

ATTACHMENT A
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City of Cooper City, Florida

Bid Form
(5 pages)

FIREWORKS DISPLAY SERVICES
ITB 2019-13-REC

Bids Due: Wednesday, September 4, 2019

For information, contact the Purchasing Division:

Claudia Portocarrero - Purchasing Assistant
Tel: 954-434-4300 ext. #297
Purchasing@CooperCityFL.org

Release Date: Thursday, August 8, 2019

Submitted by: Fireworks Displays Unlimited, LLC d/b/a
Firepower Fireworks Displays
(Company name)

PLEASE SUBMIT ONLY THIS BID FORM (5 PAGES) AND THE REQUIRED ATTACHMENTS.

ATTACHMENT A
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Project: FIREWORKS DISPLAY SERVICES
Contract Identification: ITB 2019-13-REC
Bids submitted to: Office of the City Clerk
City of Cooper City
9090 SW 50th Place
Cooper City, Florida, 33328

1. The undersigned BIDDER proposes and agrees, if this Bid is accepted, to enter into an agreement with City in the form included in the contract documents to perform and furnish all work as specified or indicated in the contract documents for the contract price and within the contract time indicated in this bid and in accordance with the other terms and conditions of the contract documents.
2. Bidder accepts all of the terms and conditions of the advertisement of Invitation to Bid and Instruction to Bidders including, without limitation, those dealing with the Bid requirements. This Bid will remain in full force for 90 days from the date of the bid opening. Bidder will sign and submit an agreement with the Bonds and other documents required by the Bidding Requirements within fifteen days after the City's notice of award.
3. In submitting this Bid, Bidder represents, as more fully set forth in the Agreement that:
 - a. Bidder has examined copies of all plans, and bidding documents, contract specifications and instruction to bidders.
 - b. Bidder has familiarized itself with the nature and extent of the Contract Documents, work site, locality, local conditions and the laws and regulations that in any manner may affect the cost, progress, performance or furnishing of the work.
 - c. Bidder has studied carefully all reports and drawings of the project and the physical conditions of the project site areas and accepts the extent of the technical data contained in such reports and drawings upon which Bidder is entitled to rely.
 - d. Bidder has correlated the results of their studies and reviews, observations, investigations, explorations, tests, and studies with the terms and conditions of the contract documents.
 - e. Bidder has given City written notice of all conflicts, errors or discrepancies that is has discovered in these documents and the written resolution thereof by City is acceptable to Bidder.
 - f. This Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporate and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Bidder has not directly or indirectly induced or solicited any other Bidder to submit a false Bid, and Bidder has not sought by collusion to obtain for itself any advantage over any other Bidder or the City.
4. Bid Copies
ONE (1) ORIGINAL, TWO (2) COPIES and ONE (1) ELECTRONIC COPY (Flash Drive or CD) of the Bid should be submitted to the City of Cooper City, City Hall, 9090 SW 50th Place, Cooper City, Florida 33328, to the attention of the Office of the City Clerk. If by US mail, Bids shall be submitted to PO Box 290910, Cooper City, Florida 33329-0910.
5. Addenda, Additional Information-Contact with City Staff
Any addenda or answers to written questions supplied by the City to participating Bidders become part of this Invitation to Bid and the resulting contract. The Bid Form shall be signed by an authorized company representative dated and returned with the proposal Bid.

No negotiations, decisions or actions shall be initiated or executed by the Bidder as result of any discussions with any City employee. Only those communications which are in writing from the City may be considered as a duly authorized expression. Also, only communications from bidder that are signed and in writing will be recognized by the City as duly authorized expressions on behalf of the bidder.

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Specific questions related to the Scope of Services requested shall be directed in writing to the City of Cooper City Purchasing Division. Questions must be emailed to Purchasing@CooperCityFL.org, who may respond in kind with copies to all Bidders. The deadline for submission of questions is 5:00PM, Thursday, August 29, 2019.

The successful bidder shall be required to execute a City contract covering the scope of services to be provided and setting forth the duties, rights and responsibilities of the parties. This contract must be executed by the successful bidder prior to recommendation of award and presentation to the City Commission.

6. Summary of Documents to be submitted with Bid

<u>✓</u>	Bid Form
<u>✓</u>	Reference Form
<u>✓</u>	Public Entity Crimes (PEC) Form
<u>✓</u>	ADA Affidavit
<u>✓</u>	Business Entity Affidavit
<u>NA</u>	Bidder's Foreign (Non-Florida) Corporate Statement (if applicable)
<u>✓</u>	W-9, Request for Taxpayer Identification Number
<u>✓</u>	Proof of Workers' compensation Insurance or Exemption
<u>✓</u>	Proof of Liability Insurance
<u>✓</u>	Ownership Disclosure Affidavit
<u>✓</u>	Drug-Free Workplace Certificate
<u>✓</u>	Employee Background Verification Affidavit
<u>✓</u>	Scrutinized Companies Affidavit

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Bidder's Contact Information

Name of Company: Fireworks Displays Unlimited, LLC d/b/a Firepower Fireworks Displays

Address: 14240 SW 256th Street
Princeton, FL 33032

Type of Business: Fireworks Display Company

Primary Contact: Allyson Acosta

Title: Director

Tel: 305-258-8820 Mobile: _____

Email Address (Required): ally@firepowerdisplays.com

Alternate Contact: Gary Avins

Title: President

Tel: 305-345-1649 Mobile: _____

Email Address (Required): info@firepowerdisplays.com

Company's Website: www.firepowerdisplays.com

Remit to Address: 14240 SW 256th Street
Princeton, FL 33032

Remit to Contact: Name: Allyson Acosta Tel: 305-258-8820

Remit to Email: ally@firepowerdisplays.com

ATTACHMENT A
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PRICING SHEET

Grand Total \$ 12,000.00

Grand Total in Words Twelve Thousand Dollars and Zero Cents

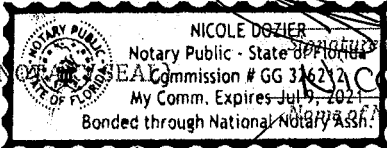
Deposit Amount Requirement \$ 6,000

Submitted by: Allyson Acosta
(Print)

Authorized Signature: *Allyson Acosta*
(Sign)

Company Name:

Fireworks Displays Unlimited, LLC d/b/a
Firepower Fireworks Displays

STATE:	FLORIDA
COUNTY:	Miami-Dade
Sworn to (or affirmed) and subscribed before me this <u>29</u> day of <u>August</u> , 2019, by: <u>Allyson Acosta</u> <small>Name of person making statement</small>	
<div style="text-align: center;"> NICOLE DOZIER Notary Public - State of Florida Commission # GG 316212 My Comm. Expires Jul 9, 2021 Bonded through National Notary Assn.</div> <div style="text-align: right;"><u><i>Nicole Dozier</i></u> <small>Signature of Notary Public - State of Florida</small> Notary Typed, Printed, or Stamped</div>	
Personally Known	<input checked="" type="checkbox"/> OR Produced Identification <input type="checkbox"/>
Type of Identification Produced _____	

ATTACHMENT B

REFERENCES

All references shall be from entities/companies regularly engaged in the business of providing the goods and/or services as described in this solicitation.

1. ENTITY/COMPANY NAME: Bayfront Park Management Trust
ADDRESS: 301 North Biscayne Blvd, Miami, FL 33132
CONTACT NAME: Jose Solano
CONTACT'S TITTLE: Director
TELEPHONE: 305-373-8782
E-MAIL (REQUIRED): jsolano@miamigov.com
CONTRACT PERIOD: FROM: July 4, 2019 TO: July 4, 2019
2. ENTITY/COMPANY NAME: City of Coral Gables
ADDRESS: 405 University Drive, Coral Gables, FL 33134
CONTACT NAME: Fred Couceyro
CONTACT'S TITTLE: Director
TELEPHONE: 305-460-5604
E-MAIL (REQUIRED): fcouceyro@coralgables.com
CONTRACT PERIOD: FROM: July 4, 2019 TO: July 4, 2019
3. ENTITY/COMPANY NAME: City of Miramar
ADDRESS: 2200 Civic Center Place, Miramar, FL 33025
CONTACT NAME: Carla Meadows
CONTACT'S TITTLE: Special Events Coordinator
TELEPHONE: 954-602-3319
E-MAIL (REQUIRED): cdmeadows@miramarfl.gov
CONTRACT PERIOD: FROM: July 4, 2019 TO: July 4, 2019

This page shall be completed IN FULL and submitted with your bid.

ATTACHMENT C

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**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A
NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to the CITY OF COOPER CITY, FLORIDA

by: Allyson Acosta, Director

(print individual's name and title)

for: Fireworks Displays Unlimited, LLC d/b/a Firepower Fireworks Displays

(print name of entity submitting sworn statement)

whose business address is: 14240 SW 256th Street, Princeton, FL 33032

and (if applicable) its Federal Employer Identification Number (FEIN) is: 26-2272848

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentations.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

- a) A predecessor or successor of a person convicted of a public entity crime; or
- b) An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

ATTACHMENT C

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6. Based on information and belief, the statement that I have marked below is true in relation to the entity submitting this sworn statement. (Indicate which statement applies).

☒ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, not any affiliate of the entity, has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

____ This entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Allison Acosta
Signature

STATE:	FLORIDA
COUNTY:	Miami-Dade
Sworn to (or affirmed) and subscribed before me this <u>29</u> day of <u>August</u> , 2019, by: <u>Allison Acosta</u> <small>Name of person making statement</small>	
<div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 5px; text-align: center;"><small>NOTARY PUBLIC NICOLE DOZIER Notary Public - State of Florida Commission # GG 326212 Expires Jul 9, 2021 Bonded through National Notary Assn.</small></div><div style="margin-left: 20px;"><small>Signature of Notary Public - State of Florida</small> <u>Nicole Dozier</u> <small>Name of Notary Typed, Printed, or Stamped</small></div></div>	
Personally Known <input checked="" type="checkbox"/> OR Produced Identification <input type="checkbox"/>	
Type of Identification Produced _____	

ATTACHMENT D

**AMERICANS WITH DISABILITIES ACT (ADA)
DISABILITY NONDISCRIMINATION STATEMENT**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL
AUTHORIZED TO ADMINISTER OATHS.

This sworn statement is submitted to the CITY OF COOPER CITY, FLORIDA

by: Allyson Acosta, Director

(print individual's name and title)

for: Fireworks Displays Unlimited, LLC d/b/a Firepower Fireworks Displays

(print name of entity submitting sworn statement)

whose business address is: 14240 SW 256th Street, Princeton, FL 33032

and (if applicable) its Federal Employer Identification Number (FEIN) is: 26-2272848

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____ - _____ - _____.)

I, being duly first sworn state:

That the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any subcontractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 USC 1210112213 and 47 USC Sections 225 and 661 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

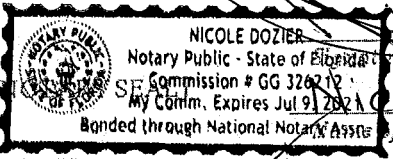
The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Section 553.501-553.513, Florida Statutes:

The Rehabilitation Act of 1973, 229 USC Section 794;

The Federal Transit Act, as amended 49 USC Section 1612;

The Fair Housing Act as amended 42 USC Section 3601-3631.

Allyson Acosta
Signature

STATE:	FLORIDA
COUNTY:	Miami - Dade
Sworn to (or affirmed) and subscribed before me this <u>29</u> day of <u>August</u> 20 <u>19</u> by: <u>Allyson Acosta</u> <i>Name of person making statement</i>	
 _____ Nicole Dozier <i>Notary Typed, Printed, or Stamped</i>	
Personally Known <input checked="" type="checkbox"/> OR Produced Identification <input type="checkbox"/>	
Type of Identification Produced _____	

ATTACHMENT E

BUSINESS ENTITY AFFIDAVIT

I, Allyson Acosta, being first duly sworn state:

The full legal name and business address of the person(s) or entity proposing to contract or transact business with the City of Cooper City ("City") are (Post Office addresses are not acceptable), as follows:

26-2272848

Federal Employer Identification Number (FEIN) (If none, Social Security Number)

Fireworks Displays Unlimited, LLC

Name of Entity, Individual, Partners or Corporation

Firepower Fireworks Displays

Doing Business As (If same as above, leave blank)

14240 SW 256th Street

Princeton

Florida

Street Address

Suite

City

State

Florida - 2008

State and Date of Incorporation:

Allyson Acosta
Signature of Affiant

August 29, 2019

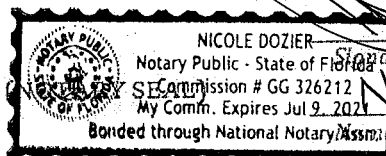
Date

Allyson Acosta

Print Name

STATE: FLORIDA
COUNTY: Miami-Dade

Sworn to (or affirmed) and subscribed before me this 29 day of August, 2019 by: Allyson Acosta
Name of person making statement



Nicole Dozier
Signature of Notary Public - State of Florida
of Notary Typed, Printed, or Stamped

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

ATTACHMENT F

FOREIGN (NON-FLORIDA) CORPORATION MUST COMPLETE THIS FORM
DEPARTMENT OF STATE CORPORATE CHARTER NO. _____

If your corporation is exempt from the requirements of Section 607.1501, Florida Statutes, **YOU MUST CHECK BELOW** the reason(s) for the exemption. Please contact the Department of State, Division of Corporations at (850) 245-6051 for assistance with corporate registration or exemptions. 607.1501 Authority of foreign corporation to transact business required.

- (1) A foreign corporation may not transact business in this state until it obtains a certificate of authority from the Department of State.
- (2) The following activities, among others, do not constitute transacting business within the meaning of subsection one (1):
- _____ (a) Maintaining, defending, or settling any proceedings.
 - _____ (b) Holding meetings of the board of directors or shareholders or carrying on other activities concerning internal corporate affairs.
 - _____ (c) Maintaining bank accounts.
 - _____ (d) Maintaining officers of agencies for the transfer, exchange, and registration of the corporation's own securities or maintaining trustees or depositories with respect to those securities.
 - _____ (e) Selling through independent contractors.
 - _____ (f) Soliciting or obtaining orders, whether by mail or through employees, agents or otherwise, if the orders
 - _____ (g) Creating or acquiring indebtedness, mortgages, and security interests in real or personal property.
 - _____ (h) Securing or collecting debts or enforcing mortgages and security interests in property securing the debts.
 - _____ (i) Transacting business in interstate commerce.
 - _____ (j) Conducting an isolated transaction that is completed within 30 days and that is not one in the course of repeated transactions of a like nature.
 - _____ (k) Owning and controlling a subsidiary corporation incorporated in or transacting business within this state or voting the stock of any corporation which it has lawfully acquired.
 - _____ (l) Owning a limited partnership interest in a limited partnership that is doing business within this state, unless such limited partner manages or controls the partnership or exercises the powers and duties of a general partner.
 - _____ (m) Owning, without more, real or personal property.

The list of activities of subsection (2) is not exhaustive.

- (3) This section has no application to the question of whether any foreign corporation is subject to service of process and suit in this state under any law of this state.

Please check one of the following if your firm in NOT a corporation:

- (I) _____ Partnership, Joint Venture, Estate or Trust
(II) _____ Sole Proprieties of Self Employed

NA

NOTE: This sheet **MUST** be enclosed with your bid if you claim an exemption or have checked I or II above, your firm will be considered a corporation and subject to all requirements listed herein.

SIGNATURE OF AUTHORIZED AGENT OF PROPOSER

BIDDER'S LEGAL NAME

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.

FIREWORKS DISPLAYS UNLIMITED, LLC

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

FIREPOWER FIREWORKS DISPLAYS

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.

14240 SW 256 STREET

6 City, state, and ZIP code

PRINCETON, FL 33032

7 List account number(s) here (optional)

Requester's name and address (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

2 6 - 2 2 7 2 8 4 8

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 for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ► **AUGUST 29, 2019**

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.

ATTACHMENT H

**REQUEST FOR PROOF OF
WORKERS' COMPENSATION INSURANCE OR EXEMPTION**

Dear Provider of Services or Goods:

In order to provide services or goods to City of Cooper City, we require that you provide us either proof of workers' compensation coverage or proof of exemption.

Workers' compensation insurance is required of all employers in Florida that employ 4 or more part or full time employees. In the event that you are an employer in the construction industry, you are required to have workers' compensation insurance if you employ one or more workers. Corporate officers and sole proprietors are included when calculating the number of employees. Note: Corporate officers may claim exemption from workers' compensation coverage on themselves only, by filing *Form DWC 250, Notice of Election to Be Exempt*. This form can be found at <http://fldfs.com/WC/forms.html>.

If you meet the above criteria to be exempt, you MUST provide us with one of the following:

- If your business is a sole proprietorship or unincorporated business: provide us a Verification of Automatic Exempt Certificate. This verification is a letter that is issued by the State of Florida Department of Financial Services. To receive a letter from the State, complete the following directions: 1) Call the National Council of Compensation Insurance 1-800-622-4123, Option 5, and ask them for the class code for your type of business. 2) Once you have received this code, call the Department of Financial Services at 1-850-413-1601 and provide them your business name, class code, mailing address, and contact phone number. They will send you the Verification of Automatic Exempt Certificate. 3) Provide us a copy of the Verification of Automatic Exempt Certificate.
- If your business is a corporation (including a professional association or limited liability company), and you are not required to have workers' compensation insurance as per the requirements as outlined above, you must complete the attached Workers' compensation Exemption Affidavit, have it notarized, and return the original to us.

If you are an employer that meets the requirements of workers' compensation and needs to obtain coverage, contact your current business insurance agent, or you may use the following resources to locate an agent: www.faiia.com, www.piafl.org, or call (850) 893-8245.

Please be reminded that the furnishing of this information to City of Cooper City is a non-negotiable requirement to perform services for us. Failure to provide this timely may result in either termination of your services or delay of payment for services. Your workers' compensation Certificate of Coverage, Workers' Compensation Exemption Affidavit, or Verification of Automatic Exempt Certificate must be delivered or mailed to the Purchasing Division located at City Hall, 9090 SW 50 Place, Cooper City, Florida 33328, or emailed to Purchasing@CooperCityFL.org.

FREEDOM PACK POLICY DECLARATIONS

JAMES RIVER INSURANCE COMPANY
6641 WEST BROAD STREET, SUITE 300
RICHMOND, VA 23230

POLICY NUMBER
00036503-11

1. NAMED INSURED AND MAILING ADDRESS:

Fireworks Displays Unlimited LLC
 Firepower Displays Unlimited Inc
 14240 SW 256th St
 Princeton, FL 33032

PRODUCER: 20385

R-T Specialty, LLC (Tampa)
 101 E. Kennedy Blvd., Suite 2175
 Tampa, FL 33602

2. POLICY PERIOD: From 02/28/2019 to 02/28/2020 12:01 A.M. Standard Time at your Mailing Address above.

In consideration of the payment of the Policy premium and in reliance upon the statements contained in the application and any other supplemental materials and information submitted in connection with the application, and subject to all the terms, conditions, exclusions, and limitations of this Policy, we agree to provide insurance coverage to the "Insured" as described herein:

LIMITS OF INSURANCE	
EACH OCCURRENCE, CLAIM OR LOSS LIMIT OF LIABILITY	\$ 2,000,000
POLICY AGGREGATE LIMIT OF LIABILITY – Applies to Coverage Parts A, B, C, D, E and F combined	\$ 3,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 3,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$ 50,000
MEDICAL EXPENSE LIMIT	Excluded
PERSONAL & ADVERTISING INJURY LIMIT	\$ 2,000,000
PROPERTY BUILDERS RISK LIMIT	Excluded
PBR REPORTED VALUES	Excluded
<input type="checkbox"/> PROPERTY DAMAGE VALUES	Excluded
<input type="checkbox"/> DELAY IN STARTUP	Excluded
<input type="checkbox"/> TOTAL INSURABLE VALUES	Excluded
PROPERTY ALL RISK LIMIT	Excluded
PAR REPORTED VALUES	Excluded
<input type="checkbox"/> PROPERTY DAMAGE VALUES	Excluded
<input type="checkbox"/> BUSINESS INCOME VALUES	Excluded
<input type="checkbox"/> TOTAL INSURABLE VALUES	Excluded
SEE PROPERTY COVERAGE PART P FOR SPECIFIC COVERAGE PART LIMITS	
The EACH OCCURRENCE, CLAIM OR LOSS LIMIT OF LIABILITY shown in the LIMITS OF INSURANCE schedule above applies separately to each coverage part checked below and made a part of this Policy. However, the total of all "losses" covered by Coverage Parts A, B, C, D, E and F of this Policy cannot exceed the AGGREGATE LIMIT OF LIABILITY stated in the LIMITS OF INSURANCE schedule above. The limits provided by Coverage Parts PBR and PAR are separate limits and not a part of the Aggregate Limit of Liability.	

COVERAGE PARTS INCLUDED AND DEDUCTIBLES or SELF-INSURED RETENTION AMOUNT (SIR)		
Included Coverage Part:	Deductible or SIR:	Deductible or SIR applies:
<input checked="" type="checkbox"/> Coverage Part A: General Liability	GL Deductible: \$5,000	Per Occurrence
<input type="checkbox"/> Claims Made		
<input checked="" type="checkbox"/> Occurrence		

<input type="checkbox"/> Coverage Part B: Contractor's Pollution Liability <input type="checkbox"/> CPL Claims Made / SEL Claims Made <input type="checkbox"/> CPL Occurrence / SEL Claims Made <input type="checkbox"/> CPL Occurrence - Limited	Coverage Part Not Included	Not Applicable
<input type="checkbox"/> Coverage Part C: Professional Liability	Coverage Part Not Included	Not Applicable
<input type="checkbox"/> Coverage Part D: Site Environmental Liability <input type="checkbox"/> Pre-Existing Pollution Conditions <input type="checkbox"/> New Pollution Conditions	Coverage Part Not Included	Not Applicable
	Coverage Part Not Included	Not Applicable
<input type="checkbox"/> Coverage Part E: Products Pollution Liability <input type="checkbox"/> Pre-Existing Products Pollution Conditions <input type="checkbox"/> New Products Pollution Conditions	Coverage Part Not Included	Not Applicable
	Coverage Part Not Included	Not Applicable
<input type="checkbox"/> Coverage Part F: Products/Completed Operations Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	Coverage Part Not Included	Not Applicable
	Coverage Part Not Included	Not Applicable
<input type="checkbox"/> Coverage Part PBR: Property Builders Risk <input type="checkbox"/> Coverage Part PAR: Property All Risk	SEE PROPERTY COVERAGE PARTS PBR AND PAR FOR SPECIFIC DEDUCTIBLES	SEE PROPERTY COVERAGE PARTS PBR AND PAR FOR SPECIFIC DEDUCTIBLES

RETROACTIVE DATE (APPLIES TO COVERAGES SHOWN BELOW)			
If a retroactive date is shown for any Coverage Part listed below, the Coverage Part is provided on a claims made and reported basis, which provides liability coverage only if a claim is first made and reported during the Policy Period or any applicable extended reporting period.			
RETROACTIVE DATE OR "NOT APPLICABLE" IF NO RETROACTIVE DATE APPLIES OR COVERAGE PART IS NOT INCLUDED.			
Coverage Part A – Commercial General Liability	NONE	Coverage Part D – Site Environmental Liability - Pre-existing Pollution Conditions	NONE
Coverage Part B – Contractor's Pollution Liability			
- Contracting Services Pollution Liability	NONE	Coverage Part E – Products Pollution Liability - Pre-existing Products Pollution Conditions	NONE
- Site Environmental Liability From Contractor's Covered Location	NONE	Coverage Part F – Products/Completed Operations Liability	NONE
Coverage Part C – Professional Liability	NONE		

DESCRIPTION OF BUSINESS	
FORM OF BUSINESS:	Limited Liability Co
BUSINESS DESCRIPTION:	Fireworks Displays and 1.3G Fireworks Wholesale Sales
COVERED CONTRACTING SERVICES:	Not Applicable
COVERED PROFESSIONAL SERVICES:	Not Applicable

CLASSIFICATION AND PREMIUM				
CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE \$	ADVANCE PREMIUM \$
Refer to form FP5004-0112 Composite Rate Endorsement				49,427.00
Refer to form FP5100-0112 Hired Auto Liability				2,000.00
Refer to form FP5101-0112 Non-owned Auto liability				2,000.00

COVERED LOCATIONS	
LOCATION NUMBER	ADDRESS OF COVERED LOCATION(S)

ESTIMATED ANNUAL PREMIUM		
If checked, premium shown is flat and not subject to audit <input type="checkbox"/>	Company Fee \$ 500.00	
PROPERTY ESTIMATED ANNUAL PREMIUM Not Applicable	LIABILITY ESTIMATED ANNUAL PREMIUM \$53,427.00	TOTAL DUE AT INCEPTION \$ 53,927.00

AUDIT PERIOD (IF APPLICABLE)	FREQUENCY: Annual
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ENDORSEMENTS
ENDORSEMENTS ATTACHED TO THIS POLICY:
See attached Schedule A for Liability Forms
See attached Schedule B for Property Forms

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE PART(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

SCHEDULE A

FORMS AND ENDORSEMENTS THAT APPLY TO THIS POLICY:

POLICY NO. 00036503-11

FORM NUMBER	DESCRIPTION
PN-01US-0410	Florida Policyholder Notice
FP5900-0112	Auditable Policy Notice
FP2001-0816	Freedom Pack Policy Declarations
AP0001US-0403	Schedule A
CG0001-1207	Commercial General Liability Coverage Form
EV2116US-0210	Operations Pollution Liability Time Element
FP4001-1117	Common Conditions and Definitions
AP2103US-0607	Minimum Policy Premium
FP5004-0112	Composite Rate Endorsement
FP5005-0516	Premium Audit Conditions Amended - Including Past Due Balances Provision
FP5015-1113	Premium Base Endorsement
FP5034-1016	Deductible Endorsement - Damages and Expenses
FP5100-0112	Hired Auto Liability
FP5101-0112	Non-owned Auto liability
FP5116-1213	Coverage Extension - Independent Contractors as Employees
AP5035US-0508	Waiver of Transfer of Rights of Recovery Against Scheduled Persons or Organizations
FP5201-0112	Additional Insured - Automatic Status When Required by Written Contract
FP5204-0112	Additional Insured
FP5325-0612	Limitation - Damages
CG0068-0509	Recording and Distribution of Material or Information in Violation of the Law Exclusion
CG2147-1207	Employment-Related Practices Exclusion
CG2167-1204	Fungi or Bacteria Exclusion
FP5601-1116	Exclusion - Occupational Disease
FP5602-0918	Exclusion - Employer's Liability - action over exception
FP5609-0612	Exclusion - Asbestos
FP5615-0612	Exclusion - Nuclear Energy Liability
FP5635-0612	Exclusion - Silica
FP5663-0112	Exclusion - Cross Suits
FP5665-0612	Exclusion - Lead or Lead-Based Paint
FP5667-0612	Exclusion - Claims in Progress
FP5669-0612	Exclusion - Professional Liability
FP5675-0112	Fiduciary Exclusion
FP5695-0112	Exclusion - Operations in the US Virgin Islands
FP5698-0812	Exclusion - Discrimination
AP1014US-1005	Florida Policy Changes
AP5027R-0115	Rejection of Coverage for Certified Acts of Terrorism Coverage
FP9001-0115	Exclusion of Certified Acts of Terrorism and Exclusion of Other Acts of Terrorism Committed Outside the US
IL1201-0403	Policy Changes
MCS90-1099	Motor Carrier Endorsement
ILP001-0104	US Treasury Departments Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders
AP0100US-0403	Privacy Policy

COMMERCIAL EXCESS LIABILITY POLICY DECLARATIONS

JAMES RIVER INSURANCE COMPANY
6641 WEST BROAD STREET, SUITE 300
RICHMOND, VA 23230

POLICY NUMBER:
00057908-6

ITEM 1. NAMED INSURED AND MAILING ADDRESS:

Fireworks Displays Unlimited LLC
Firepower Displays Unlimited Inc
14240 SW 256th St
Princeton, FL 33032

PRODUCER: 20385
R-T Specialty, LLC (Tampa)
101 E. Kennedy Blvd., Suite 2175
Tampa, FL 33602

ITEM 2. POLICY PERIOD:

12:01 A.M. Standard Time at your mailing address

From: 02/28/2019

To: 02/28/2020

ITEM 3. BUSINESS DESCRIPTION: Limited Liability Co

Fireworks Displays and 1.3G Fireworks Wholesale Sales

ITEM 4. LIMITS OF INSURANCE:

A. Each Occurrence\$ 3,000,000
B. Annual Aggregate\$ 3,000,000

ITEM 5. SCHEDULE OF UNDERLYING INSURANCE:

See attached Schedule B – Schedule of Underlying Insurance

ITEM 6. PREMIUM COMPUTATION:

Advance Minimum and Deposit.....\$ 21,000.00

ITEM 7. ENDORSEMENTS ATTACHED TO THE POLICY AT INCEPTION:

See attached Schedule A – Schedule of Forms

ITEM 8. RETROACTIVE DATE:

N/A

ITEM 9. COMPANY FEE:

\$350

ITEM 10. TOTAL AMOUNT DUE AT INCEPTION:

\$21,350.00

SCHEDULE OF UNDERLYING INSURANCE

SCHEDULE B

COMMERCIAL EXCESS LIABILITY COVERAGE

This schedule forms a part of Policy No. 00057908-6

TYPE OF POLICY		LIMITS OF LIABILITY	
A. HIRED/ NON-OWNED AUTOMOBILE LIABILITY		Each Accident Bodily Injury & Property Damage Combined Single Limit:	
Company:	James River Insurance Company		
Policy No.:	00036503-11		
Policy Dates:	02/28/2019 to 02/28/2020	Hired & Non-Owned Limit Each Accident:	\$2,000,000

SCHEDULE A

FORMS AND ENDORSEMENTS THAT APPLY TO THIS POLICY:

POLICY NO. 00057908-6

FORM NUMBER	DESCRIPTION
PN-01US-0410	Florida Policyholder Notice
FX5900-0215	Auditable Policy Notice
XC0001US-0306	Commercial Excess Liability Policy Declarations
FX3101-0414	Schedule of Underlying Insurance
AP0001US-0403	Schedule A
XC0002US-0607	Commercial Excess Liability Policy
AP2103US-0607	Minimum Policy Premium
AP2300US-1106	Composite Rate Endorsement
FX5001-1113	Premium Base Endorsement
XC2250US-0403	Unimpaired Aggregate Limit Endorsement (Non-Concurrence)
AP2104US-1012	Common Policy Conditions
XC2148US-0516	Premium Audit Conditions - Including Past Due Balances Provision
FX5303-0116	Limitation - Damages
AP2031US-0411	Exclusion - Cross Suits
FX5603-0918	Exclusion - Employer's Liability
FX5606-1215	Exclusion - Asbestos
FX5607-1215	Exclusion - Discrimination
FX5608-1215	Exclusion - Lead or Lead-Based Paint
FX5610-1215	Exclusion - Professional Liability
FX5611-1215	Exclusion - War Risk
FX5612-1215	Exclusion - Claim(s) in Progress
FX5613-1215	Exclusion - Employment Related Practices
FX5614-1215	Exclusion - Silica
FX5622-0918	Exclusion - Sublimited Coverages
XC2100US-0403	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
XC2102US-0403	Fungi or Bacteria Exclusion
XC2232US-0403	Owned Automobile Exclusion
AP1014US-1005	Florida Policy Changes
AP5027R-0115	Rejection of Coverage for Certified Acts of Terrorism Coverage
FX9002-0115	Exclusion of Certified Acts of Terrorism and Exclusion of Other Acts of Terrorism Committed Outside the US and Excl
IL1201-0403	Policy Changes
MCS90-1099	Motor Carrier Endorsement
ILP001-0104	US Treasury Departments Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders
AP0100US-0403	Privacy Policy



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/29/2019

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 COMBINED UNDERWRITERS OF MIAMI INC 8240 NW 52ND TERRACE #408 MIAMI FL 33166	CONTACT NAME: RONALD M LASTER PHONE (A/C, No, Ext): (305) 477-0444 E-MAIL ADDRESS: RLASTER@COMBINEDMIAMI.COM FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: FWCJUA INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED FIREPOWER DISPLAYS UNLIMITED INC 14240 SW 256TH STREET PRINCETON FL 330320000 FEIN: 650531484	NAIC #

COVERAGES

CERTIFICATE NUMBER: 1906290001

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
	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 <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP 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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	0698N565	6/30/2019	6/30/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000.00 E.L. DISEASE - EA EMPLOYEE \$ 500,000.00 E.L. DISEASE - POLICY LIMIT \$ 500,000.00

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

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE OF INSURANCE

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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CERTIFICATE OF LIABILITY INSURANCE

OP ID: MR

DATE (MM/DD/YYYY)

08/29/2019

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 Combined Underwriters of Miami 8240 N.W. 52 Terr, Suite 408 Miami, FL 33166 SUSAN SANCHEZ-ARMENGOL	CONTACT NAME:	
	PHONE (A/C, No, Ext): FAX (A/C, No):	
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #: FIREP-1	
INSURED FIREPOWER DISPLAYS UNLIMITED INC. FIREWORKS DISPLAYS UNLIMITED, LLC D/B/A FIREPOWER FIREWORKS DISPLAYS 14240 SW 256 ST, PRINCETON, FL PRINCETON, FL 33032	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: JAMES RIVER INSURANCE CO.	
	INSURER B: JAMES RIVER INSURANCE CO.	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	Y	00036503-10	02/28/2019	02/28/2020	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$ 2,000,000
						GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC
A A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	00036503-10	02/28/2019	02/28/2020		
	<input checked="" type="checkbox"/> NON-OWNED AUTOS	00036503-10	02/28/2019	02/28/2020		
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		00057908-5	02/28/2019	02/28/2020	AGGREGATE \$ 3,000,000
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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****EVIDENCE OF INSURANCE**

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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ATTACHMENT I

OWNERSHIP DISCLOSURE AFFIDAVIT

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

<u>Full Legal Name</u>	<u>Address</u>	<u>Ownership</u>
Gary Steven Avins	26451 SW 173 PL, Homestead, FL 33031	100 %
		%
		%

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

None

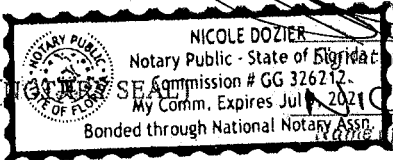
Allyson Acosta
Signature of Affiant

Allyson Acosta
Print Name

Print Name

August 29, 2019
Date

Date

STATE:	FLORIDA
COUNTY:	Miami - Dade
Sworn to (or affirmed) and subscribed before me this <u>29</u> day of <u>August</u> , 20 <u>19</u> by: <u>Allyson Acosta</u> <small>Name of person making statement</small>	
<div><div>NICOLE DOZIER Notary Public - State of Florida Commission # GG 326212 My Comm. Expires July 2021 Bonded through National Notary Assoc.</div></div>	
Type of Notary Typed, Printed, or Stamped	
Personally Known	OR Produced Identification
Type of Identification Produced	

ATTACHMENT J

DRUG FREE WORKPLACE CERTIFICATE

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that, (print or type name of firm)

Fireworks Displays Unlimited, LLC d/b/a Firepower Fireworks Displays

- Publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions that will be taken against violations of such prohibition.
- Informs employees about the dangers of drug abuse in the work place, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, pleas of guilty or nolo contendere to, any violation of Chapter 1893, or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the work place, no later than five (5) days after such conviction, and requires employees to sign copies of such written (*) statement to acknowledge their receipt.
- Imposes a sanction on, or requires the satisfactory participation in, a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
- Makes a good faith effort to continue to maintain a drug free work place through the implementation of the drug free workplace program.

"As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein".

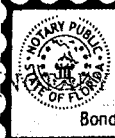
Allyson Acosta
Signature of Affiant

Allyson Acosta

Print Name

August 29, 2019

Date

STATE:	FLORIDA
COUNTY:	Miami-Dade
Sworn to (or affirmed) and subscribed before me this <u>29</u> day of <u>August</u> , 20 <u>19</u> by: <u>Allyson Acosta</u> <small>Name of person making statement</small>	
<div style="border: 1px solid black; padding: 5px; text-align: center;">NICOLE DOZIER Notary Public - State of Florida Commission # GG 326242 My Comm. Expires Jul 9, 2021 Bonded through National Notary Assn.</div> <u>Nicole Dozier</u> <small>Signature of Notary Public - State of Florida</small> <small>Name of Notary Typed, Printed, or Stamped</small>	
Personally Known <input checked="" type="checkbox"/> OR Produced Identification <input type="checkbox"/>	
Type of Identification Produced _____	

ATTACHMENT K

EMPLOYEE BACKGROUND VERIFICATION AFFIDAVIT


I, Allyson Acosta of Fireworks Displays Unlimited, LLC
(Print Name) (Company Name) d/b/a Firepower Fireworks Displays, attest that all personnel used in

the performance of this work have had a criminal background check with a passing grade and have been drug tested with a passing grade and are legally documented to work in the United States.

Allyson Acosta
Signature of Affiant

Allyson Acosta
Print Name

August 29, 2019
Date

STATE:	FLORIDA
COUNTY:	Miami-Dade
Sworn to (or affirmed) and subscribed before me this <u>29</u> day of <u>August</u> , 20 <u>19</u> by <u>Allyson Acosta</u> <small>Name of person making statement</small>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"><p>NICOLE DOZIER Notary Public - State of Florida Commission # GG 326213 My Comm. Expires Jul 9, 2021 Bonded through National Notary Assn</p></div> <u>Nicole Dozier</u> <small>Signature of Notary Public - State of Florida</small> <small>Notary Typed, Printed, or Stamped</small>	
Personally Known <input checked="" type="checkbox"/> OR Produced Identification <input type="checkbox"/>	
Type of Identification Produced _____	

ATTACHMENT L

SCRUTINIZED COMPANIES AFFIDAVIT

Certification pursuant to Florida Statute § 287.135

I, Allyson Acosta, Director, on behalf of Fireworks Displays Unlimited, LLC d/b/a Firepower Fireworks Displays

Fireworks Displays Unlimited, LLC d/b/a
certify that Firepower Fireworks Displays does not:
Company Name

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 Syria.

Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the contractor of the City's determination concerning the false certification. The contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and

2) Contracting with companies, for goods or services over \$1,000,000.00 that are on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, created pursuant to s. 215.473, or are engaged in business operations in Syria.

As the person authorized to sign on behalf of the contractor, I hereby certify that the company identified above in the section entitled "contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

Fireworks Displays Unlimited, LLC d/b/a
Firepower Fireworks Displays

COMPANY NAME

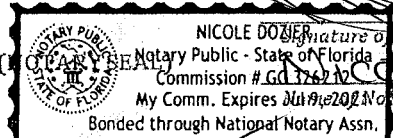
Allyson Acosta

PRINT NAME

Director

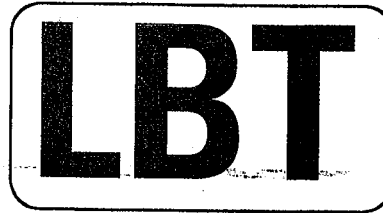
TITLE

Allyson Acosta
SIGNATURE

STATE:	FLORIDA
COUNTY:	Miami-Dade
Sworn to (or affirmed) and subscribed before me this <u>20</u> day of <u>August</u> , 20 <u>19</u> by: <u>Allyson Acosta</u> Name of person making statement	
	
Type of Identification Produced _____	

Local Business Tax Receipt

Miami-Dade County, State of Florida
-THIS IS NOT A BILL - DO NOT PAY



7285403

BUSINESS NAME/LOCATION

FIREPOWER FIREWORKS DISPLAYS
14240 SW 256TH STREET
PRINCETON FL 33032

RECEIPT NO.

RENEWAL
7573800

EXPIRES

SEPTEMBER 30, 2020

Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10

OWNER

FIREWORKS DISPLAYS UNLIMITED LLC

SEC. TYPE OF BUSINESS

220 TANGIBLE PERSONAL PROP DLR

PAYMENT RECEIVED
BY TAX COLLECTOR

\$75.00 07/26/2019

CREDITCARD-19-061021

Employee(s) 5

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector



Addendum #1 – Questions & Answers
(Issued Friday, August 30, 2019)

ITB 2019-13-REC, Fireworks Display Services

This addendum is issued to make the following change(s)/correction(s)/clarification(s) to:

Question 1: Is there a specific budget in mind for this bid?

Answer 1: We estimate \$12,000 per year.

Question 1: Will the bid be evaluated on any criteria other than cost?

Answer 1: Please refer to Section 1.9, Method of Award.

Question 1: For a 15-17 minute display, will this be choreographed to a sound track?

Answer 1: A soundtrack will be played by a DJ and can be provided prior to event however, it does not need to be choreographed.

Question 1: Where in relation to the attendees, attractions, and vendors will the display be located?

Answer 1: Fire Department will give the exact distance

All bids are due on Wednesday, September 4, 2019 at 3:00PM EST.

Acknowledgment of Addendum #1

*Bidders hereby acknowledges that he/she has received and understands the information contained in this Addendum. Bidders further acknowledges that this page **MUST** be signed and returned with its Bid, along with any revised Bid Forms, if applicable.*

Acknowledged by:

ALLISON AZOSTA

Print Name:

ALLISON AZOSTA

Company:

Firepower Fireworks Display

Date:

09/03/19



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Acknowledged by: CALLY MONTOYA
Print Name: ALYSON ACOSTA

Company: Firepower Fireworks Display
Date: 09/03/19



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Acknowledged by: ALLYSON ACOSTA
Print Name: ALLYSON ACOSTA

Company: Firepower Fireworks Display
Date: 09/03/19



Addendum #2 – NOTICE OF DELAY
(Issued Tuesday, September 3, 2019)

ITB 2019-13-REC, Fireworks Display Services

This addendum is issued to make the following change(s)/correction(s)/clarification(s) to:

Due to City Hall closure on 9/3/19, as a result of Hurricane Dorian, this bid opening is delayed to 3:15PM, Thursday, September 12, 2019, to allow additional time for delivery of bids.

Acknowledgment of Addendum #2

*Bidders hereby acknowledges that he/she has received and understands the information contained in this Addendum. Bidders further acknowledges that this page **MUST** be signed and returned with its Bid, along with any revised Bid Forms, if applicable.*

Acknowledged by: <u>ALLYSON ALOSTA</u>	Company: <u>Firepower Fireworks Displays</u>
Print Name: <u>ALLYSON ALOSTA</u>	Date: <u>September 4, 2019</u>



Addendum #2 – NOTICE OF DELAY
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Acknowledged by: ALLYSON ALOSTA

Print Name: ALLYSON ALOSTA

Company: FIREPOWER FIREWORKS DISPLAY

Date: SEPTEMBER 4, 2019



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Acknowledged by:

Print Name:

ALLISON ALOSTA
ALLISON ALOSTA

Company:

Date:

FIREPOWER FIREWORKS DISPLAY
SEPTEMBER 4, 2019