

EMERGENCY WORK		
ELECTRICIAN (Licensed Journeyman)		
Regular Working Hours: Monday – Friday 8 am- 5 pm	\$ 48.65	/hour
Overtime Working Hours: Monday – Friday 5 pm- 8 am	\$ 72.00	/hour
Friday 5 pm - 12 Midnight Saturday	\$ 72.00	/hour
Sunday Working Hours: Saturday 12 Midnight - 8 am Monday	\$ 72.00	/hour
Holidays: 5 pm prior night - 8 am following day	\$ 72.00	/hour
ELECTRICIAN HELPER		
Regular Working Hours: Monday – Friday 8 am- 5 pm	\$ 33.75	/hour
Overtime Working Hours: Monday – Friday 5 pm- 8 am	\$ 50.6	/hour
Friday 5 pm - 12 Midnight Saturday	\$ 50.6	/hour
Sunday Working Hours: Saturday 12 Midnight - 8 am Monday	\$ 50.6	/hour
Holidays: 5 pm prior night - 8 am following day	\$ 50.6	/hour
Material Mark-up from wholesale rates	18%	

(Confirm By Checking)	I, Contractor, INCLUDED my State of Florida Electrical Contractor's License with this bid.
A copy of the itemized materials/parts receipt or detailed spread sheet must be included with all invoices in order to verify mark-up. Mark-up shall be based on acquisition costs of materials/parts.	Mark-up for materials 18 %

Acknowledge Receipt of Addendum(s) (if applicable circle):

#1 Yes No #2 Yes No #3 Yes No #4 Yes No

Bidder: GUYROIG Company: PRESTONLINKELECTRIC.COM

Address: 4000 SW 35TH TERR-GAIENSVILLE, FL. 32608

Authorized Signature: [Signature] Title: VICE PRESIDENT

Clearly Print Name: GUYROIG

Phone: 352.373.3717 Fax: 352.335.3836 Date: 08.19.20

Email Address: guy@prestonlinkelectric.com

EXHIBIT A

BID FORM

BID: 21-29 REBID Annual Electrical Services

BID OPENING DATE: 2:00 pm, Wednesday, August 19, 2020

TO: The County Commissioners, County of Alachua:

The undersigned, as Contractor, hereby declares that he has carefully read and examined the specifications and with full knowledge of all conditions, under which the equipment and services herein contemplated must be furnished, hereby proposes and agrees to furnish the equipment and services according to the requirements as set out in the specifications for said equipment and service:

Bidders will quote and hourly labor rate as specified below. The contractor must bid on all of the following items (Hourly rates are to be total cost)			
EMERGENCY WORK			
ELECTRICIAN (Licensed Journeyman)			
Regular Working Hours:	Monday – Friday 8 am- 5 pm	\$ 48.65	/hour
Overtime Working Hours:	Monday – Friday 5 pm- 8 am	\$ 72.00	/hour
	Friday 5 pm - 12 Midnight Saturday	\$ 72.00	/hour
Sunday Working Hours:	Saturday 12 Midnight - 8 am Monday	\$ 72.00	/hour
Holidays:	5 pm prior night - 8 am following day	\$ 72.00	/hour
ELECTRICIAN HELPER			
Regular Working Hours:	Monday – Friday 8 am- 5 pm	\$ 33.75	/hour
Overtime Working Hours:	Monday – Friday 5 pm- 8 am	\$ 50.60	/hour
	Friday 5 pm - 12 Midnight Saturday	\$ 50.6	/hour
Sunday Working Hours:	Saturday 12 Midnight - 8 am Monday	\$ 50.6	/hour
Holidays:	5 pm prior night - 8 am following day	\$ 50.6	/hour

EXHIBIT B

PRESTON-LINK ELECTRIC, INC

(Insert Name of Corporation)

CORPORATE RESOLUTION

GRANTING SIGNING AUTHORITY AND AUTHORITY TO CONDUCT BUSINESS

The Board of Directors ("Directors") of PRESTON-LINK ELECTRIC, INC, a

(insert name of company)

FLORIDA corporation (the "Corporation"), at a duly and properly

(insert state of incorporation)

held meeting on the _____ day of _____, 20____, did hereby consent to, adopt, ratify, confirm and approve the following recitals and resolutions:

WHEREAS, the Corporation is a duly formed, validly existing corporation in good standing under the laws of the State of FLORIDA and is authorized to do business in the State of Florida; and

WHEREAS, the Corporation desires to grant certain persons the authority to execute and enter into contracts and conduct business on behalf of the Corporation.

NOW, THEREFORE, BE IT RESOLVED, that any of the following officers and employees of the Corporation listed below are hereby authorized and empowered, acting along, to sign, execute and deliver any and all contracts and documents on behalf of the Corporation, and to do and take such other actions, including but not limited to the approval and execution of contracts, purchase orders, amendments, change orders, invoices, and applications for payment, as in his or her judgment may be necessary, appropriate or desirable, in connection with or related to any bids, proposals, or contracts to, for or with to Alachua County, a charter county and political subdivision of the State of Florida:

NAME

TITLE

DEBBIE GERA

PRESIDENT

GUY ROIG

VICE PRESIDENT

MATT GERA

SECRETARY

DIANNE LINKENHELT

CFO

BE IT RESOLVED THAT, these resolutions shall continue in full force and effect, and may be relied upon by Alachua County, until express written notice of their rescission or modification has been received by the Procurement Manager of Alachua County. Any revocation, modification or replacement of these resolutions must be accompanied by documentation satisfactory to the Procurement Manager of Alachua County, establishing the authority for the changes.

IN WITNESS WHEREOF, I have executed my name as Secretary and have hereunto affixed the corporate seal of the above-named Corporation this 19TH day of AUGUST, 2020, and do hereby certify that the foregoing is a true record of a resolution duly adopted at a meeting of the Board of Directors of the Corporation and that said meeting was held in accordance with state law and the Bylaws of the Corporation, and that the resolution is now in full force and effect without modification or rescission.

(Corporate Seal) Secretary of the Corporation

By: MATT GERA

MATT GERA

(Print Secretary's Name)

EXHIBIT C


PUBLIC RECORD DECLARATION OR CLAIM OF EXEMPTION

As a bidder or proposer, any document you submit to Alachua County may be a public record and be open for personal inspection or copying by any person. In Florida 'public records' are defined as all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency. Section 119.011, F.S. A document is subject to personal inspection and copying unless it falls under one of the public records exemptions created under Florida law. Please designate what portion of your bid or proposal, if any, qualifies to be exempt from inspection and copying:

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

I. NO EXEMPTION FROM PUBLIC RECORDS LAW

No part of the bid or proposal submitted is exempt from disclosure under the Florida public records law, Ch. 119, F.S.

Bidder's Signature: 

Date: 08.19.20

- - - OR - - -

II. EXEMPTION FROM PUBLIC RECORDS LAW AND AGREEMENT TO INDEMNIFY AND DEFEND ALACHUA COUNTY

The following parts of the bid or proposal submitted are exempt from disclosure under the Florida public records law because: (list exempt parts and legal justification. i.e. trade secret):

By claiming that all or part of the bid or proposal is exempt from the public records law, the undersigned bidder or proposer agrees to protect, defend, indemnify and hold the County, its officers, employees and agents free and harmless from and against any and all claims arising out of a request to inspect or copy the bid or proposal. The undersigned bidder or proposer agrees to investigate, handle, respond to, provide defense (including payment of attorney fees, court costs, and expert witness fees and expenses up to and including any appeal) for and defend any such claim at its sole cost and expense through counsel chosen by the County and agrees to bear all other costs and expenses related thereto, even if they (claims, etc.) are groundless, false, or fraudulent.

Bidder's Signature: _____

Date: _____

EXHIBIT D

Small Business Enterprise (SBE) Program Participation Form

BID NUMBER: 21-29R Rebid Annual Electrical Services

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.)

EXHIBIT D

BID NUMBER: 21-29R Rebid Annual Electrical Services

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](#).

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: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____%

SBE Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____%

SBE Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____%

EXHIBIT D

BID NUMBER: 21-29R Rebid Annual Electrical Services

OPTION 4

SBE Good Faith Effort. To be considered responsive all Vendors should have SBE Participation or demonstrate a good faith effort to utilize SBE subcontractors. If option 1, 2 or 3 was not chosen the Vendor should complete the section below substantiating compliance with good faith effort requirements.

In accordance with Section 22.11-207, of the Alachua County Procurement Code, I have solicited and received responses from the following Alachua County certified SBE companies. (The SBE vendor's response should be recorded in the section below.)

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

EXHIBIT D

BID NUMBER: 21-29R Rebid Annual Electrical Services

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) Procurement at 352.374.5202, for direction.

Vendor Name: PRESTON-LINK ELECTRIC, INC Date: 08.19.20

Signature:  Title: VICE PRESIDENT

Printed Name: GUY ROIG

EXHIBIT E

ALACHUA COUNTY GOVERNMENT MINIMUM WAGE (GMW) FORM

Bid 21-29R Rebid Annual Electrical Services

The undersigned certifies that all employees, contracted and subcontracted, completing services as part of this Bid/RFP are paid, and will continue to be paid, in accordance with Chapter 22, Article 12 of the Alachua County Code.

Please mark the appropriate box below that applies to how you pay your employees:

- ☒ Employees involved with Alachua County projects are paid a minimum of \$14.50 hourly or the current prevailing wage and are provided health benefits?
- ☐ Employees involved with Alachua County projects are paid a minimum of \$16.50 hourly or the current prevailing wage but are not provided health benefits?

Bidder: GUYROIG Company: PRESTON-LINK ELECTRIC, INC

Address: 4000 SW 35TH TERRACE-GAINESVILLE, FL. 32608

Authorized Signature:  Title: VICE PRESIDENT

Clearly Print Name: GUYROIG

Phone: 352.373.3517 Fax: 352.335.3836 Date: 08.19.20

Email Address: GUY@PRESTONLINKELECTRIC.COM

EXHIBIT F

DRUG FREE WORKPLACE

Florida Statute , Section 287.087 states that whenever two or more bids, proposals, or replies that are equal with respect to price, quality, and service are received by the state or by any political subdivision for the procurement of commodities or contractual services, a bid proposal, or reply received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process

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

PRESTON-LINK ELECTRIC, 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 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

08.19.20

Date

EXHIBIT G

Proposed Subcontractors (Non-Small Business Enterprise) Form

BID NUMBER: 21-29R Rebid Annual Electrical Services

This form is for all Non-Small Business Enterprise subcontractors being utilized on this project that are not included on Exhibit B.

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____%

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____%

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____%

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____%

If additional space is required for your subcontractor listing, make copies of this **Exhibit G** and submit with you bid package.

EXHIBIT H

BIDDER'S QUESTIONNAIRE

Bidder's Name: PRESTON-LINK ELECTRIC, INC

Bidder's Address: 4000 SW 35TH TERR-G'VILLE, FL. 32608 Phone: 352.373.3517

Number of years in this type of service? 50+ Number of years licensed in Alachua County: 16

Number of employees "ON THE JOB" each week: 65 Number of employees "ON CALL" each week: 4

Will you subcontract any part of this work: Yes ☒ No ☐
If so, give details:

List all major equipment which will be available upon commencement of the agreement to perform the required service: HIGH REACH EQUIP-EXCAVATION EQUIPMENT-CRANE-TORK LIFTS-LARGE CONDUIT BENDER

Do you currently hold any municipality contracts: ☒ Yes ☐ No

If so, please indicate below:

CITY OF GAINESVILL-UNIVERSITY OF FLORIDA GAINESVILL REGINAL UTILITIES-

List three references of firms receiving similar service to that requested in this bid (comparable facility size):

1) Firm: UNIVERSITY OF FLORIDA Phone: 352.3734012

Contact Person: FRANCISCO OQUENDO

2) Firm: CITY OF G'VILLE PUBLIC WORKS Phone: 352.334.5070

Contact Person: MATT BENDEICK

3) Firm: GRU PURCHASING Phone: _____

Contact Person: NO ONE IN PARTICULAR ANY DEPARTEMENT CAN CALL AND REQUEST

Are your employees screened by: (indicate below)

- 1) Polygraph
- ☒ 2) General Interview
- 3) Background Investigation
- 4) Police Record Check
- ☒ 5) Additional

Have any leases, contracts or agreements for services held by your firm ever been canceled or terminated before the end of the term by either party: Yes _____ No X. If the answer is yes, state the location and circumstances on an "attachment" to this questionnaire.

What constitutes your normal business days and working hours: SERVICING OUR CLIENTS

Describe below, your firm's operational plan for providing the services under this agreement:

RESPONDING TO ANY REQUEST IMMIDIATLY, BY BECOMING A VENDOR FOR THE ELECTRICAL SERVICES, ALACHUA CO. BECOMES OF NO. 1 PRIORITY AND COMMITMENT

The undersigned swears to the truth and accuracy of all statements and answers contained herein:

DATE: 06.10.20 AUTHORIZED SIGNATURE: _____

EXHIBIT I

RESPONSIBLE AGENT FORM

The Contractor shall designate a responsible agent and alternate as necessary, for all dealings, communications, or notices or contracts between the Entities and the contractor by completing and returning this Responsible Agent Form. Any notice or communication to or from the responsible agent shall be deemed to be a communication to the contractor

RESPONSIBLE AGENT: MATT GERA

ADDRESS: 4000 SW 35TH TERRACE

PHONE NO.: 352.373.3517

FAX NO.: 352.335.3836

EMAIL ADDRESS: MATT@PRESTONLINKELECTRIC.COM

ALTERNATE RESPONSIBLE AGENT: GUY ROIG

ADDRESS: 4000 SW 35TH TERRACE

PHONE NO.: 352.373.3517

FAX NO.: 352.335.3836

EMAIL ADDRESS: GUY@PRESTONLINKELECTRIC.COM

SIGNED:  DATE: 08.19.20

EXHIBIT J

TYPE “A” INSURANCE REQUIREMENTS

“ARTISAN CONTRACTORS / SERVICE CONTACTS”

The Contractor shall procure and maintain for the duration of this contract insurance against claims for injuries to persons or damages to property, which may arise from or in connection with the performance of the work hereunder by the contractor/vendor, his agents, representatives, employees or subcontractors.

COMMERCIAL GENERAL LIABILITY

Coverage must be afforded under a per occurrence form policy for limits not less than \$1,000,000 General Aggregate, \$1,000,000 Products / Completed Operations Aggregate, \$1,000,000 Personal and Advertising Injury Liability, \$1,000,000 each Occurrence, \$50,000 Fire Damage Liability and \$5,000 Medical Expense.

AUTOMOBILE LIABILITY

Coverage must be afforded including coverage for all Owned vehicles, Hired and Non-Owned vehicles for Bodily Injury and Property Damage of not less than \$1,000,000 combined single limit each accident.

WORKERS COMPENSATION AND EMPLOYER’S LIABILITY

Coverage to apply for all employees at STATUTORY Limits in compliance with applicable state and federal laws; if any operations are to be undertaken on or about navigable waters, coverage must be included for the USA Longshoremen & Harbor Workers Act.

Employer’s Liability limits for not less than \$100,000 each accident; \$500,000 disease policy limit and \$100,000 disease each employee must be included.

BUILDER’S RISK / INSTALLATION FLOATERS (when applicable)

When this contract or agreement includes the construction of and/or the addition to a permanent structure or building; including the installation of machinery and/or equipment, the following insurance coverage must be afforded:

Coverage Form: Completed Value, All Risk in an amount equal to 100% of the value upon completion or value of equipment to be installed.

When applicable: Waiver of Occupancy Clause or Cessation of Insurance clause. Flood Insurance as available under the

National Flood Insurance Program.

EMPLOYEE FIDELITY COVERAGE (only applicable to vendors whose employees handle funds)

Employee Dishonesty coverage must be afforded for not less than \$500,000 Blanket all employees ISO Form

OTHER INSURANCE PROVISIONS

The policies are to contain, or be endorsed to contain, the following provisions:

I Commercial General Liability and Automobile Liability Coverages

a. The Alachua County Board of County Commissioners, its officials, employees and volunteers are to be covered as an Additional Insured as respects: Liability arising out of activities performed by or on behalf of the Contractor/Vendor; to include Products and/or Completed Operations of the Contractor/Vendor; Automobiles owned, leased, hired or borrowed by the Contractor.

b. The Contractor's insurance coverage shall be considered primary insurance as respects the County, its officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officials, employees or volunteers shall be excess of Contractor/Vendor's insurance and shall be non-contributory.

II All Coverages

The Contractor/Vendor shall provide a Certificate of Insurance to the County with a notice of cancellation. The certificate shall indicate if cover is provided under a "claims made" or "per occurrence" form. If any cover is provided under claims made from the certificate will show a retroactive date, which should be the same date of the contract (original if contract is renewed) or prior.

SUBCONTRACTORS

The Contractor/Vendor shall be responsible for all subcontractors working on their behalf as a condition of this agreement. All subcontractors of the Contractor/Vendor shall be subject to the same coverage requirements stated herein.

CERTIFICATE HOLDER: Alachua County Board of County Commissioners

MAIL, EMAIL or FAX CERTIFICATES

Department Contact:	Steven Wargo
Department:	Facilities Management
Phone:	352.374.5229
Email:	swargo@alachuacounty.us
Bid:	21-29 REBID Annual Electrical Services

Policy Number
648556692

THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.
COMMON POLICY CHANGE ENDORSEMENT

Endorsement No. 030

Allstate Insurance Company

Named Insured PRESTON-LINK ELECTRIC, INC.

Effective Date: 06-08-20
12:01 A.M., Standard Time

Agent Name JOHN MORRISON INC

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by ☒ below.

- ☐ Commercial Property
☐ Commercial General Liability
☐ Commercial Crime
☐ Commercial Inland Marine
☒ COMMERCIAL AUTOMOBILE
☐

NO CHARGE

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read {See Additional Page(s)}

THE FOLLOWING ADDITIONAL INTEREST (ADDITIONAL INSURED - OTHER) HAS BEEN ADDED TO THE POLICY:
ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS
DIVISION OF RISK MANAGEMENT
12 SE 1ST STREET, 3RD FLOOR
GAINESVILLE FL 32601

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

☒ No Changes ☐ To be Adjusted at Audit

Additional NO CHARGE

Return NO CHARGE

Tax and Surcharge Changes

Additional

Return

Countersigned By:

Janet Hart

JOHN MORRISON INC
AUTHORIZED AGENT

Policy Number
648556692

COMMON POLICY CHANGE ENDORSEMENT

Endorsement No. 030

Allstate Insurance Company

Named Insured PRESTON-LINK ELECTRIC, INC.

Effective Date: 06-08-20
12:01 A.M., Standard Time

Agent Name JOHN MORRISON INC

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

Policy Number
648556692

SCHEDULE OF FORMS AND ENDORSEMENTS

Allstate Insurance Company

Named Insured PRESTON-LINK ELECTRIC, INC.

Effective Date: 06-08-20
12:01 A.M., Standard Time

Agent Name JOHN MORRISON INC

COMMON POLICY FORMS AND ENDORSEMENTS

DM CW 30	01-10	COMMON POLICY CHANGE ENDORSEMENT
DM CW 12	01-10	SCHEDULE OF FORMS AND ENDORSEMENTS

AUTOMOBILE FORMS AND ENDORSEMENTS

AA CW 23	09-14	PRIMARY AND NON-CONTRIBUTORY ENDT
CA 20 48	10-13	DESIGNATED INSURED

CERTIFICATE OF INSURANCE

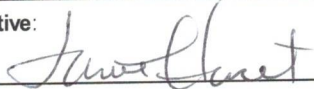
This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

Certificate Holder: ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS DIVISION OF RISK MANAGEMENT 12 SE 1ST STREET, 3RD FLOOR GAINESVILLE, FL 32601	Named Insured: PRESTON-LINK ELECTRIC, INC. 4000 SW 35TH TER GAINESVILLE FL 32608-2521
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Automobile Liability			
Insurer Name: Allstate Insurance Company			
Policy Number: 648556692			
X	1 – Any Auto	2 – Owned Autos Only	3 – Owned Priv. Pass. Autos Only
	4 – Owned Autos Other Than Priv. Pass. Autos Only	X	5 – Owned Autos Subject to No Fault
	6 – Owned Autos Subject to a Compulsory UM Law		
	7 – Specifically Described Autos	8 – Hired Autos Only	9 – Non-owned Autos Only
Policy Effective Date: 11-19-2019		Policy Expiration Date: 11-19-2020	
Limits Of Insurance:	\$ 1,000,000 Combined Single Limit (each accident)		
	BI Per Person	BI Per Accident	PD Per Accident
Description of Operations/Locations/Vehicles/Endorsements/Special Provisions			
30 DAYS NOTICE OF CANCELLATION EXCEPT 10 DAYS NOTICE FOR NON-PAYMENT OF PREMIUM PER POLICY PROVISIONS.			

Interested Party Type: CERTIFICATE HOLDER

THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER. IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.

Producer: JOHN MORRISON INC	
Authorized Representative: 	
Date: 06-08-20	

Includes copyrighted material of Insurance Services Office, Inc., with its permission

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT

Coverage provided under this policy is modified by the attachment of this endorsement. If there is any conflict in coverage provisions between this form and any state specific endorsement also attached to this policy, the provision(s) of the state specific form shall apply.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Endorsement Effective: 06-08-2020	Countersigned By:  (Authorized Representative)
Named Insured: PRESTON-LINK ELECTRIC, INC.	

SCHEDULE

Name of Person(s) or Organization(s): ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS DIVISION OF RISK MANAGEMENT 12 SE 1ST STREET, 3RD FLOOR GAINESVILLE, FL USA 32601
If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.

SECTION IV – BUSINESS AUTO CONDITIONS, B. General Conditions, 5. Other Insurance is modified by this endorsement, only as it applies to any coverage provided to the person or organization designated in the schedule of this endorsement and only to the extent that such person or organization qualifies as an "insured" under this policy.

If the named insured has entered into an agreement with the person or organization designated in the Schedule of this endorsement, which requires that the insurance available to them under this policy be applied on a primary and non-contributory basis, the following provision applies:

Any coverage provided under this policy to the person or organization designated in the Schedule of this endorsement is primary, and we will not seek contribution from any other Automobile Liability insurance otherwise available to the designated person or organization.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: PRESTON-LINK ELECTRIC, INC.

Endorsement Effective Date: 06-08-2020

SCHEDULE

Name Of Person(s) Or Organization(s):

ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS
DIVISION OF RISK MANAGEMENT
12 SE 1ST STREET, 3RD FLOOR
GAINESVILLE, FL USA 32601

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** — Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** — Covered Autos Coverages of the Auto Dealers Coverage Form.