

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	\$ 5.25	\$ 5.25	\$ 5.25	\$ 5.25

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	\$ 5.25	\$ 5.25	\$ 5.25	\$ 5.25

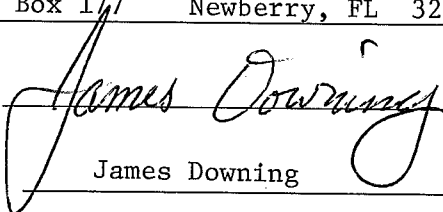
3) Limerock, Top/Big Rock (Material for Road Stabilization in Wet Areas), Plant Pick Up, Cost (\$) per Ton

Tons (Pick Up)	0-250 (TONS)	251-500 (TONS)	501-1000 (TONS)	Over 1001 (TONS)
Annual Est Usage: 1,000 Tons	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00

Acknowledge Receipt of Addendum(s) (if applicable circle): #1 Yes No #2 Yes No #3 Yes No

Bidder: Limestone Products, Inc. Company: Limestone Products, Inc.

Address: P.O. Box 177 Newberry, FL 32669

Authorized Signature:  Title: Operations Manager

Clearly Print Signature: James Downing Title: Operations Manager

PHONE: 352-472-2116 FAX: 352-472-2250 DATE: 8-19-2014

Email Address: sandy.owens2@yahoo.com

Small Business Enterprise (SBE) Program Participation Form (COUNTY ONLY)

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

OPTION 1: I certify that our Company is an Alachua County Certified Small Business Enterprise (SBE) registered prior to the Bid opening.

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

OPTION 2: I certify that our Company will perform ALL work and that no subcontractors will be utilized for this bid.

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

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)

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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:		

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

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

OPTION 1

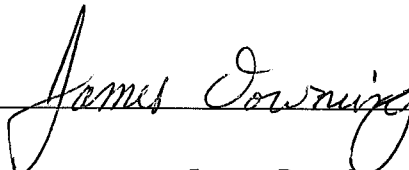
OPTION 2

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: Limestone Products, Inc. Date 8-19-2014

Signature  Title Operations Manager

Printed Name: James Downing Title Operations Manager

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

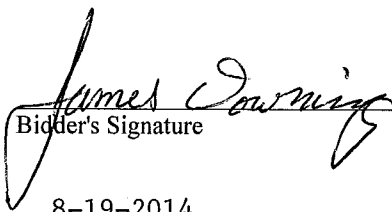
Limestone Products, Inc.

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

8-19-2014

Date

DRUG-FREE WORKPLACE FORM (CITY)

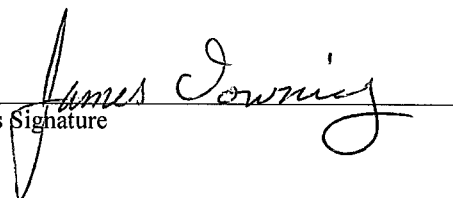
The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

Limestone Products, 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 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



8-19-2014

Date

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

Bidder's Signature James Downing Date 8-19-2014

Bidder's Signature _____ Date _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/12/2014

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 Edwards Church & Muse 4000 Park Road Charlotte NC 28209		CONTACT NAME: Trena Moelker PHONE (A/C No. Ext.): 704-227-1166 FAX (A/C No.): 704-227-1165 E-MAIL ADDRESS: moelker@ecmins.com	
		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers P & C of America	NAIC # 25674
INSURED LIMPR-2 Limestone Products, Inc Paul Stokey PO Box 1309 Monroe NC 28111		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 554816000

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	TR	TYPE OF INSURANCE	ADOL	SUBR	INSO	WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X	COMMERCIAL GENERAL LIABILITY	Y	Y			8304B063331TIL12	1/1/2014	1/1/2015	EACH OCCURRENCE \$1,000,000
		CLAIMS-MADE ☒ OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
										MEG EXP (Any one person) \$5,000
										PERSONAL & ADV INJURY \$1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE \$2,000,000
		POLICY ☐ PRO-JECT ☐ LOC								PRODUCTS - COMP/OP AGG \$2,000,000
		OTHER:								\$
A	X	AUTOMOBILE LIABILITY	Y	Y			81053888393TIL12	1/1/2014	1/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	X	ANY AUTO								BODILY INJURY (Per person) \$
		ALL OWNED AUTOS								BODILY INJURY (Per accident) \$
	X	HIRED AUTOS								PROPERTY DAMAGE (Per accident) \$
	X	Comp \$500								\$
		SCHEDULED AUTOS ☒ NON-OWNED AUTOS ☒ COLL \$1000								
A	X	UMBRELLA LIAB	Y	Y			CUP4B063331TIL12	1/1/2014	1/1/2015	EACH OCCURRENCE \$10,000,000
		EXCESS LIAB								AGGREGATE \$10,000,000
		DED ☐ RETENTION \$								\$
A	X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y	Y			YJUB3208R54112	1/1/2014	1/1/2015	X PER STATUTE OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) ☐ N/A								E.L. EACH ACCIDENT \$500,000
		If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE \$500,000
										E.L. DISEASE - POLICY LIMIT \$500,000
A	X	Contractors Equipment					QT6806692M564TIL12	1/1/2014	1/1/2015	Scheduled \$5,578,153 Rented/Leased \$500,000 Deductibles \$5000/\$1000

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

Alachua County Board of County Commissioners, its officials, employees and volunteers if required by written contract are additional insureds as respects general liability and auto liability on a primary and noncontributory basis. A waiver of subrogation is included for GL, auto and work comp in favor of certificate holder. A 30 day notice of cancellation applies except 10 days for nonpay.

CERTIFICATE HOLDER

CANCELLATION

Alachua County Board of County Commissioners
Risk Management
12 SE 1st Street 3rd Floor
Gainesville FL 32601

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

Barb Cam...

TRAVELERS

ONE TOWER SQUARE
HARTFORD, CT 06183

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 00 03 13 (00)-01

POLICY NUMBER: (YJUB-3208R54-1-14)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

SCHEDULE

DESIGNATED PERSON:

Alachua County Board of County Commissioners
Risk Management
12 SE 1st Street, 3rd Floor
Gainesville FL 32601

DESIGNATED ORGANIZATION:

ANY PERSON OR ORGANIZATION FOR WHICH THE INSURED HAS
AGREED BY WRITTEN CONTRACT EXECUTED PRIOR TO LOSS TO
FURNISH THIS WAIVER.

DATE OF ISSUE: 01-16-14

ST ASSIGN:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/14/2014

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PRODUCER
Edwards Church & Muse
4000 Park Road
Charlotte NC 28209

CONTACT NAME: Trena Moelker
PHONE (A/C, No, Ext): 704-227-1166
FAX (A/C, No): 704-227-1165
E-MAIL ADDRESS: moelker@ecmins.com

INSURED
Limestone Products, Inc
Paul Stokey
PO Box 1309
Monroe NC 28111

LIMPR-2

INSURER(S) AFFORDING COVERAGE
INSURER A: Travelers P & C of America
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

NAIC #
25874

COVERAGES

CERTIFICATE NUMBER: 1860202367

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	Y	83048063331TIL12	1/1/2014	1/1/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ca occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS ☒ Cmp \$500 ☒ Coll \$1000		8105368B393TIL12	1/1/2014	1/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$		CUP48063331TIL12	1/1/2014	1/1/2015	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	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	YJUB3208R54112	1/1/2014	1/1/2015	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Contractors Equipment		QT6606682M684TIL12	1/1/2014	1/1/2015	Scheduled \$5,578,153 Rented/Lessed \$500,000 Deductibles \$5000/\$1000

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

Certificate holder is additional insured as respects general liability.

CERTIFICATE HOLDER

City of Gainesville
Public Works Dept, MS 58
PO Box 490
Gainesville FL 32602

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

Barclay

Stone Products, Inc.
Box 177
Berry, FL 32669

15-3; Annual Mine Bas
Limerock + Mine Stabilizing
Limerock