

# **OPERATION, MAINTENANCE AND MANAGEMENT OF CITY OF LAUDERHILL WATER TREATMENT PLANT UTILITY SYSTEM**

**City of Lauderdale, Florida**

**RFP Number: 2019-023**

**Submitted By:**

**Patient Care Laboratories, Inc.  
3901 SW 47<sup>th</sup> Avenue, Suite 402  
Davie, Florida 33314  
T: 954-826-1454  
Email: [rrobbins@micrimlabs.com](mailto:rrobbins@micrimlabs.com)**

**DOCUMENT 00101  
PROPOSAL CHECKLIST**

**City of Lauderdale, Florida  
RFP 2019-023**

COMPANY NAME: Patient Care Laboratories, Inc.

PHONE: 954-826-1454

FAX: 954-779-8173

**BEFORE SUBMITTING YOUR PROPOSAL PLEASE ENSURE THE FOLLOWING:**

A check mark indicates your compliance.

- ☒ 1. The Proposal Package was read in its entirety
- ☒ 2. Certificate and Signature Page 00300 was completed and attached
- ☒ 3. Cost Schedule Form 00300A was completed and attached
- ☒ 4. Bid Bond was obtained and sheet 00401 was completed
- ☒ 5. Public Entity Crimes Affidavit Sheet 00402 was completed and notarized
- ☒ 6. Proposers Qualification Form 00420 was completed. Evidence of Insurance and copies of applicable licenses are attached.
- ☒ 7. Sub Contractor List 00421 was completed and attached
- ☒ 8. Litigation History form 00450 was completed and attached
- ☒ 9. Non collusive affidavit 00480 was completed and attached
- ☒ 10. Debarment certification 00490 was completed and attached
- ☒ 11. Signature Page was completed and attached
- ☒ 12. Confirmation of Drug-Free Workplace completed and attached
- ☒ 13. Certified Resolution 00495 was completed and attached
- ☒ 14. Financials attached and Submittal Instructions (Form 00101A) adhered to
- ☒ 15. All Addenda were received and acknowledged
- ☒ 16. One (1) original, two (2) copies and one (1) electronic copy of the bid are being submitted with the **RFP Number and RFP Name clearly marked on the envelope** in which the bid is being submitted. Proposal is being submitted **prior to the deadline.**

**FAILURE TO PROVIDE THE REQUESTED DOCUMENTS MAY RESULT IN YOUR PROPOSAL BEING DEEMED NON-RESPONSIVE.**

**THIS PAGE SHOULD BE RETURNED WITH YOUR PROPOSAL**

END OF DOCUMENT

**DOCUMENT 00101A  
SUBMITTAL PACKAGE**

**City of Lauderdale, Florida  
RFP 2019-023**

Submit this portion of the Request for Proposal as your firm's Qualifications Package. Complete the following information exactly as shown including numbering and tabbing sections. This information is vital for the City to rate your firm, as your evaluation and ranking will be based on the information supplied below along with any other information required by the City.

**TAB #1**            **Insert Proposer's Qualification Statement (Form 00420 and 00421)**

**TAB #2**            **Statement of Capabilities:**

**Provide a statement that addresses why the specific Proposer would be in the best posture to deliver the required services. (Limit to one (1) page.)**

**TAB #3**            **Specific Related Experience of the Firm**

List the last three (3) contracts held comparable to this specific project and related experience accomplished by the Contractor firms. Indicate:

- Client name, address, email, and telephone number
- Principal/Project Manager in Charge, licensing/certifications,
- Whether your firm was the primary or a subcontractor
- Description of the contract including
- Contract Objective(s)/accomplishments
- Challenges encountered, resolutions
- Contract Starting and Ending Dates

**TAB #4**            **Current Workload**

List the following for the Contractor and all major subcontractor's and/or partner firms (list separately):

- Each project currently under contract
- Total value to the Contractor's firm for the project
- Total fees remaining to be paid to the applicant firm
- Contract period and duration
- List number of professional staff assigned
- Percentage complete
- Brief Project description

**TAB #5**            **Cost Schedule**

Submit your cost/compensation schedule here (00300 and 00300A)

**TAB #6**            **Bid Bond and Form 00401**

**TAB #7**            **Financials**

**TAB #8**            **Attachments**

Insert:

Forms 00401, 000402, 00450, 00480, 00485, 00490, 00495, 00600

Acknowledgement of Addendums (Form 00900 as needed)

References (Attachment - G)

Certificate of Insurance, and Licenses

**THIS PAGE SHOULD BE RETURNED WITH YOUR PROPOSAL**

END OF DOCUMENT

**(REVISED) DOCUMENT 00420**  
**PROPOSERS QUALIFICATION FORM**  
**City of Lauderhill, Florida**  
**RFP NUMBER: 2019-023**

PROPOSER shall furnish the following information. Failure to comply with this requirement will render Bid non-responsive and shall cause its rejection. Additional sheets shall be attached as required.

PROPOSER'S Name and Principal Address:

Patient Care Laboratories, Inc.  
3901 SW 47th Ave., Suite 402  
Davie, FL 33314

Contact Person's Name and Title: Ron Robbins, President  
PROPOSER'S Telephone and Fax Number: 954-776-9481  
PROPOSER'S Email: rrobbins@micrimlabs.com  
PROPOSER'S License Number: N/A

**(Please attach certificate of competency and/or state registration.)**

PROPOSER'S Federal Identification Number: 27-3967232

Number of years your organization has been in business, in this type of work: 40yrs: 7yrs (Lauderhill)

Names and titles of all officers, partners or individuals doing business under trade name:

Ron Robbins, President  
Frank Maloney, CFO

The business is a:      Sole Proprietorship ☐      Partnership ☐      Corporation ☒

Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract:

Platte River Insurance Company  
P.O. Box 5900  
Madison, WI 53705 - 0900  
T: 608-829-4200

**Please answer all questions as completely as possible, using attachments as necessary or required.**

1.      How many years has your organization been in business as a Contractor? Please attach all Operator's certifications, licenses, endorsements etc. as (Attachment No. 1)  
Providing Contractor services to City of Lauderhill for 7 years
2.      Describe the last project of this nature you have completed?  
City of Lauderhill water plant operations.

3. Have you ever failed to complete work awarded to you: If so, where and why?

No

4. Name three individuals or corporations for which you have performed work and that will attest to your company's performance (list company name, contact person(s), phone#, and email.):

City of Lauderhill, Martin Cala, 954-730-2972, jmcala@lauderhill-fl.gov

Miami Seaquarium, Dr. Maya, 305-365-2527, vetdept@msq.cc

University of Miami, Dr. Cray, 305-243-6700, compathlab@med.miami.edu

5. List the following information concerning all contracts on hand as of the date of submission of this proposal. (In case of co-venture, list the information for all co-ventures).

| <u>NAME<br/>OF<br/>PROJECT</u> | <u>OWNER</u> | <u>TOTAL<br/>CONTRACT<br/>VALUE</u> | <u>CONTRACTED<br/>DATE OF<br/>COMPLETION</u> | <u>%<br/>COMPLETION<br/>TO DATE</u> |
|--------------------------------|--------------|-------------------------------------|----------------------------------------------|-------------------------------------|
| <u>City of Lauderhill</u>      |              | <u>\$2.7 Mil / 4yr</u>              | <u>April 28, 2019</u>                        | <u>100%</u>                         |

(Continue list on inset sheet if necessary)  
(as Attachment No. 2)

6. Have you personally inspected the Water Treatment Facility and have read the scope for its performance?

Yes

7. Will you sublet any part of this work? If so, please list subcontractors in Document 00421.

Yes, Sludge Removal

8. What equipment/vehicles do you own that is available for the work?

Company vehicle for water sample collection/testing and miscellaneous City  
directed supplies.

9. List the proposed Operator's name and corresponding category along with Classification, licensed number, years of experience and additional information as described in section 00100. Include name and qualification of Maintenance and Sludge Operator Mechanics at the end of the list. In addition, please attach a signed letter of intent and commitment to participate in this Contract.

See Attachment No. 3

(Provide separate submittal as Attachment No. 3)

10. Is any of your employees or subcontractors a resident of the City of Lauderhill (please list below)?

Stanley Ebanks, Zephaniah Beckford, Claudius Hutchinson and

Pleasant Williams (Williams Transport, LLC)

11. Attach the Financial Statement of the undersigned to this document and furnish the name and telephone number of the individual who can best answer questions regarding this statement:

SEE "TAB # 7" for Financial Statements: Frank Maloney, CFO, 727-215-1145

(as Attachment No. 4)

12. State the true, exact, correct, and complete name of the partnership, corporation or trade name under which you do business, and the address of the place of business. (If a corporation, state the name of the President and Secretary. If a partnership, state the name of all the partners. If a trade name, state the names of the individuals who do business under the trade name. It is absolutely necessary that this information be furnished.)

Patient Care Laboratories, Inc.

Correct Name of Bidder

- (a) The business is a (Sole Proprietorship, Partnership, Corporation)

Corporation

- (b) The address of principal place of business is

3901 SW 47th Ave., Suite 402

Davie, FL 33314

- (c) The names of the corporate officers, or partners, or individuals doing business under a trade name, are as follows:

Ron Robbins, President

Frank Maloney, CFO

13. State your current insurance Experience Risk Modifier (ERM)

City of Lauderhill

RFP 2019-023

WTP Operations

13. State your current insurance Experience Risk Modifier (ERM)

1.22

14. State your current bonding capacity

\$1.0 mil / \$1.0 mil

15. State your current bonding obligations

City of Lauderhill

16. State your current bonding rate (%)

1.5%

The undersigned guarantees the truth and accuracy of all statements and answers herein contained.

By

  
Don Robbins  
(Signature of Proposer)

END OF DOCUMENT

**DOCUMENT 00420 - PROPOSERS QUALIFICATION FORM**

**ATTACHMENT #1**

**CERTIFICATIONS, LICENSES, ENDORSEMENTS**



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
Operating Permit

**06-64-01586**

06-BID-3819233

Biomedical Waste - Clinical Laboratory

Issued To: Micrim Labs, Inc.  
3901 SW 47 Avenue  
Davie, FL 33314

County: Broward  
Amount Paid: \$100.00  
Date Paid: 08/31/2018  
Issued Date: 10/01/2018  
**Expires On: 09/30/2019**

Mail To: Micrim Labs Inc  
3901 SW 47 Avenue  
Davie, FL 33314

Issued By:  
Department of Health in Broward County

(954) 467-4700 ext. 4201

Owner: Micrim Labs Inc

Original Customer: Micrim Labs, Inc. (NON-TRANSFERABLE)

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
Operating Permit

**06-64-01586**

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3901 SW 47 Avenue  
Davie, FL 33314

Issued By:  
Department of Health in Broward County

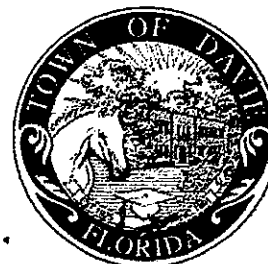
Owner: Micrim Labs Inc

(954) 467-4700 ext. 4201

**TOWN OF DAVIE**  
**Business Tax Receipts Division**

6591 Orange Drive  
Davie, FL 33314

**2019 BUSINESS TAX RECEIPT**



954-797-1212

[www.davie-fl.gov](http://www.davie-fl.gov)

567 \*\*\*\*\*AUTO\*\*5-DIGIT 33314 2



MICRIM LABS INC  
3901 SW 47TH AVE STE 402  
DAVIE FL 33314-2815

**Name and Location of Business Tax Receipt**

License Type: Laboratories

Quantity: 1

Licensed For: Laboratories

License #: 12

Phone #: (954) 776-9479

Effective Date: 10/1/2018

Expiration Date: 9/30/2019

Owner: MICRIM LABS INC

MICRIM LABS INC  
3901 SW 47 AVE 402  
Davie, FL 33314

**RESTRICTIONS:**

**DOCUMENT 00420 - PROPOSERS QUALIFICATION FORM****ATTACHMENT #3****List of Operators / Mechanics**

| <b>NAME</b>          | <b>Category</b>                   | <b>Classification</b> | <b>License No.</b> | <b>Years of Experience</b> | <b>Background Checks</b>       |
|----------------------|-----------------------------------|-----------------------|--------------------|----------------------------|--------------------------------|
| Zephaniah Beckford   | Plant Operator                    | A                     | 0008226            | 29                         | Approved by City of Lauderhill |
| Stanley Ebanks       | Plant Operator                    | A                     | 0017017            | 13                         | Approved by City of Lauderhill |
| Claudius Hutchinson  | Plant Operator                    | A                     | 0017011            | 18                         | Approved by City of Lauderhill |
| Marlon Huthinson     | Plant Operator                    | A                     | 0017010            | 15                         | Approved by City of Lauderhill |
| Ralph Ramnarine      | Plant Operator                    | C                     | 0012091            | 12                         | Approved by City of Lauderhill |
| Harold Rodriguez     | Plant Operator                    | C                     | 0019220            | 7                          | Approved by City of Lauderhill |
| Kerry Roman          | Plant Operator                    | C                     | 0007873            | 25                         | Approved by City of Lauderhill |
| Indraj Samlal        | Plant Operator                    | A                     | 0007282            | 27                         | Approved by City of Lauderhill |
| Rajiv Samlal         | Plant Operator                    | B                     | 0022878            | 4                          | Approved by City of Lauderhill |
| Dawn Campbell        | Plant Operator                    | C                     | 0024704            | 6                          | Approved by City of Lauderhill |
|                      |                                   |                       |                    |                            |                                |
| Abdul Samad          | Maintenance                       | CDL Class A Operator  | S530-017-57-339-0  | 15                         | Approved by City of Lauderhill |
| Davendranath Mahadeo | Sludge Operations/<br>Maintenance | N/A                   |                    | 2                          | Approved by City of Lauderhill |

**DOCUMENT 00421  
SUBCONTRACTORS LIST**

**RFP NUMBER: 2019-023**

LIST THE COMPANY NAME ALONG WITH THE TRADE AND THE APPROXIMATE VALUE OF THEIR INVOLVEMENT IN THE PROJECT. ADDITIONAL INFORMATION MAY BE REQUIRED UPON SUBMISSION OF THE PROPOSAL AS DESCRIBED IN DOCUMENT 00100. THE LISTING OF MORE THAN ONE SUBCONTRACTOR FOR EACH ITEM OF WORK TO BE PERFORMED WITH THE WORDS "AND/OR" WILL NOT BE PERMITTED. FAILURE TO COMPLY WITH THIS REQUIREMENT WILL RENDER THE PROPOSAL AS NON-RESPONSIVE AND MAY CAUSE ITS REJECTION.

| Work to Be Performed | % Total Contract | Contractor License No. if Applicable | Subcontractor Name/Phone/Address                                                          |
|----------------------|------------------|--------------------------------------|-------------------------------------------------------------------------------------------|
| Sludge Removal       | 11%              | USDOT #1823307                       | Williams Transport, LLC<br>451 NW 22nd St.<br>Ft. Lauderdale, FL 33313<br>T: 954-739-1211 |
|                      |                  |                                      |                                                                                           |
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|                      |                  |                                      |                                                                                           |

END OF DOCUMENT

## STATEMENT OF CAPABILITIES

For the past seven years, Patient Care Laboratories, Inc. (d/b/a, Micrim Water Works & Micrim Labs) has been providing water plant operations and maintenance to the City of Lauderhill and its residents and therefore is uniquely positioned to continue providing uninterrupted services as described in the RFP 2019-023.

Kerry Roman, Plant Supervisor, maintains direct, daily communication with City Management and staff to include, Martin Cala, Herb Johnson, Laurleen Evans, Bob Snyder, Barry Girsch and many others. We feel we have developed an amazing working relationship with not only city management, but also with the numerous city employees that help us daily perform our jobs.

We have provided information on replacement parts and warranty items, coordinating vendor proposals, pricing and implementation of needed services and equipment over the years. We have assisted in implementing major physical improvements to the plant including recently the lime slaker and treatment filter replacements. Also of note and importance is the current on-going planning and discussions with upcoming major improvements to include, high service pumps, clear well pumps, vacuum pumps, lime slaker room improvements, etc.

It has been our pleasure to serve the City of Lauderdale over the years and greatly appreciate our relationship with the amazing staff of The City of Lauderhill.

## **SPECIFIC RELATED EXPERIENCE OF THE FIRM**

### **Client Name/Address/Email/Telephone**

City of Lauderhill, Water Plant Operations  
5581 West Oakland Park Blvd.  
Lauderhill, FL 33313  
[JMCala@lauderhill-fl.gov](mailto:JMCala@lauderhill-fl.gov)  
T: 954-649-9706

### **Principal / Project Manager**

Kerry Roman, Plant Operator/Supervisor  
  
License No. – 0007873

### **Primary Contractor**

Operations and Maintenance for City of Lauderhill Water Treatment Plant Facility

### **Description of Contracts**

Provide staffing, operations and maintenance, including regulatory compliance matters and managing the City's water treatment plant, pursuant to Contract terms (RFP No. P2012-025; RFP-2015-015 & RFP-2019-023).

### **Contract Objectives**

Provide stable and consistent operations and maintenance as mandated by the City of Lauderhill pursuant to the scope of the various Contracts (RFP No. P2012-025; RFP-2015-015 & RFP-2019-023).

### **Challenges Encountered/Resolutions**

Over the past seven years, the water plant at the City of Lauderhill has undergone a vast number of improvements and upgrades.

### **Contract Start/End Dates**

RFP-2012-025: Start December 2012 to April 2013

RFP-2015-015: Start April 2015 to Current

## **CURRENT WORKLOAD**

### **Name of Client**

City of Lauderhill (RFP-2015-015)

### **Value of Contract**

\$2.4 Million (4 yrs )

### **Total Fees Remaining**

Original Contract fees have been paid, currently extended pending decision on RFP-2019-023.

### **Contract Period & Duration**

Start date April 2015 and currently under extension.

### **Number of Professional Staff Assigned**

Total of 15 professional staff assigned.

### **Percentage Complete**

100% completed, currently under extension.

### **Project Description**

Provide staffing, operations and maintenance, including regulatory compliance matters and managing the City's water treatment plant, pursuant to Contract terms (RFP-2015-015).

DOCUMENT 00300

SIGNATURE PAGE

City of Lauderhill, Florida  
RFP 2019-023

Date: 5/14/2019

BID TO: Honorable Mayor & City Commission  
City of Lauderhill

SUBMITTED BY:

Patient Care Laboratories, Inc.

Company Name

3901 SW 47th Ave., Suite 402

Street Address

Davie, FL 33314

City, State, Zip Code

The undersigned, as Proposer, hereby declares that he is acquainted with the site of the construction as shown on the drawings and specifications and has fully acquainted himself with the work to be done; that he has thoroughly examined the Drawings, Specifications and all Contract Documents pertaining thereto; and has read any related documents; all as designated under the City's RFP Number 2019-022.

The Bidder proposes and agrees, if this proposal is accepted, to furnish all necessary materials, tools, construction equipment, all necessary transportation, labor and supervision to complete the construction as shown, detailed and described in the Specifications and on the drawings.

It is understood by the Proposer that the quantities in the following quotation form are given for the purpose of proposal comparison only.

It is understood by the Proposal that all proposal item amounts shall be submitted. In the event any item is not included, the Owner may reject the proposal.

It is further understood that certain portions of the bid document may be deleted from the awarded contract at the Owner's discretion.

The Proposer agrees that, if awarded the Contract, he will completely ratify the Contract Documents within 15-calendar days of the Notice of Award and shall be fully complete within 36 months with option to extend the contract for 12 month period during two consecutive terms.

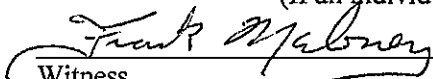


## SIGNATURE PAGE

The undersigned attests to his (her, their) authority to submit this Submittal and to bind the firm(s) herein named to perform as per agreement. Further, by signature, the undersigned attests to the following:

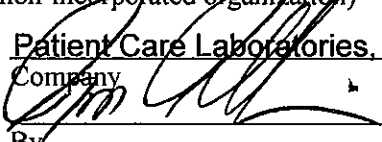
1. The Proposer is financially solvent and sufficiently experienced and competent to perform all of the work required of the Proposer in the Contract;
2. The facts stated in the Proposer's response pursuant to Request for Submittals, instructions to Proposer and Specifications are true and correct in all respects;
3. The Proposer has read and complied with, and submits their proposal agreeing to all of the requirements, terms and conditions as set forth in the Request for Proposals.
4. The Proposer warrants all materials supplied by it are delivered to the CITY of Lauderdale, Florida, free from any security interest, and other lien, and that the Proposer is a lawful owner having the right to supply the same and will defend the conveyance to the CITY of Lauderdale, Florida, against all persons claiming the whole or any part thereof.
5. **Proposer understands that if a team is short listed and selected to make oral presentations to the selection committee and/or CITY, only the team members evaluated in the written submissions may present at the oral presentations. Any changes to the team at the oral presentations will result in that team's disqualification.**
6. The undersigned certifies that if the firm is selected by the City the firm will negotiate in good faith to establish an agreement.
7. Proposer understands that all information listed above may be checked by the City of Lauderdale and Proposer authorizes all entities or persons listed above to answer all questions. Proposer hereby indemnifies the City of Lauderdale and the persons and entities listed above and holds them harmless from any claim arising from such authorization or the exercise thereof, including the dissemination of information pursuant thereto.

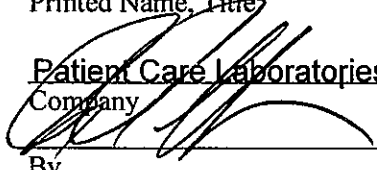
Submitted on this 14th day of May, 2019.  
(If an individual, partnership, or non-incorporated organization)

  
\_\_\_\_\_  
Witness  
**Frank Maloney**  
\_\_\_\_\_  
Printed  
**CFO**  
\_\_\_\_\_  
Title

(If a corporation, affix seal)

Attested by Secretary

  
\_\_\_\_\_  
Patient Care Laboratories, Inc.  
\_\_\_\_\_  
Company  
By  
**Ron Robbins, President**  
\_\_\_\_\_  
Printed Name, Title

  
\_\_\_\_\_  
Patient Care Laboratories, Inc.  
\_\_\_\_\_  
Company  
By  
**Ron Robbins, Secretary**  
\_\_\_\_\_  
Printed Name, Title

Incorporated under the laws of the State of Florida.

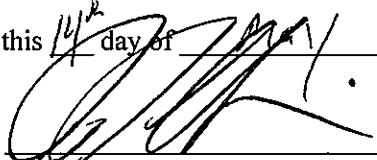
CERTIFICATE  
(For Corporation)

I HEREBY CERTIFY that a meeting of the Board of Directors of Patient Care Laboratories, Inc.  
a corporation under the laws of the State of Florida held on May 14, 2019, the  
following resolution was duly passed and adopted:

"RESOLVED, that Ron Robbins, as President  
of the Corporation, is hereby authorized to execute the Bid Form dated  
May 14, 2019, between the City of Lauderdale, Florida, and this  
Corporation, and that the execution thereof, attested by the Secretary of the Corporation  
and with corporate seal affixed, shall be the official act and deed of this Corporation".

I further certify that said resolution is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this 14<sup>th</sup> day of May, 2019.

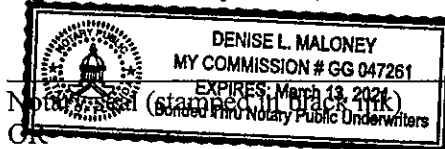
  
Secretary

STATE OF FLORIDA

COUNTY OF Pineellas

Sworn to and subscribed before me on this 14<sup>th</sup> day of May, 2019  
by \_\_\_\_\_ who ☒ is personally known to me or who ☐ has presented the following type of  
identification: \_\_\_\_\_.

  
Signature of Notary Public, State of Florida



Printed, typed or stamped name of Notary and  
Commission Number

END OF DOCUMENT

**(REVISED) SECTION 00300 A  
PRICE BID SHEET**

**RFP# 2019-023**

All items shall include costs for furnishing to the OWNER, complete, in place and ready for continuing use the items as described below in complete adherence with the Contract Documents. The bid shall include all costs incurred in completing the Work including all tools, supplies, labor, supervision, fees, taxes, permits, insurance, bonds, miscellaneous costs along with the Contractor's overhead and profit required to install, replace, retrofit, demolish, and rework the materials and equipment described, shown, or detailed in these Contract Documents. The complete costs for labor, materials, and equipment shall be included where applicable.

Because the Firm will be responsible for providing coverage 24/7 through the entire year, it shall provide a flat weekly fee for the operation of the WTP. The plant shall be staffed with qualified personnel that meet our licensing and background requirements with minimum a class C license. The Cost proposal will consist of the following considerations:

1. WTP OPERATION WEEKLY FEE: Based on three (3) x 8-hours shifts per day. Each shift shall have one licensed operator on duty. From Mondays to Fridays, during the day shift, the "Lead Operator" shall hold a class A license. The WTP Operation Weekly Fee shall as well as to include 40 hours during the day shifts from Monday to Friday for one (1) Maintenance Mechanic and one (1) Sludge Operator Mechanic.

The "Compliance Operator" shall also be listed under the Total Weekly fee. This Operator shall hold a class A license and be available weekends if necessary in order to collect water samples at the Remote Tank and other areas of the City (Saturdays and Sundays). A maximum of 60 hours/week is the expected dedication for this type of Compliance Operator(s).

|                                  |                    |
|----------------------------------|--------------------|
| o WTP Operators weekly fee       | <u>\$9,744.00</u>  |
| o Compliance Operator weekly fee | <u>\$4,200.00</u>  |
| o Total Operation weekly fee     | <u>\$13,944.00</u> |

Thirteen Thousand Nine Hundred Forty-four **DOLLARS**

Written

2. **PROJECT MANAGEMENT:** Based on 4 hours per week including contract coordination, management and office support.

o **Weekly Administration/Supervisor** \$ 500.00

Five Hundred **DOLLARS**

Written

3. **WEEKLY SLUDGE HANDLING FEE:** Based on 9 truckloads (18 CY) each week including, truck, driver, loading, hauling and disposal fees.

o **Weekly Sludge handling fee** \$ 1,865.00

One Thousand Eight Hundred Sixty-five **DOLLARS**

Written

4. **SUBTOTAL FEE FOR WTP OPERATION:** Operation Weekly fee + Weekly Administration/Supervisor + Sludge Handling

o Sum of Weekly fees (items 1, 2 and 3) \$ 16,309.00  
o **Annual WTP Operation (X 52 weeks)** \$ 848,068.00

Eight Hundred Forty-eight Thousand and Sixty-eight **DOLLARS**

Written

5. **HOURLY RATES:** to be used on an "as needed basis" and with the approval of the City's WTP Chief Operator

o **Licensed Operator Class A** \$ 44.00  
o **Licensed Operator Class B** \$ 41.00  
o **Licensed Operator Class C** \$ 37.00  
o **Maintenance Mechanic** \$ 32.00  
o **Sludge Operator Mechanic** \$ 32.00

6. ALLOWANCE FOR ADDITIONAL LABOR-HOURS:

Inspection, minor repairs and cleaning of treatment units (Accelerators). This activity should occur twice per year and should last no longer than five days each (use 3 laborers).

o **Labor-Hours Treatment Units (Annual)** \$ 12,000.00

Inspection, minor repairs and cleaning of sludge thickener and recovery pond. This activity should occur twice per year and should last no longer than five days each (use 2 laborers).

o **Labor-Hours Sludge Thickener (Annual)** \$ 12,000.00

Removal, handling and loading of sludge from earthen sludge pit. This activity should occur once per month and should last no longer than two days each (use 1 equipment operator).

o **Labor-Hours Sludge Pit (Annual)** \$ 4,000.00

Occasionally, the City may request additional staffing and support to expedite operation and maintenance activities based on Hourly Rates provided above. This allowance is to be used on an "as needed basis" and requires prior approval of the City's WTP Representative.

o **Other Labor-Hours Allowance (Annual)** **\$25,000.00**

7. ALLOWANCE FOR ADDITIONAL REPAIR/SUPPLIES: Occasionally, the City may request additional support to expedite repairs and maintenance activities based on corresponding supply quotes. This allowance is to be used on an "as needed basis" and requires prior approval of the City's WTP Representative.

o **Repair/Supplies Allowance (Annual)** **\$36,000.00**

8. ESTIMATED TOTAL ANNUAL FEE OF CONTRACT : Operation Weekly fee +  
Weekly Administration/Supervisor + Sludge Handling + Allowances

|                                                  |                             |
|--------------------------------------------------|-----------------------------|
| o WTP Operation (X 52 weeks)                     | <u>\$848,068.00</u>         |
| o Labor-Hours Treatment Units (Annual)           | <u>\$ 12,000.00</u>         |
| o Labor-Hours Sludge Thickener (Annual)          | <u>\$ 12,000.00</u>         |
| o Labor-Hours Sludge Pit (Annual)                | <u>\$ 4,000.00</u>          |
| o Labor-Hours Allowance (Annual)                 | <u>\$25,000.00</u>          |
| o Repair/Supplies Allowance (Annual)             | <u>\$36,000.00</u>          |
| o <b>Estimated Total Annual Fee for Contract</b> | <b><u>\$ 937,068.00</u></b> |

Nine Hundred Thirty-seven and Sixty-eight **DOLLARS**  
Written

Fee if City decides to hire Operator after six months: \$ 5,000.00

Please describe any terms or conditions to substantiate the hiring of Contractor's employee after six (6) months:

We require a 60 day written notice.

Note: This is a three (3) year contract with two additional one year extension options at the discretion of the City.

Bidder hereby acknowledges receipt of the following Addenda:

Addenda No. 1. Date April 23, 2019

Addenda No. 2. Date May 9, 2019

Addenda No.                      Date                     

END OF DOCUMENT

**DOCUMENT 00401  
CITY OF LAUDERHILL  
BID BOND**

**BIDDER:** *(Name and Address):*

Patient Care Laboratories, Inc dba Micrim Labs, Inc  
3901 SW 47th Avenue, Suite 402, Davie, FL 33314

**SURETY:** *(Name and Address of Principal Place of Business):*

Platte River Insurance Company  
PO Box 5900, Madison, WI 53705-0900

**OWNER:** *(Name and Address):*

CITY OF LAUDERHILL  
5581 W. Oakland Park Blvd.  
Lauderhill, FL 33313

**BID:** BID DUE DATE:

**May 16, 2019**

PROJECT TITLE:

**OPERATION, MAINTENANCE AND MANAGEMENT OF CITY OF LAUDERHILL WATER  
TREATMENT PLANT UTILITY SYSTEM**

**City of Lauderhill, Florida**

**RFP 2019-023**

**BOND:** BOND NUMBER: 41303676

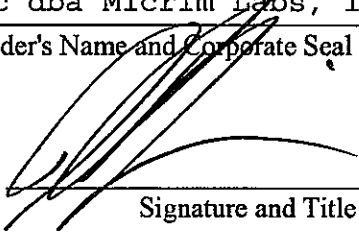
DATE: *(Not later than Bid Due Date):* 05/09/2019

PENAL SUM: 5% of Bid Amount

IN WITNESS WHEREOF, Surety and Bidder, intending to be legally bound hereby, subject to the terms printed on the reverse side hereof, do each cause this Bid Bond to be duly executed on its behalf by its authorized officer, agent, or representative.

**BIDDER**

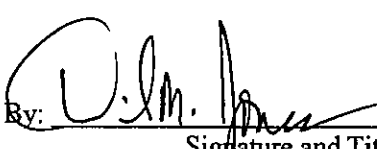
Patient Care Laboratories,  
Inc dba Micrim Labs, Inc (Seal)  
Bidder's Name and Corporate Seal

By: 

Signature and Title

**SURETY**

Platte River Insurance Company (Seal)  
Surety's Name and Corporate Seal

By: 

David M. Jones

Signature and Title  
(Attach Power of Attorney)

City of Lauderhill

RFP NUMBER 2019-023

WTP Operations

Attest:

Frank Mabrey, CFO  
Signature and Title

Attest:

Yvonne R. Payne  
Signature and Title Commercial Assistant

- Note:
- (1) Above addresses are to be used for giving required notice.
  - (2) Any singular reference to Bidder, Surety, Owner or other party shall be considered plural where applicable.

1. Bidder and Surety, jointly and severally, bind themselves, their heirs, executors, administrators, successors and assigns to pay to Owner upon default of Bidder any difference between the total amount of Bidder's bid and the total amount of the bid of the next lowest, responsible and responsive bidder as determined by Owner for the Work required by the Contract Documents, provided that:

- 1.1. If there is no such next lowest, responsible and responsive bidder, and Owner does not abandon the Project, then Bidder and Surety shall pay to Owner the penal sum set forth on the face of this Bond, and
- 1.2. In no event shall Bidder's and Surety's obligation hereunder exceed the penal sum set forth on the face of this Bond.

2. Default of Bidder shall occur upon the failure of Bidder to deliver within the time required by the Bidding Documents (or any extension thereof agreed to in writing by Owner) the executed Agreement required by the Bidding Documents and any performance and payment bonds required by the Bidding Documents and Contract Documents.

3. This obligation shall be null and void if:

- 3.1. Owner accepts Bidder's bid and Bidder delivers within the time required by the Bidding Documents (or any extension thereof agreed to in writing by Owner) the executed Agreement required by the Bidding Documents and any performance and payment bonds required by the Bidding Documents and Contract Documents, or
- 3.2. All bids are rejected by Owner, or
- 3.3. Owner fails to issue a notice of award to Bidder within the time specified in the Bidding Documents (or any extension thereof agreed to in writing by Bidder and, if applicable, consented to by Surety when required by paragraph 5 hereof).

4. Payment under this Bond will be due and payable upon default by Bidder and within 30 calendar days after receipt by Bidder and within 30 calendar days after receipt by Bidder and Surety of written notice of default from Owner, which notice will be given with reasonable promptness, identifying this Bond and the Project and including a statement of the

amount due.

5. Surety waives notice of and any and all defenses based on or arising out of any time extension to issue notice of award agreed to in writing by Owner and Bidder, provided that the total time for issuing notice of award including extensions shall not in the aggregate exceed 120 days from Bid Due Date without Surety's written consent.

6. No suit or action shall be commenced under this Bond prior to 30 calendar days after the notice of default required in paragraph 4 above is received by Bidder and Surety and in no case later than one year after Bid Due Date.

7. Any suit or action under this Bond shall be commenced only in a court of competent jurisdiction located in the state in which the Project is located.

8. Notices required hereunder shall be in writing and sent to Bidder and Surety at their respective addresses shown on the face of this Bond. Such notices may be sent by personal delivery, commercial courier or by United States Registered or Certified Mail, return receipt requested, postage pre-paid, and shall be deemed to be effective upon receipt by the party concerned.

9. Surety shall cause to be attached to this Bond a current and effective Power of Attorney evidencing the authority of the officer, agent or representative who executed this Bond on behalf of Surety to execute, seal and deliver such Bond and bind the Surety thereby.

10. This Bond is intended to conform to all applicable statutory requirements. Any applicable requirement of any applicable statute that has been omitted from this Bond shall be deemed to be included herein as if set forth at length. If any provision of this Bond conflicts with any applicable provision of this Bond conflicts with any applicable provision of any applicable statute, then the provision of said statute shall govern and the remainder of this Bond that is not in conflict therewith shall continue in full force and effect.

11. The term "bid" as used herein includes a bid, offer or proposal as applicable.



PLATTE RIVER INSURANCE COMPANY  
POWER OF ATTORNEY

41365246

KNOW ALL MEN BY THESE PRESENTS, That the PLATTE RIVER INSURANCE COMPANY, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

LORA THOMAS; MATTHEW ALBANI; DAVID M. JONES; JOHN C. LAURIE; TRACI PUTT

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: \$20,000,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PLATTE RIVER INSURANCE COMPANY at a meeting duly called and held on the 8th day of January, 2002.

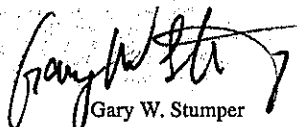
"RESOLVED, that the President, and Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of the company; the signature of such officers and the seal of the Corporation may be affixed to such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Corporation in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

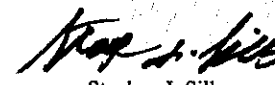
IN WITNESS WHEREOF, the PLATTE RIVER INSURANCE COMPANY has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 27th day of July, 2015.

Attest:

  
Gary W. Stumper  
President  
Surety & Fidelity Operations



PLATTE RIVER INSURANCE COMPANY

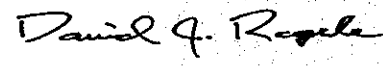
  
Stephen J. Sills  
CEO & President

STATE OF WISCONSIN } S.S.:  
COUNTY OF DANE

On the 27th day of July, 2015 before me personally came Stephen J. Sills, to me known, who being by me duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is President of PLATTE RIVER INSURANCE COMPANY, the corporation described herein and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



CERTIFICATE

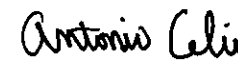
  
David J. Regele  
Notary Public, Dane Co., WI  
My Commission Is Permanent

STATE OF WISCONSIN } S.S.:  
COUNTY OF DANE

I, the undersigned, duly elected to the office stated below, now the incumbent in PLATTE RIVER INSURANCE COMPANY, a Nebraska Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 9th day of May, 2019.



  
Antonio Celii  
Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GREEN SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL, 800-475-4450. PR-POA (Rev. 12-2016)

**DOCUMENT 00401  
CITY OF LAUDERHILL  
BID BOND**

**BIDDER: (Name and Address):**

Patient Care Laboratories, Inc dba Micrim Labs, Inc  
3901 SW 47th Avenue, Suite 402, Davie, FL 33314

**SURETY: (Name and Address of Principal Place of Business):**

Platte River Insurance Company  
PO Box 5900, Madison, WI 53705-0900

**OWNER: (Name and Address):**

CITY OF LAUDERHILL  
5581 W. Oakland Park Blvd.  
Lauderhill, FL 33313

**BID:** BID DUE DATE: **May 16, 2019**

**PROJECT TITLE:**

**OPERATION, MAINTENANCE AND MANAGEMENT OF CITY OF LAUDERHILL WATER  
TREATMENT PLANT UTILITY SYSTEM**

**City of Lauderhill, Florida**

**RFP 2019-023**

**BOND:** BOND NUMBER: 41303676

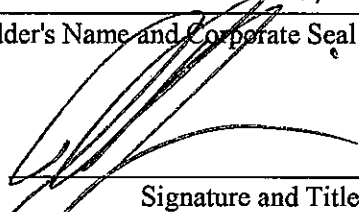
DATE: (Not later than Bid Due Date): 05/09/2019

PENAL SUM: 5% of Bid Amount

IN WITNESS WHEREOF, Surety and Bidder, intending to be legally bound hereby, subject to the terms printed on the reverse side hereof, do each cause this Bid Bond to be duly executed on its behalf by its authorized officer, agent, or representative.

**BIDDER**

Patient Care Laboratories,  
Inc dba Micrim Labs, Inc (Seal)  
Bidder's Name and Corporate Seal

By: 

Signature and Title

**SURETY**

Platte River Insurance Company  
Surety's Name and Corporate Seal

By: 

David M. Jones

Signature and Title  
(Attach Power of Attorney)

City of Lauderhill

RFP NUMBER 2019-023

WTP Operations

Attest: Frank McBray, CFO  
Signature and Title

Attest: Yvonne R. Payne  
Signature and Title Commercial Assistant

- Note:
- (1) Above addresses are to be used for giving required notice.
  - (2) Any singular reference to Bidder, Surety, Owner or other party shall be considered plural where applicable.

1. Bidder and Surety, jointly and severally, bind themselves, their heirs, executors, administrators, successors and assigns to pay to Owner upon default of Bidder any difference between the total amount of Bidder's bid and the total amount of the bid of the next lowest, responsible and responsive bidder as determined by Owner for the Work required by the Contract Documents, provided that:

- 1.1. If there is no such next lowest, responsible and responsive bidder, and Owner does not abandon the Project, then Bidder and Surety shall pay to Owner the penal sum set forth on the face of this Bond, and
- 1.2. In no event shall Bidder's and Surety's obligation hereunder exceed the penal sum set forth on the face of this Bond.

2. Default of Bidder shall occur upon the failure of Bidder to deliver within the time required by the Bidding Documents (or any extension thereof agreed to in writing by Owner) the executed Agreement required by the Bidding Documents and any performance and payment bonds required by the Bidding Documents and Contract Documents.

3. This obligation shall be null and void if:

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4. Payment under this Bond will be due and payable upon default by Bidder and within 30 calendar days after receipt by Bidder and within 30 calendar days after receipt by Bidder and Surety of written notice of default from Owner, which notice will be given with reasonable promptness, identifying this Bond and the Project and including a statement of the

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5. Surety waives notice of and any and all defenses based on or arising out of any time extension to issue notice of award agreed to in writing by Owner and Bidder, provided that the total time for issuing notice of award including extensions shall not in the aggregate exceed 120 days from Bid Due Date without Surety's written consent.

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9. Surety shall cause to be attached to this Bond a current and effective Power of Attorney evidencing the authority of the officer, agent or representative who executed this Bond on behalf of Surety to execute, seal and deliver such Bond and bind the Surety thereby.

10. This Bond is intended to conform to all applicable statutory requirements. Any applicable requirement of any applicable statute that has been omitted from this Bond shall be deemed to be included herein as if set forth at length. If any provision of this Bond conflicts with any applicable provision of any applicable statute, then the provision of said statute shall govern and the remainder of this Bond that is not in conflict therewith shall continue in full force and effect.

11. The term "bid" as used herein includes a bid, offer or proposal as applicable.

PLATTE RIVER INSURANCE COMPANY  
POWER OF ATTORNEY

41365246

KNOW ALL MEN BY THESE PRESENTS, That the PLATTE RIVER INSURANCE COMPANY, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

----- LORA THOMAS; MATTHEW ALBANI; DAVID M. JONES; JOHN C. LAURIE; TRACI PUTT -----

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

----- ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: \$20,000,000.00 -----

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PLATTE RIVER INSURANCE COMPANY at a meeting duly called and held on the 8th day of January, 2002.

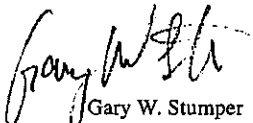
"RESOLVED, that the President, and Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of the company; the signature of such officers and the seal of the Corporation may be affixed to such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Corporation in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the PLATTE RIVER INSURANCE COMPANY has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 27th day of July, 2015.

Attest:

  
Gary W. Stumper  
President  
Surety & Fidelity Operations



PLATTE RIVER INSURANCE COMPANY

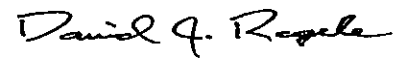
  
Stephen J. Sills  
CEO & President

STATE OF WISCONSIN } S.S.:  
COUNTY OF DANE

On the 27th day of July, 2015 before me personally came Stephen J. Sills, to me known, who being by me duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is President of PLATTE RIVER INSURANCE COMPANY, the corporation described herein and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



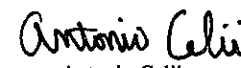
STATE OF WISCONSIN } S.S.:  
COUNTY OF DANE

  
David J. Regele  
Notary Public, Dane Co., WI  
My Commission Is Permanent

I, the undersigned, duly elected to the office stated below, now the incumbent in PLATTE RIVER INSURANCE COMPANY, a Nebraska Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 9th day of May, 2019.



  
Antonio Celi  
Secretary

**DOCUMENT 00402**  
**SWORN STATEMENT PURSUANT TO SECTION 287.133(3) (a),**  
**FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to City of Lauderhill, Florida

by Ron Robbins, President  
[print individual's name and title]

for Patient Care Laboratories, Inc.  
[print name of entity submitting sworn statement]

whose business address is

3901 SW 47th Ave., Suite 402, Davie, FL 33314

and (if applicable) its Federal Employer Identification Number (FEIN) is 27-3967232

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn

statement: \_\_\_\_\_.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1) (b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non jury trial, or entry of a plea of guilty or no lo contendre.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1) (a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime; or
  2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1) (e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

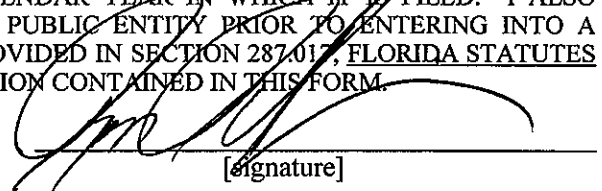
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [Indicate which statement applies]

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

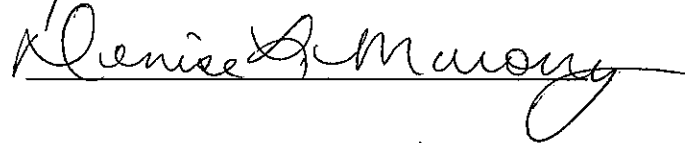
The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

  
[signature]

Sworn to and subscribed before me this 14<sup>th</sup> day of May, 2019

Personally known X



OR Produced identification \_\_\_\_\_

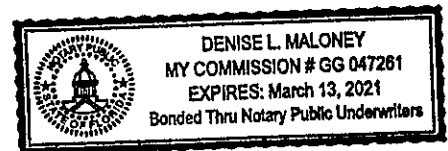
Notary Public - State of Florida

(Type of identification)

My commission expires 3/13/21

(Printed typed or stamped  
commissioned name of notary public)

END OF DOCUMENT



**DOCUMENT 00450  
LITIGATION HISTORY FORM**

**Operation, Maintenance and Management of the City of Lauderhill's  
Water Treatment Plant**

**City of Lauderhill, Florida  
RFP NUMBER: 2019-023**

Please answer all questions as completely as possible, using attachments as necessary or required.

1. How many years has your organization been in business as a Contractor?  
The company was incorporated in 1979 and started providing Contractor services to the City of Lauderhill in 2013.
2. List all litigation in which your organization has been a plaintiff or defendant within the last ten (10) years. Proposers should be aware that prior litigation history could disqualify your proposal. Attach additional pages if necessary.

The Company has not been a plaintiff or defendant in any litigation in the past 10 years.

PLAINTIFF

DEFENDANT

1. \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

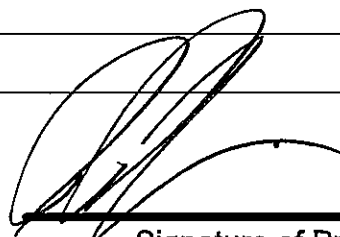
Brief Description: \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_



Signature of Proposer

**DOCUMENT 00480**  
**NON-COLLUSIVE AFFIDAVIT**  
**RFP NUMBER: 2019-023**

STATE OF Florida )  
COUNTY OF Pinellas ) ss.

Ron Robbins being first duly sworn, deposes and says that:

- (1) He/She is the President of,  
(Owner, Partner, Officer, Representative or Agent)  
Patient Care Laboratories, Inc. the Bidder that has submitted the attached bid:
- (2) He/She is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid:
- (3) Such Bid is genuine and is not a collusive or sham Bid:
- (4) Neither the said Bidder nor any of its officers partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Bidder, firm, or person to submit a collusive or sham Bid in connection with the Work for which the attached Bid has been submitted; or to refrain from bidding in connection with such Work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Bidder, firm, or person to fix the price or prices in the attached Bid or of any other Bidder, or to fix any overhead, profit, or cost elements of the Bid price or the Bid price of any other Bidder, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Work:
- (5) The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Bidder or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

BY: [Signature]  
ITS: President

Subscribed and sworn to before me this 14<sup>th</sup> day of May 2019.  
My commission expires 3/13/21

[Signature]



**END OF DOCUMENT**



**DOCUMENT 00485**

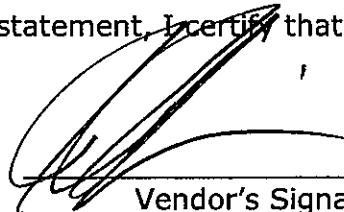
**CONFIRMATION OF DRUG-FREE WORKPLACE**

In order to have a drug-free workplace program, a business shall:

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 prohibitions.
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 employee 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 the 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.

A signed copy of your Drug-Free Workplace Policy must be attached to this signed copy and submitted with the Bid Documents.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



Vendor's Signature

**DOCUMENT 00490**

**DEBARMENT CERTIFICATION**

**49 CFR Part 29- Appendix B**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND  
VOLUNTARY EXCLUSION--LOWER TIER COVERED TRANSACTIONS**

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, Subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR Part 9, Subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause.

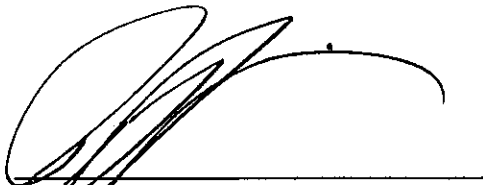
City of Lauderhill

The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions: if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND  
VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

  
\_\_\_\_\_  
Signature/Authorized Certifying Official

Ron Robbins, President  
Typed Name and Title

Patient Care Laboratories, Inc.  
Applicant/Organization

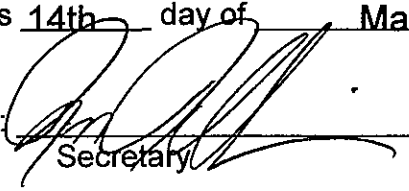
5/14/2019  
Date Signed

END OF DOCUMENT

## CERTIFIED RESOLUTION

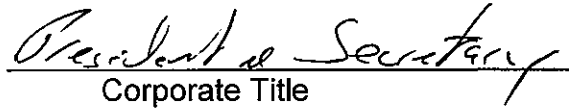
Given under my hand and the Seal of the said corporation

this 14th day of May, 2019.

By: 

Secretary

(SEAL)

  
Corporate Title

**NOTE:**

The above is a suggested form of the type of Corporate Resolution desired. Such form need not be followed explicitly, but the Certified Resolution submitted must clearly show to the satisfaction of the City of Lauderhill that the person signing the Bid and Bid Bond for the corporation has been properly empowered by the corporation to do so, on its behalf.

DOCUMENT 00650

ACKNOWLEDGEMENT OF CONFORMANCE  
WITH O.S.H.A. STANDARDS

TO: THE CITY OF LAUDERHILL

We Patient Care Laboratories, Inc.

hereby acknowledge and agree that if chosen as contractors for:

RFP NUMBER: 2019-023

that we have the sole responsibility for compliance with all the requirements of the Federal Occupational Safety and Health Act of 1970, along with all State and Local Safety and Health regulations, and agree to indemnify and hold harmless the City of Lauderhill and its consultants, against any and all legal liability or loss the City or the Engineer may incur due to our failure to comply with such act.

Frank Mabury  
ATTEST

Patient Care Laboratories, Inc.  
CONTRACTOR

Doris Mabury  
ATTEST

By: [Signature]

Title: President

DATE May 14, 2019

END OF DOCUMENT

**MAYOR**  
Ken Thurston

**VICE MAYOR**  
M. Margaret Bates

**COMMISSIONERS**  
Howard Berger  
Richard Campbell  
Denise D. Grant

# CITY OF LAUDERHILL



**CITY MANAGER**  
Charles Faranda, CM  
Desorae Giles-Smith, DCM  
Kennie Hobbs, Jr., ACM

**CITY ATTORNEY**  
Earl Hall, Esq.

**CITY CLERK**  
Andrea M. Anderson

**FINANCE**  
Purchasing Division

## **OPERATION, MAINTENANCE AND MANAGEMENT OF CITY OF LAUDERHILL WATER TREATMENT PLANT UTILITY SYSTEM**

City of Lauderhill, Florida  
RFP NUMBER: 2019-023

April 23rd, 2019

BID Due: May 20th, 2019 @ 9:45 AM

### **ADDENDUM NUMBER 1**

The following items are issued to add to, modify, and/or clarify the Contract Documents and Specifications. These items shall have become a part of, and have full force and effect of the Contract Documents and all costs and time involved to comply with said addendum shall be included in the Bid Price.

#### Description of change:

- I. Revisions to Bid Plans
- II. Revisions to Bid Specifications

**NEW PRE-BID MEETING DATE: Thursday, May 2nd, 2019 @ 10:00 AM**

**NEW DUE DATE: Monday, May 20th, 2019 @ 9:45 AM**

- III. Responses to Bid RFI's

I/we have read the addendum/

Signature

Date

5-14-19

**MAYOR**  
Richard J. Kaplan, Esq.

**VICE MAYOR**  
Howard Berger

**COMMISSIONERS**  
M. Margaret Bates  
Hayward J. Benson, Jr., Ed.D.  
Ken Thurston

# CITY OF LAUDERHILL



**CITY MANAGER**  
Charles Faranda, CM  
Desorae Giles-Smith, DCM  
Kennie Hobbs, Jr., ACM

**CITY ATTORNEY**  
Earl Hall, Esq.

**CITY CLERK**  
Andrea M. Anderson

**FINANCE**  
Purchasing Division

## **OPERATION, MAINTENANCE AND MANAGEMENT OF CITY OF LAUDERHILL WATER TREATMENT PLANT UTILITY SYSTEM City of Lauderhill, Florida**

**RFP NUMBER: 2019-023**

**May 9<sup>th</sup>, 2019**

**BID Due: May 20<sup>th</sup>, 2019 @ 9:45 AM**

### **ADDENDUM NUMBER 2**

The following items are issued to add to, modify, and/or clarify the Contract Documents and Specifications. These items shall have become a part of, and have full force and effect of the Contract Documents and all costs and time involved to comply with said addendum shall be included in the Bid Price.

#### **Description of change:**

- I. Revisions to Bid Plans
- II. Revisions to Bid Specifications

The City of Lauderhill has modified the following bid specifications and these documents shall become a part of, and have full force and effect of the submittal of the Bid Documents.

- Section 00300-A "Price Bid Sheet" (attached)
- Section 00420 "Proposers Qualifications Form" (attached)

- III. Responses to Bid RFI's

**Question 1:** I am requesting on behalf of our company a complete copy (with any amendments, attachments, etc.) of the current contract to provide services as it relates the City and the current



vendor(s) operating and providing services of this nature as specified within the RFP mentioned above in the subject line of this email.

**Answer 1: Please see attached agreement.**

**Question 2:** Who is responsible for the cost of the generator maintenance and fuel?

**Answer 2: City of Lauderhill**

**Question 3:** Could you confirm that the City is responsible for purchasing all chemicals?

**Answer 3: Confirmed the City of Lauderhill will pay for purchased chemicals. Contractor will be responsible for placing the order**

**Question 4:** Contractor shall also coordinate the calibration of meters used to measure flow at least annually and maintain corresponding records,-Is the City of paying for this?

**Answer 4: City of Lauderhill**

**Question 5:** Under Facility Maintenance what is the frequency of painting buildings? Does that inside and outside? Is maintenance of the roof included in the contractor's responsibility as well?

**Answer 5: On an as needed basis. Only inside. No.**

**Question 6:** Who pays for any and all permit fees?

**Answer 6: City of Lauderhill**

**Question 7:** Can you confirm that the City pays for trash removal?

**Answer 7: The City currently has a contract with Waste Management for trash removal**

**Question 8:** When does the permit for the water treatment plant need to be renewed

**Answer 8: June 30, 2019**

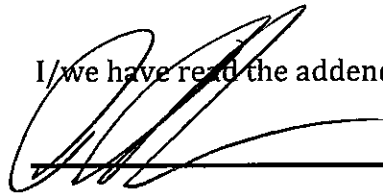
**Question 9: 12.1 Contract Bonds** Can you please confirm that in addition to the bid bond there is a performance Bond as well as a Payment Bond?

**Answer 9: YES**

**Question 10:** Document 00420 item #9: Could you please clarify if the signed letter is for the Contractor or the employees of the contractor.

**Answer 10: Each employee that will be working on the job.**

I/we have read the addendum/

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end.

Signature

5-14-19

Date

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br><b>McGriff Insurance Services, Inc.</b><br>12485 - 28th Street North<br>Saint Petersburg, FL 33716<br>727 327-7070         | <b>CONTACT NAME:</b> Pam Lasher<br><b>PHONE (A/C, No, Ext):</b> 727 327-7070<br><b>FAX (A/C, No):</b> 888 632-8457<br><b>E-MAIL ADDRESS:</b> plasher@mcgriffinsurance.com                                                                                                                                                                                                                                                                                             |                               |        |                                              |       |                                            |       |             |  |             |  |             |  |             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|----------------------------------------------|-------|--------------------------------------------|-------|-------------|--|-------------|--|-------------|--|-------------|--|
| <b>INSURED</b><br><b>Patient Care Laboratories Inc dba</b><br><b>MICRIM LABS INC</b><br>1998 Carolina Circle NE<br>Saint Petersburg, FL 33703 | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Capitol Specialty Insurance Corp</td> <td>10328</td> </tr> <tr> <td>INSURER B : Old Dominion Insurance Company</td> <td>40231</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Capitol Specialty Insurance Corp | 10328 | INSURER B : Old Dominion Insurance Company | 40231 | INSURER C : |  | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE                                                                                                                 | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |                                              |       |                                            |       |             |  |             |  |             |  |             |  |
| INSURER A : Capitol Specialty Insurance Corp                                                                                                  | 10328                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |        |                                              |       |                                            |       |             |  |             |  |             |  |             |  |
| INSURER B : Old Dominion Insurance Company                                                                                                    | 40231                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |        |                                              |       |                                            |       |             |  |             |  |             |  |             |  |
| INSURER C :                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |        |                                              |       |                                            |       |             |  |             |  |             |  |             |  |
| 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 SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                  |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> BI/PD Ded: \$2,500<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                    | EV2018041201  | 03/25/2018              | 07/23/2019              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000<br>MED EXP (Any one person) \$5,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000<br>\$ |
| B        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO OWNED<br><input checked="" type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                                         |                    | B1T3335N      | 04/11/2019              | 04/11/2020              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                          |
| A        | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$10,000                                                                                                                                                             |                    | EX2018041301  | 03/25/2018              | 07/23/2019              | EACH OCCURRENCE \$2,000,000<br>AGGREGATE \$2,000,000<br>\$                                                                                                                                                                              |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                    | N/A                |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                        |
| A        | Pollution Liab                                                                                                                                                                                                                                                                                                                                                            |                    | EV2018041201  | 03/25/2018              | 07/23/2019              | See Below                                                                                                                                                                                                                               |
| A        | Errors & Omission                                                                                                                                                                                                                                                                                                                                                         |                    | EV2018041201  | 03/25/2018              | 07/23/2019              | See Below                                                                                                                                                                                                                               |

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

Contractors Pollution Liability Limits: \$1,000,000 Each Pollution Condition/\$2,000,000 Aggregate. Coverage is Occurrence Form, \$2,500 Deductible per Pollution Condition.

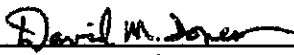
Errors & Omissions (Professional Liability) Limits: \$1,000,000 Each Professional Services

Incident/\$2,000,000 Aggregate. Coverage is Claims-Made Form, Retro Date: 03/25/2015, \$2,500 Deductible per Professional Services Incident.

(See Attached Descriptions)

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                                            |                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>City of Lauderhill Florida</b><br><b>A Municipal Corporation</b><br>5581 West Oakland Park Blvd<br>Lauderhill, FL 33313 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE<br> |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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## DESCRIPTIONS (Continued from Page 1)

Certificate holder is named additional insured on a primary basis with respect to general liability, if required by written contract. Waiver of Subrogation applies to certificate holder if required by written contract.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/10/2019

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).

|                                                                                                                              |  |                                                                                                                                                                                           |  |                       |
|------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|
| <b>PRODUCER</b><br>Automatic Data Processing Insurance Agency, Inc.<br><br>1 Adp Boulevard<br>Roseland NJ 07068              |  | <b>CONTACT NAME:</b><br><b>PHONE</b> (A/C, No, Ext):<br><b>E-MAIL ADDRESS:</b>                                                                                                            |  | <b>FAX</b> (A/C, No): |
| <b>INSURED</b><br><br>PATIENT CARE LABORATORIES INC<br>DBA: Micrim Labs Inc.<br>3901 SW 47TH AVE SUITE 402<br>DAVIE FL 33314 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Liberty Mutual Group E<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  | <b>NAIC #</b>         |

## COVERAGES

CERTIFICATE NUMBER: 1162791

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                                                                                                                                                                                                    |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$                  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY          |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                     |
|          | <b>UMBRELLA LIAB</b><br><b>EXCESS LIAB</b><br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$<br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE                                                                       |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                    | N/A       | N        | XWS59531700   | 02/03/2019              | 02/03/2020              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

Job Reference: Water Treatment Plant Operations

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                     |                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| City of Lauderdale<br>Attn: Finance Department<br>5581 W. Oakland Park Blvd.<br>Lauderhill FL 33313 | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b><br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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Ronald A. Robbins

3901 SW 47 Ave. Davie, Fl. 33314

Phone: 954-776-9479 Fax: 954-776-9481

[rrobbins@micrimlabs.com](mailto:rrobbins@micrimlabs.com)

## Objective

To continue to service Municipalities and Governmental Agencies with the highest level of service possible while helping those agencies realize an under-budget savings to their residents.

## Experience

CHC Labs, Inc.

1996-2007

- Chief Executive Officer and Co- Founder
- Responsible for all aspects of business operations
- Implemented a corporate vision to grow the company from only a few employees to 200

Patient Care Laboratories, Inc., DBA: Micrim Labs, Inc.

2011-Present

- President and CEO
- Responsible for business operations and directly responsible for business growth and human resources.
- Direct liaison with local municipalities to fulfill government contracts and obligations
- Project manager for contracted Relief Water Plant Operations for City Of Lauderhill

Marion Street Deli and Pub

2014-Present

- President and CEO
- Responsible for business growth and development

## Education

West Chester University

Associates Degree, Business Management

Conestoga High School, Berwyn, PA

College preparation

Indraj Samlal  
611 South State Rd. 7  
Apt. H  
Margate, Fl. 33068

Professional Experience:

Class A Operator with over 20 years of experience operating Lime Softening Facilities.

State of Florida License Number: 0007282

2011-Current: City of Lauderhill Drinking Water Facility, Supervising Operator.

2007-2014: City of Coral Springs Drinking Water Facility.

1990-2007: City of North Lauderdale Drinking Water Facility.

Duties Performed:

Currently responsible for contracted plant operations at the City of Lauderhill's Drinking Water Facility.

Duties include training and monitoring of plant personnel and operations. To verify that all logs are being properly maintained and lab testing procedures are completed to specification.

To confirm and verify that all aspects of operations are conducted professionally and in accordance with City of Lauderhill's policy.

Responsible as a second shift operator to maintain all plant functions and operations to include direct liaison when necessary for the City of Lauderhill and Micrim Labs, Inc.



**MICRIM LABS, INC**  
3901 S.W. 47<sup>TH</sup> AVENUE  
SUITE 402  
DAVIE, FL 33314

**To Whom It May Concern:**

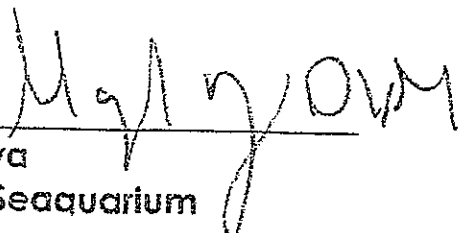
**It is with much enthusiasm that I am writing to recommend the services of Micrim Labs Inc.**

**Our Facility, Miami Seaquarium, has been using their services for over 20 years. During this time, we have found their services to be prompt, professional and of the highest caliber.**

**We have enjoyed a great rapport with their staff and have found their pricing to be extremely competitive.**

**I am happy to recommend the services of Micrim Labs, Inc. If you have any questions, please feel free to contact Dr. Maya at (305) 365-2527 or I can be reached by email [vetdept@msq.cc](mailto:vetdept@msq.cc).**

**Best Regards,**

  
\_\_\_\_\_  
**Dr. Maya**  
**Miami Seaquarium**

**Phone: 954-776-9479 Fax: 954-776-9481 Email: [info@micrimlabs.com](mailto:info@micrimlabs.com)**





**MICRIM LABS, INC**  
3901 S.W. 47<sup>TH</sup> AVENUE  
SUITE 402  
DAVIE, FL 33314

**To Whom It May Concern:**

**It is with much enthusiasm that I am writing to recommend the services of Micrim Labs Inc.**

**Our Facility, University of Miami Comparative Pathology, has been using their services for over 20 years. During this time, we have found their services to be prompt, professional and of the highest caliber.**

**We have enjoyed a great rapport with their staff and have found their pricing to be extremely competitive.**

**I am happy to recommend the services of Micrim Labs, Inc. If you have any questions, please feel free to contact Dr. Carolyn Cray at (305) 243-6700 or I can be reached by email [ccray@med.miami.edu](mailto:ccray@med.miami.edu).**

**Best Regards,**

A handwritten signature in cursive script, appearing to read 'Carolyn Cray', written over a horizontal line.

**CAROLYN CRAY, PhD  
UNIVERSITY OF MIAMI COMPARATIVE PATHOLOGY**

**Phone: 954-776-9479 Fax: 954-776-9481 Email: [info@micrimlabs.com](mailto:info@micrimlabs.com)**