

### SECTION III – BID DOCUMENTS

1. Bid Submission Statement
2. Pricing Sheet
3. Sworn Statement Regarding Public Entity Crimes
4. Non-Collusion Affidavit
5. Domestic Partnership Certification Form
6. References

**Landscape Service Professionals  
6115 NW 77th Way  
Tamarac, FL 33321  
(954) 721-6920**

### BID FORM

The undersigned hereby declares that after examining the Bid Documents, does hereby submit a response and warrants that:

- a. She/He is an officer of the organization.
- b. She/He is authorized to offer a bid in full compliance with all requirements and conditions, as set forth in the ITB.
- c. She/He has fully read and understands the ITB and has full knowledge of the scope, nature, quantity and quality of the work to be performed, and the requirements and conditions under which the work is to be performed.

Karmen Burn  
Authorized Signature

Karmen Burn. VP  
Printed Name & Title

Landscape Service Professionals Inc.  
Company Name

6115 NW 77 Way  
Company Address

Tamarac FL 33321  
City, State, Zip Code

July 12, 2018  
Date

954-721-6920  
Phone Number

Karmen@landscapeservicepros.com  
E-mail Address

Note: Business documents attesting to the authority of the above signor to commit the firm to this bid must be available for review at the City's request.

Bidder understands that the City may inspect any equipment and related materials prior to the start of any preparatory or application procedures to insure full compliance with the attached specifications. The City also retains the right to conduct a confirming inspection at any time during the project and to stop the contractor from performing any activities pending the resolution of any non-conformance issues.

Description – CANOPY/SHADE TREES	Unit of Measure DBH	Estimated Quantity	Cost per Tree	Total
Tree pruning and shaping per the National Arborist Association pruning standards for shade trees: crown raising 10 feet above sidewalk and swale and 15 feet above roadway.	≤ 17"	120	\$ 25.00	\$ 3,000.00
Tree pruning and shaping per the National Arborist Association pruning standards for shade trees: crown raising 10 feet above sidewalk and swale and 15 feet above roadway.	18" - 36"	220	\$ 40.00	\$ 8,800.00
Tree pruning and shaping per the National Arborist Association pruning standards for shade trees: crown raising 10 feet above sidewalk and swale and 15 feet above roadway.	≥ 37"	140	\$ 75.00	\$ 10,500.00

Description – PALMS	Unit of Measure DBH	Estimated Quantity	Cost per Tree	Total
Palm pruning. Remove dead and damage fronds, fruits and pods. Sterilization between palms.	≤ 25'	40	\$ 25.00	\$ 1,000.00
Palm pruning. Remove dead and damage fronds, fruits and pods. Sterilization between palms.	≥ 26'	130	\$ 35.00	\$ 4,550.00

GRAND TOTAL \$ 27,850.00

**SUPPLEMENTAL RATES:**

Upon request, contractor will supply Tree Crew for work to be detailed at the time of request.  
Tree Crew Rates

Personnel Type	Personnel Rate	Equipment Type	Equipment Rate
Arborist	\$ 75.00 per hr.	Bucket Truck	\$ 125.00 per hr.
Class B Trim	\$ 45.00 per hr.	Chipper	\$ 80.00 per hr.
Groundsman	\$ 35.00 per hr.	Chainsaw	\$ 35.00 per hr.
	\$	Dump(per load)	\$ 250.00 per load
	\$		\$
	\$		\$
	\$		\$

\*Hourly based on 3-hous call-out minimum.

**SWORN STATEMENT UNDER SECTION 287.133(3)(A), FLORIDA STATUTES, ON THE PUBLIC ENTITY CRIMES**

(To be signed in the presence of a notary public or other officer authorized to administer oaths.)

STATE OF Florida COUNTY Broward

Before me, the undersigned authority, personally appeared, who, being by me first duly sworn, made the following statement:

Name of Bidder Landscape Service Professionals Inc.

Business address 6115 NW 77 Way, Tamarac FL 33321

I understand that a public entity crime as defined in Section 287.133 of the Florida Statutes includes 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 in Florida or with an agency or political subdivision of any other state or with the agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or any such agency or political subdivision and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

I understand that "convicted" or "conviction" is defined by the statute to mean 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, nonjury trial, or entry of a plea of guilty or nolo contendere.

I understand that "affiliate" is defined by the statute to mean (1) a predecessor or successor of a person or a corporation convicted of a public entity crime, or (2) 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, or (3) those officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of an affiliate, or (4) a person or corporation who knowingly entered into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months.

**Please mark the appropriate paragraph below:**

☒ Neither the bidder, contractor, nor any officer, director, executive, partner, shareholder, employee member or agent who is active in the management of the bidder or contractor nor any affiliate of the bidder or contractor has been convicted of a public entity crime subsequent to July 1, 1989.

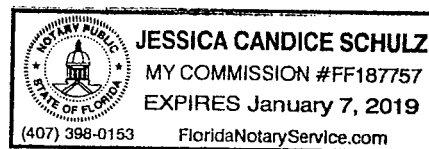
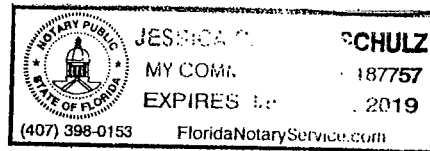
\_\_\_\_\_ There has been a conviction of a public entity crime by the bidder or contractor, or an officer, director, executive, partner, shareholder, employee, member or agent of the bidder or contractor who is active in the management of the bidder or contractor or an affiliate of the bidder or contractor. A determination has been made pursuant to Section 287.133(3) by order of the Division of Administrative Hearings that it is not in the public interest for the name of the convicted person or affiliate to appear on the convicted vendor list. The name of the convicted person or affiliate is \_\_\_\_\_. A copy of the order of the Division of Administrative Hearings is attached to this statement

Karmen Burn  
Bidder's Signature

Sworn to and subscribed before me on this 12 day of July, 2018

(affix seal)

Jessica Schulz  
Notary Public Signature



**NON-COLLUSION AFFIDAVIT**

By submission of this affidavit, the bidder certifies that this price is made independently and free from collusion. Bidder shall disclose below, to the best of its knowledge, any City of Oakland Park officer or employee, or any spouse, son, daughter, stepson, stepdaughter, or parent of any such officer or employee, who is an officer or director of, or has a material interest in, the bidder's business who is in a position to influence this procurement. Any City of Oakland Park officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement. For purposes hereof, a person has a material interest if he or she directly or indirectly owns more than five percent (5%) of the total assets or capital stock of any business entity, or if he or she otherwise stands to personally gain if the contract is awarded to this vendor.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City of Oakland Park Code of Ordinances.

NAME

RELATIONSHIP

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

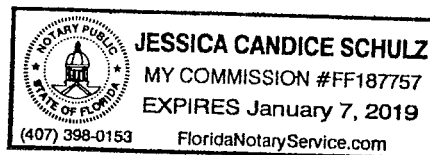
NONE: ✓

Karmen Barm  
Signature of Bidder

Sworn to and subscribed before me on this 12 day of July, 2018

(affix seal)

Jessica Schulz  
Notary Public Signature



**DOMESTIC PARTNERSHIP CERTIFICATION FORM**

THIS FORM **MUST** BE COMPLETED AND SUBMITTED AT TIME OF SUBMITTAL  
FOR CONTRACTOR TO BE DEEMED RESPONSIVE

The Contractor, by virtue of the signature below, certifies that it is aware of the requirements of Section 2-197.1 of the City of Oakland Park's Code of Ordinances, "Requirement for City contractors to provide equal benefits to domestic partners", and certifies the following:

**(Please check only one below)**

- ☒ 1. The Contractor currently complies with the requirements of Section 2-197.1 of the City of Oakland Park's Code of Ordinances and provides benefits to domestic partners of its employees and the partners' dependents on the same basis as it provides benefits to employees' spouses and the spouses' dependents
- ☐ 2. The Contractor will comply with the requirements of Section 2-197.1 of the City of Oakland Park's Code of Ordinances at time of contract award and provide benefits to domestic partners of its employees and the partners' dependents on the same basis as it provides benefits to employees' spouses and the spouses' dependents
- ☐ 3. The Contractor will not comply with the requirements of Section 2-197.1 of the City of Oakland Park's Code of Ordinances at time of award
- ☐ 4. The Contractor does not need to comply with the requirements of Section 2-197.1 of the City of Oakland Park's Code of Ordinances at time of award because the following exemption applies:

**(Please check only one below)**

- ☐ The Contractor's price bid for the initial contract term is \$100,000 or less
- ☐ The Contractor employs less than twenty-five (25) employees
- ☐ The Contractor does not provide benefits to employees' spouses or spouses' dependents
- ☐ The Contractor is a religious organization, association, society, or non-profit charitable or educational institution
- ☐ The Contractor is a government entity
- ☐ The Contractor cannot comply with the requirements of Section 2-197.1 of the City of Oakland Park's Code of Ordinances because it would violate the laws, rules or regulations of federal or state law or would violate or be inconsistent with the terms or conditions of a grant or contract with the United States or State of Florida. Indicate the law, statute or regulation \_\_\_\_\_, and attach explanation of its applicability.

I, Karmen Burn, Vice President of Landscape Service Professionals Inc.  
(Name) (Title) (Contractor)

Hereby attest that I have the authority to sign this notarized certification and certify that the above-referenced information is true, complete and correct.

Karmen Burn  
Signature

Karmen Burn  
Print Name

**DOMESTIC PARTNERSHIP CERTIFICATION FORM (continued)**

STATE OF Florida )

COUNTY OF Broward )

SWORN TO AND SUBSCRIBED BEFORE ME this 12 day of July, 2018

by Karmen Burn, to me personally known or produced identification

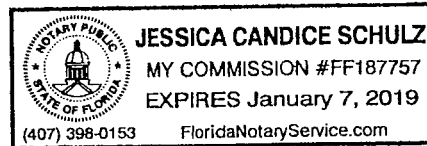
type of identification produced: \_\_\_\_\_

My commission expires: \_\_\_\_\_

(SEAL)

Jessica Schulz  
Signature of Notary Public

Jessica Schulz  
Print name of Notary Public



**EXPERIENCE/REFERENCES**

The following is a listing of references the contractor has supplied services to, with in the past five years.  
Please provide name and current contact information for references.

NAME OF AGENCY	City of Sunrise
CONTACT PERSON & PHONE NUMBER	Steve Kane 954-240-2725
PERIOD OF SERVICE	FROM: 2016 To: Current

NAME OF AGENCY	Margate CRA
CONTACT PERSON & PHONE	Jim Nardi 954-817-1041
PERIOD OF SERVICE	FROM: 2012 To: Current

NAME OF AGENCY	City of Miramar
CONTACT PERSON & PHONE NUMBER	Jeff Bruno 954-952-7042
PERIOD OF SERVICE	FROM: 2010 To: Current

References may be attached separately.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/25/2018

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).

<b>PRODUCER</b> Closson Insurance Agency, LLC 1201 S. Orlando Avenue Suite 200 Winter Park FL 32789		<b>CONTACT NAME:</b> Christine McCrary <b>PHONE (A/C, No, Ext):</b> (407) 898-2211 <b>FAX (A/C, No):</b> (407) 898-1850 <b>E-MAIL ADDRESS:</b> cmccrary@clossoninsurance.com	
<b>INSURED</b> Landscape Service Professionals, Inc 6115 NW 77th Way Tamarac FL 33321		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hanover American Ins Co <b>INSURER B:</b> Hanover Ins Co <b>INSURER C:</b> Associated Industries Ins Co. <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 36064 22292 23140	

**COVERAGES**

CERTIFICATE NUMBER: 6.4.18 MASTER

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			RZJA32596803	6/4/2018	6/4/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> XCU Included						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b>			AZJA32596403	6/4/2018	6/4/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							PIP - Basic \$ \$10,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			UHJA32596903	6/4/2018	6/4/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE						
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			AWC1107298	6/4/2018	6/4/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Inland Marine			RZJA32596803	6/4/2018	6/4/2019	Rented/Leased Equipment \$150,000

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

\*\* For Bid and/or Informational Purposes Only \*\*

**CERTIFICATE HOLDER****CANCELLATION**

\*For Informational Purposes Only\*

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

Lenise Zika/LMA

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