

ATTACHMENT A (page 1)

INVITATION TO BID, SCSB – Branford Elementary School HVAC Modifications
BID RESPONSE FORM
SCSB 19-206

To: Suwannee County School Board

Date: April 30, 2019

The undersigned, on behalf of CERTIFIED AER CONTRACTORS, INC.

hereby submits a Complete Bid for Branford Elementary school HVAC Modifications, in response to

Suwannee County School Board, Invitation to Bid No. 19-206 in the amount of:

\$ 91,747⁰⁰

A Detailed Schedule of Values **must be attached** to Attachment A. that indicates the value of the equipment, labor, materials, mobilization, cost of each trade, etc. that totals the bid value of each.

Attachment A (page 1) should be used as a cover sheet for all bid submissions

~NEXT PAGE~



CERTAIR-01

KELLYG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/11/2019

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 License # 0E67768 Insurance Office of America, Inc. 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Kim Harrison PHONE (A/C, No, Ext): (904) 596-2826 22137 FAX (A/C, No): (904) 448-9788 E-MAIL ADDRESS: Kim.Harrison@ioausa.com														
INSURED Certified Air Contractors Inc 4505 Marquette Ave Jacksonville, FL 32210	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : National Trust Insurance Company</td> <td style="text-align: center;">20141</td> </tr> <tr> <td>INSURER B : FCCI Insurance Company</td> <td style="text-align: center;">10178</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> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Trust Insurance Company	20141	INSURER B : FCCI Insurance Company	10178	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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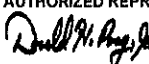
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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 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"/> Contractual <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL 0017978	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA100003724	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB100015454-01	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	001-WC18A-66932	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Installation			CM 0008742	07/01/2018	07/01/2019	Limit 105,000
B	Equipment			CM 0008742	07/01/2018	07/01/2019	Rented/leased 100,000

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

CERTIFICATE HOLDER**CANCELLATION**

Suwannee County School Board 1729 Walker Ave. S.W. Suite 200 Live Oak, FL 32064	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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February 11, 2019

Certified Air Contractors, Inc.
4505 Marquette Ave
Jacksonville, FL 32210

RE: Workers' Compensation
Drug Free Certification

To Whom It May Concern;

Certified Air Contractors implemented a drug free workplace in 1989 and has been approved by all the Workers' Compensation Insurance Companies since that date.

Please let us know if you should have any questions.

Sincerely,

Donald H. Poag, Jr.

Donald H. Poag, Jr.
Vice President

ATTACHMENT A, (page 2)

Company Name: <i>CERTIFIED AER CONTRACTORS, INC.</i>		
Address: <i>4505 MARQUETTE AVE</i>		
City, State: Zip: <i>JACKSONVILLE, FL 32210</i>		
FEIN: <i>59-1660581</i>	E-Mail: <i>WESW@CERTAERCONTRACTORS.COM</i>	
Telephone: () <i>904-389-7950</i>	Fax: () <i>904-389-4925</i>	
Emergency Contact Name: <i>WES WILSON</i>	Title: <i>EXEC. V.P.</i>	
Address: <i>SAME</i>		
Telephone: ()	Fax: ()	
Prompt Payment Discount:	Yes - Percentage	<input checked="" type="radio"/> No
Preferred method to receive purchase orders:	<input checked="" type="radio"/> US Mail	<input type="radio"/> Fax
Signature of Owner or Authorized Officer: <i>Wesley C. Wilson Sr.</i>		
Typed (Printed) Name and Title of Above: <i>WESLEY C. WILSON SR. EXECUTIVE VICE PRESIDENT</i>		
Date Submitted: <i>4/30/19</i>		

5 ADDENDUM FORM

Receipts of the following Addenda are hereby acknowledged (list all Addenda as follows):

ADDENDUM NO	<i>N/A</i>	Dated
ADDENDUM NO	<i>N/A</i>	Dated
ADDENDUM NO	<i>N/A</i>	Dated

Dated this Day 30 of April, 2019

Signature of Owner or Authorized Officer: *W. B. Wilson Sr.*

Typed Name of Above: Wesley B. Wilson Sr.



6 DRUG-FREE WORKPLACE CERTIFICATION

Whenever two or more bids that are equal with respect to price, quality, and service are received by the state or by any political subdivision for the Facilities of commodities or contractual services, a bid received from a business that certifies it has implemented a drug-free workplace program in accordance with section 287.087, Florida Statutes shall be given preference in the award process.

Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program.

Unless indicated below, the prospective bidder certifies, by submission and signature of this bid, that the bidder complies fully with the above drug-free workplace certification.

Please check mark in the space provided if your company **meets** the drug-free workplace certification

Meets drug-free workplace certification.

Signed: WJ BULLE
Title: Exec V.P.
Date: 4-30-19

7 REQUIRED SUBMITTALS CHECKLIST

Note: Submittal is **required** for each box checked (or where applicable) for bid to be considered.

X	Addendum Form
X	Bid Response Form
	Bid Security: See bid for guidelines
X	Business Resume
	Catalogs
X	Certificate of Insurance: See enclosed guidelines for detailed specifications
X	Contact Information & Certification
X	Drug Free Workplace Certification
	Financial Statement
	Illustrations
X	List of References
	Manufacturer's certificate of warranty
	MSDS Sheets
	Product Samples: See bid for specific details
X	Specifications



X	Work Schedule: Only required if completion will run beyond (30) days
	Other: Most recent sanitation inspection report
	Other: One page summary bidder's Recall Policy and Procedures
	Other: Product Information Sheets: Including product label with ingredients and nutritional information
	Other:

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8 REFERENCE RELEASE FORM

I, WESLEY B. WILSON SR.
Exec. V.P. being of CERTIFIED AER CONTRACTORS, INC. give
(Name / Title) (Name of Company)

Suwannee County School Board, Florida, authorization to check our company's previous performance.

Authorizing Signature: _____

W. B. Wilson Sr.

REFERENCE

COMPANY NAME: _____

DANA B. Kenyon Co.

COMPANY ADDRESS: _____

5772 TIMUGUANA Rd JAX FL 32210

CONTACT PERSON: _____

MATT Kenyon

PHONE NUMBER: FAX NUMBER: _____

904-777-0833

***STOP* Remaining to be completed by SCSB**

TECHNICAL PERFORMANCE							
	EXCELLENT			UNSATISFACTORY			
FACTORS / RATINGS:	6	5	4	3	2	1	N/A
Completion of major tasks/milestones/deliverables on schedule							
Responsiveness to changes in technical direction							
Ability to identify risk factors and alternatives for alleviating risk							
Ability to identify and solve problems expeditiously							
Ability to employ standard tools/methods							
MANAGEMENT PERFORMANCE							
	EXCELLENT			UNSATISFACTORY			
FACTORS / RATINGS:	6	5	4	3	2	1	N/A
Overall communication with staff							
Effectiveness and reliability of Contractor's Key Personnel							
Ability to recruit and maintain qualified personnel							
Ability to manage multiple and diverse projects/tasks from planning throughout execution							
Ability to effectively manage subcontractors							



MANAGEMENT PERFORMANCE							
	EXCELLENT			UNSATISFACTORY			
FACTORS / RATINGS:	6	5	4	3	2	1	N/A
Ability to accurately estimate and control cost to complete task							
Overall performance in planning, scheduling and monitoring							
Use of management tools (e.g. cost/schedule, task management tools)							
CUSTOMER SATISFACTION							
	EXCELLENT			UNSATISFACTORY			
FACTORS / RATINGS:	6	5	4	3	2	1	N/A
How would you rate the Contractor's overall technical performance on this contract / order?							
How would you rate the Contractor's ability to be cooperative, business like and concerned with interest of the customer?							
Total Dollar Amount of Contract:							
Additional Comments:							
Would you use this Contractor Again?	<input type="checkbox"/>	YES				<input type="checkbox"/>	NO

