

Renewal Request Form

Southern Lawn Care Mid FL, Inc
Mr. Tim McQuaig
3318 SE 3rd Street
Ocala, FL 34471

RE: 2019-2021 Bid# 16-175: Annual Lawn Maintenance for County Parks

As an authorized representative of Southern Lawn Care Mid FL, Inc, I hereby agree to the renewal of this Bid, upon approval by the County, for the period October 1, 2019, through September 30, 2021, at the Bid prices and subject to the terms and conditions as stated in the original Bid.

By providing my signature in the space provided below, I agree to the terms and conditions contained in the original Bid and certify that there have not been any changes to our current, fully executed Certificate of Insurance Form on file with the County.

I understand that failure to comply with the original Bid insurance requirements at the time of renewal may result in the cancellation of the purchase order/contract. As indicated on the previous page, I agree to submit a copy of our current certificate of insurance if any types or limits have changed since our last submission again naming the Alachua County Board of County Commissioners as an additional insured with a (30) thirty-day cancellation notice.

It is my further understanding that acceptance of this request for renewal by the County is contingent upon the approval of the Alachua County Board of County Commissioners or its authorized representative, where applicable.

Check here ☐ if you do not agree to renew the above referenced Bid.

Please sign and return this form by February 28, 2019, to the attention of Aaliyah James,
at ajames@alachuacounty.us, physical address or fax number shown below.

Mailing Address: Alachua County Procurement
12 SE 1st Street, 3rd Floor
Gainesville, FL 32601-6893
Fax Number: 352.491.4569

Bidder: Tim McQuaig Company: Southern Lawn Care Mid FL, Inc

Address: ~~3318 SE 3rd Street~~ New address - 13900 NE 41st Terr

~~Ocala, FL 34471~~ Anthony, FL 32617

Authorized Signature:  Title: President

Clearly Print Signature: Tim McQuaig Title: President

PHONE: 352-304-3921 FAX: — DATE: 2/13/19

Email Address: Kawboy32x@gmail.com



SOUTH07

OP ID: MN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/13/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 Brown & Brown of Florida, Inc. Ocala Division 1720 SE 16th Avenue, Suite 301 Ocala, FL 34471-4620 Kyle K Futch		352-732-5010		CONTACT NAME: Kyle K Futch PHONE (A/C, No, Ext): 352-732-5010 FAX (A/C, No): 352-732-5344 E-MAIL ADDRESS:		
INSURED Southern Lawn Care Mid Florida Inc 13900 NE 41st Terrace Anthony, FL 32617		INSURER(S) AFFORDING COVERAGE				NAIC #
		INSURER A: Depositors Insurance Co.				42587
		INSURER B: Allied Insurance Company of				10127
		INSURER C: Associated Industries Ins. Co.				23140
		INSURER D:				
		INSURER E:				
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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		ACPGLD03027795529	07/19/2018	07/19/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PIOP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ACPBAL3027795529	07/19/2018	07/19/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	AWC1109876	07/19/2018	07/19/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment			ACPGLD03027795529	07/19/2018	07/19/2019	Amount \$ 100,000 Ded \$ 500

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

Certificate Holder is listed as Additional Insured with respects to the General Liability when required by written contract/agreement.

bocc@alachuacounty.us

CERTIFICATE HOLDER

ALACH40

Alachua County Board of
County Commissioners
218 SE 24th Street
Gainesville, FL 32641

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