# Memorandum

RECEIVED
NOV 19 2015
CITY MANAGER

To: Donald Cooper, City Manager

Thru: Holly Vath, Chief Purchasing Officer

From: Michael Coleman - Director, Community Improvement MC

Subject: **Sidewalk Pressure Cleaning – Bid #2015-023**

Date: November 18, 2015

The Purchasing Department has obtained the necessary quotes under Bid #2015-023 for pressure-cleaning the sidewalks on Atlantic Avenue. Purchasing is recommending People's Choice Pressure Cleaning for the job. They have provided all required documentation and paperwork per City policy, which is attached for your reference.

The cost for a one-time cleaning is $19,000. Per Chapter 36 of the City's Code of Ordinances, your approval is required. If you have any questions, please let me know.

Donald B Cooper 11/20/15
Approved – City Manager

Not Approved – City Manager

DQ:MC

Attachments

purchasing code: 36.02(A)(1) competitive bid.

Account #: 001-2730-519.34.90

**City of Delray Beach**
**Purchasing Department**
**100 N.W. 1st Avenue**
**Delray Beach, Florida 33444**
**Phone: (561) 243-7161**
**E-mail:** purchasing@mydelraybeach.com

CITY OF DELRAY BEACH

## VENDOR APPLICATION

| Taxpayer Identification Number | Business Name | Phone Number |
|---|---|---|
| 65-0959200 | People's Choice Pressur Cleaning, Inc | 954-445-8033 |
| **Remittance Street Address** | **Business Street Address** | **E-mail address** |
| 4341 SW 73rd Terrace | Same | h2opressure@bellsouth.net |
| **Remittance City, State and Zip** | **Business City, State and Zip** | **Fax Number** |
| Davie, FL 33314 | Same | 954-382-9267 |

Using the Commodity Code List as a reference, please select up to 10 Commodity Codes that identify the goods and/or services which your firm can supply. These codes will be used by the Purchasing Department when alerting vendors regarding new opportunities to do business. Only the 10 unique codes specified on this application will be accepted, any additional codes submitted will not be honored. The Category Code List may be found at:

http://mydelraybeach.com/finance/purchasing/vendor-resources

| Type of Business | | | |
|---|---|---|---|
| Corporation | X | Public Company | |
| Partnership | | State Incorporated | |
| Sole Proprietorship | | | |
| Non-Profit Organization | | | |
| Limited Liability | | | |

| Commodity Codes | |
|---|---|
| 485 | 016 |
| | |
| | |
| | |
| | |

**Disclosure of Employment Employees of the City of Delray Beach**

All bidders, proposers, vendors and contractors are required to disclose the names of any of their employees who serve as agents, principals, subcontractors, employees or consultants and are currently employed or have been employed by the City of Delray Beach within the last two (2) years.

| | | | |
|---|---|---|---|
| Name | Steve Landis | Position in your Company | President |
| Name | | Position in your Company | |

I certify that the information supplied herein is correct to the best of my knowledge.

S. Landis — 11/17/15 — Steve Landis

Signature — Date — Print Name

*Purchasing Use Only*

| | | | |
|---|---|---|---|
| Vendor Number | | Entered by: | |
| | | Date: | |

06/2015

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
PEOPLE'S CHOICE PRESSURE CLEANING & PAINTING, INC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.)
4341 SW 73RD TERRACE

Requester's name and address (optional)

6 City, state, and ZIP code
DAVIE, FL 33314

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

**Social security number**
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

**or**

**Employer identification number**
6 5 - 0 9 5 9 2 0 0

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here** Signature of U.S. person ▶ _____ Date ▶ 11/17/2015

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding.* See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/17/2015

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
AUTO INS PLUS INC DBA AL
526 N US HWY 441/27
LADY LAKE FL 32159

CONTACT NAME: BARBARA SABOTKA
PHONE (A/C, No, Ext): 9545843000 FAX (A/C, No):
E-MAIL ADDRESS: BSABOTKA@BELLSOUTH.NET

INSURER(S) AFFORDING COVERAGE — NAIC #
INSURER A : FWCJUA
INSURER B :
INSURER C :
INSURER D :
INSURER E :
INSURER F :

INSURED
PEOPLE 'S CHOICE PRESSURE CLEANING INC &
4341 SW 73RD TERRACE
DAVIE FL 33314
FEIN. 650859200

**COVERAGES** **CERTIFICATE NUMBER:** 1511170070 **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 | |
|---|---|---|---|---|---|---|---|---|
| | GENERAL LIABILITY | | | | | | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ |
| | CLAIMS-MADE ☐ OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ |
| | POLICY ☐ PRO-JECT ☐ LOC | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | | |
| | ANY AUTO | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ALL OWNED AUTOS ☐ SCHEDULED AUTOS | | | | | | BODILY INJURY (Per person) | $ |
| | HIRED AUTOS ☐ NON-OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB ☐ OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB ☐ CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED ☐ RETENTION $ | | | | | | | $ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N Y N/A ☐<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | 0G262877 | 7/30/2015 | 7/30/2016 | X WC STATU-TORY LIMITS ☐ OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | $ 1,000,000.00 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 1,000,000.00 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 1,000,000.00 |
| | ☐ ☐ | | | | | | | |

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

**CERTIFICATE HOLDER**

City of Delray Beach
BID #2016-023
100 NW 1st Avenue
Delray Beach FL 33444
Phone Number: 561-243-7163

**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

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/17/2015

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<br>Joseph D Walters Insurance<br>4552 Route 51 South<br>Belle Vernon, PA 15012 | CONTACT NAME:<br>PHONE (A/C, No, Ext): 800.878.3808 FAX (A/C, No): 412.831.7498<br>E-MAIL ADDRESS: |
| INSURED People's Choice Pressure Cleaning Inc<br>4341 SW 73rd Ter<br>Davie, FL 33314-3030 | INSURER(S) AFFORDING COVERAGE — NAIC #<br>INSURER A : Ohio Security Ins. Co. — 24082<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |

**COVERAGES** **CERTIFICATE NUMBER: 11/15-16 Master** **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 | |
|---|---|---|---|---|---|---|---|---|
| A | GENERAL LIABILITY<br>[X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[ ] POLICY [X] PRO-JECT [ ] LOC | | | BKS54313480 | 11/05/2015 | 11/05/2016 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 1,000,000<br>$ 300,000<br>$ 15,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 2,000,000 |
| | AUTOMOBILE LIABILITY<br>[ ] ANY AUTO<br>[ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS<br>[ ] HIRED AUTOS [ ] NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ |
| | [ ] UMBRELLA LIAB [ ] OCCUR<br>[ ] EXCESS LIAB [ ] CLAIMS-MADE<br>[ ] DED [ ] RETENTION $ | | | | | | EACH OCCURRENCE<br>AGGREGATE | $<br>$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ]<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | [ ] WC STATU-TORY LIMITS [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$<br>$<br>$ |

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

Re: Bid #2016-023

**CERTIFICATE HOLDER**

City of Delray Beach
100 NW 1st Ave
Delray Beach, FL 33444

**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

Joan M. Neu

Joan Neu/PATWIN

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS www.sunbiz.org

# Detail by FEI/EIN Number

**Florida Profit Corporation**

PEOPLE'S CHOICE PRESSURE CLEANING, INC.

**Filing Information**

| | |
|---|---|
| **Document Number** | P99000098701 |
| **FEI/EIN Number** | 65-0959200 |
| **Date Filed** | 11/08/1999 |
| **State** | FL |
| **Status** | ACTIVE |

**Principal Address**

4341 SW 73 TERRACE
DAVIE, FL 33314

Changed: 03/05/2002

**Mailing Address**

4341 SW 73 TERRACE
DAVIE, FL 33314

Changed: 01/22/2008

**Registered Agent Name & Address**

LANDIS, STEVE
4341 SW 73 TERRACE
DAVIE, FL 33314

Address Changed: 03/05/2002

**Officer/Director Detail**

**Name & Address**

Title P

LANDIS, STEVE
4341 SW 73 TERRACE
DAVIE, FL 33314

**Annual Reports**

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/17/2015

**PRODUCER**

Alan B. Edwards
4705 SW 148th Ave Suite #103
Davie, FL 33330
Ph: 954-434-8255

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**

PEOPLES CHOICE PRESSURE CLEANING INC
4341 SW 73RD TER
DAVIE, FL 33314-3030

| INSURERS AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: State Farm Mutual Automobile Insurance Company 25178 | 25178 |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|
| | | GENERAL LIABILITY | | | | EACH OCCURRENCE | $ |
| | | COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | | CLAIMS MADE ☐ OCCUR | | | | MED EXP (Any one person) | $ |
| | | | | | | PERSONAL & ADV INJURY | $ |
| | | | | | | GENERAL AGGREGATE | $ |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMP/OP AGG | $ |
| | | ☐ POLICY ☐ PRO-JECT ☐ LOC | | | | | $ |
| A | X | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | | ANY AUTO | | | | | |
| | | ALL OWNED AUTOS | 143 4989 | 05/07/2015 | 05/07/2016 | BODILY INJURY (Per person) | $ |
| | X | SCHEDULED AUTOS | 674 0104 | 05/30/2015 | 05/30/2016 | | |
| | | HIRED AUTOS | 326 1433 | 09/23/2015 | 03/23/2016 | BODILY INJURY (Per accident) | $ |
| | | NON-OWNED AUTOS | C47 6889 | 09/29/2015 | 03/29/2016 | | |
| | | | D42 9113 | 09/25/2015 | 03/25/2016 | PROPERTY DAMAGE (Per accident) | $ |
| | | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | $ |
| | | ANY AUTO | | | | OTHER THAN AUTO ONLY: EA ACC | $ |
| | | | | | | AGG | $ |
| | | EXCESS / UMBRELLA LIABILITY | | | | EACH OCCURRENCE | $ |
| | | ☐ OCCUR ☐ CLAIMS MADE | | | | AGGREGATE | $ |
| | | | | | | | $ |
| | | ☐ DEDUCTIBLE | | | | | $ |
| | | ☐ RETENTION $ | | | | | $ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | ☐ WC STATU-TORY LIMITS ☐ OTH-ER | |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N ☐ | | | | E.L. EACH ACCIDENT | $ |
| | | (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| | | OTHER | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

BID # 2016-023

**CERTIFICATE HOLDER**

CITY OF DELRAY BEACH
100 NW 1ST AVENUE
DELRAY BEACH, FL 33444

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE Alan B Edwards

# IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**Atlantic Avenue Sidewalks**
**City of Delray Beach**
**Bid No. 2016-023**

| Service Description | Contractor's Enterprises, Inc. | Chrome Soap Pressure Cleaning | People's Choice Pressure Cleaning | Rosario Cleaning Services | Fleetwash, Inc. | Surface Pros USA | Pressure Cleaning and Painting on Call, Inc. | Green Earth Power Washing |
|---|---|---|---|---|---|---|---|---|
| Atlantic Avenue Sidewalks Pressure Washing<br>· Pavers on both sides, including the cross sections<br>· Curb & Gutter up to store front | $ 300.00 | $ 3,400.00 | $ 12,500.00 | $ 16,848.00 | $ 14,098.00 | $ 24,277.00 | $ 17,500.00 | $ 18,000.00 |
| Medians & Curbs in the Center of the road | $ 300.00 | $ 2,000.00 | $ 3,500.00 | $ 3,197.00 | $ 4,993.00 | $ 5,221.00 | $ 1,650.00 | $ - |
| Gum Removal | $ 250.00 | $ 400.00 | $ 3,000.00 | $ 3,137.70 | $ 4,993.00 | $ - | $ 14,300.00 | $ 28,200.00 |
| Total | $ 850.00 | $ 5,800.00 | $ 19,000.00 | $ 23,182.70 | $ 24,084.00 | $ 29,498.00 | $ 33,450.00 | $ 46,200.00 |
| Date Received | 10/23/2015 9:19am | BidSync Electronic Submission | BidSync Electronic Submission | 10/23/2015 9:44am | 10/22/2015 8:40am | BidSync Electronic Submission | BidSync Electronic Submission | 10/22/2015 3:07pm |

Opening 10/23/2015 @ 3:00pm **Posted: 10/26/2015**

GM200I13 City Of Delray Beach Florida 11/18/15
Fiscal Year 2016 Account Balance Inquiry 15:24:49

| | | |
|---|---|---|
| Account number | 1-2730-519.34-90 | |
| Fund | 001 | GENERAL FUND |
| Department | 27 | COMMUNITY IMPROVEMENT |
| Division | 30 | CLEAN & SAFE |
| Activity basic | 51 | GENERAL GOVERNMENT SERV |
| Sub activity | 9 | OTHER GEN GOVT SERVICES |
| Element | 34 | OTHER CONTRACTUAL SERVICE |
| Object | 90 | OTHER CONTRACTUAL SERVICE |

| | | | |
|---|---|---|---|
| Original budget | 36,500 | | |
| Revised budget | 96,500 | 10/02/2015 | |
| Actual expenditures - current | .00 | | |
| Actual expenditures - ytd | .00 | | |
| Unposted expenditures | .00 | | |
| Encumbered amount | .00 | | |
| Unposted encumbrances | 2,495.00 | | |
| Pre-encumbrance amount | .00 | | |
| Total expenditures & encumbrances | 2,495.00 | 2.6 | % |
| Unencumbered balance | 94,005.00 | 97.4 | % |

F5=Encumbrances F7=Project data F8=Misc inquiry F9=Misc update
F10=Detail trans F11=Acct activity list F12=Cancel F24=More keys

GM200I13 City Of Delray Beach Florida 11/19/15
Fiscal Year 2016 Account Balance Inquiry 14:05:07

| | | |
|---|---|---|
| Account number . . . : | 1-2730-519.34-90 | |
| Fund . . . . . : | 001 | GENERAL FUND |
| Department . . . . . : | 27 | COMMUNITY IMPROVEMENT |
| Division . . . . . : | 30 | CLEAN & SAFE |
| Activity basic . . . : | 51 | GENERAL GOVERNMENT SERV |
| Sub activity . . . . : | 9 | OTHER GEN GOVT SERVICES |
| Element . . . . . : | 34 | OTHER CONTRACTUAL SERVICE |
| Object . . . . . : | 90 | OTHER CONTRACTUAL SERVICE |

| | | | |
|---|---|---|---|
| Original budget . . . . . : | 36,500 | | |
| Revised budget . . . . . : | 96,500 | 10/02/2015 | |
| Actual expenditures - current . : | .00 | | |
| Actual expenditures - ytd . . . : | .00 | | |
| Unposted expenditures . . . . . : | .00 | | |
| Encumbered amount . . . . . : | 2,495.00 | | |
| Unposted encumbrances . . . . . : | .00 | | |
| Pre-encumbrance amount . . . . . : | .00 | | |
| Total expenditures & encumbrances: | 2,495.00 | 2.6 | % |
| Unencumbered balance . . . . . : | 94,005.00 | 97.4 | % |

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