

Copy

LEE COUNTY, FLORIDA
 PROPOSAL QUOTE FORM
 COUNTY WIDE MOVING SERVICES

DATE SUBMITTED: MAY 12, 2011

VENDOR NAME: Modern Movers, Inc.

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

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers: _____

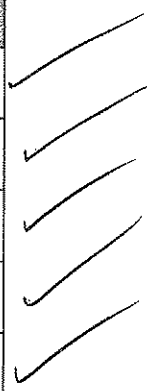
PRICE SCHEDULE: PLEASE PROVIDE A PRICE FOR ALL ITEMS BELOW

DESCRIPTION	RATE	UNIT COST	ANNUAL USAGE	EXTENDED TOTAL
RATE FOR EACH INDIVIDUAL – required for move during normal working hours of 8:00 am and 5:00 pm	PER HOUR	30. ⁰⁰	400	12,000. ⁰⁰
RATE FOR EACH INDIVIDUAL – required for move for other than normal working hours to include nights, weekends and holidays	PER HOUR	30. ⁰⁰	50	1,500. ⁰⁰
RATE FOR EACH SUPERVISOR – required for move during normal work hours of 8:00 am and 5:00 pm	PER HOUR	36. ⁰⁰	200	7,200. ⁰⁰
RATE FOR EACH SUPERVISOR – required for move other than normal working hours to include nights, weekends and holidays	PER HOUR	36. ⁰⁰	25	900. ⁰⁰
RATE FOR EACH MOVING TRUCK	PER HOUR	10. ⁰⁰	225	2,250. ⁰⁰
PACKING SERVICE – labor for packing and unpacking services during normal working hours of 8:00 am and 5:00 pm (per individual)	PER HOUR	28. ⁰⁰	25	700. ⁰⁰
PACKING SERVICE – labor for packing and unpacking services for other than normal working hours to include nights, weekends and holidays (per individual)	PER HOUR	28. ⁰⁰	5	140. ⁰⁰
GRAND TOTAL				24,690. ⁰⁰

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OS

MOVING BOXES (OPTIONAL)				
Office Tote, approximately 24 x 15 x 12 Specify your size: <u>14-1/4 x 23 3/8 x 10 7/8</u>	EACH	2.25	60	135.00
Book Tote, approximately 16 x 12-3/4 x 12-3/4 (1.5 cube) Specify your size: <u>16 x 12 x 12</u>	EACH	1.00	50	50.00
Medium Tote, approximately 18 x 18 x 16 (3 cube) Specify your size: <u>18 x 18 x 16</u>	EACH	1.50	50	75.00
Disk Pack, approximately 18 x 18 x 28 (5.25 cube) Specify your size: <u>18 x 18 x 28</u>	EACH	3.50	5	17.50
TOTAL				277.50



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

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

Are there any modifications to the quote or specifications?
 Yes _____ No _____

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

MODIFICATIONS:

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



MODERN OVERS

"It's Your Move!"

www.movefla.com
www.movefla.com
www.movefla.com
www.movefla.com

CARTONS

The following is a complete list of additional packing material that is offered along with current pricing for said boxes.

MOVING BOXES (OPTIONAL)		
Large Tote 24x18x18	Each	2.25
X-Large Tote 24x18x24	Each	2.75
Mirror Carton 40" x 60" max	Each	8.00
Wardrobe Carton 24x18x48	Each	8.00

UNIFORMS

Uniforms are to look as follows:

Supervisor: Black polo shirt with the following logo screen printed in white; also dark blue or black shorts/trousers



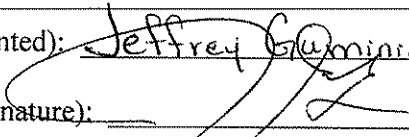
Individual movers: Heather gray t-shirt with above pictured logo screen printed in black; also dark blue or black shorts/trousers

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: MODERN MOVERS, INC

BY (Printed): Jeffrey Guminak

BY (Signature): 

TITLE: President

FEDERAL ID # OR S.S.# 59-3151110

ADDRESS: 5607 8th St. W.

Lehigh Acres, FL 33971

PHONE NO.: 239 939 7983

FAX NO.: 239 939 5721

CELLULAR PHONE/PAGER NO.: 239 707 6489 

DUNS#: 83 186 2909

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER: 0305883

E-MAIL ADDRESS: Steve@movefla.com

REVISED: 4/16/10

AFFIDAVIT CERTIFICATION
IMMIGRATION LAWS

SOLICITATION NO.: _____ PROJECT NAME: _____

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: MODERN MOVERS, INC
Signature: [Handwritten Signature] Title: Owner Date: 5/11/2011

STATE OF FL
COUNTY OF Lee

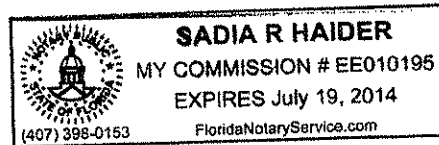
The foregoing instrument was signed and acknowledged before me this 11th day of May.

2011, by Jeffrey Guminick who has produced

(Print or Type Name)
FLDLG5524215684 as identification
(Type of Identification and Number)

[Handwritten Signature]
Notary Public Signature

Sadia Haider
Printed Name of Notary Public



EE010195 / July 19, 2014
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

OP ID: KP

DATE (MM/DD/YYYY)

05/11/11

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 Rogers, Gunter, Vaughn Insurance, Inc. 1117 Thomasville Rd. Tallahassee, FL 32303 James D. Duncan, CPCU		850-386-1111 850-385-9827	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: MODER-5	FAX (A/C, No):
INSURED Modern Movers Inc Alanann Inc dba Home Delivery Attn: Jeff Guminiak 5607 8th St. SW Lehigh Acres, FL 33971		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : American Zurich Insurance		40142
		INSURER B : Zenith Insurance Company		13269
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CP0922280702	01/17/11	01/17/12	EACH OCCURRENCE	\$ 3,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 3,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PIP - \$10,000			CP0922280702	01/17/11	01/17/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
								\$
								\$
								\$
								\$
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$			Z071254501	02/01/11	02/01/12	<input checked="" type="checkbox"/> WC STATL-TORY LIMITS	<input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Warehouse			CP0922280702	01/17/11	01/17/12		600,000
A	Cargo			CP0922280702	01/17/11	01/17/12		100/200,000

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

CERTIFICATE HOLDER

LEECFT1

Lee County Board of County Commissioners
 c/o Lee Co Procurement Mgt
 PO Box 398
 Fort Myers, FL 33902-0398

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

LEE COUNTY PROCUREMENT MANAGEMENT - BIDDERS CHECK LIST

IMPORTANT: Please read carefully and return with your bid proposal.
Please check off each of the following items as the necessary action is completed:

- 1. The Quote has been signed.
- 2. The Quote prices offered have been reviewed.
- 3. The price extensions and totals have been checked.
- 4. The original (must be manually signed) and 1 additional copy of the quote has been submitted.
- N/A 5. Two (2) identical sets of descriptive literature, brochures and/or data (if required) have been submitted under separate cover.
- N/A 6. All modifications have been acknowledged in the space provided.

-
- N/A 7. All addendums issued, if any, have been acknowledged in the space provided.
 - 8. Erasures or other changes made to the quote document have been initialed by the person signing the quote.
 - N/A 9. Bid Bond and/or certified Check, (if required) have been submitted with the quote in amounts indicated.

- N/A 10. Any Delivery information required is included.
- 11. Affidavit Certification Immigration Signed and Notarized

- 12. The mailing envelope has been addressed to:

MAILING ADDRESS	PHYSICAL ADDRESS
Lee County Procurement Mgmt.	Lee County Procurement Mgmt.
P.O. Box 398 or	1825 Hendry St 3 rd Floor
Ft. Myers, FL 33902-0398	Ft. Myers, FL 33901

- 13. The mailing envelope **MUST** be sealed and marked with:
Quote Number
Opening Date and/or Receiving Date

- 14. The quote will be mailed or delivered in time to be received no later than the specified opening date and time. (Otherwise quote cannot be considered or accepted.)

- N/A 15. If submitting a "NO BID" please write quote number here _____ and check one of the following:
 Do not offer this product Insufficient time to respond.
 Unable to meet specifications (why)
 Unable to meet bond or insurance requirement.
Other: _____

Company Name and Address:

