

BID FORM

BID NUMBER: 20-100 Annual Fiber Optic Cabling

BID OPENING DATE: 2:00 pm, Wednesday, May 15, 2019

PLACE OF BID OPENING: Alachua County Division of Purchasing, 3rd Floor
County Administration Building
12 SE 1st Street
Gainesville, Florida, 32601-6983

TO: The County Commissioners, County of Alachua:

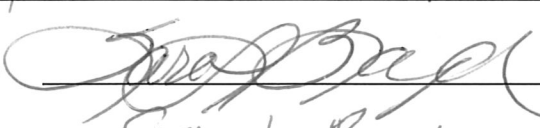
The undersigned, as Contractor, hereby declares that he has carefully read and examined the specifications and with full knowledge of all conditions, under which the equipment and services herein contemplated must be furnished, hereby proposes and agrees to furnish the equipment and services according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

Bid Item(s)	Week Days (Mon - Fri from 8 am - 5 pm) \$	Weekend Days (Sat & Sun from 12:00 a.m. - 11:59 p.m.) \$
Standard Hourly Rate	\$ 125.00	\$ 150.00
Emergency Call-Out Hourly Rate	\$ 175.00	\$ 175.00
Materials Cost – Vendor's Percentage of Markup for materials (Vendor may be required to submit invoices on actual cost of materials.)	% 20	

Acknowledge Receipt of Addendum(s) (if applicable circle): #1 ☒ Yes No #2 Yes No #3 Yes No #4 Yes No

Bidder: Sara L. Boyd Company: Precision Contracting Services, Inc.

Address: 15834 Guild Court
Jupiter, FL 33478

Authorized Signature:  Title: Secretary

Clearly Print Name: Sara L. Boyd

Phone: (561) 743-9737 Fax: (561) 743-0775 Date: 5/10/19

Email Address: BBoyd@pcs-fiber.com



PRECISION CONTRACTING SERVICES INC.

☐ Precision Fiber ☒ Optic Systems ☐

15834 Guild Court, Jupiter, FL 33478

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:

ADDRESS:

PHONE NO.:

FAX NO.:

Email Address:

Cindy Boyd

1103 Crown Park Circle

Winter Garden, FL 34787

(407) - 877-1900

(407) - 877-1902

cboyd@pcsfiber.com

ALTERNATE RESPONSIBLE AGENT:

ADDRESS

PHONE NO.

FAX NO.

Email Address:

Mark Theiss

1103 Crown Park Cir., Winter Garden, FL 34787

(407) 877-1900

(407) 877-1902

mtheiss@pcsfiber.com

SIGNED:

DATE:

5/10/19

ATTENTION:

**VENDOR
SHOULD
COMPLETE AND
SIGN EXHIBIT C
TO BE
CONSIDERED
RESPONSIVE**

Small Business Enterprise (SBE) Program Participation Form

BID NUMBER: 20-100 Annual Fiber Optic Cabling

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.*)

BID NUMBER: 20-100 Annual Fiber Optic Cabling

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)	\$ _____ % (Est \$ Value) (Est % of Total Bid)
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)	\$ _____ % (Est \$ Value) (Est % of Total Bid)
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)	\$ _____ % (Est \$ Value) (Est % of Total Bid)

BID NUMBER: 20-100 Annual Fiber Optic Cabling

OPTION 4

SBE Good Faith Effort. To be considered responsive all Vendors **must have** SBE Participation or demonstrate a good faith effort to utilize SBE subcontractors. **If option 1, 2 or 3 was not chosen 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:	

BID NUMBER: 20-100 Annual Fiber Optic Cabling

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 Division of Purchasing at 352.374.5202, for direction.**

Vendor Name:

Precision Contracting Services, Inc.

Date

5/10/19

Signature

[Handwritten Signature]

Title

Secretary

Printed Name:

Sara L. Boyd

Title

Secretary

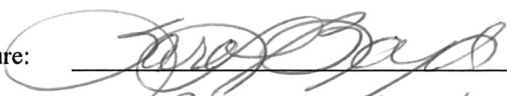
ALACHUA COUNTY GOVERNMENT MINIMUM WAGE (GMW) FORM**Bid 20-100 Annual Fiber Optic Cabling**

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 III of the Alachua County Code of Ordinance ("Wage Ordinance").

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

1.	<input checked="" type="checkbox"/> Employees involved with Alachua County projects are paid a minimum of \$13.50 hourly and are provided health benefits?
2.	<input type="checkbox"/> Employees involved with Alachua County projects are paid a minimum of \$15.60 hourly but are not provided health benefits?

Bidder: Sara L Boyd Company: Precision Contracting Svc, Inc.

Authorized Signature:  Title: Secretary

Clearly Print Name: Sara L Boyd Phone: (561) 743-9737

Email Address: BBoyd@pufiber.com

DRUG FREE WORKPLACE

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 Business Enterprise (SBE) bidders.

The undersigned vendor in accordance with §287.087, Florida Statute and Section 22.09 of the Alachua County Purchasing Code hereby certifies that

Precision Contracting Services 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.

[Signature]
Bidder's Signature

5/10/19
Date

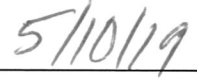
PUBLIC RECORD DECLARATION OR CLAIM OF EXEMPTION

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 _____

--- 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 _____

BIDDER'S QUESTIONNAIRE

Bidder's Name:

Precision Contracting Services, Inc.

Bidder's Address:

15834 Guild Ct. Jupiter, FL 33478

Phone:

(561) 743-9737

Number of years in this type of service?

30

Number of years licensed in Alachua

County:

N/A

Number of employees "ON THE JOB" each week:

100+

Number of employees "ON CALL"

each week:

None

Will you subcontract any part of this work:

Yes

No

☒

If so, give details:

None, we will perform all work.

List all major equipment which will be available upon commencement of the agreement to perform the required service:

(See attached Equipment List)

Do you currently hold any municipality contracts:

Yes

☒

No

If so, please indicate below:

City of Clearwater Fibroptic Master ContractMartin County Fiber Optic Master ContractPalm Beach County Fiber optic Master Contract

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

1) Firm:

City of Clearwater

Phone:

727-562-4633

Contact Person:

Dan Mayer

2) Firm:

Martin County

Phone:

772-971-6008

Contact Person:

Russell Norvel

3) Firm:

Palm Beach County

Phone:

561-275-3681

Contact Person:

Mike Quinn

Are your employees screened by: (indicate)

1) Polygraph

NO

2) General Interview

YES

3) Background Investigation

YES

4) Police Record Check

YES

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 ☒. 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:

8 AM to 5 PM Office
M-F, 7 AM to 3 PM Techs

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

Pls project manager to meet w/ all designated Alachua Co. Representatives to review proposed project. Work commence w/ County Approval, work will be scheduled for completion. Proj. Mgr. Review completed work & propose invoice w/ County.

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

DATE:

5/10/19

AUTHORIZED SIGNATURE:

Teresa Boyd
Sarah Boyd

Proposed Subcontractors (Non-Small Business Enterprise) Form

BID NUMBER: 20-100 Annual Fiber Optic Cabling

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

Name of Contractor	Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Total \$ Value) (% of Total Bid/RFP)	\$ _____ % (Total \$ Value) (% of Total Bid/RFP)
Name of Contractor	Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Total \$ Value) (% of Total Bid/RFP)	\$ _____ % (Total \$ Value) (% of Total Bid/RFP)
Name of Contractor	Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Total \$ Value) (% of Total Bid/RFP)	\$ _____ % (Total \$ Value) (% of Total Bid/RFP)
Name of Contractor	Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Total \$ Value) (% of Total Bid/RFP)	\$ _____ % (Total \$ Value) (% of Total Bid/RFP)
Name of Contractor	Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Total \$ Value) (% of Total Bid/RFP)	\$ _____ % (Total \$ Value) (% of Total Bid/RFP)

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

**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**The Certificate of Insurance must contain the following:**

Department Contact: **Dennis Garraty**
Department: **Information & Telecommunication Services**
Dept. Contact Phone: **352.338.7300**
Dept. Contact Email: djg@alachuacounty.us
Bid: **20-100 Annual Fiber Optic Cabling**



Alachua County Budget and Fiscal Services Division of Purchasing

Larry M. Sapp, CPPB
Purchasing Manager

Darryl R. Kight, CPPB
Purchasing Supervisor

May 2, 2019

RE: Addendum #1
Bid 20-100 Annual Fiber Optic Cabling

Dear Sir/Madam:

Please be aware of the following clarifications regarding the above referenced Bid:

QUESTIONS & ANSWERS

Q #1: Does the county have an estimated number of standard and emergency hours per month that this contract would generate?

A #1: No, this is to establish pricing and vendors for the County Annual Fiber Optic Cabling.

Q #2: Can the county go into more detail of what type of Fiber work would be required?

- a. Fiber splicing?
- b. Trenching for fiber conduit?
- c. Directional boring?
- d. External and internal termination?

A #2: The type of fiber work would be determined by the county's needs at the time. The ability to provide all of the above is preferred.

Q #3: What is the typical response time required by the county to deliver proposals for work being requested?

A #3: Two (2) weeks

Q #4: What is the typical response time to commence work once proposals have been accepted by the county?

A #4: Response time would vary based on the county's needs at the time. Bidder should be flexible with response times to meet Alachua County's needs.

Page 2

NOTE: You should acknowledge receipt of this addendum on your Bid Form.

End of Addendum # 1

Sincerely,

A handwritten signature in cursive script that reads "TJ White".

Theodore White
Procurement Agent I

TW/bf



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/03/2018

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 have ADDITIONAL INSURED provisions or 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 Stahl & Associates Insurance, Inc. 250 International Parkway Suite 128 Lake Mary FL 32746	CONTACT NAME: Karen Hall AAI PHONE (A/C, No, Ext): (407)833-8998 FAX (A/C, No): (407)833-3909 E-MAIL ADDRESS: karen.hall@stahlinsurance.com																					
INSURED Precision Contracting Services, Inc. 15834 Guild Court Jupiter FL 33478	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Amerisure Insurance Co</td><td>19488</td></tr><tr><td>INSURER B:</td><td>Amerisure Mutual Ins Co</td><td>23396</td></tr><tr><td>INSURER C:</td><td>XL Specialty Ins Co</td><td>37885</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Amerisure Insurance Co	19488	INSURER B:	Amerisure Mutual Ins Co	23396	INSURER C:	XL Specialty Ins Co	37885	INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** CL1812344882**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 INSD	SUBR 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 <input checked="" type="checkbox"/> Blanket Additional Insured's <input checked="" type="checkbox"/> GL Extension Endorsement GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL2090669	12/31/2018	12/31/2019	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 50,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>Employee Benefits</td><td>\$ 1,000,000</td></tr><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>Florida No-Fault (PIP)</td><td>\$ 10,000</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	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	Employee Benefits	\$ 1,000,000	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	Florida No-Fault (PIP)	\$ 10,000
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PROPERTY DAMAGE (Per accident)	\$																														
Florida No-Fault (PIP)	\$ 10,000																														
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA2026011	12/31/2018	12/31/2019	<table><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>Florida No-Fault (PIP)</td><td>\$ 10,000</td></tr></table>	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	Florida No-Fault (PIP)	\$ 10,000																
BODILY INJURY (Per person)	\$																														
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B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ -0-			CU2026018	12/31/2018	12/31/2019	<table><tr><td>EACH OCCURRENCE</td><td>\$ 4,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 4,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 4,000,000	AGGREGATE	\$ 4,000,000		\$																		
EACH OCCURRENCE	\$ 4,000,000																														
AGGREGATE	\$ 4,000,000																														
	\$																														
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	N/A	WC2026028	12/31/2018	12/31/2019	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 500,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000																
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E.L. EACH ACCIDENT	\$ 500,000																														
E.L. DISEASE - EA EMPLOYEE	\$ 500,000																														
E.L. DISEASE - POLICY LIMIT	\$ 500,000																														
C	Contractors Equipment			UM00027863MA18A	12/31/2018	12/31/2019	<table><tr><td>Leased/Rented Equipmnt</td><td>\$300,000</td></tr><tr><td>Installation Floater</td><td>\$3,500,000</td></tr></table>	Leased/Rented Equipmnt	\$300,000	Installation Floater	\$3,500,000																				
Leased/Rented Equipmnt	\$300,000																														
Installation Floater	\$3,500,000																														

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

CERTIFICATE HOLDER**CANCELLATION**Precision Contracting Services, Inc.
15834 Guild Court

Jupiter

FL 33478

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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PRECISION CONTRACTING SERVICES INC.



EQUIPMENT LIST

FIBER OPTIC SPLICE TERMINATION TEST EQUIPMENT

Corning OptiSplice M90 E Fusion Splicer w/Cleaver (2)	Fitel S178A Fusion Splicer w/Cleaver (1)
Corning OptiSplice CDS Fusion Splicer w/Cleaver (3)	Fujikura 70S Fusion Splicer w/Cleaver (11)
Sumitomo Q101-CA Fusion Splicer w/Cleaver (12)	Corning Unicams Kit (36)
Ilsintech Swift R5 Ribbon Fusion Splicer w/Cleaver (1)	EXFO FTB-1 SM 1310/1550 OTDR (16)
EXFO FTB-1 MM/SM 850/1300 1310/1550 OTDR (3)	EXFO FTB-1 SM 1310/1550/1625 OTDR (1)
EXFO FTB-1 SM (APC) 1310/1550/1625 OTDR (1)	EXFO FTB-1 MM (UPC) SM (APC)-----
850/1300 1310/1550 OTDR (5)	

ELECTRONIC TEST EQUIPMENT

Fluke VOIP Nettool Series II	TEKTRONIX Waveform Monitor
Securitest Pro CCTV Tester (9)	Fluke Earth Ground Megger
Telcom Antenna Alignment Tool	Kustom Signal Radar Gun (4)
Passive Optical Network Install/Test Kit	AFL Optical Fiber Identifier

FIBER OPTIC FIELD LABORATORY VEHICLES

Freightliner Sprinter Environmental FO Splice Van w/Power Generator (2)
Chevy Express Environmental FO Splice Van w/Generator Power (5)
Chevy Cargo Environmental FO Splice Van w/Generator Power (4)
Ford Transit Environmental FO Splice Van w/MEPS Power System (12)
Ford Truck Environmental FO Splice Cargo Body w/Generator Power (2)
Chevy Truck Environmental FO Splice Cargo Body w/Generator Power (1)

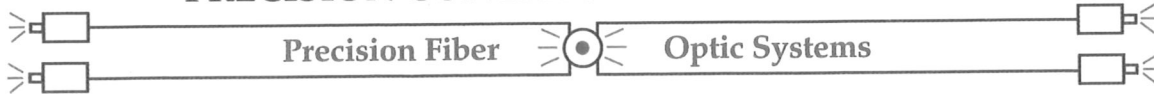
BUCKET TRUCKS

45' Altec AP45A Bucket 8500 Chevy w/Reeler	45' Altec A40P Bucket International 4300
35' Altec AT 235P Bucket Ford F550	45' Altec AT40G Bucket Ford F550 (5)
40' Terex LT40 Bucket Dodge 5500 (2)	70' Altec LR760-E700RM Bucket Freightliner

(Page One of Two)



PRECISION CONTRACTING SERVICES INC.



FIBER OPTIC INSTALL VEHICLES/TRAILERS

Crew cabs, Service Pickups & Utility Vehicles (42)
Arrow Board Trailer (5)
ITS Message Trailer (2)

Reel Trailers (18)
Utility Materials Trailer (9)

FIBER OPTIC INSTALLATION EQUIPMENT

Condux Cable Puller (17)
Condux Power Pack (16)
Sullair 185 Air Compressor (2)
Ingersoll Rand 375 Air Compressor
Condux 7/16" Duct Rodder (8)
Condux 3/16" Duct Rodder
GMP J2 Cable Lasher (7)
Manhole Tripod Personal Retrieval System (6)

Condux Cable Blower (6)
Sullair 375 Air Compressor (3)
Ingersoll Rand 185 Air Compressor (2)
Condux Dart Blower
Condux 1/4" Duct Rodder (6)
Lineman Cable Lasher (4)
Gas Alert Sniffer (6)
Manhole Blowers (8)

COMMUNICATION LOCATING & MAPPING EQUIPMENT

Vivax Cable Locator (7)
Dunham & Morrow Cable Locator
Trimble GPS Data Collectors
Topcon GPS Data Collectors (5)

RadioDetection Cable Locator
MetroTech Cable Locator
Carlson GPS Data Collectors
Trupulse 360R Laser Range Finder

PCS is a **Corning Fiber Optic Extended Warranty Program Contractor** allowing the advantage on Corning splice and test equipment from their in-house engineering equipment pool to supplement our efforts by providing a **twenty-five (25) year warranty** on projects designed/built by PCS utilizing Corning products. PCS is also a **Systemax Copper Extended Warranty Program Contractor** allowing PCS to offer a twenty (20) year warranty on projects designed/built by PCS utilizing Systemax & Uniprise Cat-5 copper products. PCS is a **Florida DOT Certified ITS Contractor**. PCS maintains 2.5 acres at our Corporate Office located on 15834 Guild Court, Jupiter, Florida, including a 10,000 s/f warehouse with additional 5,000 s/f of office space and 1,000 s/f training center. PCS also occupies facilities in Vero Beach, Ft. Myers, Tampa, Jacksonville, Winter Garden, and Coconut Creek Florida. The Ft. Myers facility at 12960 Commerce Lakes Drive A2 has 1,600 s/f of office space and 2,400 s/f of enclosed warehouse with an additional 400 s/f network lab. The Vero Beach facility at 9035 17th Place has 1,200 s/f of office space and 5,400 s/f of warehouse, with a half-acre yard and a network lab. Our Winter Garden site consists of 3,000 s/f office space and 7,500 s/f warehouse. PCS also occupies a 1.5 acre site location in Winter Garden, FL. Our Fayetteville, NC office is a 12,000 s/f office/warehouse flex facility located on 4 acres adjacent to the Fayetteville Airport. PCS operates a Greensboro operation out of one acre of leased land at 1418 Boston Road. PCS has in excess of 110 fulltime employees at our client's disposal.

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Page 1 of 1

ORIGIN ID: PBA (561) 743-9737
LAURA
PRECISION CONTRACTING SERVICES
15834 GUILD CT

JUPITER, FL 33478
UNITED STATES US

SHIP DATE: 13MAY19
ACTWGT: 1.00 LB
CAD: 112811132/NET4100

BILL SENDER

TO PURCHASING DIVISION, 3RD FL
ALACHUA COUNTY ADMIN. BUILDING
12 SE 1ST STREET

GAINESVILLE FL 32601

(352) 338-7300

INV:
PO:

REF: BID SEALED INSIDE

DEPT:



TRK#
0201

7752 0395 0928

TUE - 14 MAY 11:00A
FIRST OVERNIGHT

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32601
FL-US JAX



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