

**TOWN OF LAKE PARK, FLORIDA
REQUEST FOR QUOTES (RFQ) 130-2025
PEST CONTROL SERVICES FOR TOWN FACILITIES**

I. Introduction

The Town of Lake Park is soliciting sealed quotes from qualified Contractors to provide pest control services for town facilities.

- **Contract Period** - The anticipated contract term resulting from this RFQ is for three (3) years, with the option to renew for two (2) additional one-year terms. The initial agreement will take effect from November 5, 2025, and will run until November 5, 2028.
- **Payment** - Invoices for payment will be submitted on a monthly basis for the duration of the contract.

II. Scope of Services

Vendor shall provide the following goods and services for the following Town Facilities:

Location Name	Address	Approx. Sq. Ft.
Town Hall	535 Park Avenue	15,372
Library	529 Park Avenue	9,685
Public Works	640 Old Dixie Hwy	4,200
PBSO District 10	700 6 th Street	5,350

The Contractor shall furnish all professional/special pest control services including, supervision, labor, materials, pesticides, tools, equipment, insurance, permits and fees necessary to accomplish pest control tasks. These tasks include surveillance, trapping, pesticide application, and pest removal, and to assist in control of vermin and pests including carpenter ants, crawling insects, nuisance, and rodent control services.

Pests are defined as, but not limited, to the following: American brown banded, roaches, ants, silverfish, pantry pest, rats, mice, spiders, and other vermin. Rodents are defined as, but not limited to the following: rats, mice, squirrels, and other small animals that may infiltrate building spaces.

Required Service - Monthly Insect and Rodent Control. This service level shall be provided on a monthly treatment basis.

- a. The Contractor shall adequately control the following pests:
 - All indoor populations of ants, cockroaches, rodents (including mice and rats), spiders, fleas, and millipedes, as well as outdoor populations of the same pests within 5 feet of any building, including individual excluded pests that occasionally invade buildings.
- b. The Contractor shall use non-pesticide methods of control wherever possible.

- These methods include the use of portable vacuums for initial clean-outs of cockroach infestations, swarming insects, and spiders in webs, as well as low-visibility trapping devices for indoor fly control and other methods that preclude the use of chemical pesticides. (Low visibility precludes the use of fly strips hung in public areas.)
- c. As a general rule, the Contractor shall apply insecticides as "crack and crevice" treatment only (using an appropriate application tool or nozzle). Bait formulations should be used for cockroach and ant control wherever appropriate. Sticky traps should be used to guide and evaluate indoor insect control efforts.
- d. The contractor shall provide rodent control inside and outside occupied buildings. The contractor shall primarily accomplish control using traps (including bait boxes for each location. All such devices must be concealed in a protected area to prevent them from being affected by routine cleaning and other operations.
- e. In exceptional circumstances, when rodent poisons are deemed essential for adequate rodent control inside occupied buildings, the Contractor shall obtain approval from the Town's Public Works department before using those poisons. All rodent poisons shall be placed in inaccessible locations and in EPA-approved tamper-resistant bait boxes. Frequency of bait box servicing depends on the level of rodent infestation. Bait boxes shall be maintained in accordance with EPA regulations, with an emphasis on protecting non-target organisms.
- f. All bait boxes shall be placed out of general view and in locations that will not be disturbed by routine operations. The lids of all bait boxes shall be securely locked or fastened. All bait boxes shall be securely attached or anchored to the floor, ground, wall, or other immovable surface. Place bait in the baffle-protected feeding chamber and never in the runway of the box.

III. Quote Submission Requirements

Each quote must be submitted electronically via email: townclerk@lakeparkflorida.gov, or in person/by mail:

Town Clerk
Town of Lake Park
535 Park Avenue
Lake Park, FL 33403

Please clearly label all submissions:

RFQ 13-2025 - Pest Control Services for Town Facilities

Required quote details:

- Annual Cost (per year for first three (3) year term)
- Annual price adjustment percentage
- Confirmation of insurance, and compliance with Florida codes
- W-9 form (Required for vendors not registered with the Town)

IV. RFQ Questions

Vendors are encouraged to contact Public Works to schedule site visits before submitting their quote. Site visits must be scheduled with Public Works by **Wednesday October 15, 2025**.

All questions must be submitted in writing to:
townclerk@lakeparkflorida.gov by **Thursday October 16, 2025, at 3:00 pm (EST)**.

V. Evaluation Criteria

Quotes will be evaluated based on:

- Total cost
- Qualifications and experience
- Compliance with scope and specifications
- Service availability and responsiveness

VI. Terms and Conditions

- The Town reserves the right to reject any or all submissions.
- Late quotes will not be accepted.
- All quoted prices must remain valid for 90 calendar days.
- No unauthorized use of the Town seal is permitted.
- All work must comply with current Florida Building and Environmental Codes.

VII. Price Adjustments

In recognition of market fluctuations, annual unit price adjustments may be considered on the anniversary of the contract. Adjustments, if any, shall be based on the Consumer Price Index (CPI) and subject to approval by the Town.


VIII. Deadline for Submission

All quotes must be submitted by:
Tuesday, October 21, 2025, at 10:00 AM (EST)

IX. Contact Information

For RFQ questions:
Vivian Mendez, Town Clerk – townclerk@lakeparkflorida.gov

Laura
Weidgans



Digitally signed by Laura Weidgans
DN: cn=Laura Weidgans, o=Town of
Lake Park, ou=Deputy Town Clerk,
email=lweidgans@lakeparkflorida.gov,
c=US
Date: 2025.10.10 13:25:25 -04'00'

RFQ 130-2025 – Pest Control

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



10/16/2025

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

Scope of Work as per RFQ 130-2025

Pest Control:

Item #	Location	Address	Approx. Sq Ft	Monthly Price per Location (MP)	Annual Cost (12 x MP)
1	Town Hall	535 Park Avenue	15,372	\$54.00	\$648.00
2	Library	529 Park Avenue	9,685	\$30.00	\$360.00
3	Public Works	640 Old Dixie Hwy	4,200	\$38.00	\$456.00
4	PBSO District 10	700 6th Street	5,350	\$41.00	\$492.00
				TOTAL	\$1,956.00

**The pest control service includes rodent traps placed inside buildings. These traps will be checked on a monthly basis. For effective control, an intensive service is recommended; please refer to Item #10 for more details.*

Rodent Control:

Item #	Location	Address	Number of Bait Boxes to be Installed	Monthly Price per Location (MP)	Annual Cost (12 x MP)
5	Town Hall	535 Park Avenue	12	\$72.00	\$864.00
6	Library	529 Park Avenue	8	\$48.00	\$576.00
7	Public Works	640 Old Dixie Hwy	12	\$72.00	\$864.00
8	PBSO District 10	700 6th Street	8	\$48.00	\$576.00
				TOTAL	\$2,880.00

Item #	Description	Unit Price
9	Additional Rodent Bait Station	\$6.00
10	Intensive Rodent Trapping service - per occurrence, per location, when needed, includes 4 visits, every 3-4 days	\$325.00

TOTAL ANNUAL COST (Items 1-8) – 4,836.00 (no price adjustments for 3 years)

Recent References:

City of Delray Beach – pest and rodent control services for 50 locations
 City of Oakland Park – pest and rodent control services for 23 locations
 Fort Lauderdale Airport - pest and rodent control services for 21 buildings
 Palm Beach County Water Treatment Plants - pest and rodent control services for 4 facilities
 City of North Miami Beach - pest and rodent control services for 18 locations

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
POMPANO BEACH, FL 33064

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

AT

This permit, in conjunction with a valid business license €

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


COMMISSIONER

Wallet Card
Wallet Card - Fold Here
Signature

Department of Agriculture and Consumer
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

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 E-MAIL ADDRESS: certificates@wtwco.com		FAX (A/C, No): 1-888-467-2378
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Northwest Exterminating Company LLC 830 Kennesaw Ave Marietta, GA 300603704	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:			

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	Y	Y	MWZY 312034 25	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 3,000,000
	<input checked="" type="checkbox"/> Pesticide/Herbicide Coverage						MED EXP (Any one person) \$ 0
	<input checked="" type="checkbox"/> Pest Control Professional						PERSONAL & ADV INJURY \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY	Y	Y	MWTB 312033 25	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			XEU G27927683 010	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 5,000,000
	DED RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	WLR C72625006	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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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