

SECTION 5.0 PRICE PROPOSAL FORM

JOB CLASSIFICATION	REGULAR HOURLY RATE	AFTER HOURS HOURLY RATE
Master Electrician	\$ 45 ⁰⁰	\$ 55 ⁰⁰
Journeyman/Supervisor	\$ 45 ⁰⁰	\$ 55 ⁰⁰
Apprentice/Helper	\$ 30 ⁰⁰	\$ 40 ⁰⁰
Laborer	\$ 25 ⁰⁰	\$ 35 ⁰⁰
Permit Fee Reimbursement	At Actual Cost	

EQUIPMENT WITH OPERATOR	HOURLY RATE
60 ft. or above Bucket Truck	\$ 65 ⁰⁰
Crane for 90' Poles	\$ 70 ⁰⁰
Auger w/ pole setter 21 ft. digging depth	\$ 50 ⁰⁰
Trencher w/ line layer	\$ 30 ⁰⁰
Trencher (7 ft. digging depth)	\$ 35 ⁰⁰

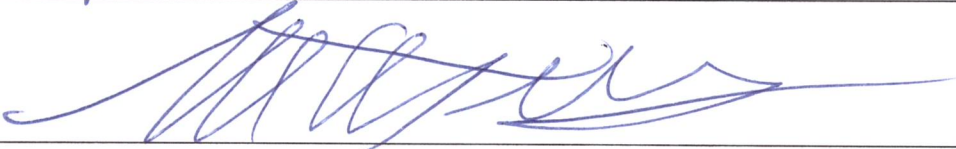
PARTS & MATERIALS MARK-UP	PERCENTAGE
Percentage (Not to exceed 10%)	10 %

Notes:

1. "After Hours" price shall not exceed two times that of the normal operating price.
2. Firm will bill for parts and materials at wholesale cost + percentage mark-up in an amount not to exceed 10 percent. Supplier invoice must be attached to all invoices as applicable.
3. If requested by the Town, the contractor must return any damaged parts to the Town after performing repairs.
4. Unit prices shall be shown and where there is an error in extension of prices, the unit price shall govern.
5. Alternate bids will not be considered unless authorized in the RFP document.


Price Proposal Form Continued on next page

IMPORTANT: This signed proposal form shall be considered an offer on the part of the proposer. Failure to sign this form is grounds for immediate disqualification. By signing this document, you are affirming that you have read and understood the terms, conditions, and information included within this solicitation. That all the information provided above is true and accurate. That the business associated with this solicitation has not been debarred, convicted of a public entity crime, and does not have a conflict of interest in any manner as described herein. That you have the proper authority to sign this document and the ability to bind this business entity to the terms and conditions herein.

Vendor Name:	Imperial Electrical Inc
Authorized Signature:	
Print Name:	Michael Terango
Title:	Pres

Proposer agrees to accept the VISA Procurement card for payment.
Circle one: YES OR NO

RFP Checklist

The following are requirements of this RFP, as indicated below. Use of this checklist may help ensure that your submission is complete.

Place a check mark in the "Done" column as you complete and enclose each item.

Required	Done	Requirement
√	✓	Completed and Signed Price Proposal Form
√	✓	Acknowledgement of Addenda (if any)
√	✓	Local Preference Form (if applicable)
√	✓	Client Reference Form
√	✓	Bidder/Proposer Questionnaire
√	✓	Vendor Registration Form
√	✓	Licenses and/or Certifications (if applicable)
√	✓	Proof of Insurance
√	✓	Business Tax Receipt [Occupational License(s)]
√	✓	State of FL Sunbiz <i>OR</i> State Registration (if not required to have State of FL Sunbiz)
√	✓	W9

This checklist is for your guidance. Please read the entire RFP thoroughly to ensure that your submission is complete.



ADDENDUM TO RFP DOCUMENTS

SOLICITATION	RFP No. RM-22-42 Streets & Sports Field Lighting Repair Services			
ADDENDUM No.	1	RFP DUE DATE	2:00 PM EST ON 05/12/2022	TODAY'S DATE
				4/22/2022

To All Proposers:

This addendum is issued to modify the previously issued solicitation documents and/or given for informational purposes and is hereby made a part of the solicitation documents. Please attach this addendum to the documents in your possession and acknowledge receipt of this addendum in the space provided.

RFI:

Q.1: Please advise if the pre bid meeting would be at 10:00PM or 10:00AM?

A.1: The time for the Non-Mandatory Pre- Proposal Conference is incorrect on the RFP Cover Page. Please note the CORRECT TIME is: 10:00 AM EST.

A Non-Mandatory Pre-Proposal Conference will be held on Friday, April 29, 2022, at 10:00 AM EST via conference call or via online meeting.

Meeting Information

Meeting link:

<https://daviepurchasing.webex.com/daviepurchasing/j.php?MTID=m77bd4333754283c7cc0131674d2e4ee6>

Meeting number:

2341 838 1307

Password:

J3FkaNzdM32 (53352693 from video systems)

Join by video system

Dial 23418381307@daviepurchasing.webex.com

You can also dial 173.243.2.68 and enter your meeting number.

Join by phone

+1-408-418-9388 United States Toll

Access code: 2341 838 1307

Reviewed by:

Brian K. O'Connor,
Procurement Manager

Procurement Manager
Procurement Division

Digitally signed by Brian K.
O'Connor, Procurement
Manager
Date: 2022.04.22 14:16:50 -04'00'

Acknowledged by:	
Contractor	<u>Imperial Electrical</u>
Authorized Representative (Printed)	<u>Michael Terango</u>
Title	<u>Mrs</u>
Signature	<u>[Signature]</u>
Date	<u>5-10-22</u>

CLIENT REFERENCE FORM

Provide a minimum of three (3) client references from recent similar transactions.

- 1) Name of Client Entity: City of Sunrise
 Address: 10770 W Oakland Park Blvd
 City/State/Zip: Sunrise, FL 33351
 Contact: Steve
 Title: Parks + Rec
 Email Address: SK9ne@SunriseFL.gov
 Telephone: 954-478-1990
 Scope of Work: Electrical Maintenance Contract
 Description of Services Provided: Maintenance of Sports, Parking and Street Lighting
- 2) Name of Client Entity: City of Boca Raton
 Address: 201 West Palmetto
 City/State/Zip: Boca Raton, FL 33432
 Contact: Wayne Anderson
 Title: Facilities Manager
 Email Address: WAnderson@CI.Boca-Raton.FL.US
 Telephone: 561-239-2084
 Scope of Work: Electrical Maintenance Contract
 Description of Services Provided: Electrical Repairs & New Installation of Parking & Street Lighting
- 3) Name of Client Entity: Musco Sports Lighting
 Address: _____
 City/State/Zip: _____
 Contact: Jason Frucht
 Title: Sales Rep South Florida
 Email Address: Jason.Frucht@Musco.Com
 Telephone: 954-732-5674
 Scope of Work: Sports Lighting
 Description of Services Provided: Installation & Maintenance of Sports Lighting

REQUIRED PROPOSER/BIDDER QUESTIONNAIREName of Firm: Imperial Electrical Date: 5-10-22Primary Contact Person for this RFP: Michael TerangoPrimary Contact Person Email Address: M.Terango@AOL.comPrimary Contact Person Phone Number: 954-325-21331. How many years has your firm been in business under its present business name? 202. Under what other former name(s) has your firm operated? None3. Have any similar agreements held by proposer for a similar project to the proposed project ever been canceled? Circle one: ☒ **No** ☐ **Yes** If yes, please explain: _____4. Has the proposer or any principals of the firm failed to qualify as a responsible proposer, refused to enter into a contract after an award has been made, failed to complete a contract during the past five (5) years, or been declared to be in default in any contract in the last five (5) years? Circle one: ☒ **No** ☐ **Yes**

If yes, please explain: _____

5. Has the proposer or any principals of the firm ever been declared bankrupt or reorganized under Chapter 11 or put into receivership? Circle one: ☒ **No** ☐ **Yes**

If yes, please explain and give date, court jurisdiction, action taken, and any other explanation deemed necessary: _____

6. Litigation/Judgements/Settlements/Debarments/Suspensions – Submit information on any pending litigation and any judgements and settlements of court cases relative to providing the services requested herein that have occurred within the last three (3) years. Also indicate if your firm has been debarred or suspended from bidding or proposing on a procurement project by any government entity during the last five (5) years. None

SOURCE OF INFORMATION SURVEY

How did you find out about this solicitation? Check all that apply:

1. www.davie-fl.gov

2. www.demandstar.com

3. The Sun-Sentinel

5. Referral/word-of-mouth

Specify Source: _____

6. Search Engine/Internet search

7. E-mail

Specify Source: _____

8. Banner or Link on another website

9. Flyer, newsletter, direct mail

Specify Source: _____

10. Other, Specify Source: _____

Please note: This survey form is used for internal Procurement purposes only.

REASON FOR "NO BID"

For firms choosing NOT to bid/propose on this opportunity, the Town appreciates your response using this form.

Please return via email to bids@davie-fl.gov or procurement@davie-fl.gov:

1. Why did your firm chose not to respond to this opportunity?

Circle all that apply from below list: ____

- a. We do not offer these services or equivalent.
- b. Insufficient time to respond to the solicitation.
- c. Our project schedule would not permit us to perform.
- d. Unable to meet requirements.
- e. Other:

2. Additional remarks:

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

VALID OCTOBER 1, 2021 THROUGH SEPTEMBER 30, 2022

DBA:
Business Name: IMPERIAL ELECTRICAL INC

Receipt #: 329-321083
Business Type: ALL OTHERS (STORAGE OF MATERIALS)

Owner Name: IMPERIAL ELECTRICAL INC
Business Location: 5260 NW 10TH TER
FT LAUDERDALE
Business Phone: 9543252133

Business Opened: 11/09/2021
State/County/Cert/Reg:
Exemption Code:

Rooms **Seats** **Employees** **Machines** **Professionals**
2

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	3.30	0.00	0.00	36.30

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

IMPERIAL ELECTRICAL INC
5260 NW 10TH TER
FT LAUDERDALE, FL
33309-3165

Receipt # WWW-21-00041218
Paid 11/10/2021 36.30

2021 - 2022

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State/County/Cert/Reg:
Exemption Code:

Rooms **Seats** **Employees** **Machines** **Professionals**
2

Signature	For Vending Business Only					
	Number of Machines:			Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	3.30	0.00	0.00	36.30

Receipt # WWW-21-00041218
Paid 11/10/2021 36.30

VENDOR INFORMATION

Is this a form being filled out as a new application or an update to an existing application?

New Application ☐

Updating Application ☒

Vendor Name:

(Business Name Registered With The State OR Full Name If An Individual)

Imperial Electrical Inc

Mailing Address:

11821 NW 11 St
Plantation, FL 33323

Remit to Address

(If Different from Mailing Address):

951 NW 51 Place Ft Lauderdale FL 33309

Contact Name:

Michael Terango

Telephone:

954-325-2133

Federal Tax ID Number:

01-0635999

Fax Number:

Company Email Address:

M.Terango@AOL.com

Business Website (If Applicable):

Emergency Contact Information

Please enter information the Town can use to contact you for disaster or emergency services below

Name

Contact Information

Mike Terango

954-325-2133

Jordan Twist

954-336-1553

Bobby Navak

954-266-9111

Have you been awarded any government contracts recently or in the past? If yes, please list the contract #'s, the agency, the service provided , and if it is still active.

City of Boca Raton = 2019-006

City of Sunrise = 16-18-02 CM

City of Plantation = 072-21

City of Ft. Lauderdale = ITB 12452-S13

City of Lighthouse Point = 2022-003

City of Weston = RFIQ 22-001

City of Miami Gardens = 16-17-029

City of Coral Springs = 17-13-008F

Products & Services

In the space provided below please indicate any product or services that your firm provides

See Attached Next Page

IMPERIAL ELECTRICAL INC.

11821 NW 11 Street ~ Plantation, Florida 33323 ~ Phone (954) 938-0520 ~ Fax (954) 938-0530

COMPANY RESUME

To: Town of Davie

3/29/2022

Imperial Electrical specializes in Government, State and Municipal projects ranging from \$100 to \$2,000,000. We maintain a small to medium size company to allow us to provide a more hands on approach when working with government agencies. From start to finish of any project you work directly with management who will be involved from pricing to final payment. We believe and have had great success with this approach as our track record shows.

Presently we hold maintenance contracts with the City of Sunrise, City of Hollywood, Boca Raton, Town of Davie, Miami Gardens, Town of Pembroke Park, Coral Springs, Cooper City, City of Port St Lucie, and D.O.T. Turnpike Toll Plaza's and Service Plaza's which are one year up to 3 year contracts. We are on our twelfth year with the City of Sunrise and fifteenth year with DOT Turnpike Maintenance and Emergency Service from Ft Pierce to Homestead. Broward County has selected our company as one of seven approved electrical contractors for small project vendor list. We have been doing business with Broward County for over 15 years on projects from \$1000 to \$1,000,000 and have established a quality reputation with this agency.

We have a division within the company that primarily does sports lighting maintenance and installation for the past 20 years. Our equipment is all owned and operated by Imperial Electrical to provide the quality and timely installation and service of sports lighting to our customers.

We also offer design build services from engineering to design and development. Many of our projects have been redesigned and value engineered by our company to provide cost savings and bring projects to within budget.

Please find the attached list of some completed projects for Government agencies that we have completed recently.

Ownership Disclosure

1. If the contract or business transaction is with a company, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

<u>Full Legal Name</u>	<u>Address</u>	<u>Ownership %</u>
Michael Terango	11821 NW 11 St Plantation	50
Tracy Terango	11821 NW 11 St Plantation	50

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

<u>Full Legal Name</u>	<u>Address</u>

3. The officers of the Corporation are as follows:

	<u>Name</u>	<u>Address</u>
President:	Michael Terango	11821 NW 11 St Plantation
Vice President:		
Secretary:	Tracy Terango	11821 NW 11 St Plantation
Treasurer:		
Registered Agent:		

**TOWN OF DAVIE
CERTIFICATION PURSUANT TO FLORIDA STATUTE § 287.135**

Imperial Electrical does not:
Company Name

1. Participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel list; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Cuba or Syria.

Affirm:

☒


TOWN OF DAVIE CERTIFICATION REGARDING DEBARMENT

Certification Regarding Debarment, Suspension And Other Responsibility Matters TO BE COMPLETED BY PROSPECTIVE VENDOR

A. The prospective Vendor certifies that it and its principals (subcontractors and suppliers):

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or involuntarily excluded by any Federal, State, County, City or Town or other government agency;
2. Have not within a three (3) year period preceding this bid proposal been convicted of or had a civil judgment entered against it for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, City or Town or other local agency) transaction or contract; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) within commission of any of the offenses enumerated in paragraph (A)(2) of this certification; and
4. Have not within a three (3) year period preceding this bid proposal had one or more public contracts (Federal, State, City or Town or other agency) terminated for cause or default.

B. Where the prospective Vendor is unable to certify to any of the statements in this certification, an authorized signatory to this proposal shall complete, sign and attach a detailed explanation.

Affirm:



E-VERIFY FORMCompany/FirmName: Imperial Electrical Inc

Vendor/Consultant/Contractor and any sub-contractors shall comply with Section 448.095, Fla. Stat., "Employment Eligibility," including registration and use of the E-Verify system to verify the work authorization status of employees. Failure to comply with Section 448.095, Fla. Stat. shall result in termination of the resulting Contract/Purchase Order, if awarded. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination. If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination. The Contractor shall be liable for any additional costs incurred by the Town as a result of the termination of this contract.

Vendor/Consultant acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:

- (a) all persons employed by Vendor/Consultant to perform employment duties within Florida during the term of the contract; and
- (b) all persons (including SUBCONTRACTORS/SUBVENDORS) assigned by Vendor/Consultant to perform work pursuant to the contract with the Department. The Vendor/Consultant acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with the Town of Davie.

By executing this form, I, Michael Terango, being duly authorized by and on behalf of, Contractor, verify Contractor's compliance with Section 448.095, Fla. Stat. I hereby declare under penalty of perjury that the foregoing is true and correct.

Affirm:



Vendor or Contractor Conflict of Interest Disclosure Statement

What Defines A Conflict Of Interest According To The Town:

A. An officer, director, employee, agent, or other consultant of the Town or a member of the immediate family or household of the aforesaid has directly or indirectly received or been promised any form of benefit, payment or compensation, whether tangible or intangible, in connection with a grant of the Agreement with the Town or its Departments.

B. There are undisclosed persons or entities interested with the Contractor in the Agreement. The Agreement is entered into by the Contractor with a connection with another entity or person making a proposal for the same purpose, and possibly with collusion, fraud or conflict of interest. Elected or appointed officer(s) or official(s), director(s), employee(s), agent(s) or other consultant(s) of the Town, or of the State of Florida (including elected and appointed members of the legislative and executive branches of government), or member of the immediate family or household of any of the aforesaid:

- 1.) Is interested on behalf of or through the Contractor directly or indirectly in any manner whatsoever in the execution or the performance of the Agreement, or in the services, supplies or work, to which the Agreement relates or in any portion of the revenues; or
- 2.) Is an employee, agent, advisor, or consultant to the Contractor or to the best of the Contractor's knowledge, any subcontractor or supplier to the Contractor.

DISCLOSURE OF CONFLICT OF INTEREST

VENDOR SHALL DISCLOSE BELOW, TO THE BEST OF HIS OR HER KNOWLEDGE, ANY TOWN OF DAVIE OFFICER OR EMPLOYEE, OR ANY RELATIVE OF ANY SUCH OFFICER OR EMPLOYEE AS DEFINED ABOVE AND IN SECTION 112.3135, FLORIDA STATUTES, WHO IS AN OFFICER, PARTNER, DIRECTOR OR PROPRIETOR OF, OR HAS A MATERIAL INTEREST IN THE VENDOR'S BUSINESS OR ITS PARENT COMPANY, ANY SUBSIDIARY, OR AFFILIATED COMPANY, WHETHER SUCH TOWN OFFICIAL OR EMPLOYEE IS IN A POSITION TO INFLUENCE THIS PROCUREMENT OR NOT.

Please indicate below if there is a Conflict Of Interest.

(Please select one option)

☐

YES

☒

NO

If you indicated yes above please list the names and relationships of those who you believe would lead to a conflict of interest in the space provided below

Name:

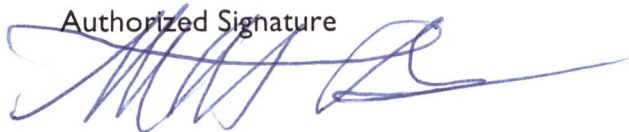
Relationship:

By signing this document you are affirming that you have read and understood the terms, conditions, and information above. That all the information provided above is true and accurate. That the business associated with this application has not been debarred and does not have a conflict of interest in any manner as described above. That you have the proper authority to sign this document.

Name & Title, Typed or Printed

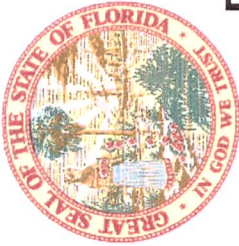
Michael Terango Pres

Authorized Signature



Date

5-10-22



Ron DeSantis, Governor

Halsey Beshears, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

ELECTRICAL CONTRACTORS LICENSING BOARD

THE ELECTRICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

TERANGO, MICHAEL ANDREW

IMPERIAL ELECTRICAL INCORPORATED
951 NW 51ST PLACE
FORT LAUDERDALE FL 33309

LICENSE NUMBER: EC13007820

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/15/2021

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 Townsend Insurance Services, LLC 5931 NW 61st Manor		CONTACT NAME: Darcy Silver PHONE (A/C, No, Ext): (954) 764-9099 E-MAIL ADDRESS: darcy@tisinsfl.com		FAX (A/C, No): (954) 960-6357	
Parkland FL 33067		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A : Nationwide Ins Co Of Amer		25453	
INSURED Imperial Electrical Incorporated 11821 NW 11th Street Plantation FL 33323		INSURER B : Nationwide Mutual Insurance Company		23787	
		INSURER C : FFVA Mutual Insurance Co		31321	
		INSURER D :			
		INSURER E :			
		INSURER F :			


COVERAGES**CERTIFICATE NUMBER:** CL21101502166**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			ACP CG013210172897	10/22/2021	10/22/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY		PROPERTY DAMAGE (Per accident) \$				
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			ACP CU043210172897	10/22/2021	10/22/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 1,000,000				
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		\$				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC840-0032839-2021A	10/22/2021	10/22/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Builders' Risk			ER73879881	06/24/2021	06/24/2022	Installation Limit \$456,750

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

CERTIFICATE HOLDER**CANCELLATION**

Town of Davie 6591 Orange Drive Davie FL 33314		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 
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Progressive
P.O. Box 94739
Cleveland, OH 44101

1-800-895-2886



Policy number: 02803122-1

Underwritten by:
PROGRESSIVE EXPRESS INS COMPANY
May 12, 2022
Page 1 of 2

Certificate of Insurance

Certificate Holder

TOWN OF DAVIE
6591 ORANGE DRIVE
DAVIE, FL 33314

Insured

IMPERIAL ELECTRICAL
INCORPORATED
951 NW 51ST PLACE
FORT LAUDERDALE, FL 33309

Agent/Surplus Lines Broker

PROG COMMERCIAL
PO BOX 94739
CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Oct 22, 2021

Policy Expiration Date: Oct 22, 2022

Insurance coverage(s)

Limits

BODILY INJURY/PROPERTY DAMAGE

\$1,000,000 COMBINED SINGLE LIMIT

UNINSURED MOTORIST

\$50,000 CSL NON-STACKED

PERSONAL INJURY PROTECTION

\$10,000 W/WORKERS COMP - NAMED INSURED ONLY

Description of Location/Vehicles/Special Items

Scheduled autos only

2011 FORD F350 SUPER DUTY 1FDRF3G65BEA64473

Stated Amount \$19,000

COMPREHENSIVE

\$1,000 DED

COLLISION

\$1,000 DED

2013 INTL 430 3HAMMAAN2DL153991

Stated Amount \$35,000

COMPREHENSIVE

\$1,000 DED

COLLISION

\$1,000 DED

2013 CHEVROLET EXPRESS CUTAWAY 1GB0G2CG5D1176238

Stated Amount \$15,000

COMPREHENSIVE

\$1,000 DED

COLLISION

\$1,000 DED

2012 INTL 750 1HTWWAZT8CJ411658

Stated Amount \$100,000

Policy number: 02803122-1

Page 2 of 2

COMPREHENSIVE \$1,000 DED
COLLISION \$1,000 DED

2013 CHEVROLET EXPRESS CUTAWAY 1GB0G2CG8D1106281

Stated Amount \$15,000

COMPREHENSIVE \$1,000 DED
COLLISION \$1,000 DED

Certificate number

13222NET122

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.





CITY OF FORT LAUDERDALE BUSINESS TAX YEAR 2021-2022



Business Tax Division

700 NW 19TH AVE. | FORT LAUDERDALE, FL 33311 | (954) 828 - 5195

Business ID: BL-1101652 Business Name: TERANGO, MICHAEL ANDREW

Business Address: 951 NW 51 PL

MICHAEL ANDREW TERANGO
IMPERIAL ELECTRICAL INC
11821 NW 11 ST
PLANTATION FL 33323

TAX CATEGORIES

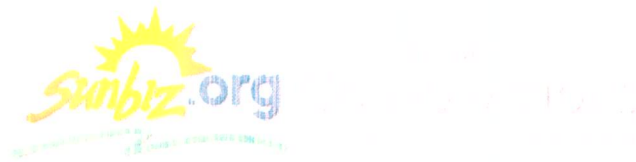
406309 ELECTRICAL CONTRACTOR

Contact: MICHAEL ANDREW TERANGO

Business Email: Mterango@Aol.Com

- This Receipt is issued for the period commencing October 1st and ending September 30th of the years shown above.
- If you have closed or moved out of the city, please email cityofexit@fortlauderdale.gov and include the Business ID #
- A transfer of business location within city limits is subject to zoning approval. Complete a Business Tax Transfer Application online to obtain the necessary approval. A transfer fee of 10% of the Business Tax fee applies, not less than \$3.00, no more than \$25.00.
- If you have sold your business, please email a copy of the Bill of Sale to business-tax@fortlauderdale.gov and include the Business ID #. A transfer of ownership will incur a transfer fee of 10% of the Business Tax fee, not less than \$3.00, no more than \$25.00.

Please be advised that this issuance of a Business Tax Receipt establishes that the business you intend to conduct is a use permitted by the City Zoning Code for the location at which you intend to operate. The issuance of a Business Tax Receipt in no way certifies that the property located at this address is in compliance with other provisions of the City Code of Ordinances.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation

IMPERIAL ELECTRICAL INCORPORATED

Filing Information

Document Number P02000017808

FEI/EIN Number 01-0635999

Date Filed 02/13/2002

State FL

Status ACTIVE

Principal Address

951 NW 51 Place
Ft Lauderdale, FL 33309

Changed: 02/08/2016

Mailing Address

951 NW 51 Place
Ft Lauderdale, FL 33309

Changed: 02/08/2016

Registered Agent Name & Address

TERANGO, TRACY L
951 NW 51 Place
Ft Lauderdale, FL 33309

Address Changed: 02/08/2016

Officer/Director Detail

Name & Address

Title D

TERANGO, TRACY L
11821 NW 11TH ST.
PLANTATION, FL 33323

Title P

TERANGO, MICHAEL A

11821 NW 11 ST
PLANTATION, FL 33323

Annual Reports

Report Year	Filed Date
2020	01/15/2020
2021	01/11/2021
2022	01/25/2022

Document Images

01/15/2022 -- ANNUAL REPORT	View image in PDF format
01/11/2021 -- ANNUAL REPORT	View image in PDF format
01/15/2020 -- ANNUAL REPORT	View image in PDF format
02/11/2019 -- ANNUAL REPORT	View image in PDF format
01/15/2018 -- ANNUAL REPORT	View image in PDF format
01/05/2017 -- ANNUAL REPORT	View image in PDF format
02/08/2016 -- ANNUAL REPORT	View image in PDF format
01/05/2015 -- ANNUAL REPORT	View image in PDF format
01/16/2014 -- ANNUAL REPORT	View image in PDF format
02/01/2013 -- ANNUAL REPORT	View image in PDF format
01/20/2012 -- ANNUAL REPORT	View image in PDF format
01/07/2011 -- ANNUAL REPORT	View image in PDF format
01/06/2010 -- ANNUAL REPORT	View image in PDF format
01/23/2009 -- ANNUAL REPORT	View image in PDF format
01/16/2008 -- ANNUAL REPORT	View image in PDF format
01/13/2007 -- ANNUAL REPORT	View image in PDF format
01/10/2006 -- ANNUAL REPORT	View image in PDF format
01/29/2005 -- ANNUAL REPORT	View image in PDF format
01/02/2004 -- ANNUAL REPORT	View image in PDF format
01/16/2003 -- ANNUAL REPORT	View image in PDF format
02/02/2002 -- Domestic Profit	View image in PDF format

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Imperial Electrical Inc

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its 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.) See instructions.

11821 nw 11 street

6 City, state, and ZIP code

Plantation, FL 33323

Requester's name and address (optional)

Town of Davie

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - _____

or

Employer identification number

0 1 - 0 6 3 5 9 9 9

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

5-10-27

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.