

**LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR MOWING
FOR JETBLUE PARK**

DATE SUBMITTED: 9/6/2012

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

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

Note: Lee County Parks and Recreation will provide all fertilizers to be used on this project. Vendors will only be responsible to put the fertilizers down. Also please note that all services frequencies are given for evaluation purposes only and no guarantees are implied.

TERM

ZONE 1 (APPROXIMATELY SEVEN(7) ACRES)

MOWING	\$ <u>324</u>	PER SERVICE
WEED WHIPPING	\$ <u>75</u>	PER SERVICE
EDGING	\$ <u>75</u>	PER SERVICE

(INCLUDING AROUND SIDEWALKS AND PLANTER BEDS)

TOTAL ZONE 1 \$ 474

ZONE 2 (APPROXIMATELY THREE(3) ACRES)

MOWING	\$ 174	PER SERVICE
WEED WHIPPING	\$ 75	PER SERVICE
EDGING	\$ 45	PER SERVICE

(INCLUDING AROUND SIDEWALKS AND PLANTER BEDS)

TOTAL ZONE 2 \$ 294

GRAND TOTAL: (ZONE 1 + ZONE 2) = \$ 768

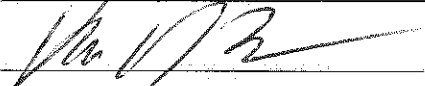
TO BE STARTED WITHIN 3 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

ANTI-COLLUSION STATEMENT

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

Treehouse Holdings Inc. dba Pro Cut Lawn
FIRM NAME and Landscape Maintenance

BY (Printed): Brian Thompson

BY (Signature): 

TITLE: President

FEDERAL ID # OR S.S. # 208637310

ADDRESS: 5780 Youngquist #1
Fort Myers FL 33912

PHONE NO.: 239-707-0008

FAX NO.: 888-220-0618

CELLULAR PHONE/PAGER NO.: 239-707-0008

DUNS #: _____

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER: 1001011

E-MAIL ADDRESS: brian@lawnprocut.com

DISADVANTAGED BUSINESS ENTERPRISE (DBE): _____

REVISED: 4/16/10

AFFIDAVIT CERTIFICATION
IMMIGRATION LAWS

SOLICITATION NO.: _____ PROJECT NAME: Mowing Jet Blue Park

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: Treehouse Holdings DBA Procut Lawn Care & Ants & Fleas Pest Control
Signature: [Signature] Title: GM. Date: 9/6/2012
STATE OF Florida
COUNTY OF Lee

The foregoing instrument was signed and acknowledged before me this 6 day of Sept, 2012, by Fredrick Marquez Jr who has produced FL DL as identification.
(Type of Identification and Number)

[Signature]
Notary Public Signature
LINDA E SLAWSON
Printed Name of Notary Public
5/20/2016
Notary Commission Number/Expiration

Linda E. Slawson
Notary Public
State of Florida
My Commission Expires 05/20/2016
Commission No. EE 200095
Bonded Through Western Surety Company

The signer 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)

9/11/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Alliance Insurance Solutions, LLC. ID: (WorkLife) c/o WorkLife Jobs, Inc. 700 Tower Drive Suite 220 Troy, MI 48098	CONTACT NAME: Linda Weal	
	PHONE (A/C, No, Ext): 248-879-3744	FAX (A/C, No): 248-928-0196
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: SUNZ Insurance Company		34762
INSURER B: Aspen Re - London - Best Rating "A"		
INSURER C: Catlin Syndicate - Lloyds - Best Rating "A"		
INSURER D: Brit Syndicate - Lloyds - Best Rating "A"		
INSURER E:		
INSURER F:		

INSURED
 WorkLife Jobs, Inc.
 700 Tower Drive
 Suite 220
 Troy MI 48098

COVERAGES

CERTIFICATE NUMBER: 14064464

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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL 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 (Any one person) \$ 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"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 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 <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	WCPEO00004704	8/14/2012	8/14/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Workers Compensation					This is for informational purposes and nothing shall create any right under such reinsurance.
C	Excess Coverage					
D						

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

Coverage provided for all leased employees but not subcontractors of: Treehouse Holdings, Inc
 Location Effective: 8/14/2010

CERTIFICATE HOLDER

L13
 Lee County Board of County Commissioners
 P.O. 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

Glen J Distefano

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/11/12

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PRODUCER GREAT SCOT INSURANCE INC 12155 Metro Pkwy Ste 28-A Ft Myers FL 33966-8302	CONTACT NAME: Daniel Wall PHONE (A/C No., Ext): (239) 561-3400 E-MAIL: dan@gsiinsurance.com ADDRESS:	FAX (A/C No.): (239) 561-0496
	INSURER(S) AFFORDING COVERAGE	
INSURED Treehouse Holdings, Inc. d/b/a ANTS AND BUGS PEST CONTROL / PRO CUT LAWN CARE PO Box 61098, Ft. Myers, FL 33907 5780 Younquist Rd., Unit 1, Ft. Myers, FL 33912	INSURER A: STARNET INSURANCE COMPANY NAIC #: 40045	
	INSURER B: WESCO INSURANCE COMPANY NAIC #: 25011	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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	ADL SUBR INSR XXXX	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	PSP0006854-02	03/04/2012	03/04/2013	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any and person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/CP AGG \$ 2,000,000
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS		WPP1014498-02	03/04/2012	03/04/2013	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> 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			E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property		PSP0006854-02	03/04/2012	03/04/2013	Building Limit \$0 Contents Limit \$2,000

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

PEST CONTROL OPERATION /Certificate holder is named as additional insured on CGL policy

CERTIFICATE HOLDER Lee County Board of County Commissioners c/o Lee County Procurement Management PO Box 398 Ft. 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 Dan Wall Digitally signed by Dan Wall DN: cn=Dan Wall, c=US Date: 2012.08.27 11:01:53 -0400
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