

BID SHEET:**ANNUAL PURCHASE OF UNIFORMS****For the****LAKELAND POLICE DEPARTMENT****JULY 8, 2019****BID NO. 9210****THIS BID SHALL BE VALID FOR NINETY (90) DAYS FROM DATE OF OPENING****Company Name** Blue Line Innovations, LLC.**Company Address** 1101 Clare Avenue**City** West Palm Beach **State** Florida **Zip** 33401**Telephone (561)** 444-6660 **Fax ()** **E-Mail Address** Lea@goblueline.com

The following Bid is in strict accordance with the **City of Lakeland Invitation to Bid No. 9210, dated July 8, 2019, and all attachments as referenced therein:**

This Bid shall be **F.O.B. Delivered with Full Freight Allowed** and a **Total Firm Price** for all of the work outlined in the attached specifications.

- A. Bid Pricing for Purchase and Delivery of Uniforms for the Lakeland Police Department in Complete Accordance with the attached specification:**

SEE ATTACHED PRICING PAGE

- B. Discount to be applied to items that are not specifically included in this bid: 20 Percent (%) off the manufacturer's list price.**

- C. Please State the Name, Address and Telephone Number of the Branch Office that Serves the Lakeland, Florida Area where Technical Expertise is Available.**

Name**Address****Telephone**Blue Line Innovations, LLC. 1101 Clare Avenue, West Palm Beach, FL 33401 561-444-6660

Bid Sheet continued on the next page:

BID SHEET CONTINUED:
ANNUAL PURCHASE OF UNIFORMS

For the
LAKELAND POLICE DEPARTMENT

JULY 8, 2019

BID NO. 9210

- D. Please List a Minimum of Three (3) Projects that Your Company Has Successfully Completed Within the Past Three (3) Years which are of Equal Size, Scope, Magnitude and Complexity as the Project to be Done for the City of Lakeland. This List shall be Specifically Prepared for this Bid Submittal and Should Include the Name of the Entity and the Name and Telephone Number of a Responsible Individual Qualified to Respond to Questions Concerning Your Company's Abilities, Costs, Schedules, etc. Note: Prior successful accomplishment of such equal work will be a consideration in determining whether the Bidder is qualified to perform the work specified herein.**

<u>Company Name</u>	<u>Contact Person</u>	<u>Telephone Number</u>
1. <u>Tequesta Police Department</u>	<u>Lt. Keith Smolen</u>	<u>772-263-3406</u>
2. <u>Wauchula Police Department</u>	<u>Asst. Chief Matthew Whatley</u>	<u>863-245-9124</u>
3. <u>Hendry County Sheriff's Office</u>	<u>Melissa Barrett</u>	<u>863-674-5628</u>

E. Schedule:

Orders can be delivered in 1 to 30 calendar day(s) after receipt of Purchase Order.

Terms of Payment Offered Net 45

Note: Payment shall be made within forty-five (45) days of receipt of invoice in accordance with Florida Statute §218.74, the Local Government Prompt Payment Act.

BID SHEET CONTINUED:

ANNUAL PURCHASE OF UNIFORMS

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"I hereby certify that I understand and am aware that the City of Lakeland at its sole discretion reserves the right to waive technicalities or irregularities, to reject any or all bids, and/or to accept that bid which is in the best interest of the City. The award of this bid, if made, may be based on considerations other than total cost and may be awarded based on various considerations, including without limitation; Bidder's experience and/or qualifications, past experience, administration cost, standardization, technical evaluation and oral and/or written presentations as required. The City reserves the right to accept all or part, or to decline the whole, and to award this bid to one (1) or more Bidders. There is no obligation to buy. The bid, if awarded, will be in the judgement of the City the most responsive to the City's needs. The City of Lakeland encourages the use of minority and women-owned businesses as subcontractors or in joint venture arrangements. Unless superseded by Federal or State laws or requirements, the City is authorized by Resolution No. 3634 to give preference to local persons, firms or corporations, in an amount of two percent (2%) not to exceed \$10,000 of the bid price. Any bidder sent three (3) or more invitations to bid and fails to respond may be removed from the City bid list."

Blue Line Innovations LLC

Company Name

Lea Winegardner

Authorized Signature

Lea Winegardner

**Name of Contact for Questions
(Please Print or Type)**

07/25/2019

Date Signed

561-797-7939

Telephone No. of Contact

Lakeland Police Department

Uniform Bid Specification

SCOPE

The City of Lakeland is looking for a vendor to supply uniforms to the Lakeland Police Department. The only manufacturer that will be excepted is Blauer. The specific Blauer products are identified on the Bid Sheet included with the Invitation to Bid. No manufacturer substitutions will be allowed.

SCHEDULE

Time is the of the essence of this contract, and as such, the successful bidder shall deliver the orders within (30) calendar days after the order has been placed. Exceptions to this requirement will include non-standard sizes and products on back order from the manufacturer.

PLACEMENT OF ORDERS

Preference will be given to vendors that have an on-line ordering program.

GUARANTEES

The VENDOR guarantees that all merchandise delivered shall have complete guarantee of the manufacturer, and that the entire sizing made by the VENDOR shall be correct. VENDOR shall replace defective merchandise or miss sized merchandise upon notification by the Owner, and at no cost to the OWNER.

TERM OF CONTRACT:

This contract if placed shall be firm and valid through September 30, 2020 with the option for four (4) one-year renewals upon mutual consent.

Product #	Description	Shoulder Patches	Heat Press	Embroidery	Hemmed	Flex Badge	Cost	Cost w/Flex
8370	Blauer Armor Skin						\$59.99	\$78.44
8372	Blauer S/S Polyester Street Shirt For Armor Skin	Yes					\$32.11	
8371	Blauer L/S Polyester Street Shirt For Armor Skin	Yes					\$35.20	
8675	Blauer S/S Poly Super Shirt	Yes					\$41.11	
8675-W	Blauer S/S Poly Super Shirt	Yes					\$41.11	
8670	Blauer L/S Poly Super Shirt	Yes					\$44.49	
8670-W	Blauer L/S Poly Super Shirt	Yes					\$44.49	
8610-Z	Blauer S/S ClassAct Shirt	Yes					\$33.79	
8610W-Z	Blauer S/S ClassAct Shirt	Yes					\$33.79	
8600-Z	Blauer L/S ClassAct Shirt	Yes					\$37.17	
8600W-Z	Blauer L/S ClassAct Shirt	Yes					\$37.17	
8657	Blauer 6 Pocket Trouser				Yes		\$45.90	
8657W	Blauer 6 Pocket Trouser				Yes		\$45.90	
8650	Blauer 4 Pocket ClassAct Trouser				Yes		\$36.00	
8650W	Blauer 4 Pocket ClassAct Trouser				Yes		\$36.00	
225	Blauer Fleece -Lined V-Neck Sweater	Yes					\$78.28	
4660	Blauer Soft Shell Duty Jacket	Yes	Yes			Yes	\$95.53	\$113.98
26990	Blauer Reversible 48" Rain Jacket		Yes				\$103.87	
26991	Blauer Reversible 31 1/2" Rain Jacket		Yes				\$96.17	
123	Blauer Snap on Hood for Rain Jacket						\$9.66	
8133	Blauer ColorBlock Performance Polo		Yes	Yes		Yes	\$55.56	\$68.01
8139/8134	Blauer SSB Cool Performance Polo		Yes	Yes		Yes	\$41.56	\$53.01
8842	Blauer Bike Shorts						\$56.56	

*** Flex Badge - FLX736 ***

*** Needing a price with Flex Badge and a price with Embroidery Badge on Polo Shirts ***

Hold Harmless/Indemnification

To the fullest extent permitted by laws and regulations, and in consideration of the amount stated on any Purchase Order, the Vendor shall defend, indemnify, and hold harmless the City, its officers, directors, agents, guests, invitees, and employees from and against all liabilities, damages, losses, and costs, direct, indirect, or consequential (including but not limited to reasonable fees and charges of engineers, architects, attorneys, and other professionals and court and arbitration costs) arising out of or resulting from any acts of negligence, recklessness or intentional wrongful misconduct related to the product by the Vendor or any person or organization directly or indirectly employed by Vendor in furnishing the product or anyone for whose acts any of them may be liable.

In any and all claims against the City, or any of its officers, directors, agents, or employees by any employee of the Vendor, any person or organization directly or indirectly employed by Vendor in furnishing the product or anyone for whose acts any of them may be liable, this indemnification obligation shall not be limited in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for the Vendor or other person or organization under workers' or workmen's compensation acts, disability benefit acts, or other employee benefit acts, nor shall this indemnification obligation be limited in any way by any limitation on the amount or type of insurance coverage provided by the City or the Vendor. To the extent this Indemnification conflicts with any provision of Florida Law or Statute, this indemnification shall be deemed to be amended in such a manner as to be consistent with such Law or Statute.

Applicability: It is the express intent of the Vendor that this agreement shall apply for the project(s) or time period indicated below. (Check and complete one):

✓ Agreement is applicable to all contracts, purchase orders and other work performed for the City of Lakeland for the time period of not more than five (5) years.

10/1/2019 to 9/30/2024
(Date) (Date)

(OR)

_____ Agreement is limited to Bid #, Purchase Order #, Requisition # _____,
or Contract dated _____.

Subrogation: The Vendor agrees by entering into this contract to a Waiver of Subrogation for each required policy herein. When required by the insurer, or should a policy condition not permit Vendor to enter into a pre-loss agreement to waive subrogation without an endorsement, then Vendor agrees to notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy, which includes a condition specifically prohibiting such an endorsement, or voids coverage should Vendor enter into such an agreement on a pre-loss basis.

Release of Liability: Acceptance by the Vendor of the last payment shall be a release to the City and every officer and agent thereof, from all claims and liability hereunder for anything done or furnished for, or relating to the work, or for any act or neglect of the City or of any person relating to or affecting the work.

Savings Clause: The parties agree that to the extent the written terms of this Indemnification conflict with any provisions of Florida laws or statutes, in particular Sections 725.06 and 725.08 of the Florida Statutes, the written terms of this indemnification shall be deemed by any court of competent jurisdiction to be modified in such a manner as to be in full and complete compliance with all such laws or statutes and to contain such limiting conditions, or limitations of liability, or to not contain any unenforceable, or prohibited term or terms, such that this Indemnification shall be enforceable in accordance with and to the greatest extent permitted by Florida Law.

Blue Line Innovations, LLC

Name of Organization

BY:

Cathie Nash
Signature of Owner or Officer

Cathie@goblueline.com

E-Mail Address

STATE OF : Florida

561-444-6660

Organization Phone Number

COUNTY OF: Palm Beach

The foregoing instrument was acknowledged before me this 26TH day of July, 2019

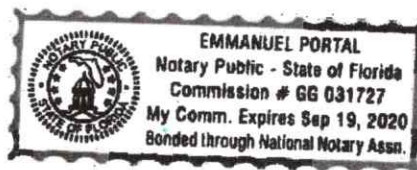
by Catherine Nash, of Blue Line Innovations, LLC
Printed Name of Owner / Officer Corporate or Company Name

He/She is personally known to me or has produced FL DL [REDACTED] as
State Drivers License Number

identification, and did ☒ / did not take an oath.

Emmanuel Portal
Signature of Person Taking Acknowledgment

EMMANUEL PORTAL
Printed Name of Person Taking Acknowledgment



Notary Seal

CITY OF LAKE LAND

BY: Joyce Dias, Director of Risk Management

DATE Revised date: December 20, 2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/05/2018

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 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 Insurance Express.com 2005 Vista PKWY Ste 200 West Palm Beach FL 33411	CONTACT NAME: Spencer Olchin PHONE (A/C No. Ext): 561-209-7115 E-MAIL: solchin@insuranceexpress.com INSURER(S) AFFORDING COVERAGE INSURER A: James River Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C No): 844-807-5448 NAIC # 3529
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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 VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC		00086635-0	11/17/2018	11/17/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ EXCESS LIAB ☐ OCCUR ☐ CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☐ Y ☒ N	N/A			WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

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

Spencer Olchin

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