

Day Dreams Uniforms Inc.

6911 Heritage Dr., Port St. Lucie Fl. 34952
Phone: (772)-429-7454 Fax: (772)-429-8717

April, 14 2021

We at Day Dreams Uniforms fully understand the scope of work needed for the county and their uniforms.

Nicole Rogers(Manager), and Jennifer Dunn(Associate) are authorized to work your account. Each employee can be reach at the above contact information.

Organization Profile and Qualifications

Day Dreams Uniforms has been in business for over 35 years. We are located here in St Lucie County just north of Prima Vista on US1, less than 7 miles from the City Department Office. Orders will be taken by our employees who are familiar with the process, knowing what questions to ask and how to fill orders correctly. Embellishment of items is done on site.

We are currently providing uniforms for St Lucie County School Board Food Service Department, Martin County Sheriff's Office, St. Lucie County Sheriff's offices, Indian River State College, Fort Pierce, St Lucie County School Board, and many more; all that have a large number of employees/students to which we size, order, alter, personalize, and complete uniforms for.

Our Employer Identification number is 65-050-8411. Resale Certificate is 66-8011935748-6. St Lucie County Local Business Tax Receipt is 5999-00930472. Florida Profit Corp number is P94000040260

Item Substitutions

The following items were substituted because of the asked for item was discontinued. These items are equal to and have been in production for years.

Line 21 Elbeco Short Rise Trouser E314S is no longer being manufactured.

Line 30 Item 5.11 Womens Stryke shorts Style 63306-WS is no longer being manufactured.

Line 45 Item Turtleneck Dickie from Fechheimer - replaced with Rothco 2006

Line 49-50 Item Acrylic Sweater - replaced with Classroom Brand style 56434

Line 55-56 Item Edwards Skirt – replaced with Edwards Skirt 9733

Line 64 Item Daystone Cap – replaced with Port Authority Cap C932

EBid #20210031 Supply of Sworn Officer Uniforms

Excel Spreadsheet- Schedule A

Attachment C

Line #	Product Information	Style	Color	Size	Est. Qty	Unit Price	Est. Total
1	Elbeco LS Shirt-Mens	Z314	Navy	Small - X-Large	25	\$ 35.95	\$898.75
2	Elbeco LS Shirt-Mens	Z314	Navy	2X - 4X	5	\$ 39.95	\$199.75
3	Elbeco LS Shirt-Mens	Z310	White	Small - X-Large	10	\$ 38.75	\$387.50
4	Elbeco LS Shirt-Mens	Z310	White	2X - 4X	3	\$ 44.99	\$134.97
5	Elbeco SS Shirt-Mens	Z3314	Navy	Small - X-Large	25	\$ 33.95	\$848.75
6	Elbeco SS Shirt-Mens	Z3314	Navy	2X - 4X	5	\$ 38.95	\$194.75
7	Elbeco SS Shirt-Mens	Z3310	White	Small - X-Large	25	\$ 35.95	\$898.75
8	Elbeco SS Shirt-Mens	Z3310	White	2X - 4X	5	\$ 39.95	\$199.75
9	Elbeco SS Shirt Mens	Z3313	Lt. Blue	14 1/2-22	10	\$ 37.80	\$378.00
10	Elbeco LS Shirt-Ladies	Z9314	Navy	Small - X-Large	10	\$ 40.20	\$402.00
11	Elbeco LS Shirt-Ladies	Z9314	Navy	2X - 4X	3	\$ 45.90	\$137.70
12	Elbeco LS Shirt-Ladies	Z9310	White	Small - X-Large	5	\$ 40.20	\$201.00
13	Elbeco LS Shirt-Ladies	Z9310	White	2X - 4X	3	\$ 45.90	\$137.70
14	Elbeco LS Shirt Ladies	Z9313	Lt. Blue	Small - X-Large	10	\$ 40.20	\$402.00
15	Elbeco SS Shirt-Ladies	Z9814	Navy	Small - X-Large	10	\$ 33.95	\$339.50
16	Elbeco SS Shirt-Ladies	Z9814	Navy	2X - 4X	3	\$ 38.95	\$116.85
17	Elbeco SS Shirt-Ladies	Z9810	White	Small - X-Large	10	\$ 35.95	\$359.50
18	Elbeco SS Shirt-Ladies	Z9810	White	2X - 4X	3	\$ 39.95	\$119.85
19	Elbeco SS Shirt-Ladies	Z9813	Lt. Blue	Small - X-Large	10	\$ 37.95	\$379.50
20	Elbeco Trousers-Mens-Regular	E314R	Navy	Waist 28-46	25	\$ 34.95	\$873.75
21	Elbeco Trousers-Mens-Short	E314S	Navy	Waist 28-46	10		\$0.00
22	Elbeco Trousers-Ladies	9314LC	Navy	Size 2-18	25	\$ 34.95	\$873.75
23	Elbeco Trousers-Ladies	9314LC	Navy	Size 20-36	3	\$ 38.95	\$116.85
24	5.11 Taclite Pro Pants-Mens	74273	Black	Waist 28-44	50	\$ 42.95	\$2,147.50
25	5.11 Taclite Pro Pants-Ladies	64360	Black	Sizes 2-22	25	\$ 42.95	\$1,073.75
26	5.11 Stryke Flex-Tac Pant Men	74369	All	Waist 28 - 44	500	\$ 59.85	\$29,925.00
27	5.11 Stryke Pant Womens	64386	All	Waist 2-18	100	\$ 59.85	\$5,985.00
28	Shorts	73287	Dark Navy	Small - 3XL	10	\$ 41.95	\$419.50
29	5.11 Stryke Shorts- Men	73327	Dark Navy	Waist 28-44	25	\$ 58.90	\$1,472.50
30	5.11 Stryke Shorts- Women	63306-WS	Dark Navy	Waist 2-18	25		\$0.00
30	5.11 Performance Polo Short Sleeve Mens	71049	All	Small - 3XL	500	\$ 36.95	\$18,475.00
31	5.11 Performance Polo Long Sleeve Mens	72049	All	Small - 3XL	100	\$ 38.95	\$3,895.00
32	5.11 Performance Polo Short Sleeve Womens	61165	All	Small - 3XL	100	\$ 36.95	\$3,695.00
33	5.11 Taclite Pro LS Shirt	72175	Navy	Small - 3XL	20	\$ 45.95	\$919.00
34	5.11 Tactical Series Rapid Response LS Shirt	72194	Navy	Small - 3XL	20	\$ 49.95	\$999.00
35	Spiewak Winter Jacket-Outer Shell	S3616-011	Dark Navy	Medium - 3X	10	\$ 119.00	\$1,190.00
36	Spiewak Winter Jacket-Outer Shell	S3616-003	Black	Medium - 3X	10	\$ 119.00	\$1,190.00
37	Spiewak Softshell Jacket/Liner	S318Z-011	Navy	All Sizes	25	\$ 99.96	\$2,499.00

EBid #20210031 Supply of Sworn Officer Uniforms

Excel Spreadsheet- Schedule A

Attachment C								
38	Spiewak Softshell Jacket/Liner	S318Z-003	Black	All Sizes	25	\$	99.96	\$2,499.00
39	Samuel Broome uniform clip on tie	900	Midnight Blue	18" & 21"	20	\$	4.25	\$85.00
40	Police Trooper Style Hat	R13	Midnight Blue	1 to 11	20	\$	49.90	\$998.00
	Keystone R-13			12 & up	2	\$	49.90	\$99.80
41	Rain Hat Cover		Clear		25	\$	3.50	\$87.50
	Keystone S23A							
42	Elbco UFX Ultra-Light Tactical Polo SS Mens	TBD	All Colors	Small - 3XL	25	\$	31.95	\$798.75
43	Elbco UFX Ultra-Light Tactical Polo LS Mens	TBD	All Colors	Small - 3XL	25	\$	45.90	\$1,147.50
44	Elbco UFX Ultra-Light Tactical Polo SS Womens	TBD	All Colors	Small - 3XL	25	\$	31.95	\$798.75
45	Cotton Turtleneck Dickie-Unisex	52000	Navy		20	\$	9.00	\$180.00
	Fecheimer Flying Cross 52186							
46	Flexfit Blend Hat	6277	Dark Navy	S/M - L/XL	50	\$	16.00	\$800.00
47	Flexfit Blend Hat	ATB100	Dark Navy	S/M - L/XL	50	\$	17.25	\$862.50
48	Leather Belt 1.5"-Velcro Closure	6530	Black	Waist 28-46	10			\$0.00
	Boston Leather 6630				10	\$	17.20	\$172.00
49	Sweater-Unisex, 100% Acrylic	6300	Navy	Small-X-Large	10	\$	30.00	\$300.00
50	Sweater-Unisex 100% Acrylic School Apparel 6300		Navy	2X-3X	2	\$	30.00	\$60.00
51	Edwards Shorts-Mens	2410	Navy	Waist 28-44	25	\$	21.22	\$530.50
52	Edwards Shorts-Mens	2410	Navy	Waist 46-54	2	\$	24.20	\$48.40
53	Edwards Shorts-Ladies	8473	Navy	Sizes 0-18	20	\$	20.95	\$419.00
54	Edwards Shorts-Ladies	8473	Navy	Sizes 18W-28W	2	\$	23.90	\$47.80
55	Edward Skirt- Ladies	9789-007	Dark Navy	Size 0-18	4	\$	43.90	\$175.60
56	Edwards Skirt- Ladies	9789-007	Dark Navy	Size 18W-28W	4	\$	51.78	\$207.12
57	Edwards Pants- Mens	2534	Dark Navy	28-42	25	\$	32.95	\$823.75
58	Edwards Pants- Mens	2534	Dark Navy	44-48	25	\$	37.90	\$947.50
59	Edwards Pants- Mens	2534	Dark Navy	50-54	5	\$	40.90	\$204.50
60	Edwards Pants- Women	8532	Dark Navy	0-20	25	\$	32.95	\$823.75
61	Edwards Pants- Women	8532	Dark Navy	22-24	1	\$	37.90	\$37.90
62	Edwards Pants- Women	8532	Dark Navy	26-28	1	\$	40.90	\$40.90
63	Edwards Pants- Women	8532	Dark Navy	30-32	1	\$	43.90	\$43.90
64	Daystone Cap-Classic Poplin-Mesh Back	21505	Navy	1 Size-Adjustable	25	\$	4.00	\$100.00
			Vivid					
65	Port Authority Tech Pique SS Polo Shirt-Mens	K527	blue/white/splendid yellow	Small- 3XL	35	\$	19.00	\$665.00
66	Port Authority Tech Pique SS Polo Shirt-Ladies	L527	blue/white/splendid yellow	Small-XXL	35	\$	19.00	\$665.00
67	Sport Tek Polo Shirt- Mens	ST640	Colors Vary	XS-XL	50	\$	9.50	\$475.00
68	Sport Tek Polo Shirt- Mens	ST640	Colors Vary	2X-3X	25	\$	11.00	\$275.00
69	Sport Tek Polo Shirt- Womens	LST640	Colors Vary	XS-XL	50	\$	9.50	\$475.00
70	Sport Tek Polo Shirt- Womens	LST640	Colors Vary	2XL-3X	25	\$	11.00	\$275.00
71	Sport Tek Polo Shirt- Men's	ST660	True Navy		50	\$	11.00	\$550.00
			Heather	XS-XL				

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72	Sport Tek Polo Shirt- Men's	ST660	Heather	2X-3X	25	\$ 12.50	\$312.50
73	Sport Tek Polo Shirt- Ladies	LST660	True Navy Heather	XS-XL	50	\$ 11.00	\$550.00
74	Sport Tek Polo Shirt- Ladies	LST660	True Navy Heather	2X-3X	25	\$ 12.50	\$312.50
75	Pro Celeberty "Empire" Polo	KLM289 or KTM989	Carolina Blue	XS- XL	20	\$ 20.90	\$418.00
76	Pro Celeberty "Empire" Polo	KLM289 or KTM989	Carolina Blue	XXL	10	\$ 23.90	\$239.00
77	Pro Celeberty "Empire" Polo	KLM289 or KTM989	Carolina Blue	XXXL	5	\$ 24.90	\$124.50
78	Pro Celeberty Men Polo Shirt	102	Electric Blue or Carolina Blue	SM-XL	20	\$ 18.90	\$378.00
79	Pro Celeberty Men Polo Shirt	102	Electric Blue or Carolina Blue	XXL	20	\$ 19.90	\$398.00
80	Pro Celeberty Men Polo Shirt	102	Electric Blue or Carolina Blue	XXXL	5	\$ 21.90	\$109.50
81	Pro Celeberty Men Polo Shirt	102	Maize	Small – XL	10	\$ 18.90	\$189.00
82	Pro Celeberty Men Polo Shirt	102	Maize	XXL	5	\$ 19.90	\$99.50
83	Mens Long Sleeve Southeastern Polyester Shirt Zippered	9101Z	All	Size 14-17.5	25	\$ 38.05	\$951.25
84	Mens Long Sleeve Southeastern Polyester Shirt Zippered	9101Z	All	Size 18-19	10	\$ 41.08	\$410.80
85	Mens Long Sleeve Southeastern Polyester Shirt Zippered	9101Z	All	Size 19.5-20	5	\$ 44.08	\$220.40
86	Ladies Long Sleeve Southeastern Polyester Shirt Zippered	L9101Z	All	Size 30-40	25	\$ 38.05	\$951.25
87	Ladies Long Sleeve Southeastern Polyester Shirt Zippered	L9101Z	All	Size 42-46	5	\$ 41.08	\$205.40
88	Ladies Long Sleeve Southeastern Polyester Shirt Zippered	L9101Z	All	Size 48-50	5	\$ 44.08	\$220.40
89	Mens Short Sleeve Southeastern Polyester Shirt Zippered	9201Z	All	Size 14-17.5	50	\$ 36.66	\$1,833.00
90	Mens Short Sleeve Southeastern Polyester Shirt Zippered	9201Z	All	Size 18-19	25	\$ 39.08	\$977.00
91	Mens Short Sleeve Southeastern Polyester Shirt Zippered	9201Z	All	Size 19.5-20	5	\$ 42.08	\$210.40
92	Ladies Short Sleeve Southeastern Polyester Shirt Zippered	L9201Z	All	Size 30-40	5	\$ 36.66	\$183.30
93	Ladies Short Sleeve Southeastern Polyester Shirt Zippered	L9201Z	All	Size 42-46	5	\$ 39.08	\$195.40
94	Ladies Short Sleeve Southeastern Polyester Shirt Zippered	L9201Z	All	Size 48-50	5	\$ 42.08	\$210.40
95	Mens Southeastern Dress Trouser	9001	All	Size 28-42	25	\$ 36.90	\$922.50
96	Mens Southeastern Dress Trouser	9001	All	Size 44-50	10	\$ 39.90	\$399.00
97	Mens Southeastern Dress Trouser	9001	All	Size 52-54	10	\$ 43.90	\$439.00
98	Mens Southeastern Dress Trouser Short Rise	9001SR	All	Size 28-42	25	\$ 36.90	\$922.50
99	Mens Southeastern Dress Trouser Short Rise	9001SR	All	Size 44-50	10	\$ 39.90	\$399.00

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100	Mens Southeastern Dress Trouser Short Rise	9001SR	All	Size 52-54	10	\$ 43.90	\$439.00
101	Ladies Southeastern Dress Trouser	L9001	All	Size 2-18	25	\$ 36.90	\$922.50
102	Ladies Southeastern Dress Trouser	L9001	All	Size 20-28	3	\$ 39.90	\$119.70
TOTAL FOR ALL ITEMS						\$113,468.29	

Miscellaneous pricing for items listed in bid specs:			Unit Price
103	Embroidery-Police Emblem 2.5"X3.5"	various	\$ 6.50
104	Embroidery - 0.35"	various	\$ 2.00
105	Embroidery - 0.50"	various	\$ 2.00
106	Embroidery -0.75"	various	\$ 2.00
107	Embroidery-1"	various	\$ 3.00
108	Embroidery-1.5"	various	\$ 5.00
109	Embroidery-2"	various	\$ 6.00
110	Silk Screen Printing 0.50"	various	\$ 8.00
111	Silk Screen Printing 0.75"	various	too vague
112	Silk Screen Printing 1"	various	
113	Silk Screen Printing 2"	various	
114	Silk Screen Printing 2.5"	various	
115	Silk Screen Printing 3"	various	
116	Silk Screen Printing 4"	various	
117	Sewing on Patches	various	\$ 2.00



SUPPLIER LOCATION CERTIFICATION

The undersigned, as a duly authorized representative of the Supplier listed herein, certifies to the best of their knowledge and belief, that the Supplier's location is correctly reflected based upon the below information. For purposes of this section, "Location" shall mean a business which:

- a) How far is the Supplier's fixed office or distribution point located from City Hall; and
- b) Is the principal offeror who is a single offeror; a business which is the prime contractor and not a subcontractor; or a partner or joint venturer submitting an offer in conjunction with other businesses.

Complete the following and upload this document and the Google Maps print out to the required sourcing platform:

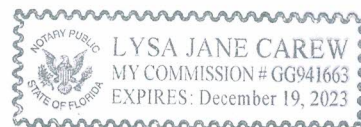
Business Name: Day Dreams Uniforms Inc.	
Current Local Address: 6911 Heritage Dr. Port St. Lucie, FL 34952	Phone: 772-429-7454
Length of time at this address: 15 years	Fax: 772-429-8717
Please provide your prior business address if the above address has been for less than one (1) year, prior to the issuance of this solicitation.	
Length of time at this address:	
Home Office Address: 6911 Heritage Dr. Port St. Lucie, FL 34952	Phone: 772-429-7454
Length of time at this address: 15 years	Fax: 772-429-8717

(Signed) *Nicole Rogers*
 (Title) Manager

STATE OF FLORIDA }
 COUNTY OF ST. LUCIE } SS:

The foregoing instrument was acknowledged before me this (Date) 4/12/2021

by: Nicole Rogers who is personally known to me or who has produced
FLDL as identification and who did (did not) take an oath.



Lysa Jane Carew Lysa Jane Carew Commission No. 66941663
 Notary (print & sign name)



"A City for All Ages"

NOTICE TO ALL PROPOSERS:

To ensure fair consideration is given for all Proposers, it must be clearly understood that upon release of the proposal and during the proposal process, firms and their employees of related companies as well as paid or unpaid personnel acting on their behalf shall not contact or participate in any type of contact with City employees, department heads or elected officials, up to and including the Mayor and City Council. The "Cone of Silence" is in effect for this solicitation from the date the solicitation is advertised on DemandStar, until the time an award decision has been approved by City Council and fully executed by all parties. Information about the Cone of Silence can be found under the City of Port St. Lucie Ordinance 20-15, Section 35.13. Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through Ms. Michelle Fentress, Issuing Officer, for the procurement of these services.

All questions regarding this Solicitation are to be submitted in writing to Shelby Dolan, Procurement Agent I with the Procurement Management Department via e-mail sdolan@cityofpsl.com, or by phone 772-873-6338. Please reference the Solicitation number on all correspondence to the City. All questions, comments and requests for clarification must reference the Solicitation number on all correspondence to the City. Any oral communications shall be considered unofficial and non-binding.

Only written responses to written communication shall be considered official and binding upon the City. The City reserves the right, at its sole discretion, to determine appropriate and adequate responses to the written comments, questions, and requests for clarification.

*NOTE: All addendums and/or any other correspondence before bid close date (general information, question and responses) to this solicitation will be made available exclusively through the [DemandStar's Website](#) for retrieval. All notice of intent to award documentation will be published on the [City Clerk's Website](#). Proposers are solely responsible for frequently checking these websites for updates to this solicitation.

I understand and shall fully comply with all requirements of City of Port. St. Lucie Ordinance 20-15, Section 35.13.

Typed Name: Nicole Rogers

Signed: _____

Company and Job Title: Day Dreams Uniforms Inc Manager

Date: 04/10/21

eBID NO. 20210031 – Attachment K
PROJECT TITLE: Supply of Sworn Officer Uniforms

CONTRACTOR INFORMATION / VERIFICATION FORM

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: Day Dreams Uniforms Inc.

Corporate Title: _____

Address: 6911 Heritage Dr.

Port St. Lucie, FL 34952
(Zip Code)

By: Nicole Rogers Manager
(Print name) (Print title)


(Authorized Signature)

Telephone: (772) 429-7454

Fax: (772) 429-8717

Contact Person: Nicole Rogers Email Address: daydreamspsl@yahoo.com

State License # P94000040260 (ATTACH COPY)

County License # 5999-00930472 (ATTACH COPY)

City License: (ATTACH PROOF OF REGISTRATION WITH THE CITY)

Type of License: 5999 Misc Retail (Uniforms)

Unlimited _____ (yes/no)

If "NO", Limited to what trade? _____

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000040260

Entity Name: DAY DREAMS UNIFORMS, INC.

Current Principal Place of Business:

6911 HERITAGE DR
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

6911 HERITAGE DR
PORT SAINT LUCIE, FL 34952 US

FEI Number: 65-0508411

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SELENT, DIANE
6911 HERITAGE DR.
PORT ST. LUCIE, FL 34952 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DIANE SELENT

02/08/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name SELENT , DIANE
Address 6911 HERITAGE DR
City-State-Zip: PORT SAINT LUCIE FL 34952

Title SEC.
Name ROGERS, NICOLE M
Address 2780 S FEDERAL HWY
City-State-Zip: STUART FL 34994

Title TRES
Name ROGERS, ROBERT E
Address 6911 HERITAGE DR
City-State-Zip: PORT SAINT LUCIE FL 34952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIANE SELENT

PRESIDENT

02/08/2021

Electronic Signature of Signing Officer/Director Detail

Date

DRUG-FREE WORKPLACE FORM
E-Bid # 20210031
Supply of Sworn Officer Uniforms

The undersigned Contractor in accordance with Florida Statute 287.087 hereby certifies that

Day Dreams Uniforms Inc. does:
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 Florida Statutes or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



Bidder's Signature

04/10/21

Date:



"A City for All Ages"

E-Verify Form

Supplier/Consultant acknowledges and agrees to the following:

- 1. Shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Supplier/Consultant during the term of the contract; and
2. Shall expressly require any subcontractors performing work or providing services pursuant to the state contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.

E-Verify Company Identification Number 1640269
Date of Authorization 02/09/21
Name of Contractor Day Dreams Uniforms Inc.
Name of Project
Solicitation Number (If Applicable)

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on April 10th, 2021 in Port St. Lucie (city), FL (state).

Signature of Authorized Officer (handwritten signature)

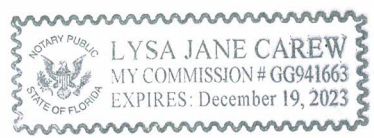
Nicole Rogers Manager
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 12th DAY OF April, 2021.

NOTARY PUBLIC (handwritten signature)

My Commission Expires: 12/19/2023



Mandatory Questions

These questions are Pass/Fail. To be considered responsive, responsible and eligible for award, you must answer all questions in this section.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

Question #	Questions per Proposal Factors/Categories	Response by Contractor. Some Answers may be Answered by a Yes or No; However, Some Questions May Require a Detailed Response	Upload Attachments with Additional Information?	Attachment File Name (Must Reference Page Number of Answer to Corresponding Question)
Proposal Factors				
1	Do you have an office location between St. Lucie County and Martin County?	Yes. St. Lucie County. 6911 Heritage Dr. Port St. Lucie, FL 34952		
2	How long at your present business? How long at present location?	37 years in business. At present location 15 years.		
	How you worked with other Police departments similar to ours to supply uniforms? If so, please list at least (3) similar to this along with a brief description of client name, and client phone.	Yes, we have worked with other Law Enforcement Agencies. St Lucie County Sheriff's office Christine Devany (772)429-7454 Martin County Sheriff's Office Lisa Woolrich (772)220-7134 St Lucie County Fire Department John Wallace(772)621-3391		
3	Has the Company received a cure notice from a government entity in the past 3 years?	No.		
4	Does the Company have a drug-free workplace program?	Yes.		
5	Is the Company claiming Local Preference under City Ordinance 35.12?	Yes.		
6	Does the Bidder accept the Purchasing Card (Visa)?	Yes.		
7	Has the Proposer or any of its principals ever been declared bankrupt or reorganized under Chapter 11	No.		
8	Does the Company have any lawsuits pending or completed within the past five (5) years involving the corporation, partnership or individuals with more than ten percent (10%) interest?	No.		
9	Does the Company have any judgments from lawsuits in the last five (5) years?	No.		
10	Does the Company have any criminal violations and/or convictions of the Proposer and/or any of its principals?	No.		



"A City for All Ages"

NON-COLLUSION AFFIDAVIT

20210031

Supply of Sworn Officer Uniforms

State of Florida }

County of St. Lucie }

Nicole Rogers, being first duly sworn, disposes and says that:
(Name/s)

1. They are Manager of Day Dreams Uniforms Inc. the Proposer that
(Title) (Name of Company)

has submitted the attached PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such PROPOSAL;

3. Such Proposal is genuine and is not a collusive or sham Proposal;

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contract for which the attached proposal has been submitted or to refrain from proposing in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) *Nicole Rogers*

(Title) Manager



"A City for All Ages"

STATE OF FLORIDA }
COUNTY OF ST. LUCIE } SS:

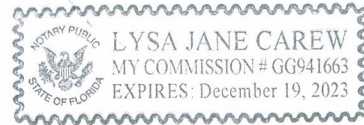
The foregoing instrument was acknowledged before me this (Date) 4/12/2021

by: Nicole Rogers who is personally known to me or who has produced
FDK as identification and who did (did not) take an oath.

Commission No. GG941663

Notary Print: Lisa Jane Carew

Notary Signature: [Handwritten Signature]



Day Dreams Uniforms Inc.

6911 Heritage Drive
Port St. Lucie, FL 34952
(772)-429-7454

Delivery Receipt

Delivery Date: ___/___/___

Officer Name	# of Bags	Extra Notes

Delivered By: _____

Received By: _____



Day Dreams Uniforms Inc
 6911 Heritage Drive
 Port Saint Lucie Florida 34952
 772-429-7454
 daydreamsuniforms.com

INVOICE

Bill To
Port St. Lucie Police Department
 121 SW Port St. Lucie BLVD.
 Port St. Lucie
 34984 Florida
 U.S.A

Invoice#
INV-14651

Invoice Date	Terms	Due Date	P.O.#
April 10, 2021	Net 45	May 25, 2021	SAMPLE OF INVOICE

#	Item & Description	Qty	Rate	Amount
1	Style, Description, Color, Size Employees uniforms name and sizes	1.00	123.40	123.40

Please let us know if you have any questions. Have a wonderful day!

Sub Total	123.40
Total	\$123.40
Balance Due	\$123.40



"A City for All Ages"

eBID #20210031 – ATTACHMENT J CONTRACTOR'S CODE OF ETHICS

The City of Port St Lucie ("City), through its Procurement Management Department ("Procurement Management Department") is committed to a procurement process that fosters fair and open competition, is conducted under the highest ethical standards and enjoys the complete confidence of the public. To achieve these purposes, Procurement Management Department requires each vendor who seeks to do business with the City to subscribe to this Contractor's Code of Ethics.

- ◆ A Contractor's bid or proposal will be competitive, consistent and appropriate to the bid documents.
- ◆ A Contractor will not discuss or consult with other Vendors intending to bid on the same contract or similar City contract for the purpose of limiting competition. A Vendor will not make any attempt to induce any individual or entity to submit or not submit a bid or proposal.
- ◆ Contractor will not disclose the terms of its bids or proposal, directly or indirectly, to any other competing Vendor prior to the bid or proposal closing date.
- ◆ Contractor will completely perform any contract awarded to it at the contracted price pursuant to the terms set forth in the contract.
- ◆ Contractor will submit timely, accurate and appropriate invoices for goods and/or services actually performed under the contract.
- ◆ Contractor will not offer or give any gift, item or service of value, directly or indirectly, to a City employee, City official, employee family member or other vendor contracted by the City.
- ◆ Contractor will not cause, influence or attempt to cause or influence, any City employee or City Official, which might tend to impair his/her objectivity or independence of judgment; or to use, or attempt to use, his/her official position to secure any unwarranted privileges or advantages for that Vendor or for any other person.
- ◆ Contractor will disclose to the City any direct or indirect personal interests a City employee or City official holds as it relates to a Vendor contracted by the City.
- ◆ Contractor must comply with all applicable laws, codes or regulations of the countries, states and localities in which they operate. This includes, but is not limited to, laws and regulations relating to environmental, occupational health and safety, and labor practices. In addition, Contractor must require their suppliers

(including temporary labor agencies) to do the same. Contractor must conform their practices to any published standards for their industry. Compliance with laws, regulations and practices include, but are not limited to the following:

- Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling and substitution methods.
- Providing workers with a safe working environment, which includes identifying and evaluating workplace risks and establishing processes for which employee can report health and safety incidents, as well as providing adequate safety training.
- Providing workers with an environment free of discrimination, harassment and abuse, which includes establishing a written antidiscrimination and anti-bullying/harassment policy, as well as clearly noticed policies pertaining to forced labor, child labor, wage and hours, and freedom of association.

Name of Organization/Proposer Day Dreams Uniforms Inc.
Signature Nicole Rogers
Printed Name and Title Nicole Rogers Manager
Date 04/10/21

DISCLAIMER: This Code of Ethics is intended as a reference and procedural guide to contractors. The information it contains should not be interpreted to supersede any law or regulation, nor does it supersede the applicable contractor contract. In the case of any discrepancies between it and the law, regulation(s) and/or contractor contract, the law, regulatory provision(s) and/or vendor contract shall prevail.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Day Dreams Uniforms Inc.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> <p>5 Address (number, street, and apt. or suite no.) See instructions. 6911 Heritage Dr</p> <p>6 City, state, and ZIP code Port St. Lucie, FL 34952</p> <p>7 List account number(s) here (optional)</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> <p>Requester's name and address (optional)</p>
---	--

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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-		
-	-	-	-							
or										
Employer identification number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border: 1px solid black;">6</td> <td style="width: 12.5%; border: 1px solid black;">5</td> <td style="width: 12.5%; border: 1px solid black;">-</td> <td style="width: 12.5%; border: 1px solid black;">0</td> <td style="width: 12.5%; border: 1px solid black;">5</td> <td style="width: 12.5%; border: 1px solid black;">0</td> <td style="width: 12.5%; border: 1px solid black;">8</td> <td style="width: 12.5%; border: 1px solid black;">4</td> <td style="width: 12.5%; border: 1px solid black;">1</td> <td style="width: 12.5%; border: 1px solid black;">1</td> </tr> </table>	6	5	-	0	5	0	8	4	1	1
6	5	-	0	5	0	8	4	1	1	

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	<p>Signature of U.S. person ▶ <i>Mule Pappas</i></p>	<p>Date ▶ <i>04/10/21</i></p>
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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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
04/07/2021

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER State Farm CRAIG CAMPBELL INSURANCE AGENCY, INC. 712 SE BECKER ROAD PORT ST. LUCIE, FL 34984	CONTACT NAME: J. ANANIA PHONE (A/C, No, Ext): 772-878-2010 FAX (A/C, No): 772-878-0203 E-MAIL ADDRESS: joan.anania.h9rb@statefarm.com PRODUCER CUSTOMER ID #:										
	INSURED DAY DREAMS UNIFORMS, INC. 6911 HERITAGE DR. PORT ST. LUCIE, FL 34952-8277	INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <td>INSURER A : State Farm Mutual Automobile Insurance Company</td> <td>NAIC # 25178</td> </tr> <tr> <td>INSURER B :</td> <td></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> </table>	INSURER A : State Farm Mutual Automobile Insurance Company	NAIC # 25178	INSURER B :		INSURER C :		INSURER D :		INSURER E :
INSURER A : State Farm Mutual Automobile Insurance Company	NAIC # 25178										
INSURER B :											
INSURER C :											
INSURER D :											
INSURER E :											

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2008	MAKE / MANUFACTURER JEEP	MODEL LIBERTY	BODY TYPE SPORT WAGON	VEHICLE IDENTIFICATION NUMBER 1J8GP28KX8W134513
DESCRIPTION		VEHICLE/EQUIPMENT VALUE \$	SERIAL NUMBER	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		<input checked="" type="checkbox"/> VEHICLE LIABILITY	885 6549-F16-59	12/16/2020	06/16/2021	COMBINED SINGLE LIMIT	\$
		<input type="checkbox"/> GENERAL LIABILITY				BODILY INJURY (Per person)	\$ 1,000,000
		<input type="checkbox"/> OCCURRENCE				BODILY INJURY (Per accident)	\$ 1,000,000
		<input type="checkbox"/> CLAIMS MADE				PROPERTY DAMAGE	\$ 1,000,000
						EACH OCCURENCE	\$
						GENERAL AGGREGATE	\$
							\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
A		<input checked="" type="checkbox"/> VEH COLLISION LOSS	885 6549-F16-59	12/16/2020	06/16/2021	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
A		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC	885 6549-F16-59	12/16/2020	06/16/2021	<input type="checkbox"/> <input type="checkbox"/> STATED AMT	\$ 250.00 DED
		<input type="checkbox"/> EQUIPMENT				<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
						<input type="checkbox"/>	\$ DED

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

Select one of the following:
 The additional interest described below has been added to the policy(ies) listed herein by policy number(s).
 A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

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.

VEHICLE / EQUIPMENT INTEREST:	<input type="checkbox"/> LEASED	<input type="checkbox"/> FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST
NAME AND ADDRESS OF ADDITIONAL INTEREST CITY OF PT ST LUCIE 121 SW PORT ST LUCIE BLVD PORT ST LUCIE L 34984			<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE
			LOAN / LEASE NUMBER
			AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/12/2021

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).

PRODUCER A BETTER DEAL INSURANCE AGENCY 1034 SW Bayshore Blvd Port St Lucie, FL 34983 License#:A180465	CONTACT NAME: PHONE (A/C, No, Ext): (772)871-1975	FAX (A/C, No): (772)871-9134	
	E-MAIL ADDRESS: lennym55@bellsouth.net		
INSURED DAY DREAMS UNIFORMS INC 6911 HERITAGE DR 2780 S US 1 STUART PORT ST LUCIE, FL 34952 4298717	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A: LLOYDS OF LONDON		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/>			mercfl004673-7	04/24/2021	04/24/2022	EACH OCCURRENCE \$ 1,000,000
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS						\$
	NON-OWNED AUTOS						\$
	UMBRELLA LIAB <input type="checkbox"/>						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/>						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	CONTENTS 65,000			mercfl004673-7	04/24/2021	04/24/2022	AOP 1,000 DED WIND 5%

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Port St. Lucie, a municipality of the State of Florida, its officers, employees and agents, Contract #20210031- Sworn Officer Uniforms

CERTIFICATE HOLDER CITY OF PORT ST LUCIE 121 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984	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
--	--



ONE TOWER SQUARE
HARTFORD CT 06183

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE v INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-8K303752-21-42-G

RENEWAL OF (UB-8K303752-20-42-G)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA
A Stock Company

NCCI CO CODE: 13439

1.

INSURED:

DAY DREAMS UNIFORMS, INC.
2780 SE FEDERAL HWY
STUART, FL 34994

PRODUCER:

OMEGA INSURANCE SOLUTION
1820 E EDGEWOOD DR
LAKELAND, FL 33803

Insured is **A CORPORATION**

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from **04-09-21** to **04-09-22** 12:01 A.M. at the insured's mailing address.

3. **A. WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:
FL

B. EMPLOYERS LIABILITY INSURANCE: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident: \$ 100,000 Each Accident
Bodily Injury by Disease: \$ 500,000 Policy Limit
Bodily Injury by Disease: \$ 100,000 Each Employee

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here:

AL AR AZ CA CO CT DC DE GA HI IA ID IL IN KS KY LA MA MD ME MI MN
MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VA VT WI
WV

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made **ANNUALLY**

DATE OF ISSUE: 02-12-21 SD

OFFICE: ELMIRA NY SRV CTR 700

PRODUCER: OMEGA INSURANCE SOLUTION X2766