

BID SUBMITTAL

This Page and all following pages comprise your original Bid Submittal package. Please also attach any additional information or documentation requested in this BID.

INSTRUCTIONS

Sealed Bids must be received on or before the due date and time (local time) at the office of the Village Clerk, Village of Tequesta, 345 Tequesta Drive, Tequesta Florida 33469. Normal Village business hours are 8:30 a.m. to 5:00 p.m., Monday through Friday, except holidays. All Bids will be publicly opened at Village Hall. Each Bid submitted to the Village Clerk shall have the following information clearly marked on the face of the envelope: Bidder's name, return address, BID number, due date for Bids, and the title of the Bid. Included in the envelope shall be a signed original of the Solicitation Summary, 2 Copies and one (1) electronic version of your Bid on CD or a thumb drive in a usable PDF format. If the Solicitation Summary is not included in the envelope as a hard copy, the Village may deem your Bid non-responsive. Bids must contain all information required to be included in the submittal, as described in this Solicitation.

RFP No. : 2018-03PW

Title: Mowing and Landscaping Services

Due Date and Time: Friday, August 10, 2018 @ 3:00pm

ADFS LLC

NAME OF BIDDER

SECTION 4
PRICING INFORMATION

4.1 PRICES AND RATES

The Bidder shall indicate in the spaces provided in Exhibit A, Pricing Schedule, the firm and fixed prices and rates offered to the Village for providing the goods and services described in this Solicitation. The prices must be clear and unambiguous. No ranges shall be entered into the Excel document.

Bidders shall submit the Pricing Information in an unmodified Excel format with the Bid Submittal. Failure to follow these instructions may result in your bid being rejected.

4.2 REQUIRED SUBMITTALS

The Bidder shall include copies of its certifications and any other relevant licenses or documentation with its Bid Submittal.

SECTION 5

ACKNOWLEDGEMENT OF ADDENDA

INSTRUCTIONS: COMPLETE PART I OR PART II, WHICHEVER APPLIES

PART I:

List below the dates of issue for each addendum received in connection with this Solicitation:

Addendum #1, Dated _____

Addendum #2, Dated _____

Addendum #3, Dated _____

Addendum #4, Dated _____

Addendum #5, Dated _____

Addendum #6, Dated _____

Addendum #7, Dated _____

Addendum #8, Dated _____

Addendum #9, Dated _____

Addendum #10, Dated _____

PART II:



NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS SOLICITATION

ADFS LLC
FIRM NAME


SIGNATURE

Tyler M Porter CEO
NAME AND TITLE

8/8/18
DATE

SECTION 6
BID SUBMITTAL SIGNATURE PAGE

By signing this Bid the Bidder certifies that it satisfies all legal requirements as an entity to do business with the Village, including all Conflict of Interest and Code of Ethics provisions.

Firm Name:

ADFS LLC

Street Address:

855 Hwy 277 Chipley FL 32428

Mailing Address (if different than Street Address):

Telephone Number(s): 850-676-1355

Fax Number(s): _____

Email Address: TPORTER@ADFSINC.COM / TPORTER@ADFSLLC.COM

Federal Employer Identification Number: 82-318119

Prompt Payment Terms: 5 % 10 days' net 30 days

Signature: 

(SIGNATURE OF AUTHORIZED AGENT)

Print Name: Tyler M Porter

Title: CEO

By signing this document, the Bidder agrees to all Terms and Conditions of this Solicitation and the resulting Contract/Agreement.

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER TO BE BOUND BY THE TERMS OF ITS OFFER, FOR NOT LESS THAN 90 DAYS, AND THE BIDDER'S UNEQUIVOCAL OFFER TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH IN THIS INVITATION TO BID. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED ABOVE, BY AN AUTHORIZED REPRESENTATIVE, SHALL RENDER THE BID NON-RESPONSIVE. THE VILLAGE MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER TO THE TERMS OF ITS OFFER.

SECTION 7
AFFIDAVITS, NOTICES

7.1 AFFIDAVITS

The forms listed below must be completed by an official having legal authorization to contractually bind the company or firm. Each signature represents a binding commitment upon the Bidder to provide the goods and/or services offered to the Village if the Bidder is determined to be the lowest responsive and responsible Bidder.

- a. Conflict of Interest Disclosure Form
- b. Notification of Public Entity Crimes Law
- c. Notification of Public Records Law
- d. Drug-Free Work Place
- e. Non-Collusion Affidavit

CONFLICT OF INTEREST DISCLOSURE FORM

The award of this contract is subject to the provisions of Chapter 112, Florida Statutes. All Bidders must disclose within their Bids: the name of any officer, director, or agent who is also an employee of the Village of Tequesta.

Furthermore, all Bidders must disclose the name of any Village employee who owns, directly, or indirectly, an interest of more than five percent (5%) in the Bidder's firm or any of its branches.

The purpose of this disclosure form is to give the Village the information needed to identify potential conflicts of interest for evaluation team members and other key personnel involved in the award of this contract.

The term "conflict of interest" refers to situations in which financial or other personal considerations may adversely affect, or have the appearance of adversely affecting, an employee's professional judgment in exercising any Village duty or responsibility in administration, management, instruction, research, or other professional activities.

Please check one of the following statements and attach additional documentation if necessary:

☒ To the best of our knowledge, the undersigned firm has no potential conflict of interest due to any other Cities, Counties, contracts, or property interest for this Bid.

☐ The undersigned firm, by attachment to this form, submits information which may be a potential conflict of interest due to other Cities, Counties, contracts, or property interest for this Bid.

Acknowledged by:

ADFS LLC.
Firm Name


Signature

Tyler M Porter CEO
Name and Title (Print or Type)

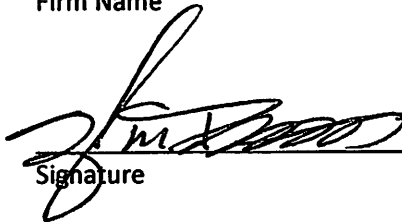
8/8/18
Date

NOTIFICATION OF PUBLIC ENTITY CRIMES LAW

Pursuant to Section 287.133, Florida Statutes, you are hereby notified that a person or affiliate who has been placed on the convicted contractors list following a conviction for a public entity crime may not submit a Bid on a contract to provide any goods or services to a public entity, may not submit a Bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit Bids on leases or real property to a public entity, may not be awarded or perform work as a contractor, supplier, sub-vendor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 [F.S.] for Category Two [\$35,000.00] for a period of thirty-six (36) months from the date of being placed on the convicted contractors list.

Acknowledged by:

ADES LLC
Firm Name

 CEO
Signature

Tyler M. Porter CEO
Name and Title (Print or Type)

8/6/18
Date

**Notification of Public Records Law Pertaining to Public Contracts and Requests for Contractor Records
Pursuant to Chapter 119, Florida Statutes**

Pursuant to Chapter 119, Florida Statutes, Contractor shall comply with the public records law by keeping and maintaining public records required by the Village of Tequesta in order to perform the service. Upon request from the Village of Tequesta custodian of public records, Contractor shall provide the Village of Tequesta 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. Contractor shall ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract. Upon completion of the contract, Contractor shall transfer, at no cost, to the Village of Tequesta all public records in possession of the Contractor or keep and maintain public records required by the Village of Tequesta in order to perform the service. If the Contractor transfers all public records to the Village of Tequesta upon completion of the contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of the contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the Village of Tequesta, upon request from the Village of Tequesta custodian of public records, in a format that is compatible with the information technology systems of the Village of Tequesta.

IF CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT OFFICE OF THE VILLAGE CLERK LOCATED AT 345 TEQUESTA DRIVE TEQUESTA FLORIDA 33469, PHONE NUMBER (561) 768-0443, EMAIL ADDRESS: LMCWILLIAMS@TEQUESTA.ORG

Acknowledged:

ADFS LLC
Firm Name

[Signature] CEO
Signature

Tyler M. Portis CEO
Name and Title

8/8/18
Date

DRUG-FREE WORKPLACE

ADFS LLC is a drug-free workplace and has
(Company Name)

a substance abuse policy in accordance with and pursuant to Section 440.102, Florida Statutes.

Acknowledged by:

ADFS LLC
Firm Name

[Signature] CEO
Signature

Tyler M Porter CEO
Name and Title

8/8/18
Date

Village of Tequesta,
Mowing and Landscaping Services

This Contract shall be executed in two (2) original sets by the Village and Contractor. The Contract Documents are complementary, and wherever possible the provisions of the documents shall be construed in such manner as to avoid conflicts between provisions of the various documents.

IN WITNESS WHEREOF, the parties execute this Contract through their duly authorized representatives.

ATTEST:

Village of Tequesta

By: _____

Village Clerk

By: _____

Mayor

Date: _____, 20__

Village ATTORNEY'S OFFICE

Approved as to form and legality

By: _____

ATTEST:

Contractor:

By: _____

Corporate Secretary

By:  _____

Print Name: _____

Print Name: Tyler Poltine CEO

**SECTION 9
EXHIBITS**

9.1 EXHIBITS

A. Exhibit "A" -Mowing Sites, Locations and Pricing Schedule

b. Maps 1-24 – Correspond with Mowing sites in Exhibit "A"

NOTE: Exhibit" A" must be submitted in an unmodified Excel format with your Bid Submittal.

SECTION 10
SOLICITATION SUMMARY
The Village of Tequesta
345 Tequesta Drive
Tequesta Florida 33469

SOLICITATION SUMMARY

IMPORTANT NOTICE The information you provide on this page will be read aloud at the PUBLIC OPENING for this Solicitation. It is VERY IMPORTANT that the summary information you provide below is exactly the same information contained in your Bid. If subsequent to the opening of Bids, the Village determines that the information contained in the electronic version of your Bid is different from the information on this Solicitation Summary, the Village reserves the right to deem your Bid NON-RESPONSIVE, and remove your Bid from further evaluation and consideration for contract award.

BID INFORMATION

Bid Number: RPF# 2018-03PW

Title: Mowing and Landscaping Services

Due Date and Time: August 10, 2018, @ 3:00PM

Name of Bidder: ADFS LLC

Address: 855 Hwy 277 Chipley FL 32428

Contact Person: Tyler Porter

Total Bid Amount: \$ 185,650.00

Authorized Signature: [Signature] CEO

Date: 8/8/18

By signing and submitting this Solicitation Summary, the Bidder affirms that the information provided above is an exact and correct summary of the information contained in the electronic version of the Bidder's Bid to the Village of Tequesta

THIS SOLICITATION SUMMARY MUST BE SIGNED AND INCLUDED AS AN ORIGINAL HARDCOPY IN THE ENVELOPE CONTAINING YOUR BID.

VILLAGE OF TEQUESTA									
BIDDER A - Pricing Schedule									
RFP 2018-05PM, Mowing and Landscaping Services									
Site No.	Site/ Location	MAP	N/A	C/COMPLEX MEDIAN/ B-BOW	Yearly Cost to maintain turf, beds, shrubs, irrigation, weed trees	Mulch Cost (Yearly)	Fertilization Yearly Cost - Sod, Trees and Shrubs (Based on 3 times per year)	Fertilization Yearly Cost -Palms (Based on 3 times per year)	Total Yearly Costs
GROUP A		COMMON AREAS, COMPLEX							
1	US HIGHWAY 1 BEACH RD TO TO BANK (EAST SIDE)	1		R	\$11,700.00	\$300.00	\$500.00	\$75.00	\$12,775.00
2	BEACH RD TO CATO'S BRIDGE (NORTH & SOUTH SIDES)	2		R	\$15,800.00	\$300.00	\$500.00	\$75.00	\$16,675.00
3	BEACH RD SHALE (EAST OF BRIDGE) SOUTH SIDE	3		R	\$9,100.00	\$300.00	\$500.00	\$75.00	\$10,175.00
4	BEACH RD CENTER ISLAND ONLY (EAST OF BRIDGE)	4		R	\$4,500.00	\$300.00	\$500.00	\$75.00	\$5,375.00
5	COUNTRY CLUB DR AND TEQUESTA DR	5		R	\$4,500.00	\$300.00	\$500.00	\$75.00	\$5,375.00
6	COUNTRY CLUB DRIVE WEST SIDE ONLY	6		R	\$15,800.00	\$300.00	\$500.00	\$75.00	\$16,675.00
7	COUNTRY CLUB DRIVE NORTH ENTRANCE	7		R	\$3,800.00	\$300.00	\$500.00	\$75.00	\$4,675.00
8	TEQUESTA DRIVE POINT DRIVE TO CL PORTAL	8		R	\$11,700.00	\$300.00	\$500.00	\$75.00	\$12,775.00
9	SEABROOK RD (EAST & WEST) PINEVIEW RD - 433 SEABROOK	9		R	\$11,700.00	\$300.00	\$500.00	\$75.00	\$12,775.00
10	VILLAGE HALL AND PUBLIC SAFETY	10		C	\$15,600.00	\$300.00	\$500.00	\$75.00	\$16,475.00
11	TEQUESTA DRIVE GALLERY SQUARE (NORTH & SOUTH)	11		R	\$1,300.00	\$500.00	\$500.00	\$75.00	\$2,375.00
12	US HIGHWAY 1 & COUNTYLINE WELCOME SIGNAGE	12		R	\$3,800.00	\$300.00	\$500.00	\$75.00	\$4,675.00
GROUP B		MEDIAN							
13	TEQUESTA DR MEDIAN #1	13		M	\$3,800.00	\$300.00	\$500.00	\$75.00	\$4,675.00
14	TEQUESTA DR MEDIAN #2	14		M	\$3,800.00	\$300.00	\$500.00	\$75.00	\$4,675.00
15	TEQUESTA DR MEDIAN #3	15		M	\$3,800.00	\$300.00	\$500.00	\$75.00	\$4,675.00
16	TEQUESTA DR MEDIAN #4	16		M	\$3,800.00	\$300.00	\$500.00	\$75.00	\$4,675.00
17	TEQUESTA DR MEDIAN #5	17		M	\$3,800.00	\$300.00	\$500.00	\$75.00	\$4,675.00
18	US HIGHWAY 1 (BUS L) MEDIAN #1	18		M	\$3,800.00	\$300.00	\$500.00	\$75.00	\$4,675.00
19	US HIGHWAY 1 (BUS L) MEDIAN #2	19		M	\$3,800.00	\$300.00	\$500.00	\$75.00	\$4,675.00
20	US HIGHWAY 1 (BUS L) MEDIAN #3	20		M	\$3,800.00	\$300.00	\$500.00	\$75.00	\$4,675.00
21	US HIGHWAY 1 (BUS L) MEDIAN #4	21		M	\$3,800.00	\$300.00	\$500.00	\$75.00	\$4,675.00
22	US HIGHWAY 1 (BUS L) MEDIAN #5	22		M	\$3,800.00	\$300.00	\$500.00	\$75.00	\$4,675.00
23	US HIGHWAY 1 (BUS L) MEDIAN #6	23		M	\$3,800.00	\$300.00	\$500.00	\$75.00	\$4,675.00
24	US HIGHWAY 1 (BUS L) MEDIAN #7	24		M	\$3,800.00	\$300.00	\$500.00	\$75.00	\$4,675.00
GROUP C		ALTERNATE ITEMS							
	ITEM	UNIT	COST						
25	Turf Mowing Yearly Cost (Based on 41 cuts per year)	Sq.FT		Per year					
26	Mulch cost	Cubic Yards		Per application					
27	Fertilization Yearly Cost - Sod, trees and shrubs (Based on 3 times per year)	Sq.Ft		Per application					
28	Fertilization Yearly Cost -Palms (Based on 3 times per year)	Per tree	3	Per application					
29	Alternate turf mowing cost (Based on 32 cuts per year)	Sq.Ft	4.5	Per year					
30	Alternate Fertilization Yearly Cost -Sod, trees and shrubs (Based on 3 times per year)	Sq.Ft	5	Per year					
31	Tree Trimming - Palms	Per tree	35	Per tree					
32	Tree Trimming - Nonpalms (Sod)	Per tree	45	Per tree					
33	Installation Turf	Sq.Ft	5	Per year					
34	Pest Aest Control	Sq.Ft	12	BD					
35	Labor Cost (Supervisor)	Hourly	55	Per hour					
36	Labor Cost (Laborer)	Hourly	20	Per hour					
GROUP D		EQUIPMENT							
37	Chainaw (John model G25 or equivalent)	Hourly	55	Per hour					
38	Chipper	Hourly	88	Per hour					
39	Dump Body Truck	Hourly	125	Per hour					
40	Pick-up Truck	Hourly	75	Per hour					
41	Bucket Truck	Hourly	224	Per hour					
42	Bobcat	Hourly	375	Per hour					
43	Front and Loader	Hourly	475	Per hour					
44	Traffic Control Signs	Hourly	156	Per hour					
45	Traffic Cones	Hourly	9	Per hour					
46	Hoisting Enclosed Driver, Pass and Vehicle	Hourly	454	Per hour					
47	Attach a separate sheet of additional equipment not listed, if desired.	N/A		N/A					

NON-COLLUSION AFFIDAVIT

STATE OF Florida
COUNTY OF Dade

Before me, the undersigned authority, personally appeared Tyler Porter, who, after being by me first duly sworn, deposes and says of his/her personal knowledge that:

a. ~~He~~ She is CEO of ADFS LLC, the Bidder that has submitted a Bid to perform work for the following:

ITB No.: 2018 03PW Title: MOWING Bid

b. He/She is fully informed respecting the preparation and contents of the attached Request for Bids, and of all pertinent circumstances respecting such Solicitation. Such Bid is genuine and is not a collusive or sham Bid.

c. Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affiant, has in any way colluded, conspired, connived, or agreed, directly or indirectly, with any other Bidder, firm, or person to submit a collusive or sham Bid in connection with the Solicitation and contract for which the attached Bid has been submitted or to refrain from proposing in connection with such Solicitation and contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Bidder, firm, or person to fix the price or prices in the attached Bid or any other Bidder, or to fix any overhead, profit, or cost element of the Bid price or the Bid price of any other Bidder, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against the Village or any person interested in the proposed contract.

d. The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

[Signature] Signature

Subscribed and sworn to (or affirmed) before me this 9 day of Aug 2018 by

Tyler Porter, who is personally known to me or who has produced _____ as identification.

SEAL

Notary Signature [Signature]
Notary Name: John Harris
Notary Public (State): FL
My Commission No: 60123103
Expires on: 12/2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/08/2018

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 Rogers Insurance Agency 1396 JACKSON AVENUE P.O. BOX 430 CHIPLEY FL 32428		CONTACT NAME: Richard Miller PHONE (A/C, No, Ext): (850) 638-1805 E-MAIL ADDRESS: ricky@riachipley.com FAX (A/C, No): (850) 638-7255	
INSURED ADFS, LLC P O Box 321 Chipley FL 32428		INSURER(S) AFFORDING COVERAGE INSURER A: 208 - ATTAIN SPECIALTY INSURANCE COMPANY INSURER B: Auto-Owners Insurance Company INSURER C: 208 - EVANSTON INSURANCE COMPANY INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1853101515 **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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CIP324863	03/21/2018	03/21/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		5168347800	03/21/2018	03/21/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ ADI \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		EZXS1019681	05/11/2018	03/21/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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

Village of Tequesta
345 Tequesta Dr
Tequesta FL 33467

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



CERTIFICATE OF LIABILITY INSURANCE

KB
R022DATE (MM/DD/YYYY)
8/8/2018

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 PAYCHEX INSURANCE AGENCY INC/PAC 250882 P: F: (888) 443-6112 PO BOX 33015 SAN ANTONIO TX 78265	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): (888) 443-6112 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Hartford Fire & Its P&C Affiliates 00914 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED AMERICAN DEALER FINANCIAL SERVICES INC 855 HIGHWAY 277 CHIPLEY FL 32428	

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 INSR	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 - COM/PROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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) <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		76 WEG AC0761	10/30/2017	10/30/2018	X <input type="checkbox"/> PER STATUTE <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

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDERSeminole Tribe of Florida
Risk Management
department room 220
6300 STIRLING RD
HOLLYWOOD, FL 33024**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

Suean S. Castaneda