

BID FORM

BID NUMBER: 15-3; Annual Mine Base Limerock & Mine Stabilizing Limerock

BID OPENING DATE: 2:00 pm, Wednesday, August 20, 2014

PLACE OF BID OPENING: Alachua County Purchasing Division, Third Floor
County Administration Building 12 SE 1st Street
Gainesville, Florida, 32601-6983

1) Limerock, Mine Base (for Roadway Base Construction), Plant Pick Up, Cost (\$) per Ton

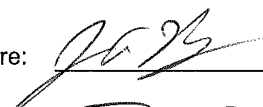
Tons (Plant Pick Up)	0-250 (TONS)	251-500 (TONS)	501-1000 (TONS)	Over 1001 (TONS)
Annual Est Usage: 20,000 Tons	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00

2) Limerock, Mine Stabilizing Base (Material for Stabilization), Plant Pick Up, Cost (\$) per Ton

Tons (Plant Pick Up)	0-250 (TONS)	251-500 (TONS)	501-1000 (TONS)	Over 1001 (TONS)
Annual Est Usage: 15,000 Tons	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00

3) Limerock, Top/Big Rock (Material for Road Stabilization in Wet Areas), Plant Pick Up, Cost (\$) per Ton

Tons (Pick Up)	0-250 (TONS)	251-500 (TONS)	501-1000 (TONS)	Over 1001 (TONS)
Annual Est Usage: 1,000 Tons	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00

Acknowledge Receipt of Addendum(s) (if applicable circle): #1 Yes ☒ No #2 Yes ☒ No #3 Yes ☒ NoBidder: Jay T. Blankensfeld Company: Commercial Industrial Corp.
Address: 11810 NW 115th Ave. Reddick, FL 32686Authorized Signature:  Title: Vice President

Clearly Print Signature: Jay T. Blankensfeld Title: Vice President

PHONE: 352-840-0161x111 FAX: 352-867-1859 DATE: 8/20/14

Email Address: jay@cicfl.com

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Circle One: **Yes (If yes, complete and sign the last page of this Exhibit)**
 No (If No, proceed to *Option 2.*)

Circle One: ☒ Yes (If yes, complete and sign the last page of this Exhibit)
☐ No (If No, proceed to *Option 3.*)

N/A

EXHIBIT B

BID NUMBER: 15-3: Annual Mine Base Limerock & Mine Stabilizing Limerock

OPTION 3: SBE Participation. I certify that our Company has contacted the **Alachua County's Certified SBEs** listed below. I state that the following information regarding SBE Subcontractors is true and correct to the best of my knowledge and belief.

Alachua County has adopted a 15% SBE participation goal and policies which encourage participation of Small Business Enterprises (SBE) in the provision of labor, time, supplies, services or construction items of any kind materials.

SBEs are located in the Alachua County Small Business Enterprise Directory, available at:
<http://smallbusdir.alachuacounty.us/>.

Subcontractor (any business entity holding a subcontract with the prime vendor) services are defined as, "a contract with another business entity that obtains labor, time, supplies, services or construction items of any kind."

Vendors submitting bids under this solicitation are to identify the intended SBE subcontractors. These SBEs have agreed to perform the work for **the total dollar value and percentage of the bid** set forth below.

If SBE subcontractors are not utilized and listed below or if option 1 or 2 was not chosen, you must proceed to *Option 4* and document your Good Faith Effort.

SBE Name of Contractor	SBE Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Est \$ Value) (Est % of Total Bid)	\$ _____ % (Esst \$ Value) (Est % of Total Bid)
Name of Contractor	Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Est \$ Value) (Est % of Total Bid)	\$ _____ % (Est \$ Value) (Est % of Total Bid)
Name of Contractor	Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Est \$ Value) (Est % of Total Bid)	\$ _____ % (Est \$ Value) (Est % of Total Bid)

N/A

EXHIBIT B

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OPTION 4: SBE Good Faith Effort. To be considered responsive all Vendors must demonstrate a good faith effort to utilize SBE subcontractors. The Vendor must complete the section below substantiating compliance with good faith effort requirements.

In accordance with Section 22.36, of the Alachua County Purchasing Code, I have solicited and received responses from the following Alachua County certified SBE companies. (The SBE vendor's response **MUST** be recorded in the section below.)

1	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: Phone:	/ /
Must be completed by. SBE Response when contacted:		
2	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: Phone:	/ /
Must be completed by. SBE Response when contacted:		
3	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: Phone:	/ /
Must be completed by. SBE Response when contacted:		
4	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: Phone:	/ /
Must be completed by. SBE Response when contacted:		
5	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: Phone:	/ /
Must be completed by. SBE Response when contacted:		
6	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: Phone:	/ /
Must be completed by. SBE Response when contacted:		
7	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: Phone:	/ /
Must be completed by. SBE Response when contacted:		
8	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: Phone:	/ /
Must be completed by. SBE Response when contacted:		

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I as the undersigned Vendor certify that I have completed one of the option(s) below (Circle One):

OPTION 1

OPTION 2

OPTION 3

OPTION 4

If you are unable to certify that, you have completed to the best of your knowledge and belief **OPTION 1, OPTION 2, OPTION 3 or OPTION 4**, Call (48 hours prior to bid opening) the Purchasing Division at 352.374.5202, for direction.

Vendor Name: Commercial Industrial Corp. Date 8/20/14Signature [Signature] Title Vice PresidentPrinted Name: Jay T. Blankenfeld Title Vice President

DRUG FREE WORKPLACE (COUNTY)

Section 22.09 Competitive Sealed Bidding of the Alachua County Purchasing Code states that in the evaluation of bids, all factors in the bidding process being equal, both as to dollar amount and ability to perform, priority will be given, first, to those vendors certifying a drug-free workplace, secondly, to certified small or minority bidders.

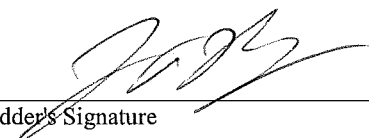
The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

Commercial Industrial Corp.
Name of Business

does:

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 bid 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 bid, 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 1893 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

8/20/14
Date

DRUG-FREE WORKPLACE FORM (CITY)

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

Commercial Industrial Corp. 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 the drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid 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 bid, 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 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

Date

(Execute either section I. or II, but not both; bidder may not modify language)

Bidder's Signature _____ Date 8/20/14

Bidder's Signature _____ Date _____



CERTIFICATE OF LIABILITY INSURANCE

COMMIND-02

HENRYC

DATE (MM/DD/YYYY)

3/20/2014

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 Insurance Office of America-OCA 3220 SW 33rd Road Ocala, FL 34474	CONTACT NAME: James Powell	FAX (A/C, No): (352) 368-2309	
	PHONE (A/C, No, Ext): (352) 368-1051	E-MAIL: james.powell@ioausa.com	
INSURED Commercial Industrial Corp. 11810 N.W. 115th Avenue Reddick, FL 32686-4217	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Hartford Fire Insurance Company		19682
	INSURER B: Hartford Insurance Company of the Midwest		37478
	INSURER C: Hartford Casualty Insurance Company		29424
	INSURER D: Sentinel Insurance Company, Ltd		11000
	INSURER E: Charter Oak Fire Insurance Company		25615
INSURER F:			

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		21UENQT2702	02/13/2014	02/13/2015	EACH OCCURRENCE	\$ 1,000,000
	☒ COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	☐ CLAIMS-MADE ☒ OCCUR					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
GEN'L AGGREGATE LIMIT APPLIES PER:							
	☐ POLICY ☒ PROJECT ☐ LOC						
B	AUTOMOBILE LIABILITY		21UENQT2703	02/13/2014	02/13/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	☒ ANY AUTO					BODILY INJURY (Per person)	\$
	☐ ALL OWNED AUTOS	☐ SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	☐ HIRED AUTOS	☐ NON-OWNED AUTOS				PROPERTY DAMAGE (PER ACCIDENT)	\$
							\$
C	☒ UMBRELLA LIAB	☒ OCCUR	21RHUQT2704	02/13/2014	02/13/2015	EACH OCCURRENCE	\$ 5,000,000
	☐ EXCESS LIAB	☐ CLAIMS-MADE				AGGREGATE	\$ 5,000,000
	☐ DED	☒ RETENTION \$ 10,000					\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		21WBQT2701	02/13/2014	02/13/2015	☒ WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐ Y/N				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E	Equipment Floater		QT-660-2B829401	02/13/2014	02/13/2015	Leased/Rented Equipmt	400,000
E	Installation / Build		QT-660-2B829401	02/13/2014	02/13/2015	Installation Floater	75,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Jay Blankenfeld License Number CGC1520485

CERTIFICATE HOLDER

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

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Commercial Industrial Corp.
1810 NW 115th Ave.
Reddick, FL 32686

Alachua County Purchasing, Third Floor
County Administration Building
12 SE 1st St
Gainesville, FL 32601

S-3; Annual Mine Base
in rock + Mine Stabilizing
in rock

8/20/14 - 2:00 PM

AUG 20 '14 PM 1:20