



FIRE ALARM SYSTEM PURCHASE AND INSTALLATION FOR TOWN HALL
RFP 112-2023

ADDENDUM #1:

Question: N/A

Response: Attached is Attachment 1 - Revised Price Proposal Form, which will apply to this project.

This document shall supersede the previous Attachment 1 - Price Proposal Form and shall become included as part of the project bid and contract documents.

Proposers must acknowledge receipt of this Addendum Number 1 in the space provided below. This addendum forms an integral part of the proposal document and therefore must be executed. **Failure to return this addendum with your proposal submittal will be cause for disqualification.**

Issued By: Town of Lake Park, Office of the Town Clerk

Date: _____

Vivian Mendez,

Signed By: **MMC** _____

Vivian Mendez, MMC
Town Clerk

Digitally signed by Vivian Mendez, MMC
DN: cn=Vivian Mendez, MMC, o=Town of Lake
Park, ou=Town Clerk,
email=vmendez@lakeparkflorida.gov, c=US
Date: 2023.07.31 13:48:24 -04'00'

Bidder Acknowledgement of Receipt of Addendum #1:

Company Name: 1st Fire and Security, Inc.

Authorized Signature: *Lena Andrews*

Print Name: Lena Andrews

Title: Vice-President

Date: August 17, 2023

ATTACHMENT 1
Revised
PRICE PROPOSAL FORM
RFP 112-2023

* In Consideration of the above attachments, the bidder will undertake the assignment for a:

* This includes **Town Hall Devices**, as shown in **Exhibits A and B**.

| | |
|--|---------------------------|
| Fire Alarm System Purchase and Installation cost | \$ <u>73,250.00</u> |
| <ul style="list-style-type: none">• Annual Testing and Inspection of Life Safety Devices | \$ <u>1,600.00</u> |
| <ul style="list-style-type: none">• Semi-Annual Testing and Inspection of Life Safety Devices | \$ <u>400.00 per test</u> |
| <ul style="list-style-type: none">• Quarterly Testing and Inspection of Life Safety Devices | \$ <u>400.00 per test</u> |
| <ul style="list-style-type: none">• Twenty-four-hour Central Station Monitoring | \$ <u>420.00 per year</u> |
| <ul style="list-style-type: none">• Hourly Rate for work that occurs outside of contract commitments | \$ <u>145.00 per hour</u> |
| <ul style="list-style-type: none">• Materials Markup of (Materials invoice plus associated markup) \$5,000 (in Materials) x <u>40</u> percentage x 100% The \$5,000 in Materials is an estimated amount for proposal purposes only. The contractor shall supply an invoice for the materials purchased for the work. | \$ <u>7,000.00</u> |

Important Note:

It is the responsibility of the bidder to visit the location, examine the equipment, and determine the information on the fire alarm system, and the specific and exact specifications for the components installed.

Please include, in a separate appendix, the cost for any renewal terms, if applicable.

ACKNOWLEDGEMENT OF ADDENDA

INSTRUCTIONS: COMPLETE PART I OR PART II, WHICHEVER APPLIES

PART I:

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

Addendum #1, Dated 7/31/2023

Addendum #2, Dated _____

Addendum #3, Dated _____

Addendum #4, Dated _____

Addendum #5, Dated _____

Addendum #6, Dated _____

Addendum #7, Dated _____

Addendum #8, Dated _____

Addendum #9, Dated _____

Addendum #10, Dated _____

PART II:

 NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS SOLICITATION

Firm Name: 1st Fire and Security, Inc.

Signature: 

Name and title (Print or Type): Dane Marckel

Date: August 17, 2023

RPF No. 112-2023 CHECKLIST PAGE

Instructions: This form constitutes item 'b' of Part I. Include this form, along with all other forms identified below in your response to this RFP.

In accordance with the plans, specifications, scope of services, and/or scope of work included in this RFP document, the **TOTAL PROPOSED PRICE (Years One - Three)** for this project is:

Eighty-six thousand five hundred ten dollars and 00/100 (\$ 86,510.00)

Are the required documents attached?

(Checklist)

PART 1

- Acknowledgement of Addenda
- Proposal Submittal Page (signed)
- Proposal Price Form fully completed.
- Conflict of Interest Disclosure Form
- Notification of Public Entity Crimes Law
- Drug-Free Workplace
- Non-Collusion Affidavit
- Truth-in-Negotiation Certificate
- List of References
- Anti-Kickback Affidavit
- List of Subcontractors, if applicable

X
X
X
X
X
X
X
X
X
X
X

PART 2

- Certificate of Insurance (per specification)

X

PART 3

- Copies of all licenses, certifications, and business tax receipts

X

PART 4 (OPTIONAL)

- Clarifications or Exceptions

X

Attachment 2

REQUIRED FORMS

PROPOSAL SUBMITTAL SIGNATURE PAGE

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

Firm Name:

1st Fire and Security, Inc.

Street Address:

610 1st Street, Vero Beach, FL 32962

Mailing Address (if different from Street Address):

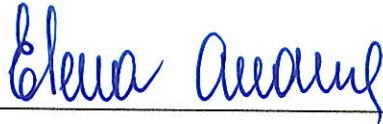
Telephone Number(s): 772-794-2220

Fax Number (s): 772-794-2204

Email Address: dane.marckel@1stfire.com

Federal Employer Identification Number: 80-0079555

Signature:



(Signature of authorized agent)

Print Name: Lena Andrews

Title: Vice-President

Date: August 17, 2023

By signing this document, the Proposer agrees to all terms and conditions of this Solicitation and the resulting contract/agreement.

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF THE PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED ABOVE BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE PROPOSAL NON-RESPONSIVE. THE TOWN MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT THAT UNEQUIVOCALLY BINDS THE PROPOSER TO THE TERMS OF ITS PROPOSAL.

CONFLICT OF INTEREST DISCLOSURE FORM

The award of this contract is subject to the provisions of Chapter 112, Florida Statutes. All Proposers must disclose within their Proposal: the name of any officer, director, or agent who is also an employee of the Town of Lake Park.

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

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

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

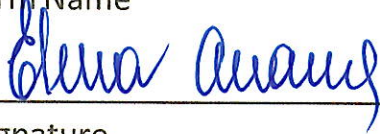
Please check one of the following statements and attach additional documentation if necessary:

- X To the best of my knowledge, the undersigned firm has no potential conflict of interest due to any other Cities, Counties, contracts, or property interest for the Proposal.
- The undersigned firm, by attachment to this form, submits information that may be a potential conflict of interest due to other Cities, Counties, contracts, or property interest for this Proposal.

Acknowledged by:

1st Fire and Security, Inc.

Firm Name



Signature

Lena Andrews Vice-President

Name and title (Print or Type)

August 17, 2023

Date

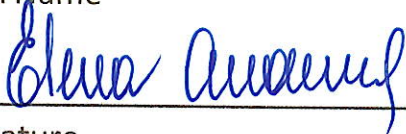
NOTIFICATION OF PUBLIC ENTITY CRIMES LAW

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

Acknowledged by:

1st Fire and Security, Inc.

Firm Name



Signature

Lena Andrews Vice-President

Name and Title (Print or Type)

August 17, 2023

Date

DRUG-FREE WORKPLACE

1st Fire and Security, Inc.

is a drug-free workplace and has a

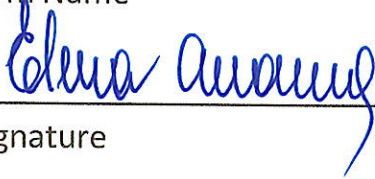
(Company Name)

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

Acknowledged by:

1st Fire and Security, Inc.

Firm Name



Signature

Lena Andrews Vice-President

Name and title (Print or Type)

August 17, 2023

Date

NON-COLLUSION AFFIDAVIT

STATE OF Florida

COUNTY OF Indian River

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

- a. He/She is Lena Andrews of 1st Fire + Security, the Proposer that has submitted a Proposal to perform work for the following:

RFQ No.: 112-2023 Title: Fire Alarm System Purchase and Installation

- b. He/She is fully informed respecting the preparation and contents of the attached Request for Qualifications, and of all pertinent circumstances respecting such Solicitation.

Such Proposal is genuine and is not a collusive or sham Proposal.

- c. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affiant, has in any way colluded, conspired, connived, or agreed, directly or indirectly, with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the Solicitation and contract for which the attached Proposal has been submitted or to refrain from proposing in connection with such Solicitation and contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm, or person to fix the price or prices in the attached Proposal or any other Proposal, or to fix any overhead, profit or cost element of the Proposal price or the Proposal price of any other Proposer, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against the Town or any person interested in the proposed contract.
- d. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

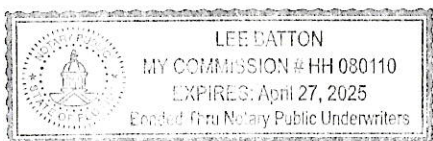
Elena Andrews

Signature

Subscribed and sworn to (or affirmed) before me this 17th day of August, 2023 by Elena Andrews, who is personally known to me or who has produced

_____, as identification.

SEAL



Notary Signature Lee Batton

Notary Name: Lee Batton

Notary Public (State): Florida

My Commission No.: HH 080110

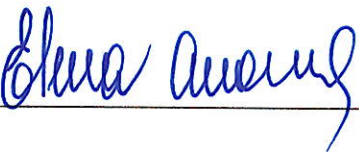
Expires on: 2025

TRUTH – IN – NEGOTIATION CERTIFICATE

The undersigned warrants (i) that it has not employed or retained any company or person, other than bona fide employees working solely for the undersigned, to solicit or secure the Agreements and (ii) that it has not paid or agreed to pay any person, company, corporation, individual or firm other than its bona fide employees working solely for the undersigned or agreed to pay any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of the Agreement.

The undersigned certifies that the wage rates and other factual unit costs used to determine the compensation provided for in the Agreement are accurate, complete, and current as of the date of the Agreement.

This document must be executed by a Corporate Officer.

By: 

Title: Vice - President

Date: August 17, 2023

LIST OF REFERENCES

Following are references from agencies/companies/individuals in which your company has provided similar services within the last 5 years:

REFERENCE #1

Company/Agency Name: Palm Beach County Capital Improvements
Address: 2633 Vista Parkway, West Palm Beach, FL 33411

Point of Contact: Ben Carroll
Phone Number: 561-233-2059
Fax Number:
E-mail: bmcarroll@pbcgov.org

REFERENCE #2

Company/Agency Name: Kravis Center
Address: 701 Okeechobee Blvd., West Palm Beach, FL 33401

Point of Contact: Owen Duncan
Phone Number: 954-812-1862
Fax Number:
E-mail: duncan@kravis.org

REFERENCE #3

Company/Agency Name: Indian River County School District
Address: 6500 57th Street, Vero Beach, FL 32967

Point of Contact: Mike Sturgis
Phone Number: 772-564-5022
Fax Number:
E-mail: michael.sturgis@indianriverschools.org



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

THE ALARM SYSTEM CONTRACTOR I HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

ANDREWS, WILLIAM G

1ST FIRE & SECURITY, INC
610 1ST STREET
VERO BEACH FL 32962

LICENSE NUMBER: EF0001187

EXPIRATION DATE: AUGUST 31, 2020

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.



2023 Florida Annual Resale Certificate for Sales Tax

DR-13
R. 10/22

This Certificate Expires on December 31, 2023

Business Name and Location Address

Certificate Number

1ST FIRE & SECURITY INC
610 1ST ST
VERO BEACH, FL 32962-3601

41-8013224983-9

By extending this certificate or the certificate number to a selling dealer to make eligible purchases of taxable property or services exempt from sales tax and discretionary sales surtax, the person or business named above certifies that the taxable property or services purchased or rented will be resold or re-rented for one or more of the following purposes:

- Resale as tangible personal property
- Re-rental as tangible personal property
- Resale of services
- Re-rental as commercial real property
- Incorporation into tangible personal property being repaired
- Re-rental as transient rental property
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing

Your *Florida Annual Resale Certificate for Sales Tax* (Annual Resale Certificate) allows you or your representatives to buy or rent property or services tax exempt when the property or service is resold or re-rented. You **may not** use your Annual Resale Certificate to make tax-exempt purchases or rentals of property or services that will be used by your business or for personal purposes. Florida law provides for criminal and civil penalties for fraudulent use of an Annual Resale Certificate.

As a seller, you must document each tax-exempt sale for resale using one of three methods. You can use a different method each time you make a tax-exempt sale for resale.

1. Obtain a copy (paper or electronic) of your customer's current Annual Resale Certificate.
2. For each sale, obtain a transaction authorization number using your customer's Annual Resale Certificate number.
3. Each calendar year, obtain annual vendor authorization numbers for your regular customers using their Annual Resale Certificate numbers.

Online: Visit floridarevenue.com/taxes/certificates

Phone: 877-357-3725 and enter your customer's Annual Resale Certificate number

Mobile App: Available for iPhone, iPad, and Android devices



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/15/2023

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 Prime Insurance Solutions, Inc. 3040 N. Wickham RD. Suite 8 Melbourne FL, 32935 | CONTACT NAME: PHONE (A/C, No, Ext): (321) 259-7920 E-MAIL: ADDRESS: FAX (A/C, No): (321)259-7921 | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------------|--|--------|-------------|-------------------------|--|-------------|--|--|-------------|--|--|-------------|--|--|-------------|--|--|-------------|--|--|
| INSURED 1ST FIRE & SECURITY INC 610 1ST STREET VERO BEACH, FL 32962 | <table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A :</td><td>LLOYDS LONDON BROKERAGE</td><td></td></tr><tr><td>INSURER B :</td><td></td><td></td></tr><tr><td>INSURER C :</td><td></td><td></td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A : | LLOYDS LONDON BROKERAGE | | INSURER B : | | | INSURER C : | | | INSURER D : | | | INSURER E : | | | INSURER F : | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | |
| INSURER A : | LLOYDS LONDON BROKERAGE | | | | | | | | | | | | | | | | | | | | | |
| INSURER B : | | | | | | | | | | | | | | | | | | | | | | |
| 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | | | | | | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | XX | | SP2220538 | 11/10/22 | 11/10/23 | 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | HIRED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | | | | | | EACH OCCURRENCE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | XX | | SP2X220538 | 11/10/22 | 11/10/23 | AGGREGATE \$ 2,000,000 |
| | DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | 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)

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, ITS OFFICERS, EMPLOYEES AND AGENTS, C/O FACILITIES DEVELOPMENT & OPERATIONS DEPARTMENT ARE ADDITIONAL INSURED ON A PRIMARY BASIS.

CERTIFICATE HOLDER**CANCELLATION**

PALM BEACH COUNTY
C/O CAPITAL IMPROVEMENTS DIVISION
2633 VISTA PARKWAY
WEST PALM BEACH, FL 33411-5603

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

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/21/2023

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



MIKE RICE STATE FARM
974 SW ST LUCIE WEST BLVD
PORT SAINT LUCIE, FL 34986

CONTACT NAME: MIKE RICE

PHONE (A/C, No, Ext): 772-878-7888

E-MAIL: mike.rice.ckmm@statefarm.com

FAX (A/C, No): 772-878-8186

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: State Farm Mutual Automobile Insurance Company

25178

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

1ST FIRE & SECURITY, INC.
610 1ST STREET
VERO BEACH, FL 32962

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 INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-------------------------------------|--------------------------------------|--------------------------|--------------------------|---|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y | C23 4984-A31-590 E56 5587-E31-59A | 01/31/2023 11/30/2022 | 07/31/2023 05/31/2023 | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> N/A | | | | PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its officers, employees and agents, c/o Facilities Development & Operations Department.

CERTIFICATE HOLDER

Palm Beach County
c/o Capital Improvements Division
2633 Vista Parkway
West Palm Beach, FL 33411-5603

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kristen M. Gay For Agent Mike Rice



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/27/2023

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 Arthur J. Gallagher Risk Services for CoAdvantage Jeffrey Rendel 250 Tequesta Drive Tequesta, FL 33418 | CONTACT NAME: PHONE (A/C, No, Ext): (866) 854-5423 FAX (A/C, No): E-MAIL ADDRESS: coi@coadvantage.com | | | | | | | | | | | | | | |
|---|---|-------------------------------|--------|--|-------|------------|--|------------|--|------------|--|------------|--|------------|--|
| INSURED CoAdvantage Corporation Alt. Emp: 1ST FIRE & SECURITY, INC. 101 Riverfront Blvd Suite 300 Bradenton, FL 34205 | <table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: American Zurich Insurance Company</td><td>40142</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: American Zurich Insurance Company | 40142 | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: American Zurich Insurance Company | 40142 | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 23FL090958349

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 OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/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 <input checked="" type="checkbox"/> N | N/A | WC 56-11-942-09 | 04/01/2023 | 04/01/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000 |
| | | | | Location Coverage Period: | 04/01/2023 | 04/01/2024 | Client# 111401-FL |

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

Coverage is provided for only those co-employees of, but not subcontractors to:
1ST FIRE & SECURITY, INC.
610 1st Street
Vero Beach, FL 32962-6516

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| <p>Palm Beach County C/O Insurance Tracking Services, (ITS) P.O. Box 20270 Long Beach, CA 90801</p> | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> |
|---|--|

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CLARIFICATIONS/EXCEPTIONS

Please list any clarifications of your Proposal in this section, as well as any exceptions you may have.

The total pricing for this bid can be broken out as follows for the 1 - 3-year period mentioned in proposal documents.

| | | |
|---|---------------------------------------|----------------------------|
| Fire Alarm System Replacement: | | \$73,250.00 |
| Annual Testing and Inspection of Fire Alarm System: | \$1,600.00 per year | \$4,800.00 for 3-year term |
| Semi-Annual Testing and Inspection: | \$400.00 per test \$800.00 per year | \$2,400.00 for 3-year term |
| Quarterly Testing And Inspection: | \$400.00 per test \$1,600.00 per year | \$4,800.00 for 3-year term |
| 24 Hour Central Station Monitoring: | \$420.000 per year | \$1,260.00 for 3-year term |
| Hourly Work Rate: | \$145.00 per hour | |

Hourly Rate and Materials Mark-up is not included in Total Proposed Price of \$86,510.00