

REQUEST FOR QUOTATION

CITY OF WINTER HAVEN

" An Equal Opportunity Employer"

RFQ-10-11

Please return quote to:
City of Winter Haven
Procurement Service Division
P.O. Box 2277
Winter Haven, FI 33883-2277

For additional information and clarification contact:

* Department Name: Community Services

Leisure Services

*Contact Person: Andy Palmer

*Telephone #: 863-291-5656

DATE ISSUED: 2/26/2010

Please quote on the following items:

Table with 4 columns: Item*, Quantity*, Description*, and two empty columns. Row 1: Annual Contract - Split Rail Fencing. Row 2: Specifications and bid sheet are attached.

Procurement Services Division Director:

Handwritten signature of Bob Burkhead

DELIVERY WANTED:

We offer to sell you as above F.O.B., Winter Haven, Florida. Delivery can be made in _____ days from receipt of order.

Date: _____ Return this quotation NOT LATER THAN 2:00 P.M., March 16, 2010

TO: Procurement Services Division, address above or FAX TO 863-291-5666

SIGNATURE: _____

NAME PRINTED: _____

COMPANY NAME: _____

ADDRESS: _____

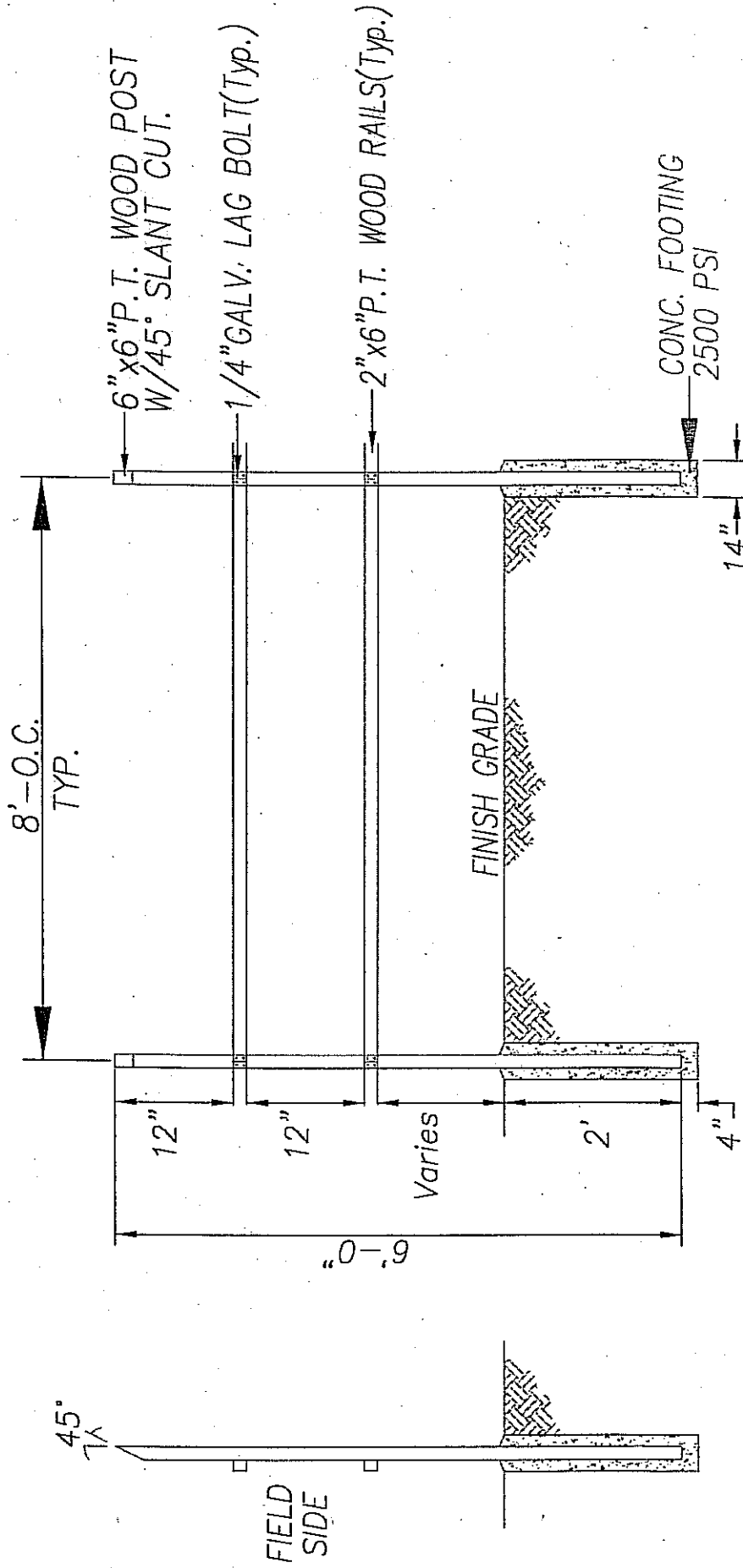
CITY/STATE: _____

PHONE: _____

FAX: _____

EMAIL ADDRESS: _____

City of Winter Haven Split Rail Fence Detail



ELEVATION

SECTION

WOOD RAIL FENCE

NOT TO SCALE

City of Winter Haven Split Rail Fencing Contract

Project Description

The City of Winter Haven wishes to establish a continuing contract for furnishing the materials and installation of split rail fencing as per the detail attached to this bid. The intent is to establish unit prices for the categories as outlined on the bid sheet. It is anticipated that the successful contractor will be utilized on a project by project basis. Each project will be awarded based on the linear foot price as outlined on the bid form and at a linear footage and completion time agreed upon by both the contractor and the City. The successful contractor will be responsible for obtaining all applicable permits for the each project. Any applicable permit fees will be paid for by the City and are not to be included in the per linear foot price as established in this bid.

The period of performance for this contract is for one year from the date of award. It may be extended for four (4) additional one (1) year periods at the same terms and conditions, with the mutual agreement of all parties. On the anniversary of the execution of the agreement each year, the selected provider may petition the City for a rate adjustment equal to the change in the cost of doing business as measured by the Consumer Price Index, after completion of the **first** year.

Contractor's license, proof of liability and workers compensation insurance will be required prior to awarding the contract(s).

The Contractor shall, at its own expense, procure and maintain, with insurers acceptable to the City (Owner), the types and amounts of insurance conforming to the minimum requirements set forth herein. The Contractor shall not commence work until the required insurance is in force and evidence of insurance acceptable to the Owner has been provided to and approved by the Owner. As evidence of compliance with the insurance required herein, Contractor shall furnish Owner with (a) a fully completed satisfactory Certificate of Insurance (ACORD Form 25 or equivalent) evidencing all coverage required herein, and a copy of the actual additional insured endorsement as issued on the Commercial General Liability policy, signed by an authorized representative of the insurer(s) verifying inclusion of Owner's officials, officers and employees as Additional Insured in the Commercial General Liability coverage; (b) the original of the policy(ies); or (c) other evidence satisfactory to Owner. Such evidence shall include thirty (30) days written notice of cancellation to the Owner for all coverage.

1. Workers' Compensation Insurance

Such insurance shall be no more restrictive than that provided by the Standard Workers' Compensation Policy, as filed for use in Florida by the National Council of Compensation Insurance, without restrictive endorsements. In addition to coverage for the Florida Workers' Act, where appropriate, coverage is to be included for the Federal Employer's Liability Act and any other applicable Federal

or State law. The minimum amount of coverage (inclusive of any amount provided by an umbrella or excess policy) shall be:

Part One: "Statutory"
Part Two: \$500,000 Each Accident
\$500,000 Disease-Policy Limit
\$500,000 Disease-Each Employee

The policy must be endorsed to waive the insurer's right to subrogation against Owner and its officials, officers and employees in the manner which would result from the attachment of National Council on Compensation Insurance's (NCCI) Waiver of Our Right to Recover From Others' Endorsement (Advisory Form WC 00 03 13) with Owner and its officials, officers and employees scheduled thereon.

2. General Liability Insurance

Such insurance shall be no more restrictive than that provided by the standard Commercial General Liability Form (ISO Form CG 00 01) as filed for use in the State of Florida without any restrictive endorsements other than those required by ISO or the State of Florida or those described below. The coverage may include restrictive endorsements which exclude coverage for liability arising out of:

- Mold, fungus, or bacteria
- Terrorism
- Sexual molestation

The Owner and the Owner's officials, officers and employees shall be included as an "Additional Insured" on a form no more restrictive than ISO Form (CG 20 10), Additional Insured - Owners, Lessees, or Contractors. The minimum limits (inclusive of amounts provided by an umbrella or excess policy) shall be:

\$1,000,000 General Aggregate
\$1,000,000 Products/Completed Operations Aggregate
\$1,000,000 Personal and Advertising Injury
\$1,000,000 Each Occurrence

3. Automobile Liability Insurance

Such insurance shall be no more restrictive than that provided by Section II (Liability Coverage) of the most recent version of the standard Business Auto Policy (ISO Form CA 00 01) without restrictive endorsements, including coverage for liability contractually assumed, and shall cover all owned, non-owned, and hired autos used in connection with the performance of the work. Such insurance shall not be subject to any aggregate limit and the minimum limits (inclusive of any amounts provided by an umbrella or excess policy) shall be:

\$1,000,000 Each Occurrence - Bodily Injury and Property Damage Combined

Bid Award

The City of Winter Haven Split Rail Fencing Contract will be awarded based on a combination of the lowest price in the 201-1000 Linear Feet Category and previous split rail fencing jobs utilizing the specified detail. The 201-1000 Linear Feet Category is anticipated to be the length of the majority of the projects utilizing this bid.

- The previous split rail fencing jobs experience will be established by submitting a minimum of one reference detailing a similar fence job utilizing a similar detail to include job location and photos depicting the work.
- Once contacted by City staff, an authorized representative of the contractor must be able to physically meet an authorized City of Winter Haven representative at a proposed project site within three calendar days.

Bid Sheet

City of Winter Haven Split Rail Fence Materials and Installation (as specified)	
Category	Per Linear Foot Price
0-200 Linear Feet	\$
201-1000 Linear Feet (lowest price is based on this category)	\$
1001 + Linear Feet	\$
Bidders must bid on all items - no partial bids	

For questions regarding this bid please contact Andy Palmer at 863-291-5656 or apalmer@mywinterhaven.com.