS – SCHEDULED PERSON OR
 ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
<p>Any person or organization that is an owner of real property or personal property on which you are performing operations or a contractor on whose behalf you are performing operations and only where required by written contract or agreement that is an "insured contract," provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement.</p>	<p>All locations at which the Named Insured is performing ongoing operations except locations covered under a Consolidated (Wrap Up) Insurance Program.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

- A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
1. Your acts or omissions; or
 2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.
- B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
 ADDITIONAL INSURED – OWNERS, LESSEES OR
 CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
 PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
 SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person or organization that is an owner of real property or personal property for whom you work or have worked, or a contractor on whose behalf you work or have worked, but only if coverage as an additional insured extending to "bodily injury" or "property damage" included in the "products-completed operations hazard" is required by a written contract or written agreement that is an "insured contract" and provided that the "bodily injury" or "property damage" first occurs subsequent to the execution of the contract or agreement.	All locations except locations where "your work" is or was related to a job or project involving single-family dwellings, multi-family dwellings (other than rental apartments in an apartment building: (a) originally constructed and at all times used for such purpose, or (b) converted from a commercial building), condominiums, townhomes, townhouses, time-share units, fractional-ownership units, cooperatives and/or any other structure or space used or intended to be used as a residence.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Person Or Organization: Any person or organization, but only if the following conditions are met: a. You have expressly agreed to the waiver in a written contract entered into by you; and b. The injury or damage occurs subsequent to the execution of the written contract.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – **Conditions:**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage aris-

ing out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

CERTIFICATE OF LIABILITY INSURANCE

Date
5/5/2017

Producer: Plymouth Insurance Agency
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

Insured: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34691

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	11075
Insurer B:		
Insurer C:		
Insurer D:		
Insurer E:		

Coverages

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits																				
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$																				
		AUTOMOBILE LIABILITY <input 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				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$																				
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence Aggregate																				
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2017	01/01/2018	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 15%;">WC Statutory Limits</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">OTH-ER</td> <td style="width: 60%;"></td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC Statutory Limits		OTH-ER			E.L. Each Accident			\$1,000,000		E.L. Disease - Ea Employee			\$1,000,000		E.L. Disease - Policy Limits			\$1,000,000
<input checked="" type="checkbox"/>	WC Statutory Limits		OTH-ER																							
	E.L. Each Accident			\$1,000,000																						
	E.L. Disease - Ea Employee			\$1,000,000																						
	E.L. Disease - Policy Limits			\$1,000,000																						

Other

Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Client ID: 93-67-202

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

Whiteleaf, LLC dba Traffic Solutions

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.

Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.

Project Name:

WAIVER OF SUBROGATION APPLIES IN FAVOR OF LEE COUNTY BOARD OF COUNTY COMMISSIONERS. ISSUE 05-05-17 (PH)

Begin Date 11/3/2013

CERTIFICATE HOLDER	CANCELLATION
LEE COUNTY BOARD OF COUNTY COMMISSIONERS RISK MANAGEMENT P.O. BOX 398 FORT MYERS, FL 33902	Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. <div style="text-align: right; margin-top: 20px;"> </div>

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

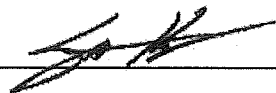
**LEE COUNTY BOARD OF COUNTY COMMISSIONERS
RISK MANAGEMENT
P.O. BOX 398
FORT MYERS, FL 33902**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Insured: South East Personnel Leasing, Inc.
Insurance Company: Lion Insurance Co.
Policy #: WC 71949
Effective: 01/01/2017- 01/01/2018
Client: Whiteleaf, LLC dba Traffic Solutions

Countersigned by: _____



WC 00 03 13
(Ed. 4-84)

A.M. Best Rating Services

Admiral Insurance Company (2)

A.M. Best #: 003026 NAIC #: 24856 FEIN #: 222235730

Administrative Office

7233 East Butherus Drive
Scottsdale, AZ 85260-2410

[United States](#)

[View Additional Address Information](#)

Web: www.admiralins.com

Phone: 480-951-0905

Fax: 480-281-0910

Financial Strength Rating



Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.

View additional [news, reports and products](#) for this company.

Based on A.M. Best's analysis, [058496 - W. R. Berkley Corporation](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

Financial Strength Rating [View Definition](#)

Rating:	A+ (Superior)
Affiliation Code:	r (Reinsured)
Financial Size Category:	XV (\$2 Billion or greater)
Outlook:	Stable
Action:	Affirmed
Effective Date:	May 25, 2017
Initial Rating Date:	June 30, 1957

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term:	aa-
Outlook:	Stable
Action:	Affirmed
Effective Date:	May 25, 2017
Initial Rating Date:	June 22, 2005

u Denotes [Under Review Best's Rating](#)

Best's Credit Rating Analyst

Rating Issued by: A.M. Best Rating Services, Inc.
Director: Jennifer Marshall, CPCU, ARM
Senior Director: Michael J. Lagomarsino, CFA, FRM

Disclosure Information



View A.M. Best's [Rating Disclosure Form](#)



[A.M. Best Affirms Credit Ratings of W. R. Berkley Corporation and Most Subsidiaries](#)
May 25, 2017

Rating History

A.M. Best has provided ratings & analysis on this company since 1957.

A.M. Best Rating Services

Twin City Fire Insurance Company (2)

A.M. Best #: 002235 NAIC #: 29459 FEIN #: 060732738

Administrative Office

[View Additional Address Information](#)

One Hartford Plaza
Hartford, CT 06155-0001
[United States](#)

Web: www.thehartford.com

Phone: 860-547-5000

Financial Strength Rating



Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.

View additional [news, reports and products](#) for this company.

Based on A.M. Best's analysis, [058707 - Hartford Financial Services Group Inc](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

Financial Strength Rating [View Definition](#)

Rating:	A+ (Superior)
Affiliation Code:	p (Pooled)
Financial Size Category:	XV (\$2 Billion or greater)
Outlook:	Stable
Action:	Affirmed
Effective Date:	July 07, 2017
Initial Rating Date:	June 30, 1916

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term:	aa-
Outlook:	Stable
Action:	Affirmed
Effective Date:	July 07, 2017
Initial Rating Date:	July 14, 2005

u Denotes [Under Review Best's Rating](#)

Best's Credit Rating Analyst

Rating Issued by: A.M. Best Rating Services, Inc.
Senior Financial Analyst: Jonathan Harris, CFA, FRM
Director: Jennifer Marshall, CPCU, ARM

Disclosure Information



View A.M. Best's [Rating Disclosure Form](#)



[A.M. Best Affirms Credit Ratings of The Hartford Financial Services Group, Inc. and Its Subsidiaries](#)
July 07, 2017

Rating History

A.M. Best has provided ratings & analysis on this company since 1916.

A.M. Best Rating Services

The North River Insurance Company (2)

A.M. Best #: 002135 NAIC #: 21105 FEIN #: 221964135

Domiciliary Address

305 Madison Avenue
Morristown, NJ 07960
[United States](#)

Web: www.cfins.com
Phone: 973-490-6600
Fax: 973-490-6612



Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.

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Based on A.M. Best's analysis, [058364 - Fairfax Financial Holdings Limited](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

Financial Strength Rating [View Definition](#)

Rating:	A (Excellent)
Affiliation Code:	p (Pooled)
Financial Size Category:	XII (\$1 Billion to \$1.25 Billion)
Outlook:	Stable
Action:	Affirmed
Effective Date:	October 20, 2016
Initial Rating Date:	February 14, 1906

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term:	a
Outlook:	Stable
Action:	Affirmed
Effective Date:	October 20, 2016
Initial Rating Date:	May 20, 2005

u Denotes [Under Review Best's Rating](#)

Best's Credit Rating Analyst

Rating Issued by: A.M. Best Rating Services, Inc.
Senior Financial Analyst: Darian Ryan
Director: Jennifer Marshall, CPCU, ARM

Disclosure Information



View A.M. Best's [Rating Disclosure Form](#)



[A.M. Best Affirms Credit Ratings of Fairfax Financial Holdings Limited and Majority of Its Subsidiaries](#)
October 20, 2016

Rating History

A.M. Best has provided ratings & analysis on this company since 1906.