



Outrageously Dependable

IBS OF FORT MYERS
6260 TOPAZ COURT - FORT MYERS, FL 33966
PHONE: 239-274-0077 FAX: 239-274-0114

TO: Patrick T. Lewis Sr.

FROM: Alex J. Bazydlo

: _____

DATE: 02/06/2014

PAGES TO FOLLOW: 6

COMMENTS:

INformal QUOTE No: IT140142

*PROJECT NAME: THE PURCHASE OF NEW LEAD ACID BATTERIES
FOR LEE COUNTY FLEET*

LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR

DATE SUBMITTED: 02/06/2014

VENDOR NAME: IBS of Fort Myers (INTERSTATE BATTERIES)

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: N/A AB

Fleet Management's estimated usage for each type of battery is given below on the Proposal Quote Form. These figures are given for quoter's guidance only. No minimum quantity is guaranteed or implied.

| Battery type | Cold Cranking amps | Cost per unit | Mfr. Available | 2013 usage |
|-------------------------|--------------------|-----------------|-------------------|------------|
| 1. Group 31 stud | 1000-1125 | \$ <u>64.95</u> | <u>INTERSTATE</u> | 79 |
| 2. Group 31 stud | 700-900 | <u>57.95</u> | <u>INT.</u> | 48 |
| 3. Group 31 post | 700-900 | <u>57.95</u> | <u>INT.</u> | 17 |
| 4. 8-D | 1300-1475 | <u>126.95</u> | <u>INT.</u> | 5 |
| 5. 4-DLT | 810-900 | <u>96.95</u> | <u>INT.</u> | 3 |
| 6. Group 65 | 850-950 | <u>59.95</u> | <u>INT.</u> | 179 |
| 7. Group 24 | 525-600 | <u>38.95</u> | <u>INT.</u> | 15 |
| 8. Group 58 | 540-600 | <u>43.95</u> | <u>INT.</u> | 13 |
| 9. U1 Lawn & Garden | 300-450 | <u>25.95</u> | <u>INT.</u> | 32 |
| 10. Group 34 Gel/Optima | 850-1000 | <u>124.95</u> | <u>INT.</u> | 8 |

GRAND TOTAL

AB \$ 698.50 COMBINED UNIT COST AB \$ 23,540.05 TOTAL USAGE COST

OPTION: State the discount percentage off most recent list price for all batteries not listed above that Lee County may purchase: 45 %

Warranty

State time frame for free replacement warranty

Automotive 24 mos. Commercial 18 mos. Lawn & Garden 12 mos.

TO BE (DELIVERED/COMPLETED/STARTED) WITHIN 1 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

Comply (yes/no)

- Weekly stock orders delivered? YES
- Daily stock orders delivered? YES

- Weekly core pick up? YES
 - Stock rotation every 90 days? YES
 - Price verification available? YES
 - On-site training available? YES
- cost \$ 0

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:

*GRAND TOTAL ON PAGE # 7 IS QUOTED FOR PER UNIT
COMBINED, AND QUOTED FOR TOTAL USAGE 2013 UNITS.
AB*

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

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED QUOTER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS QUOTE WITH OTHER QUOTERS AND HAS NOT COLLUDED WITH ANY OTHER QUOTER OR PARTIES TO A QUOTE WHATSOEVER. NOTE; NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIALS (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME: IBS of Fort Myers (INTERSTATE BATTERIES)

BY (Printed): ALEX J. Bazydlo

BY (Signature): Alex J. Bazydlo

TITLE: GENERAL MANAGER

FEDERAL ID # OR S.S.# 75-1864347

ADDRESS: 6260 TOPAZ CT.
FORT MYERS, FL 33966

PHONE NO.: 239-274-0077

FAX NO.: 239-274-0114

CELLULAR PHONE/PAGER NO.: 239-209-2200

DUNS#: N/A

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER: 9702342

E-MAIL ADDRESS: ib4536mg@ibsa.com

DISADVANTAGED BUSINESS ENTERPRISE (DBE): N/A

AFFIDAVIT CERTIFICATION
IMMIGRATION LAWS

SOLICITATION NO.: ET140142 PROJECT NAME: The Purchase of NEW LEAD ACID BATTERIES for LEE County F-1E

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).

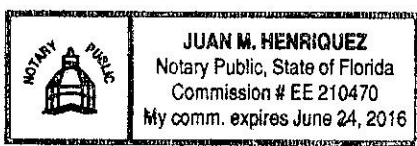
Company Name: IBS of Fort Myers (Intensive Batteries)
Alex J. Bazylo General Mgr. 02-06-14
Signature Title Date

STATE OF Florida
COUNTY OF Lee

The foregoing instrument was signed and acknowledged before me this 6th day of Feb 2014,
20 14, by Alexander J Bazylo who has produced

(Print or Type Name)
FL Driver's License as identification.
(Type of Identification and Number)

Juan M. Henriquez
Notary Public Signature
JUAN M. HENRIQUEZ
Printed Name of Notary Public



EE 210470
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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/6/2014

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 MHBT Inc. 8144 Walnut Hill Lane, 16th Floor Dallas TX 75231 | CONTACT NAME: PHONE (A/C, No, Ext): (972) 770-1600 | | FAX (A/C, No): (972) 770-1699 |
| | E-MAIL ADDRESS: | | |
| INSURED INTERBAT1 Distributor Operations, Inc dba IBS of Ft. Myers 6260 Topaz Court Ft. Myers FL 33966 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Sentry Insurance - A Mutual Company | | 24988 |
| | INSURER B: Sentry Casualty Company | | 28460 |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |

COVERAGES CERTIFICATE NUMBER: 1725529727 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 |
|----------|---|--------------------|------------------------|-------------------------|-------------------------|---|
| B | GENERAL LIABILITY | | 900363407 | 5/1/2013 | 5/1/2014 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$ |
| X | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | |
| | GENL AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC | | | | | |
| A | AUTOMOBILE LIABILITY | | 900363404 900363409 | 5/1/2013 9/25/2013 | 5/1/2014 5/1/2014 | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| X | ANY AUTO ALL OWNED AUTOS HIRED AUTOS | | | | | |
| | SCHEDULED AUTOS NON-OWNED AUTOS | | | | | |
| | UMBRELLA LIAB EXCESS LIAB | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | RETENTION \$ | | | | | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | 900363401 900363402 | 5/1/2013 5/1/2013 | 5/1/2014 5/1/2014 | X WC STATUTORY LIMITS X OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |
| A | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | |

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

Additional Insured - Designated Person or Organization Form #CG2026 0704 applies to the General Liability Policy.
 Additional Insured - Lessor of Leased Equipment Form #CG2028 0704 applies to the General Liability Policy.
 Additional Insured - Managers or Lessors of Premises Form #CG2011 0196 applies to the General Liability Policy.
 Additional Insured - Vendors Form #CG2015 0704 applies to the General Liability Policy.
 Blanket Additional Insured Form #Special applies to the General Liability Policy.
 Primary / Non-Contributory Insurance (Additional Insureds) Form #CG7081 0898 applies to the General Liability policy
 See Attached...

| | |
|--|--|
| CERTIFICATE HOLDER Lee County Board of County Commissioners Attn: Patrick Lewis Sr. P.O. Box 398 Fort Meyers 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 |
|--|--|



ADDITIONAL REMARKS SCHEDULE

| | | | |
|---------------------|-----------|--|--|
| AGENCY MHBT Inc. | | NAMED INSURED Distributor Operations, Inc dba IBS of Ft. Myers 6260 Topaz Court Ft. Myers FL 33966 | |
| POLICY NUMBER | | EFFECTIVE DATE: | |
| CARRIER | NAIC CODE | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Waiver of Subrogation Form #CG2404 1093 applies to the General Liability policy

Blanket Additional Insured Form #CA 80 07 02 06 applies to the Business Auto Policy
 Lessor Additional Insured and Loss Payee Form #SPEC 20 01 04 12 applies to the Business Auto Policy
 Waiver of Subrogation Form #CA 80 11 0707 applies to the Business Auto Policy

Waiver of Subrogation Form #WC000313 0484 applies to the Workers Compensation Policy

The General Liability policy includes a blanket additional insured endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability policy contains an endorsement with "Primary and NonContributory" wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The General Liability policy contains a blanket waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Automobile Liability policy contains language that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The Automobile liability policy includes waiver of subrogation wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Worker's Compensation policy includes a waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

Certificate Holder includes Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials.