

ABC Towing of Port St Lucie, LLC

1337 SW Biltmore St.

Port St Lucie, FL 34983

772-344-4882

8/19/19

City of Port St Lucie

RFP #20190108

Request for Proposal

For

Citywide Towing Services

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**CONTRACTOR QUESTIONNAIRE
RFP #20190108****CITYWIDE TOWING SERVICES**

It is understood and agreed that the following information is to be used by the City of Port St. Lucie to determine the qualifications of Proposers to perform the work required. The Contractor waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Contractor.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, Contractor, surety, bank material or equipment manufacturer, or distributor, or any person, firm, or corporation to furnish the City of Port St. Lucie any pertinent information requested by the City deemed necessary to vary the information on this questionnaire.

Dated this 10th day of August, 2019.

ABC Towing of Port St. Lucie, LLC
Name of Organization / Proposer

By: Donnie Barton - owner
Name and Title

(If more space is needed, please attach additional sheets.)

1. Corporation, Partnership, Joint Venture, Individual or other?
We are a Limited Liability Company, LLC.
2. Firm's name and main office address, telephone and fax number, e-mail:
ABC Towing of Port St. Lucie, LLC, 1337 SW Biltmore St. PSL, 34983, (772) 344-4882 - phone (772) 344-4886 - fax Donnie@abctowingtc.com
3. Firm's previous names (if any).
N/A
4. How many years has your organization been in business as a Towing / Wrecker Service Provider? 4 years
5. Number of years in Florida as a Towing / Wrecker Service Provider? 4 years
6. Last three (3) projects of this type completed by your firm for Florida municipal governments and/or private entities. Give agency, type service and contact person, telephone # and e-mail
Agency Service Contact Telephone E-mail Attached
7. List contracts where Towing / Wrecker Services were not a success. List the name or the owner of the C, location, date and reasons of failure. N/A
8. Status of Contracts on hand.

All in Good Standing

9. Describe your experience with Government clients. *On Rotation with st. Lucie Co. Sheriff's Office for the last 3 1/2 years.*
10. What best differentiates your company from your competitors? *Attached*
11. Provide Five (5) references similar to our City in terms of scope of services, nature, and complexity requested and size. (Please use the attached Reference Check Form- Make 5 copies)

Attached

This is a word document. Please add space when necessary.

ADDENDUM ACKNOWLEDGMENT - Consultant acknowledges that the following addenda have been received and are included in his/her proposal:

Addendum Number	Date Issued
Addendum #1	8-7-2019
Addendum #2	8-7-2019

AGREEMENT - Consultant agrees to comply with all requirements stated in the specifications for this RFP.



[The remainder of this page left blank intentionally.]

Contractor Questionnaire

RFP #20190108

6. St. Lucie Co. Sheriff's Office, Towing Rotation, Sheriff Mascara, 772-462-3200, kmascara@stluciesheriff.com

United Rentals, Towing and Transport Services, David Sullivan, 772-398-9788, dasulliv@ur.com

Coggin Automotive, Towing Services, Emil Weinbender, 772-617-0819, eweinbender@cogginauto.com

10. ABC Towing has 2 owners with a combined 30 years of experience towing on the Treasure Coast. Through this experience they know what is expected of them as a company on police rotation and they will make sure all their employees understand this also. The owners personally answer the phones 24/7 to ensure each job is completed in a timely manner.

CITY OF PORT ST LUCIE
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Proposer Instructions: Fill out top portion only.
(Please print or type)

SRFP Number: 20190108

Title: Citywide Towing Services

Proposer/Respondent: ABC Towing/St. Lucie Co. Sheriff's OfficeReference: Towing RotationFax #: 772-462-3372Email: caglioni@stluciesheriff.com Telephone #: 772-462-7300Person to contact: Dave Caglioni

Reference Instructions: The above Proposer has given your name to the City of Port St. Lucie as a reference.
Please complete the information below.

Describe the scope of work of the contract awarded by your firm/entity to this Contractor. What type of services were performed?

What is the size of your agency and what services did the vendor provide?

Did the towing / wrecker provider respond to all incidents in a timely manner? And, within the specified contractual guidelines?

What problems were encountered with the contract?

How would you rate the contractor on a scale of low (1) to high (10) for the following?

Professionalism _____

Final Product _____

Qualifications _____

Cooperation _____

Budget Control _____

Reliability _____

Would you contract with this Towing / Wrecker contractor again? Yes ☐ No ☐ Maybe ☐

Comments:

Thank you.

Note: All references must be submitted "complete" with the RFP Proposal by the submittal deadline.

CITY OF PORT ST LUCIE
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM

Proposer Instructions: Fill out top portion only.
(Please print or type)

SRFP Number: 20190108

Title: Citywide Towing Services

Proposer/Respondent: ABC Towing/Hannan EnvironmentalReference: TowingFax #: 772-344-7378Email: Jamie@gothannan.com Telephone #: 772-403-9775Person to contact: Jamie Hannan

Reference Instructions: The above Proposer has given your name to the City of Port St. Lucie as a reference.
Please complete the information below.

Describe the scope of work of the contract awarded by your firm/entity to this Contractor. What type of services were performed?

What is the size of your agency and what services did the vendor provide?

Did the towing / wrecker provider respond to all incidents in a timely manner? And, within the specified contractual guidelines?

What problems were encountered with the contract?

How would you rate the contractor on a scale of low (1) to high (10) for the following?

Professionalism _____

Final Product _____

Qualifications _____

Cooperation _____

Budget Control _____

Reliability _____

Would you contract with this Towing / Wrecker contractor again? Yes ☐

No ☐Maybe ☐

Comments:

Thank you.

Note: All references must be submitted "complete" with the RFP Proposal by the submittal deadline.

CITY OF PORT ST LUCIE
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM

Proposer Instructions: Fill out top portion only.
(Please print or type)

SRFP Number: 20190108
Title: Citywide Towing Services
Proposer/Respondent: ABC Towing / All County Ambulance
Reference: Towing Fax #: 772-465-1150
Email: jsalvesen@allcounty Telephone #: 772-465-1111
Person to contact: John Salveson ambulance.com

Reference Instructions: The above Proposer has given your name to the City of Port St. Lucie as a reference. Please complete the information below.

Describe the scope of work of the contract awarded by your firm/entity to this Contractor. What type of services were performed?

What is the size of your agency and what services did the vendor provide?

Did the towing / wrecker provider respond to all incidents in a timely manner? And, within the specified contractual guidelines?

What problems were encountered with the contract?

How would you rate the contractor on a scale of low (1) to high (10) for the following?

Professionalism _____
Qualifications _____
Budget Control _____

Final Product _____
Cooperation _____
Reliability _____

Would you contract with this Towing / Wrecker contractor again? Yes ☐ No ☐ Maybe ☐

Comments:

Thank you.

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CITY OF PORT ST LUCIE
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Proposer Instructions: Fill out top portion only.
(Please print or type)

SRFP Number: 20190108

Title: Citywide Towing Services

Proposer/Respondent: ABC Towing / Coggin Automotive

Reference: Towing

Fax #: 772-409-8499

Email: eweinbender@cogginauto.com Telephone #: 772-409-1677

Person to contact: Emil Weinbender

Reference Instructions: The above Proposer has given your name to the City of Port St. Lucie as a reference. Please complete the information below.

Describe the scope of work of the contract awarded by your firm/entity to this Contractor. What type of services were performed?

What is the size of your agency and what services did the vendor provide?

Did the towing / wrecker provider respond to all incidents in a timely manner? And, within the specified contractual guidelines?

What problems were encountered with the contract?

How would you rate the contractor on a scale of low (1) to high (10) for the following?

Professionalism _____

Final Product _____

Qualifications _____

Cooperation _____

Budget Control _____

Reliability _____

Would you contract with this Towing / Wrecker contractor again? Yes ☐

No ☐

Maybe ☐

Comments:

Thank you.

Note: All references must be submitted "complete" with the RFP Proposal by the submittal deadline.

CITY OF PORT ST LUCIE
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Proposer Instructions: Fill out top portion only.
(Please print or type)

SRFP Number: 20190108

Title: Citywide Towing Services

Proposer/Respondent: ABC Towing/ United RentalsReference: Towing and TransportFax #: 772-398-9718Email: dasullivan@ur.comTelephone #: 772-398-9788Person to contact: David Sullivan

Reference Instructions: The above Proposer has given your name to the City of Port St. Lucie as a reference.
Please complete the information below.

Describe the scope of work of the contract awarded by your firm/entity to this Contractor. What type of services were performed?

What is the size of your agency and what services did the vendor provide?

Did the towing / wrecker provider respond to all incidents in a timely manner? And, within the specified contractual guidelines?

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Professionalism _____

Final Product _____

Qualifications _____

Cooperation _____

Budget Control _____

Reliability _____

Would you contract with this Towing / Wrecker contractor again? Yes ☐

No ☐Maybe ☐

Comments:

Thank you.

Note: All references must be submitted "complete" with the RFP Proposal by the submittal deadline.

Executive Summary

ABC Towing knows what it takes to be a tow company on Police Rotation. The owners, Donnie Barton and Mike Bordonali, have a combined 30 years' experience working for and owning companies that were on Police Rotations, including Port St Lucie Police Dept. ABC Towing is currently on Police Rotation for the St Lucie Co. Sheriff's Office and has been for the last 3 years. Mr. Barton and Mr. Bordonali personally answer the phones at ABC Towing 24 hours a day and understand the urgency of getting a truck to the scene as promptly and safely as possible. ABC Towing has all experienced drivers who have run police rotation calls and have been properly trained to handle any situation. All drivers are in high visibility safety uniforms and all our trucks are newer and properly outfitted for running police calls. ABC Towing's office is centrally located in Port St Lucie which will help in getting trucks on scene wherever needed in Port St Lucie in a timely fashion. We understand it's a privilege to be on the towing rotation for Port St Lucie Police Dept. and we will do everything needed to be an asset for the department.

Management Plan

1. All calls at ABC Towing are answered by one of the two owners 24 hours a day. This guarantees that an experienced person will answer the call and get it dispatched out promptly to the right driver.
2. ABC Towing always has at least 3 drivers on call 24 hours a day. We also keep an extra truck at our office so that one of the owners can use if needed. We will always have a driver available to get to any call in the city well within the allowed time.
3. All of ABC Towing's drivers have been towing for over 5 years and have been trained on how to operate on a law enforcement scene. We have monthly training classes to continue to educate our drivers so that they are prepared for any scene they pull up to.
4. Donnie Barton, owner at ABC Towing, will oversee all day to day tasks pertaining to this police rotation. He has 15 years' experience in owning and running tow companies on the Treasure Coast that were on police rotations. This experience allows him to know what is expected of a tow company on rotation for law enforcement and how to relay this information to his employees.

ABC Towing Office and Storage Yard

ABC Towing's office and storage yard is centrally located in Port St Lucie at 1337 SW Biltmore St. This location, being so centrally located, will allow our trucks to get anywhere in the city in a timely fashion when we get a Police Rotation call. Also, this location will be convenient and easy to find for anyone needing to pick up their vehicle. There is space to store approximately 50-60 cars outside and 3-4 inside if needed. We have a walkup window for customers to pay their bills, sign Insurance Release forms, or anything else they might need. The property is surrounded by a 6' high fence, we have flood lights all around the property, and we have 10 security cameras that cover the entire property. We also have 2 signs, a 3'x5' and a 2'x4', on the front of the building so that customers will have no problem finding us. This lot is secured 24 hours a day and we have never had any issues with any of the vehicles that have been stored here in the past.

ABC Towing Owners

Owners:

1. **Donnie Barton** – Been a resident of Port St Lucie for over 40 years. He was 50% owner of Reliable Towing for 13 years. During his ownership, Reliable Towing was a very successful tow company on the Treasure Coast. During this time, Reliable Towing was on rotation with St Lucie Co. Sheriff's, Port St Lucie PD, Ft Pierce PD, Martin Co. Sheriff's, Stuart PD, and Florida Highway Patrol. Donnie has brought all this experience with him to ABC Towing to help make ABC Towing one of the best tow companies on the Treasure Coast.
2. **Mike Bordonali** – Been a resident of St Lucie Co. for over 40 years. Before purchasing ABC Towing in June of 2015, Mike worked in the towing industry on the Treasure Coast for approximately 15 years. During those years Mike has run hundreds of police rotation calls and knows exactly what needs to be done when called to a scene and he makes sure to pass along that information to all of ABC's drivers.

ABC Towing
1337 SW Biltmore St.
Port St. Lucie, FL 34983
772-344-4882
772-344-4886 Fax

Drivers List

8/10/19

1. Donald Barton	8/23/74	B635-184-74-303-0
2. Michael Bordonali	8/8/77	B635-541-77-288-0
3. Henry Thompson	6/6/69	T512385-69-206-0
4. Bryan Bailey	11/28/81	B400-071-81-428-0
5. Joseph Thomas Jr.	9/25/84	T520-492-84-345-0
6. Jefferson Summerlin	7/20/86	S564-422-86-260-0
7. Francis Erlacher	7/20/68	E642-250-68-260-0 CDL
8. William Foote	6/21/71	F300-931-71-221-0 CDL

ABC Towing
1337 SW Biltmore St.
Port St. Lucie, FL 34982
772-344-4882
772-344-4886 Fax

Truck List

1. 2016 Ford F650 Flatbed - 1FDWX6DC7GDA03098
2. 2018 Hino 268 Flatbed - 5PVNJ8JP6J4S52259
3. 2018 Hino 268 Flatbed - 5PVNJ8JP0J4S52385
4. 2019 Hino 258 Flatbed - 5PVNJ8JP6K4S52506
5. 2019 Ford F550 Wheel-Lift - 1FD0W5HT7KEC52646
6. 2017 Volvo Tractor 4V4NC9EH7HN989661
7. 2016 Kayln Siebert Trailer - 5DDKM5325G1007971
8. 2018 Volvo Tractor 4V4NC9DG5JN890254
9. 2018 Kayln Siebert Trailer - 5DDKM5322J1008275

Final

**Request for Taxpayer
Identification Number and Certification**

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
ABC Towing of Port St. Lucie, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **S**
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1337 SW Baltimore St

6 City, state, and ZIP code
Port St. Lucie, FL 34983

7 List account number(s) here (optional)

8 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
[] [] [] - [] [] [] [] [] []
or
Employer identification number
47-4258327

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

Sign Here Signature of U.S. person ▶ **[Signature]** Date ▶ **8-10-19**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/9/2019

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 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 Chase Insurance Agency, Inc 333 N W 70 Ave; #108 Plantation FL 33317		CONTACT NAME: Aileen Deyoung PHONE (A/C, No, Ext): 954-792-4300 E-MAIL ADDRESS: aileen@chaseinsurance.net FAX (A/C, No): 954-791-9344		
INSURED ABC Towing Of Pt St Lucie LLC 1337 SW Biltmore Street Pt St Lucie FL 34983		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: AmGuard Insurance Company		42390
		INSURER B: Hallmark Insurance Co		34037
		INSURER C:		
		INSURER D:		
		INSURER E:		
INSURER F:				

COVERAGES

CERTIFICATE NUMBER: 1275853928

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 SUBR INSD 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		K2GP006315	6/2/2019	6/2/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		K2GP006315	6/2/2019	6/2/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Personal Injury \$ 10,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		77HX184D8F	6/2/2019	6/2/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Garage Keepers Legal Liability On Hook & Cargo		K2GP006315 K2GP006315	6/2/2019 6/2/2019	6/2/2020 6/2/2020	Ded 500 250,000 Ded 1,000 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Pt St Lucie, a municipality of the State of Florida, its officers, employees agents and shall include Contract #210901108 Citywide Towing Services shall be listed as additional insured

CERTIFICATE HOLDER**CANCELLATION**

City of Pt St Lucie
121 S.W. Port St. Lucie Blvd
Pt St Lucie FL 34984

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

VEHICLE SCHEDULE

Insured: ABC Towing Of Pt St Lucie LLC

Policy Term: 06/02/19 To 06/02/20

Vehicle Information

YEAR	MAKE	MODEL	COMPRE- HENSIVE	COLLISION	ON HOOK & CARGO	VEHICLE I.D.
2016	Ford	Rollback	1000	1000	250,000	1FDWX6DC7GDA03098
2017	Volvo	Tractor	1000	1000	250,000	4V4NC9EH7HN989661
2018	Volvo	Tractor	1000	1000	250,000	4V4NC9DG5JN890254
2018	Kalyn	Trailer	1000	1000	N/A	5DDKM5322J1008275
2016	Kalyn	Trailer	1000	1000	N/A	5DDKM5325G1007971
2018	HINO	Rollback	1000	1000	250,000	5PVNJ8JP6J4S52385
2018	HINO	Rollback	1000	1000	250,000	5PVNJ8JP6J4S52259
2019	HINO	Rollback	1000	1000	250,000	5PVNJ8JP6K4S52506
2019	Ford	Wrecker	1000	1000	250,000	1FD0W5HT7KEC52646



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/10/2019

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PRODUCER Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland NJ 07068		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: NorGUARD Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 31470
INSURED ABC TOWING OF PORT ST LUCIE LLC 1337 SW Biltmore St. Port St. Lucie FL 34983				

COVERAGES

CERTIFICATE NUMBER: 1234232

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	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS -COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	N	ABWC949781	08/27/2018 08/27/2019 <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE -EA EMPLOYEE \$ 1,000,000 E.L. DISEASE -POLICY LIMIT \$ 1,000,000

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

Job Reference: RFP #20190108

CERTIFICATE HOLDER**CANCELLATION**

City of Port St Lucie 121 SW Port St. Lucie Blvd. Port St. Lucie FL 34984	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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CITY OF PORT SAINT LUCIE BUSINESS TAX RECEIPT

PLEASE POST IN CONSPICUOUS PLACE OR KEEP ON PERSON

Term: 10/1/ 2018 — 9/30/ 2019

2018 - 2019

Business Address: 1337 SW BILTMORE ST

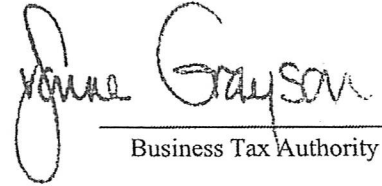
BTR#: 141082

Date Made: 09/05/2018

Business Name: ABC TOWING OF PORT ST LUCIE, LLC

Mailing Address: 1337 SW BILTMORE ST

PORT ST LUCIE, FL 34983


Business Tax Authority

Category: Category 3 EMERGENCY VEHICLE \$134.00
Additional Data: TOWING SERVICE (NO STORAGE IN PARKING AREA OR LANDSCAPE STRIPS, NO WORK ON VEHICLES PERMITTED)

Total Tax Paid: **\$134.00**

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

This receipt does not warrant that the receipt holder is competent to perform in the business, but that the holder has paid the required tax and provided the necessary documentation (if required) for this business. Valid only when all state and local regulated trade licenses/competency cards are valid for the current fiscal year as required by law.



2018 - 2019

St. Lucie County Local Business Tax Receipt

Facilities or machines # Rooms # Seats # Employees #2 Receipt #1019114
Type of business 7299 MISC/PUBLIC SERVICE (Towing) Expires SEPTEMBER 30, 2019

DBA name Business ABC Towing of Port St. Lucie, LLC
Mailing address: ABC Towing of Port St. Lucie, LLC Business location: 1337 SW Biltmore ST
1337 SW Biltmore ST Port St Lucie, FL 34983
Port St Lucie, FL 34983

RENEWAL	\$3.00	City of Pt St Lucie	
Original tax:	\$15.10	3420-635-0576-000/7	
Penalty:	\$2.27		
Collection cost:	\$4.00		
Total:	\$24.37	Paid 11/02/2018 24.37	0017-20181102-001025

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the local business taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession or occupation.

Pursuant to Florida law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1 of each year and shall expire on September 30 of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1 shall be delinquent and subject to a delinquency penalty of 10 percent for the month of October. An additional 5 percent penalty for each month of delinquency is added until paid, provided that the total delinquency penalty shall not exceed 25 percent of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector is entitled to a collection fee of \$1 to \$5. This fee is based on the amount of Local Business Tax, which will be collected from delinquent taxpayers after September 30 of the business year.

This receipt is a Local Business Tax only. It does not permit the local business taxpayer to violate any existing regulatory or zoning laws of the state, county or city. It also does not exempt the local business taxpayer from any other taxes, licenses or permits that may be required by law.

Pursuant to Florida law, Local Business Taxes are subject to change.

ABC Towing of Port St. Lucie, LLC
1337 SW Biltmore ST
Port St Lucie, FL 34983

CITY OF PORT ST. LUCIE, FLORIDA
SRFP #20190108
CITYWIDE TOWING SERVICES

STATE OF FLORIDA
E-VERIFY

Contract No: RFP #20190108

Financial Project No(s): _____

Project Description: Citywide Towing Services

Vendor/Consultant acknowledges and agrees to the following:

Vendor/Consultant:

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 Vendor/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.

Company/Firm: ABC Towing of Port St. Lucie, LLC

Authorized Signature: 

Title: Owner


Date: 8-10-19

DRUG-FREE WORKPLACE FORM
SRFP #20190108
CITYWIDE TOWING SERVICES

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that
ABC Towing of Port St. Lucie, LLC 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.



Proposer's Signature

8-10-19
Date

CITY OF PORT ST. LUCIE, FLORIDA
SRFP #20190108
CITYWIDE TOWING SERVICES

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO BE COMPLETED BY PRIME PROPOSER:

Name of Firm: ABC Towing of Port St. Lucie, LLC

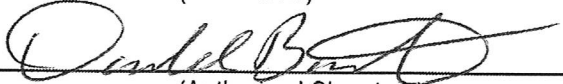
Corporate Title: Owner

Address: 1337 SW Biltmore St.

34983

(Zip Code)

By: Donnie Barton Owner
(Print name) (Print title)


(Authorized Signature)

Telephone: (772) 344-4882

Fax: (772) 344-4886

State License # _____ (ATTACH COPY)

County License # 1019114 (ATTACH COPY)

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

Type of License: Emergency Vehicle / Towing Service

Unlimited _____ (yes/no)

If "NO", Limited to what trade? _____

CONTRACTOR CODE OF ETHICS
SRFP #20190108
CITYWIDE TOWING SERVICES

The City of Port St Lucie ("City"), through its Procurement Management Department ("PMD") 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, PMD requires each Contractor who seeks to do business with the City to subscribe to this Contractor 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 Contractors intending to bid on the same contract or similar City contract for limiting competition. A Contractor 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 Contractor 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 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 Contractor 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 Contractor contracted by the City.
- ◆ Contractors 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, Contractors must require their suppliers (including temporary labor agencies) to do the same. Contractors 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 ABC Towing of Port St. Lucie, LLC

Signature Donald Barton

Printed Name and Title Donald Barton - Owner

Date 8-10-19

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 Contractor contract shall prevail.

CERTIFICATION:

This SRFP-Proposal is submitted by: Name (print) Donald Barton who is an officer of the above firm duly authorized to sign proposals and enter into contracts. I certify that this SRFP-#20190108 is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud.

The proposer understands that information contained in this Bid Reply will be relied upon by City in awarding the proposed Contract and such information is warranted by the proposer to be true. The undersigned proposer agrees to furnish such additional information, prior to acceptance of any proposal relating to the qualifications of the proposer, as may be required by the City.

I certify that the information and responses provided on this Bid Reply are true, accurate and complete. The City may contact any entity or reference listed in this Bid Reply. Each entity or reference may make any information concerning the Consultant available to the City.

I agree to abide by all conditions of this SRFP-Bid.:

Donald Barton
Signature

Owner
Title

If a corporation renders this SRFP-Proposal, the corporate seal attested by the secretary shall be affixed below. Any agent signing this SRFP-Proposal shall attach to this form evidence of legal authority.

Witnesses:**If Partnership:**

Michael A. Borchert
Print name

ABC Towing of Port St. Lucie, LLC
Print Name of Firm

Michael A. Borchert

By: Donald Barton
(General Partner)

Keri L. Barton
Print name

Keri L. Barton

If Corporation:**If Individual:**

Print Name of Corporation

Signature

By: _____
(President)

Print Name

Attest: _____
(Secretary)

NON-COLLUSION AFFIDAVIT
SRFP #20190108
CITYWIDE TOWING SERVICES

State of Florida }

County of St. Lucie }

Donald Barton, being first duly sworn, disposes and says that:
 (Name/s)

1. They are ABC Towing of Port St. Lucie the Proposer that Owner (Title)
 (Name of Company)

has submitted the attached bid/PROPOSAL;

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

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

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 Bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding 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) [Signature]

(Title) Owner

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

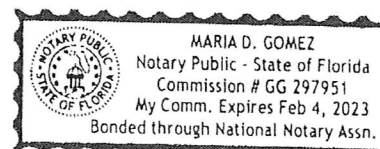
The foregoing instrument was acknowledged before me this 8/15/19
 (Date)

by: Donald Barton who is personally known to me or who has produced

Personally Known as identification and who did (did not) take an oath.

Maria Gomez Maria Gomez
 Notary (print & sign name)

Commission No. GG 297951



TRUTH-IN-NEGOTIATION CERTIFICATE AND AFFIDAVIT

STATE OF FLORIDA §
COUNTY OF §

Before me, the undersigned authority, personally appeared affiant Donald Barton,
who being first duly sworn, deposes and says:

1. That the undersigned firm is furnishing this Truth in Negotiation Certificate pursuant to Section 287.055(5)(a) of the Florida Statutes for the undersigned firm to receive an agreement for professional services with the City of Port St. Lucie, St. Lucie County, Florida.

2. That the undersigned firm is a corporation which engages in furnishing Citywide Towing Services and is entering into an agreement with the City of Port St. Lucie, St. Lucie County, Florida to provide these services for a project known as #20190108, Citywide Towing Services.

3. That the undersigned firm has furnished the City of Port St. Lucie, St. Lucie County, Florida a detailed analysis of the cost of the professional services required for the project.

4. That the wage rate information and other factual unit cost, which the undersigned firm furnished, were accurate, complete and current at the time the undersigned firm and the City of Port St. Lucie entered into the agreement for professional services on the project.

5. That the agreement which the undersigned firm and the City of Port St. Lucie entered into on this job contained a provision that the original agreement price and any additions thereto shall be adjusted to include any significant sums by which the City of Port St. Lucie determines the agreement price was increased due to inaccurate, incomplete or non-current wage rates or other factual unit cost and that all such agreement adjustments shall be made within one (1) year following the end of the agreement.

FURTHER AFFIANT SAYETH NAUGHT

ABC Towing of Port St. Lucie, LLC
Name of Firm

By:

Donald Barton
President

The foregoing instrument was acknowledged before me by Donald Barton who is personally known to me.

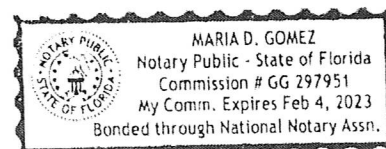
WITNESS my hand and official seal in the State of County last aforesaid this 5 the day of Aug, 2019.

(SEAL)

Maria D. Gomez
Signature

Maria Gomez
Notary Name (typed or printed)

Chief Advisor
Title or Rank



CHECKLIST
SRFP #20190108
CITYWIDE TOWING SERVICES

This checklist is provided to assist Proposers in the preparation of their bid response. Included in this checklist are important requirements that are the responsibility of each Proposer to submit with their response to make their bid response fully compliant. This checklist is only a guideline -- it is the responsibility of each Proposer to read and comply with the Request for Proposals in its entirety.

✓ Documents uploaded in one (1) .pdf file and in order as instructed in Section 8.0 Instructions for Preparation of Proposals for SRFP- #20190108; Certified Minority Business Certificate (if applicable), Local preference documents (if applicable) W9, current Certificate of Insurance, current License, five (5) reference forms, E-Verify Statement, Drug Free and Check list onto Demandstar by the due date and time. Materials shall be organized in the following order:

1. Cover Letter.
2. Table of contents.
3. Contractor's Questionnaire. Note: Be sure to acknowledge all Addenda on the questionnaire and sign where indicated.
4. Executive Summary.
5. Management Plan.
6. Current Contracts.
7. Prior litigation, arbitration, and claims, including those involving the City.
8. Other Materials related to value-added services.
9. Proposed Schedule.
10. Fee Schedule / Contractor's Cost Proposal.
11. Financial Stability.
12. References. **Note: All reference must be submitted "complete" with the RFP Proposal by the submittal deadline. The City of Port St. Lucie "may not" be used as a reference if you are currently doing business with the City.**

- ✓ All questions on the Contractor's Questionnaire are complete and thoroughly answered.
- ✓ Included the Contractor's Cost Proposal.
- ✓ Proposer has reviewed the "sample" Contract and accepts all City Terms and Conditions contained in the RFP And on the City's website.
- ✓ After review of uploaded documents on DemandStar by Onvia web site selected the Submit button at bottom of page.