

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

#1 ☒ Yes No #2 ☒ Yes No #3 Yes No #4 Yes ☒ No
Bidder: Bill Bosko Company: Rentokil North America
Address: 116 NW 16th Ave Gainesville FL 32601
Authorized Signature: WAB Title: District Manager
Clearly Print Name: William A Bosko
Phone: 352-376-2661 Fax: 352-224-1831 Date: 6/21/2021
Email Address: b.bosko@flspest.com

EXHIBIT A

BID FORM

BID: 22-25 Annual Building, Lawn and Grounds Pest Control Services

E-BID OPENING DATE: 2:00 pm, Wednesday, June 23, 2021

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:

Facilities Management	Address	Square Feet	Monthly Cost General Pest Control	Monthly Cost Lawn Service	Annual Cost
Admin Building	12 SE 1 St.	71,500	\$ 40. ⁰⁰		\$ 480. ⁰⁰
Admin Building - Grounds	12 SE 1 St.	2,110		\$ 40. ⁰⁰	\$ 480. ⁰⁰
Animal Control	3400 NE 53rd Ave	6,500	\$ 24. ⁰⁰		\$ 288. ⁰⁰
Animal Control - Grounds	3400 NE 53rd Ave	5,400		\$ 40. ⁰⁰	\$ 480. ⁰⁰
Annex Building	120 S Main St	12,300	\$ 38. ⁰⁰		\$ 456. ⁰⁰
Civil Courthouse	201 E University Ave	101,000	\$ 46. ⁰⁰		\$ 552. ⁰⁰
Collection Center - Archer	19401 SW Archer Rd	144	\$ 9. ⁰⁰		\$ 108. ⁰⁰
Collection Center - Fairbanks	9920 NE Waldo Rd	144	\$ 9. ⁰⁰		\$ 108. ⁰⁰
Collection Center - High Springs	16929 NW Hwy 441	144	\$ 9. ⁰⁰		\$ 108. ⁰⁰
Collection Center - LaCrosse	10714 SR 121	144	\$ 9. ⁰⁰		\$ 108. ⁰⁰
Collection Center - Phifer	11700 SE Hawthorne Rd	144	\$ 9. ⁰⁰		\$ 108. ⁰⁰
Community Support Services	218 SE 24 St.	71,158	\$ 38. ⁰⁰		\$ 456. ⁰⁰
Criminal Courthouse	220 S Main St.	118,000	\$ 46. ⁰⁰		\$ 552. ⁰⁰

Facilities Management	Address	Square Feet	Monthly Cost General Pest Control	Monthly Cost Lawn Service	Annual Cost
Criminal Courthouse - Grounds	220 S Main St.	27,876		\$ 93.00	\$ 1116.00
Empire Building	249 W University Ave	7,851	\$ 15.00		\$ 180.00
EPD Field Office	590 SE 9th Pl	1,200	\$ 11.00		\$ 132.00
Facilities/Surplus Warehouse /Voting Machine Maintenance	602 SE 9th Pl	8,800	\$ 17.00		\$ 204.00
Facilities Shop	915 SE 5 St.	7,324	\$ 15.00		\$ 180.00
Facilities Shop – Little House	935 SE 5 St.	1,320	\$ 10.00		\$ 120.00
Farmers Market	Hwy 441 N	800	\$ 15.00		\$ 180.00
Guardian Ad Litem	14 S Main St.	4,380	\$ 17.00		\$ 204.00
Leveda Brown – Administration	5115 NE 63rd Ave	3,100	\$ 13.00		\$ 156.00
Leveda Brown – Fleet	5115 NE 63rd Ave	1,000	\$ 11.00		\$ 132.00
Leveda Brown – Hazard Waste	5115 NE 63rd Ave	3,440	\$ 11.00	\$ 33.00	\$ 528.00
Leveda Brown – Recovery Mat	5115 NE 63rd Ave	21,000	\$ 24.00		\$ 288.00
Leveda Brown – Scale House	5115 NE 63rd Ave	400	\$ 9.00		\$ 108.00
Leveda Brown – Transfer Station	5115 NE 63rd Ave	1,000	\$ 13.00		\$ 156.00
Main Street Center	33 N. Main St	20,040	\$ 17.00		\$ 204.00
Metamorphosis	4201 SW 21 Pl	6,137	\$ 15.00		\$ 180.00
Public Defender	151 SW 2nd Avenue	21,360	\$ 17.00		\$ 204.00
Records Retention	919 SE 5 St	10,200	\$ 25.00		\$ 360.00
State Attorney	120 W University	34,000	\$ 25.00		\$ 300.00
Sup Elections/Prop Appraiser	Josiah T. Walls Bldg. Need actual address	42,550	\$ 50		\$ 600.00

Facilities Management	Address	Square Feet	Monthly Cost General Pest Control	Monthly Cost Lawn Service	Annual Cost
Sup Elections/Prop Appraiser - Grounds	Josiah T. Walls Bldg. Need actual address	1,600		\$ 34.00	\$ 408.00
Tag Agency/Butler Plaza	3837 SW Archer Road	2,700	\$ 21.00		\$ 252.00
Tag Agency/34 th St	5801 NW 34 St	3,650	\$ 13.00		\$ 156.00
Tag Agency/34 th St - Grounds	5801 NW 34 St	4,653		\$ 34.00	\$ 408.00
Tag/Communication Center	5830 NW 34 St	2,400	\$ 11.00		\$ 132.00
Tag/Communication Center - Grounds	5830 NW 34 St	1,200		\$ 32.00	\$ 384.00
Veteran's Memorial Bldg	7340 SW 41 st Pl	5,311	\$ 13.00		\$ 156.00
Wilson Bldg	26 NE 1 St	28,800	\$ 24.00		\$ 288.00
Work Release	3371 NE 39 Ave	15,400	\$ 20.00		\$ 240.00
		678,180			
(1) Annual Subtotal of Monthly Charges					\$ 12240

Quarterly Services	Address	Square Feet	Quarterly Cost General Pest Control	Quarterly Cost for Horse Stable Treatment	Annual
Agricultural and Equestrian Center	23100 W. Newberry Rd.	3,210	\$ 96.00		\$ 384.00
Agricultural and Equestrian Center (Horse Stall Treatments)	23100 W. Newberry Rd.	10,520		\$ 250.00	\$ 1000.00
		13,730			
(2) Annual Subtotal of Quarterly Charges					\$ 1384.00
DEPT ANNUAL TOTAL (1 + 2)					\$ 13,624.00

Critical Facilities	Address	Square Feet	Monthly Cost General Pest Control	Monthly Cost Lawn Service	Annual
Alachua County Jail	3333 NE 39 Ave	298,000	\$ 46.00		\$ 552.00
Consolidated Communication Center	1100 SE 27 St	23,870	\$ 22.00		\$ 264.00
Fire Rescue Headquarters	913 SE 5 St	13,600	\$ 17.00		\$ 204.00
Fire Station 20	16935 NW US HWY 441	1,500	\$ 11.00		\$ 132.00
Fire Station 21	15040 NW HWY 441	1,216	\$ 11.00		\$ 132.00
Fire Station 23	1600 FT CLARKE BLVD	7,500	\$ 11.00		\$ 132.00
Fire Station 24	3509 NW 143RD ST	3,000	\$ 11.00		\$ 132.00
Fire Station 24 - Grounds	3509 NW 143RD ST	22,210		\$ 93.00	\$ 1116.00
Fire Station 25	12825 NW US HWY 441	1,000	\$ 11.00		\$ 132.00
Fire Station 30	930 SE 5 ST	5,521	\$ 11.00		\$ 132.00
Fire Station 33	5901 NW 34 Blvd	1,100	\$ 11.00		\$ 132.00
Fire Station 40	14377 NE HWY 301	2,680	\$ 11.00		\$ 132.00
Fire Station 41	5715 NE US HWY 301	4,380	\$ 11.00		\$ 132.00
Fire Station 41 - Grounds	5715 NE US HWY 301	21,980		\$ 93.00	\$ 1116.00
Fire Station 60	1320 SE 43 ST	4,500	\$ 11.00		\$ 132.00
Fire Station 60	1320 SE 43 ST	1,965	\$ 11.00		\$ 132.00
Fire Station 62	7405 SE 221ST ST	3,311	\$ 11.00		\$ 132.00
Fire Station 80	2000 SW 43 ST	2,788	\$ 11.00		\$ 132.00
Fire Station 81	8815 SW Archer Rd	4,000	\$ 11.00		\$ 132.00
Fire Station 81 - Grounds	8815 SW Archer Rd	9,230		\$ 42.00	\$ 504.00
Fire Station 82	17128 SW Archer Rd	2,984	\$ 11.00		\$ 132.00

Critical Facilities	Address	Square Feet	Monthly Cost General Pest Control	Monthly Cost Lawn Service	Annual
Public Works-Administration	5620 NW 120 Ln	13,820	\$ 20. ⁰⁰		\$ 240. ⁰⁰
Public Works-Annex	5620 NW 120 Ln	3,000	\$ 11. ⁰⁰		\$ 132. ⁰⁰
Public Works-Fleet	5620 NW 120 Ln	15,600	\$ 27. ⁰⁰		\$ 324. ⁰⁰
Public Works-Ready Room & Butler Bldg.	5620 NW 120 Ln	7,600	\$ 30. ⁰⁰		\$ 360. ⁰⁰
Public Works-Traffic Maint.	5620 NW 120 Ln	3,000	\$ 11. ⁰⁰		\$ 132. ⁰⁰
Sheriff-Aviation	4701 NE 48 Ave	4,735	\$ 38. ⁰⁰		\$ 456. ⁰⁰
Sheriff-Fleet	1000 SE 27 ST	56,000	\$ 19. ⁰⁰		\$ 228. ⁰⁰
Sheriff-Headquarters	2621 SE Hawthorne Rd	203	\$ 44. ⁰⁰		\$ 528. ⁰⁰
Sheriff-Motor Vehicle Inspection	5900 NW 13 St	4,735	\$ 21. ⁰⁰		\$ 252. ⁰⁰
		545,028			
(3) Annual Subtotal of Monthly Charges					\$ 8,388. ⁰⁰

Quarterly Services	Address	Square Feet	Quarterly Cost	Annual
Sheriff's Tower	12160 NE Waldo Road	600	\$ 66. ⁰⁰	\$ 264. ⁰⁰
(4) Annual Subtotal of Quarterly Charges				\$ 264. ⁰⁰
DEPT ANNUAL TOTAL (3 + 4)				\$ 8,652. ⁰⁰

Parks Facilities	Address	Building Count	Monthly Cost	Annual
Camp Cuscowilla	210 SE 134 Ave, Micanopy, FL 32667	12	\$ 54. ⁰⁰	\$ 648. ⁰⁰
(5) Annual Subtotal of Quarterly Charges				\$ 648. ⁰⁰

GRAND TOTAL OF SERVICES (1 + 2 + 3 + 4 + 5)	\$ 22,924. ⁰⁰
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EXHIBIT B

Rentokil North America Inc DBA Florida Pest Control

(Insert Name of Corporation)

**CORPORATE RESOLUTION
GRANTING SIGNING AUTHORITY
AND AUTHORITY TO CONDUCT BUSINESS**

The Board of Directors ("Directors") of Rentokil North America, Inc. DBA Florida Pest Control, a

(insert name of company)

Pennsylvania

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

(insert state of incorporation)

held meeting on the 22 day of June, 2021, 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 Pennsylvania 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

Alan Robison

Division Manager

Darren Swearingen

Division Manager

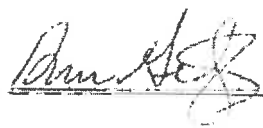
Bill Bosko

District manager

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 22 day of June, 2021, 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: 

Bruce Gelting .Secretary

(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: _____

WAB

Date: _____

6/21/2021

--- 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: 22-25 Annual Building, Lawn and Grounds Pest Control 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: 22-25 Annual Building, Lawn and Grounds Pest Control Services

NOT Applicable

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: 22-25 Annual Building, Lawn and Grounds Pest Control Services

Not Applicable

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 Article 11, 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 #: _____

SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

SBE Response when contacted: _____

EXHIBIT D

BID NUMBER: 22-25 Annual Building, Lawn and Grounds Pest Control 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.

Rentokil North America

Vendor Name: *DBA Florida Pest Control*

Date:

6/21/2021

Signature:

WAB

Title:

District Manager

Printed Name:

William A Baske

EXHIBIT E

ALACHUA COUNTY GOVERNMENT MINIMUM WAGE (GMW) FORM

BID 22-25 Annual Building, Lawn and Grounds Pest Control 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 \$15.00 hourly or the current prevailing wage and are provided health benefits?
- ☐ Employees involved with Alachua County projects are paid a minimum of \$17.00 hourly or the current prevailing wage but are not provided health benefits?

Bidder: Bill Bosko Company: Rentokil North America DBA Florida Pest Control

Address: 116 NW 16th Ave Gainesville, FL 32601

Authorized Signature: WAB Title: District Manager

Clearly Print Name: William A Bosko

Phone: 352-262-3563 Fax: 352-224-1831 Date: 6/21/2021

Email Address: lb.bosko@flspest.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

Rentokil North America
DBA Florida Pest Control

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.

WAB
Bidder's Signature

6/21/2021
Date

EXHIBIT G

Proposed Subcontractors (Non-Small Business Enterprise) Form

BID NUMBER: 22-25 Annual Building, Lawn and Grounds Pest Control Services *NOT Applicable*

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

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: Rentokl North America DBA Florida Pest Control
Bidder's Address: 116 NW 16th Ave Gainesville FL 32601 Phone: 352-376-2661
Number of years in this type of service? 72 Number of years licensed in Alachua County: 72
Number of employees "ON THE JOB" each week: 60 Number of employees "ON CALL" each week: 8
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: Not applicable

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

If so, please indicate below:

Alachua County, City of Gainesville, Levy County Schools
STATE of Florida

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

- 1) Firm: City of Gainesville Phone: 352-393-8262
Contact Person: Roschells Ford
- 2) Firm: Alachua County Schools Phone: 352-222-5253
Contact Person: John Saunders
- 3) Firm: Alachua County Phone: 352-374-5295
Contact Person: Missy Hamlow

Are your employees screened by: (indicate below)

- 1) Polygraph
- 2) ☒ General Interview
- 3) ☒ Background Investigation
- 4) ☒ Police Record Check
- 5) Additional Drug Screen, Dept of Motor Vehicles

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: Monday - Friday 7am - 6pm

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

Alachua county will have assigned pest control Specialist and Lawn Specialist
This will be backed up by 4 supervisors, 3 managers and myself in a timely manner.

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

DATE: 6/21/2021 AUTHORIZED SIGNATURE: WAD

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 Alachua County 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: Bill Bosko

ADDRESS: 116 NW 16th Ave Gainesville FL 32601

PHONE NO.: 352-376-2661 / 352-262-3543

FAX NO.: 352-224-1831

EMAIL ADDRESS: b.bosko@flspest.com

ALTERNATE RESPONSIBLE AGENT: Alan Robison

ADDRESS: 116 NW 16th Ave Gainesville FL 32601

PHONE NO.: 352-454-7582

FAX NO.: 352-224-1831

EMAIL ADDRESS: a.robison@flspest.com

SIGNED: WAB DATE: 6/21/2021

EXHIBIT J

TYPE "C" -INSURANCE REQUIREMENTS

Pollution and Hazardous Waste

Contractor shall procure and maintain for the duration of the 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, his agents, representatives, employees or subcontractors.

I. 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.

II. 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.

III. WORKERS COMPENSATION AND EMPLOYER'S LIABILITY.

- A 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.
- B 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.

IV. POLLUTION LIABILITY.

- A Pollution Liability must be afforded for Bodily Injury and Property Damage of not less than \$1,000,000 each claim.
- B When this contract includes the pick-up, transportation or disposal of hazardous wastes as governed under title 40 or 49 of the Code of Federal Regulations, the transporter's Automobile Insurance shall be endorsed to include the ICC Form MSC90 (Motor Carrier Act of 1980) and the ISO Form CA 9948 (Pollution Liability-Broadened Coverage for Covered Autos-Business Autos and Truckers coverage Forms)

V. OTHER INSURANCE PROVISIONS The policies are to contain, or be endorsed to contain, the following provisions:

A Commercial General Liability and Automobile Liability Coverages

- 1 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; products and completed operations of the Contractor; or automobiles owned, leased, hired or borrowed by the Contractor.

- 2 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's insurance and shall be non-contributory.

B All Coverages

- 1 The Contractor shall provide a Certificate of Insurance to the County with a Thirty (30) day 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 a claims made form the certificate will show a retroactive date, which should be the same date of the contract (original if contract is renewed) or prior.

VI. SUBCONTRACTORS

Contractors shall include all subcontractors as insured under its policies. All subcontractors shall be subject to the requirements stated herein.

CERTIFICATE HOLDER: Alachua County Board of County Commissioners

MAIL, EMAIL or FAX CERTIFICATES

Department Contact: Steve Wargo
Department: Facilities Management
Phone: 352.374.5229
Email: swargo@alachuacounty.us
Bid: 22-25 Annual Building, Lawn and Grounds Pest Control Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/18/2020

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 Edgewood Partners Insurance Center 200 Glenridge Point Parkway Suite 400 Atlanta GA 30342	CONTACT NAME: Certificate Unit PHONE (A/C No., Ext): 404-439-8000 E-MAIL: certificate@epicbrokers.com ADDRESS: certificate@epicbrokers.com	FAX (A/C, No): 404-439-8001														
INSURED Rentokil North America, Inc. DBA Florida Pest Control (REN840) 1125 Berkshire Blvd, Suite 150 Wyomissing PA 19610	RENTOKI-01	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER B : ACE Property & Casualty Insurance Company</td><td>20699</td></tr><tr><td>INSURER C : Zurich American Insurance Company</td><td>16535</td></tr><tr><td>INSURER D : Arch Insurance Company</td><td>11150</td></tr><tr><td>INSURER E : Arch Indemnity Insurance Company</td><td>30830</td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ACE American Insurance Company	22667	INSURER B : ACE Property & Casualty Insurance Company	20699	INSURER C : Zurich American Insurance Company	16535	INSURER D : Arch Insurance Company	11150	INSURER E : Arch Indemnity Insurance Company	30830	INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:** 1802590068**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	ADD'L SUBR INSD 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 checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		OGLG27240331	10/1/2020	10/1/2021	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$5,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		31CAB1044400 31CAB1044500	10/1/2020 10/1/2020	10/1/2021 10/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
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 \$ 10,000		XOO G27233420	10/1/2020	10/1/2021	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
D	<input checked="" type="checkbox"/> 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	31WC1044200 34WC1044300	10/1/2020 10/1/2020	10/1/2021 10/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$2,000,000 E.L. DISEASE - POLICY LIMIT \$2,000,000
A	<input checked="" type="checkbox"/> Errors & Omissions Liability Crime/Client Coverage		OGLG27240331 CRM 0151683-03	10/1/2020 10/1/2020	10/1/2021 10/1/2021	Each Incident/Agg 5,000,000 Each Occurrence 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Alachua County Board of County Commissioners, its officials, employees and volunteers, to the extent required by written contract are an additional insured on a primary and non-contributory basis. A waiver of subrogation applies in favor of the additional insureds to the extent required by written contract as allowed by applicable law.
30 day notice of cancellation, except 10 days for non-payment of premium, applies to the extent required by written contract.

CERTIFICATE HOLDER

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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PART D – BIDDERS CHECK LIST

Bidders may use the boxes to the left to check off items when completed.

The checklist is intended as a reminder for certain important items and is not necessarily a complete list of what must be included in your BID submission.

- ☒ Bid Form (Remember to fill this form out completely) THIS FORM MUST BE SIGNED.
- ☒ Acknowledge all Addendum(s) issued with this solicitation. A place to check off acknowledgement is on the bid form.
- ☒ Fill out all of the exhibits as required, especially Exhibit D, Small Business Enterprise (SBE) Program Participation Form and Exhibit E Alachua County Government Minimum Wage (GMW) Form.
- ☒ Include any insurance requirements.
- ☐ Include any bonds that may be applicable. *NOT applicable*
- ☒ Remember to post your Bid on DemandStar prior to the submittal deadline.

If you have questions concerning these items or other, sections of the bid solicitation please contact Procurement for clarification prior to submitting your bid.

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Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Rentokil North America, Inc.

2 Business name/disregarded entity name, if different from above

Florida Pest Control

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

116 NW 16th Avenue

6 City, state, and ZIP code

Gainesville, FL 32601

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

2 3 - 1 5 6 8 3 5 0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ▶

Kelly Garry

Date ▶ 4/28/2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.