

RFQ 119-2025 – Termite Fumigation Treatment for Town Hall

By:

Northwest Exterminating

2420 North Andrews Ave Ext

Pompano Beach, FL 33064

305-710-8916

www.callnorthwest.com



Prepared For:

Town of Lake Park

535 Park Ave

Lake Park, FL 33403



07/28/2025

At Northwest Exterminating, we are dedicated to delivering exceptional customer satisfaction and are excited about the chance to offer our services. To showcase the value of your investment, I have provided an overview of our company history and details about the services we offer.

Northwest Exterminating was established in 1951 by L.A. Phillips and his wife, Emma Lene Phillips. The company was founded on the values of honesty, integrity, and excellence. Today these values still remain the core of Northwest Exterminating as we have grown from a family of 2 to a family of over 1,000 team members and multiple service centers throughout Georgia, Alabama, Tennessee, South Carolina, North Carolina, and Florida.

With over 14 years of experience in the pest control industry, I bring a wealth of knowledge and expertise to our partnership. My extensive experience allows me to navigate various pest challenges with confidence, ensuring that you receive the highest quality service tailored to your specific needs. As your dedicated account representative, rest assured that I possess the expertise necessary to address any concerns and deliver exceptional results.

We provide following services:

- termite control, eradication and prevention
- termite pre-construction treatments
- bird remediation
- mosquito reduction services
- rodent prevention and control
- general pest control: cockroaches, ants, spiders, silverfish
- flea and tick control
- bed bug control
- fire ant control
- stored product pest and fly control

Thank you for considering us for your pest control needs

Northwest Exterminating provides services to residential and commercial accounts.

Few of our notable customers include:

- Fort Lauderdale International Airport
- Enterprise Rent A Car
- Broward County School District
- Coral Ridge Country Club
- Berkeley Diplomat Condo Association
- Banyan Springs Patio Villas Association
- Century Village
- Oceania Condominiums
- Camden Living
- Rental Asset Management (RAM)
- Baer's Furniture
- Havertys Furniture Companies
- Stay So Flo Vacation Rentals
- City of Fort Lauderdale
- City of Davie
- City of Delray Beach
- City of Miami
- City of Oakland Park

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Structure size 283,047 cubic ft

Tarps are carefully positioned and securely sealed over a building, creating an enclosure where Vikane gas is introduced. A precise set of preparations must be adhered to in order to facilitate the fumigation service. This comprehensive process spans three days. The tarps removed after the designated exposure period and following a specific aeration period, the structure is thoroughly cleared and certified for reoccupation.

The Tent Fumigation Termite Bond Warranty includes retreatments when needed and annual checkups.

Below prices include all labor, materials, permits, taxes, and associated charges.

	5 Year Plan	3 Year Plan	1 Year Plan
Monthly Payment (if not Paid within 90 days)	\$926.40	\$1,028.89	\$1,423.55
Number of Payments	36	24	12
The Installment Plan above is a subject to credit approval. 90 days deferred no interest payoff period with \$0 money down when approved.			
One Time Payment (credit card or check)	\$24,508.00	\$19,794.00	\$14,980.00
Next Annual Warranty Renewal in Year	2030	2028	2026
Annual Warranty Renewal Amount	\$2,357.00	\$2,414.00	\$2,457.00

Fumigation will be performed on 08/29/25-09/01/25

Recent Fumigation References:

1. City of Delray Beach

- Tennis Center – 109,000 cubic ft
- Engineering Building – 251,000 cubic ft

2. **Lakes of Oakland Forest, Oakland Park** – 18 buildings - 1,987,000 cubic ft

3. **Baer's Furniture, Pompano Beach** – warehouse – 5,029,000 cubic ft

4. **Delvista A Townhouses, Aventura** – 1 building, townhouses - 387,000 cubic ft

5. **First Church of Christ, Boca Raton** – church - 275,000 cubic ft

6. **RRP MDL, Pompano Beach** – warehouse - 220,000 cubic ft

7. **Crystal Lake Condominium, Pompano Beach** – 1 building – 641,000 cubic ft

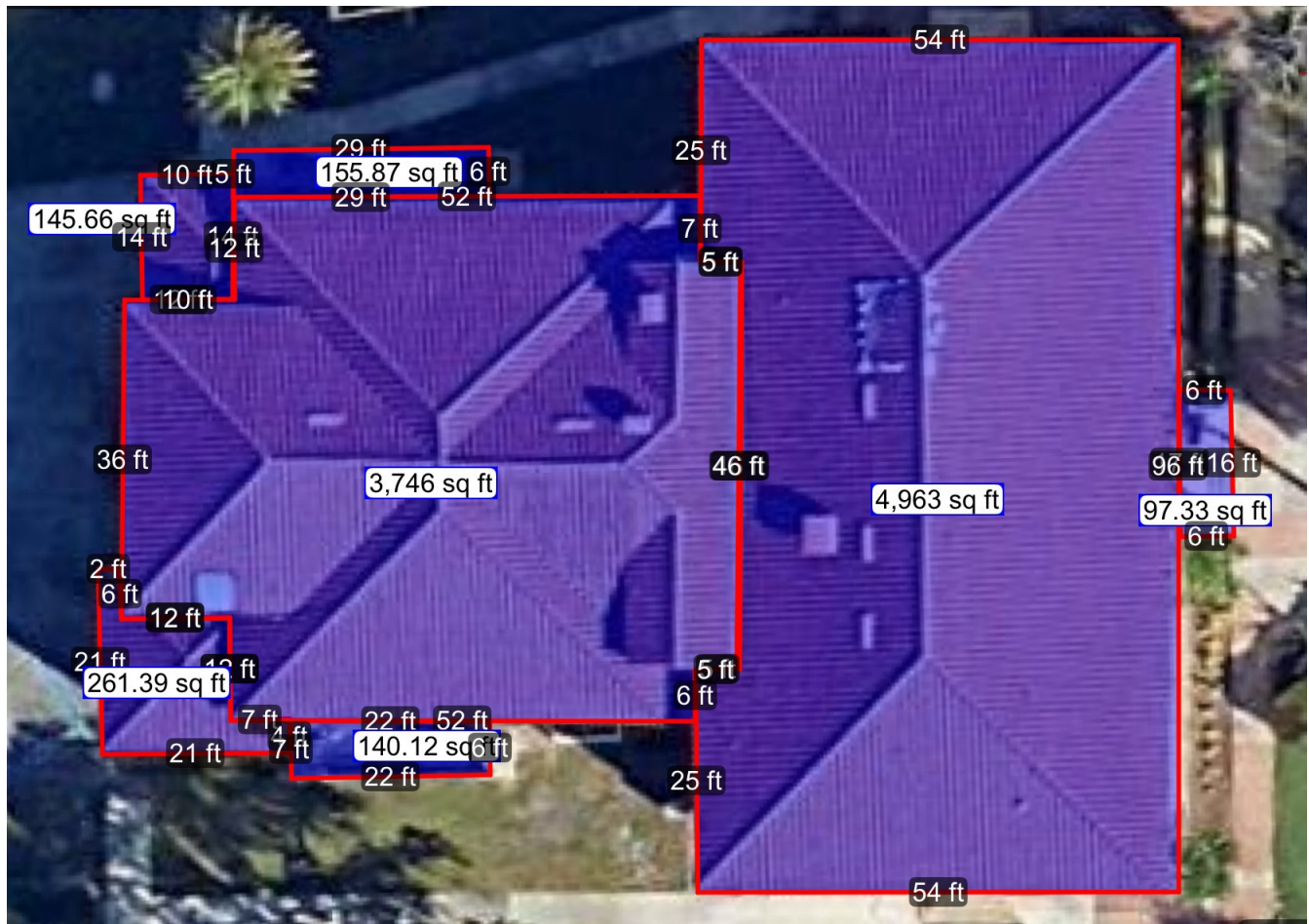
8. **City of Fort Lauderdale** – maintenance building – 321,000 cubic ft

7/30/2025



Prepared by Kristof Czczeko ♦ 305-710-8916 ♦ kczczeko@callnorthwest.com
Northwest Exterminating, 2420 N Andrews Ave Ext, Pompano Beach, FL 33064

MEASUREMENTS



146x22=3,212
156x20=3,120
3746x30=112,380
261x22=5,742
140x20=2,800
4,963x31=153,853
97x20=1,940

283,047 cubic ft

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

Date
January 15, 2025

File No.
JB319961

Expires
December 31, 2025

THE **PEST CONTROL COMPANY FIRM** NAMED BELOW HAS
REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE
PERIOD EXPIRING: **December 31, 2025**

AT

2420 N ANDREWS AVE
POMPAÑO BEACH, FL 33064

NORTHWEST EXTERMINATING CO LLC
2420 N ANDREWS AVE
POMPAÑO BEACH, FL 33064

Fumigation
General Household Pest and
Rodent Control
Lawn and Ornamental
Termite and Other WDO
Control


WILTON SIMPSON, COMMISSIONER

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

NORTHWEST EXTERMINATING CO LLC
2420 N ANDREWS AVE
PEST CONTROL COMPANY FIRM

JB319961

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING **December 31, 2025**


COMMISSIONER

Signature

Wallet Card
Wallet Card - Fold Here

BUREAU OF LICENSING & ENFORCEMENT
3125 CONNER BLVD, BLDG. 8
TALLAHASSEE, FLORIDA 32399-1650

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

Date
January 15, 2025

File No.
JB319961

Expires
2420 N ANDREWS AVE, PO

THE NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS
OF CHAPTER 482 FOR THE PERIOD EXPIRING: **2420 N ANDREWS
AVE, POMPAÑO BEACH, FL 33064**

AT

This permit, in conjunction with a valid business license €

NORTHWEST EXTERMINATING CO LLC
2420 N ANDREWS AVE
POMPAÑO BEACH, FL 33064


WILTON SIMPSON, COMMISSIONER

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

NORTHWEST EXTERMINATING CO LLC

This permit, in conjunction with a valid business license endorsed
with pest control operations in the Termite and Other Wood-
Destroying Organisms category, authorizes the licensee named above
to perform preventative termite treatments for new construction in
Florida as prescribed by law.

JB319961

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING **2420 N ANDREWS AVE, POMPAÑO BEACH, FL 33064**


COMMISSIONER

Wallet Card
Wallet Card - Fold Here

Department of Agriculture and Consumer
Services
Florida Department of Agriculture & Consumer Services
Bureau of Licensing and Enforcement
3125 Conner Blvd, Bldg 8
Tallahassee, FL 32399-1650

**Request for Taxpayer
Identification Number and Certification**
Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) ROLLINS, INC.	
	2 Business name/disregarded entity name, if different from above. NORTHWEST EXTERMINATING CO, LLC	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 5 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) D <i>(Applies to accounts maintained outside the United States.)</i>	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions. 830 KENNESAW AVE		
6 City, state, and ZIP code MARIETTA, GA 30060		
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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
			-				-			
or										
Employer identification number										
5	1	-	0	0	6	8	4	7	9	

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 01/09/2025
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
01/11/2025

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 Willis Towers Watson Southeast, Inc. Five Concourse Corporate Center, 18th Floor Atlanta, GA 30328	CONTACT NAME: WTW Certificate Center PHONE (A/C, No. Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com																					
INSURED Northwest Exterminating Company LLC 830 Kennesaw Ave Marietta, GA 300603704	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Old Republic Insurance Company</td><td>24147</td></tr><tr><td>INSURER B:</td><td>ACE Property & Casualty Insurance Company</td><td>20699</td></tr><tr><td>INSURER C:</td><td>ACE American Insurance Company</td><td>22667</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></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Old Republic Insurance Company	24147	INSURER B:	ACE Property & Casualty Insurance Company	20699	INSURER C:	ACE American Insurance Company	22667	INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES

CERTIFICATE NUMBER: W37431398

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pesticide/Herbicide Coverage <input checked="" type="checkbox"/> Pest Control Professional GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	MWZY 312034 25	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 3,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	MWTB 312033 25	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			XEU G27927683 010	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	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 No	N/A	WLR C72625006	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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

BR# 68470

BR Name: Dolphin Environ. DBA Hulett, Pompano Beach

BR Address: 2420 N. Andrews Ave. Pompano Beach FL 33064

Blanket Additional Insured status is provided on the General Liability and Auto Liability policies as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

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SR ID: 27102699

BATCH: 3777880