



FINANCIAL AND ADMINISTRATIVE SERVICES
Purchasing and Contracts

123 West Indiana Avenue • Room 304 • DeLand, FL 32720-4608

(386) 736-5935 • Fax (386) 736-5972

e-mail: purchasing@co.volusia.fl.us; www.volusia.org

Submittal Due Date:
Tuesday, July 13, 2010

Submittal Due Time:
3:00 p.m.

Submit Responses To:
County of Volusia
Purchasing and Contracts Division
123 West Indiana Avenue, Room 304
DeLand, FL 32720-4608

Project Contact :
Becki Bishop, Procurement Manager
Phone: 386-822-5764 • Fax: 386-736-5935
E-mail: rbishop@co.volusia.fl.us
www.volusia.org/bidlist

10-SQ-37BB
AGENT OF RECORD FOR PROPERTY INSURANCE

The purpose of the Request for Statement of Qualifications (RSQ) is to select the most highly qualified firm(s) to provide services as Agent of Record for Property Insurance for the County of Volusia. Submittals will be reviewed and evaluated by the County Council acting as the selection committee under Process D of the Volusia County Purchasing Selection Process.

The County reserves the right to make multiple awards based on experience and qualifications, however, it is anticipated that one firm will be selected to provide the necessary services for an initial contract period of three (3) years with the option of (2) one year renewals with approval.

Expressions of interest and qualification data will be received at the Office of the Volusia County Director of Purchasing & Contracts, 123 W. Indiana Avenue, 3rd Floor, Room 304, DeLand, FL 32720-4608, **until 3:00 p.m. on Tuesday, July 13, 2010.** Submittals received after this deadline **will not** be considered for award. The purpose of the Request for Statement of Qualifications (RSQ) is to select the most highly qualified firm(s) to provide the services detailed herein.

BACKGROUND INFORMATION

The County of Volusia is a charter county with a council/manager form of government. The County Council comprised of seven elected members serve four-year terms. Five members are elected by district but the County Chair and the At-Large representative are elected countywide. Volusia County has a population of 500,000 year-round residents and offers services such as Public Works, including Road and Bridge, Utilities, and Mosquito Control; Public Protection including Fire Services, Sheriff Services, Beach Safety, and Corrections; Ocean Center; Daytona Beach International Airport; and Administrative Services. The County operates on a fiscal year that runs from October 1 through September 30.

The County has 47 miles of Atlantic Ocean coastline, covers 1207 square miles, and presently owns approximately \$400 million in property that is located both adjacent the Atlantic coastline and inland at various locations to its boundary to the south, the St. Johns river.

Attached is **Exhibit A** which provides the current summary of coverage with Volusia County.

PROPOSED SCHEDULE

06/11/10Release date for Request for Statement of Qualification
07/06/10Final date to receive written questions
07/20/10Closing Date
08/19/10Council Evaluation
SeptemberContract Negotiations
10/01/10Project Start Date

SCOPE OF SERVICE:

The County of Volusia is seeking the services of licensed insurance brokers to provide Agent of Record services for property insurance. Professional insurance brokers shall provide services for the Department of Personnel/Risk Management that will include but is not limited to, placing county owned property insurance, quarterly client meetings, recommendations on program structure, loss control services including safety consultations, allocation reporting, emerging industry trend and market analysis, and guidance on innovative products and new markets. The Agent of Record shall consult with the Risk Manager concerning development of insurance plans and assist the Risk Manager with other tasks required to secure and maintain the county's property coverage's. The agent of record must possess experience and abilities outlined in the selection criteria.

PUBLIC PROPOSAL OPENING

- A. Pursuant to Section 119.071(1)(b)1.a, Florida Statutes, proposals ("responses") and the completed tabulation will be available for inspection within ten (10) days of response opening. Contact the Purchasing and Contracts Office during regular business hours to inspect responses and the completed tabulation or, for inspection of the completed tabulation, go to <http://vcservices.vcgov.org/bidlistnet1/>. The foregoing notwithstanding, if, prior to the County's making responses available for inspection, the County rejects all responses and concurrently provides notice of the County's intent to reissue the solicitation, then the County may avail itself of the exemption for rejected responses set forth in Section

119.071(1)(b)1.b, Florida Statutes, to the extent such section may apply.

- B. In accordance with the Americans with Disabilities Act and Section 286.26, Florida Statutes, persons with disabilities and who need special accommodations to participate in the proceedings should contact the Volusia County Purchasing and Contracts Office in DeLand with a written request at least two (2) business days prior to the meeting date. Facsimiles are acceptable and may be sent to 386-736-5972.

INSURANCE REQUIREMENTS FOR AGENT OF RECORD

Respondent agrees to provide and maintain at all times during the term of any contract resulting from this RSQ, or for such longer periods as may be required, without cost or expense to the County of Volusia, policies of insurance insuring the respondent against any and all claims, demands, or causes of action whatsoever, for injuries received or damage to property relating to the performance of duties, services and/or obligations of the firm under the contract. The awarded vendor shall secure and maintain, at its sole cost and expense, the following insurance:

- Commercial General Liability – in the amount of \$3 million aggregate/\$1 million per occurrence.
- Professional Liability coverage – in the amount of \$1,000,000 aggregate.
- Liability – Auto, in the amount of \$100,000/300,000 / Any Auto
- Workers Compensation – As required by Florida law.

Incorporated or unincorporated firms with four or more employees shall be required to provide a copy of their “Notice of Election to be Exempt”, along with valid proof of coverage for non-exempt employees.

All insurance policies shall be issued by insurers licensed to do business in the State of Florida and having a minimum rating of A-, Class VIII, in the "Best Key Rating Guide" published by A.M. Best & Firm, Inc.

The County reserves the right to request a copy of the complete insurance policy(ies) and any endorsements for the insurance referenced above. A certificate of insurance indicating that the respondent has coverage in accordance with the requirements herein set forth shall be furnished prior to the execution of the contract and annually upon renewal thereafter.

Respondent agrees that County will make no payments pursuant to the terms of the contract until all required proof or evidence of insurance has been provided to the County Representative. Respondent agrees that the insurer shall waive its rights of subrogation, if any, against the County on Commercial General Liability and Workers Compensation insurance coverage. The ACORD certificate of Liability Insurance, with endorsements shall be completed by the authorized Resident Agent and returned to the Purchasing and Contracts Office. This certificate shall be dated and show:

- A. The name of the insured respondent, the specified job by name, name of the insurer, the number of the policy, its effective date and its termination date.

- B. Statement that the Insurer will mail notice to the County at least 30 (thirty) days prior to any material changes in provisions or cancellation of the policy.
- C. **County shall be named as an additional insured on Commercial General Liability Insurance.**

Loss Deductible Clause: The County shall be exempt from, and in no way liable for, any sums of money that may represent a deductible in any insurance policy. The payment of such deductible shall be the sole responsibility of the bidder and/or sub-consultant providing such insurance.

DISCLOSURE OF PROPOSAL CONTENT

- A. All material submitted becomes the property of the County and may be returned only at the County's option. The County has the right to use any or all ideas presented in any reply to this Bid. Selection or rejection of any Bid Submittal does not affect this right.
- B. The County of Volusia, Florida, is governed by the Public Record Law, Chapter 119, Florida Statutes (F.S.).

EXPENSES INCURRED: This solicitation does not commit the County of Volusia to award a contract, and respondent shall bear all costs and expenses associated with its response including appearing for any presentations required by the County.

AMERICANS WITH DISABILITIES ACT: In accordance with the Americans with Disabilities Act and Section 286.26, Florida Statutes, persons with disabilities needing special accommodations to participate in the proceedings should contact the Volusia County Purchasing and Contracts Office with a written request at least two (2) business days prior to the meeting date. Facsimiles are acceptable and may be sent to 386-736-5972.

WAIVER: The County of Volusia reserves the right to reject any or all proposals, to waive informalities and to accept all or any part of any proposal as may be deemed to be in the best interest of the County.

DISADVANTAGED BUSINESS ENTERPRISES: The County of Volusia has adopted policies that assure and encourage the full participation of Disadvantaged Business Enterprises (DBE's) in the provision of goods and services. Further, the County will monitor the DBE program with respect to the goals established by County Council.

CONFLICT OF INTEREST FORMS: All respondents shall complete and have notarized the attached disclosure form of any potential conflict of interest that the respondent may have due to ownership, other clients, contracts, or interest associated with this project.

DELIVERY OF PROPOSALS: Firms interested in providing the required professional services shall submit **TWELVE (12)** complete sets of the proposals:

- **One (1)** hard copy marked “ORIGINAL”
- **Ten (10)** hard copies marked “COPY”

Note: **It is not necessary to return every page of the original solicitation document with the hard copies of the RSQ Submittal ORIGINAL and COPY(ies); return only the pages that require signatures or information.**

- **One (1) COMPLETE electronic copy on a CD in PDF format (Excel spreadsheets shall not be recorded in PDF).** The electronic copy of the RSQ submittal shall include the entire solicitation document, the full RSQ Submittal, plus ALL additional pages the vendor wishes to include for review by the County (i.e., proof of insurance, licenses, bonds, résumés, etc.)

If a document is *not* included on the CD, it shall *not* be considered as part of the RSQ Submittal. CDs submitted in any format other than PDF shall be considered as *not* meeting the submittal requirements and may, therefore, render the entire RSQ Submittal “NON-RESPONSIVE”.

**DO NOT SEND CONFIDENTIAL INFORMATION,
PROPRIETARY INFORMATION, OR TRADE SECRETS**

All submittals shall be clear, concise, indexed by subject, typed on letter size paper, and individually bound. Submittals shall be mailed or delivered in a sealed package clearly marked on the outside with the project name, invitation number, and due date. Packages shall be received in the Volusia County Purchasing Office by the advertised deadline.

QUESTIONS/EXCEPTIONS RE: RSQ #10-SQ-37BB

- A. It is incumbent upon each respondent to carefully examine this solicitation’s specifications, scope of work/service, terms, and conditions. Questions and exceptions concerning any section of this RSQ shall be directed by letter, facsimile transmission or by e-mail to the Procurement Analyst named in Section B below, who shall be the official point of contact for this RSQ. Questions and exceptions shall be submitted no later than fourteen (14) days before the closing date. Thereafter, no further questions or exceptions will be accepted or reviewed by the County and respondents’ right to submit questions or exceptions will terminate and any questions or exceptions not previously made shall be deemed waived. The issuance of a written addendum is the only official method by which interpretation, clarification, or additional information can be given and oral representations will not be binding on the County.
- B. Mark cover page or envelope(s) **“Questions/Exceptions re: RSQ #10-SQ-37BB, Agent of Record for Property Insurance”**

Submit questions to:

Becki Bishop, Procurement Manager

Telephone:386-822-5764; Fax:.....386-736-5972

E-mail:.....rbishop@co.volusia.fl.us

- C. If it becomes necessary for the County to revise any part of this RSQ, an addendum will be posted on the County's web site. **It is each respondent's responsibility to check the Volusia County web site at <http://vcservices.vcgov.org/bidlistnet1> for addenda. Each respondent should ensure that they have received all addenda to this RSQ before submitting their proposal.** In their proposals, respondents must provide proof of receipt of each addendum by signing each addendum and returning each addendum to the County. **FAILURE TO PROVIDE THIS PROOF MAY CAUSE RESPONDENT'S PROPOSAL TO BE RENDERED NON-RESPONSIVE.**
- D. **EACH ADDENDUM ISSUED BY THE COUNTY SHALL BECOME A MATERIAL PART OF THIS SOLICITATION AND SHALL BE THE FINAL DECISION ON THE SUBJECT OF THE ADDENDUM.**

SELECTION CRITERIA

This RSQ shall be evaluated under Selection Process "D", which means Volusia County Council will serve as the selection committee for this solicitation.

After determination of proposals meeting minimum qualifications, each proposal shall be evaluated using the following criteria:

- A. Proper submittal of **ALL** documentation as required by this proposal.
- B. The greatest benefits to Volusia County as they pertain to:
1. Qualifications and capabilities of the firm and the individual team members.
 2. Accessibility/Responsiveness: Timeline of the planned steps required according to the firm's program structure recommendations. Description of the capabilities of the firm's and individual team member's ability to establish and meet schedules and deadlines, as required.
 2. Program Structure: Outline: Coverage and enhancements
Retention and limits
Financing strategy
- Proposals may utilize either a combined program or separate policies. Include commentary regarding the firm's recommended approach. Provide the firm's approach to recommendations to enhance the risk and insurance management program.
4. Marketing Plan: Outline the firm's marketing plan strategy, including meetings with underwriters, mediation attendance, board meeting involvement and the County. Provide names of qualified insurance companies that may be approached for insurance premiums quotations. Provide an opinion regarding the long term financial stability of these qualified companies.

5. Market Relationships: Describe carrier and whole-sale broker experience. Obtain answers from underwriters to policy coverage questions as requested.
6. Loss Control Strategy: Describe services included in the proposal, such as safety training and consultations, trending, etc. Prepare schedule of trends, reports and development factors for past losses as well as analyzing county exposure to loss, adequacy of coverage and develop loss control options.
7. Risk Management Advisory Services: Describe emerging risk management trends, new product availability, legal issues and technical issues. Provide ability to send insurance specifications for review and approval by the County Risk Manager 60 days prior to renewal. Submit to the County an annual report including the following: schedule of insurance in force, showing expiration dates, net and gross annual premiums, limits and deductibles/SIR's over past 5 years; schedule of trend and development factors for past losses; comments on the status of losses and major pending risk control recommendations; philosophy on retention for various policies based on current market conditions. Ability to prepare requested insurance certificates and endorsements as requested by the Risk Manager and assist County in developing insurance requirements as requested for various contracts, review certain leases, agreements for insurance requirements, assumption of liability and other risk management issues as requested.
8. Availability of other applicable services: Respondents shall outline other resources available through their firm.
9. Compensation Schedule:
Competitiveness of fee
Firm fixed rate – single vs. multi-year term
Remuneration basis – fee vs. commission
10. Financial Stability

DEFINITIONS

As used in this RSQ, the following terms shall have the meanings set forth below:

Contract - A Master Agreement with the County that the Consultant awarded this RSQ will sign.

Contract Administrator - The Director of Purchasing and Contracts or designee shall serve as the Contract Administrator. The Contract Administrator shall be responsible for addressing any concerns within the scope of the contract. Any changes to the resulting contract shall be done in writing and shall be authorized by the Director of Purchasing and Contracts.

Contractor - That person or entity, including employees, servants, partners, principals, agents and assignees of the person or entity that has obtained from the County a contract to provide the services set forth herein.

County - The word County refers to the County of Volusia, Florida.

County Project Manager - A person designated by the County to be the principal interface with the Successful Consultant for the duration of this project. The County Project Manager has responsibility for managing this project as defined in the Scope of Services.

Day - Each calendar day or accumulation of calendar days.

Director - The Director of Purchasing and Contracts for the County of Volusia.

Exceptions to RSQ - An exception is defined as the Consultant's inability or unwillingness to meet a term, condition, specification, or requirement in the manner specified in the RSQ.

Person or Persons - An individual, firm, partnership, corporation, association, executor, administrator, trustee or other legal entity, whether singular or plural, masculine or feminine, as the context may require.

Respondent - That person or entity, including employees, servants, partners, principals, agents and assignees of the person or entity that submits a proposal for the purpose of obtaining a contract with the County for the provision of the services set forth herein.

Respondent's Project Manager: The Project Manager has responsibility for administering this contract for the Respondent and will be designated prior to execution of the contract.

Successful Respondent – The firm that is awarded a contract by Volusia County for this RSQ.

SUBMITTAL REQUIREMENTS

It is not necessary to return every page of this document with the Proposal; return *only* the pages that require signatures or information.

The Electronic Proposal, however, shall be COMPLETE, inclusive of the full RSQ Submittal plus ALL additional pages the vendor wishes to include for review by the County (i.e., proof of insurance, licenses, bonds, résumés, etc.)

Submittal Format – Material will be submitted in a loose-leaf binder format, *not* as bound documents or with coil spines (plastic or metal).

Proposals shall include all of the information solicited in this RSQ, and any additional data that the respondent deems pertinent to the understanding and evaluating of the proposal. The respondent should not withhold any information from the written response in anticipation of presenting the information orally or in a demonstration, since oral presentations or demonstrations may not be solicited. All proposals shall be organized and sections tabbed in the following order and shall include, at minimum:

Tab 1: Qualification Data

- A. Submittal Letter signed by authorized agent of the firm with **documentation**, such as a Memorandum of Authority, that this individual is authorized to commit the firm to a contract. Clearly state the name, title and contact information for the individual designated by the firm as contact point for any requests for additional information required by County.
- B. A brief profile of the firm, including:
 - 1. A brief history of the business
 - 2. Organizational structure of business
 - 3. Ownership interests
 - 4. Active business venues (counties, states, etc.)
 - 5. Documentation from the appropriate state's agency confirming firm's legal entity type (i.e., sole proprietorship, partnership, limited liability partnership, corporation, Limited Liability Corporation, etc.). For non-Florida businesses, submit documentation from the state in which the business was formed and documentation from the State of Florida providing authorization to perform business in the state of Florida.
 - 6. Taxpayer Identification Number of firm on TIN form

Tab 2: Approach to Project

- A. Provide a timeline of the planned steps required according to the firm's program structure recommendations. Include the qualifications of the team members that will be assigned to the County. Provide resumes of all account team members, listing similar projects completed, references, and total cost of each project. Communicate to the County the firm's approach in assisting in preparation and/or handling of all first and third party claims as well as follow up for timely issuance of all policies and endorsements and submit copies to Risk Manager.
- B. Proposals may utilize either a combined program or separate policies. Include clear concise commentary regarding the firm's recommended approach. In addition, provide the firm's approach to recommendations to enhance the risk and insurance management program.
- C. Marketing Plan: Outline the firm's marketing plan strategy, including meetings with underwriters, mediation attendance, board meeting involvement and the County. Provide names of qualified insurance companies that may be approached for insurance premiums quotations. Provide an opinion regarding the long term financial stability of these qualified companies.
- D. Market Relationships: Describe carrier and whole-sale broker experience. Obtain answers from underwriters to policy coverage questions as requested.
- E. Loss Control Strategy: Describe services included in the proposal, such as safety

training and consultations, trending, etc. Clearly and concisely communicate to the County the firm's approach to preparing schedule of trends, reports and development factors for past losses as well as analyzing county exposure to loss, adequacy of coverage and develop loss control options.

- F. Risk Management Advisory Services: Describe emerging risk management trends, new product availability, legal issues and technical issues. Provide ability to send insurance specifications for review and approval by the County Risk Manager 60 days prior to renewal. Submit to the County an annual report including the following: schedule of insurance in force, showing expiration dates, net and gross annual premiums, limits and deductibles/SIR's over past 5 years; schedule of trend and development factors for past losses; comments on the status of losses and major pending risk control recommendations; philosophy on retention for various policies based on current market conditions. Prepare requested insurance certificates and endorsements as requested by the Risk Manager and assist County in developing insurance requirements as requested for various contracts, review certain leases, agreements for insurance requirements, assumption of liability and other risk management issues as requested. Demonstrate the ability to meet the service requirements detailed above.
- G. Availability of other applicable services: Respondents shall outline other resources available through their firm.

Tab 3: Compensation

- A. Compensation Schedule:
 - Competitiveness of fee
 - Firm fixed rate – single vs. multi-year term
 - Remuneration basis – fee vs. commission
- B. The Proposal Form shall be completed and executed by the individual with the authority to commit the firm to a contract referenced in Tab 1 and Compensation Schedule as stated in Selection Criteria, Tab 2 – H.

Tab 4: References

Provide three (3) references of the same or similar magnitude to this solicitation request, including company name, contract person, phone number and e-mail address. Provide a short description of each project, including the name of the project, location, type and value.

Tab 5: Conflict of Interest Disclosure Form (USE ATTACHED FORMS)

All Respondents shall properly complete, have notarized and attach with their proposal the attached notarized disclosure statement of any potential conflict of interest that the Respondent may have due to ownership, other clients, contracts or interests associated with this project.

Tab 6: Insurance

Attach evidence of required insurance coverage or proof of insurability in the amounts indicated. If available, a properly completed ACORD Form is preferable. **Final forms must contain the correct solicitation and/or project number and name of Volusia County's contact person.**

Firms that have owner/operators that have filed a "Notice of Election to be Exempt" shall submit a copy with the proposal. Respondent shall certify number of employees if sole proprietor.

Tab 7: Addenda

Any addenda issued subsequent to the release of this solicitation must be signed and returned with the firm's proposal. **Failure to return signed addenda may be cause for the proposal to be considered non-responsive.**

Tab 8: Business Tax Receipt (BTR)

To be responsive to this solicitation, each Respondent who is currently required to have a Business Tax Receipt (BTR) at the time of submittal shall provide a copy of their current BTR in their **response** to this solicitation.

There are two exceptions to this bid submission requirement:

- A. If Respondent's business does not have a physical location in Volusia County, no submission is required, **or**
- B. If Respondent's business type is exempted, submit a Proof of Exemption approved by the Volusia County Revenue Director (see Exhibit X).

See <http://www.municode.com/resources/gateway.asp?pid=11665&sid=9> for Ch. 114, Article I, Sect. 114-1 of the Volusia County Code of Ordinances.

Tab 9: Completed Taxpayer Identification Number (TIN) form.

Include a completed TIN form. If the firm is not registered with Volusia County, on-line registration is available at www.volusia.org/purchasing under Vendor Self Service, which links to the registration site and the TIN form can be accessed through this site as well.

Tab 10: Financial Stability

All respondents shall be prepared to supply a financial statement upon request, preferably a certified audit, but a third party prepared financial statement and the latest D & B report will be accepted.

The County of Volusia reserves the right to reject any or all proposals, to waive

informalities, and to accept all or any part of any proposal as they may deem to be in the best interest of the County.

NOTE: Failure of Respondent to clearly and specifically address each of the items listed below may result in Proposal not being evaluated or considered for award.

I hereby certify that I have read and understand the requirements of this Solicitation No. **10-SQ-37BB, "Agent of Record for Property Insurance"**, and that I, as the bidder, will comply with all requirements, and that I am duly authorized to execute this proposal/offer document and any contract(s) and/or other transactions required by award of this RSQ.

Company: _____

Per: _____ (Print name)

Signature: _____

Address: _____

City: _____, State: _____, ZIP: _____

Telephone: _____, Fax: _____

E-Mail Address: _____

Dunn & Bradstreet #: _____, Fed. I.D. # _____

The vendor acknowledges that information provided in this bid is true and correct:

x

Authorized Signature

Typed Name

Title

Date

PROPOSAL FORM

TO: County of Volusia, Florida
Office of Purchasing and Contracts Director
123 W. Indiana Avenue, 3rd Floor
DeLand, FL 32720-4608

_____, 2010

The undersigned hereby declares that [firm name] _____
has carefully examined the specifications to furnish **AGENT OF RECORD FOR PROPERTY INSURANCE** for which proposals were advertised to be received **no later than 3:00 p.m., local time, Tuesday, July 13, 2010**, and further declare that the firm will furnish the services according to specifications contained herein.

Please respond to the following pertaining to the cost of services:

Sole Proprietor ☐ YES ☐ NO Total number of employees _____

F.O.B. Destination, freight allowed

Provide a specific quotation for **the firm's services** correlating the components of compensation to specific services being provided for the initial three-year award term and two subsequent one-year renewals, if mutually agreed upon.

Compensation - year **ONE**.....\$_____

Compensation - year **TWO**.....\$_____

Compensation - year **THREE**\$_____

Compensation - year **FOUR**.....\$_____

Compensation - year **FIVE**.....\$_____

Define the basis of the firm's offer: ☐ Firm fixed rate single vs. multi-year term
☐ Remuneration basis fee vs. commission

Prompt Payment Discount, if applicable: _____ % _____ Days; Net 45 Days

Do you accept electronic funds transfer (ETF)? ☐ YES ☐ NO

Do you offer a discount for electronic funds transfer (EFT)? ☐ YES ☐ NO

Have you supplied all the Submittal Requirements outlined below?

- ☐ Profile and submittal letter
- ☐ Information requested in Selection Criteria
- ☐ Proposal Form
- ☐ References
- ☐ Conflict of Interest
- ☐ Insurance
- ☐ Addenda
- ☐ Business Tax Receipt
- ☐ Completed Taxpayer Identification Number (TIN) form

The County of Volusia reserves the right to reject any or all proposals, to waive informalities, and to accept all or any part of any proposal as they may deem to be in the best interest of the County.

I hereby certify that I have read and understand the requirements of this Request for Statements of Qualifications No. **10-SQ-37BB, Agent of Record for Property Insurance**, and that I, as the respondent, will comply with all requirements, and that I am duly authorized to execute this proposal/offer document and any contract(s) and/or other transactions required by award of this RSQ.

Company: _____

Per: _____ (Print name)

Signature: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

DUNS#: _____ Fed. I.D. #: _____

I HEREBY CERTIFY that

1. I, (printed name) _____, am the
(title) _____ and the duly authorized representative of
the firm of (Firm Name) _____ whose address is
_____, and that I possess the legal authority to make this affidavit on behalf of myself and the firm for which I am acting; and,
2. Except as listed below, no employee, officer, or agent of the firm have any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and,
3. This Bid Submittal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same services, and is in all respects fair and without collusion or fraud.

EXCEPTIONS to items above (List): _____

Signature: _____ Date: _____

Printed Name: _____

Firm Name: _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20____, by
_____, who is/are personally known to me **or** who
has/have produced _____ as identification.

NOTARY PUBLIC – STATE OF _____

Type or print name:

Commission No.: _____

Commission Expires: _____

(Seal)

**Notification Regarding Public Entity Crime and Discriminatory
Vendor List Requirements and Disqualification Provision**

A. Pursuant to Florida Statutory requirements, potential Respondents are notified:

287.133(2)(a) A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.

287.133(2)(b) A public entity may not accept any bid, proposal, or reply from, award any contract to, or transact any business in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO with any person or affiliate on the convicted vendor list for a period of 36 months following the date that person or affiliate was placed on the convicted vendor list unless that person or affiliate has been removed from the list pursuant to paragraph (3)(f). A public entity that was transacting business with a person at the time of the commission of a public entity crime resulting in that person being placed on the convicted vendor list may not accept any bid, proposal, or reply from, award any contract to, or transact any business with any other person who is under the same, or substantially the same, control as the person whose name appears on the convicted vendor list so long as that person's name appears on the convicted vendor list.

287.134(2)(a) An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity.

287.134(2)(b) A public entity may not accept any bid, proposals, or replies from, award any contract to, or transact any business with any entity or affiliate on the discriminatory vendor list for a period of 36 months following the date that entity or affiliate was placed on the discriminatory vendor list unless that entity or affiliate has been removed from the list pursuant to paragraph (3)(f). A public entity that was transacting business with an entity at the time of the discrimination resulting in that entity being placed on the discriminatory vendor list may not accept any bid, proposal, or reply from, award any contract to, or transact any business with any other entity who is under the same, or substantially the same, control as the entity whose name appears on the discriminatory vendor list so long as that entity's name appears on the discriminatory vendor list.

B. By submitting a proposal, the Respondent represents and warrants that the submission of its proposal does not violate Section 287.133, Florida Statutes (2005), nor Section 287.134, Florida Statutes (2005).

C. In addition to the foregoing, the Respondent represents and warrants that Respondent, Respondent's subcontractors and Respondent's implementer, if any, is not under investigation for violation of such statutes.

D. Respondent should read carefully all provisions of 287.133 and 287.134, Florida Statutes (2005).

PROOF OF EXEMPTION



FINANCIAL AND ADMINISTRATIVE SERVICES

REVENUE DIVISION

123 W. INDIANA AVE. • ROOM 103 • DeLAND, FL 32720-4602

PHONE: 386-736-5938 • FAX: 386-822-572

<http://volusia.org/revenue/>

I certify that the business known as (*business name*) _____,
providing _____ services, which is located at (*street address*) _____
_____, (*city*) _____, falls under the business tax
exemption described in:

- | | | |
|---|---|---|
| ☐ Florida Statute 205. 063 | ☐ Florida Statute 205. 065 | ☐ Florida Statute 205. 191 |
| ☐ Florida Statute 205. 064 | ☐ Florida Statute 205. 162 | ☐ Florida Statute 205. 192 |
| | ☐ Florida Statute 205. 171 | |

www.flsenate.gov/Statutes/index.cfm?App_mode=Display_Statute&URL=Ch0205/ch0205.htm

OR is the type of business indicated below:

- | | | |
|---|---|---|
| ☐ Child Care – Residential | ☐ Insurance Adjuster,
Agent, or Company | ☐ Radio/Television Station |
| ☐ Commercial Rentals | ☐ Pharmacist/Pharmacy
(Prescription Drugs Only) | ☐ Religious Institution |
| ☐ Door to Door/Peddler Sales | | ☐ Residential Rentals over 6months |
| | | ☐ Sale of Alcoholic Products only |

(Authorized Signature)

(Printed Name)

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____, by
_____, who is/are personally known to
me **or** who has/have produced _____ as identification.

NOTARY PUBLIC – STATE OF _____
Type or print name:

Commission No.: _____
Commission Expires: _____

(Seal)

A business that falls under one of the exempt classifications listed above is not required to have a Volusia County Business Tax Receipt.

Margaret Flomerfelt, Revenue Director