

BID COVER PAGE

SUBMIT BIDS TO: Wellington Attn: Clerk's Office 12300 Forest Hill Blvd Wellington, FL 33414		REFER ALL INQUIRIES TO PRIMARY CONTACT: Purchasing Division 12300 Forest Hill Blvd Wellington, FL 33414 Phone:(561) 791-4021	Wellington INVITATION TO BID SERVICES
BID TITLE: Utility Process Control Annual Maintenance Contract		BID NO: 201913	

NAME OF FIRM, ENTITY, or ORGANIZATION: Process Control Consultants, Inc.				
NAME OF CONTACT PERSON Frank J. Sczurek		VENDOR MAILING ADDRESS: PO Box 1174		CITY: Loxahatchee
				ZIP: 33470
				STATE: FL.
TITLE Secretary / Treasurer		VENDOR HEADQUARTERS ADDRESS (IF DIFFERENT): 14097 Greentree Drive		CITY: Wellington
				ZIP: 33414
				STATE: FL.
PHONE NUMBER: 561-568-1229			FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): 65-0694866	
EMAIL ADDRESS: procon@comcast.net			STATE OF FLORIDA BUSINESS LICENSE NUMBER (IF APPLICABLE)	
FAX NUMBER: 561-791-1511				
ORGANIZATIONAL STRUCTURE (Please Check One): Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other <input type="checkbox"/>				
<i>If Corporation, please provide the following:</i>				
(A) Date of Incorporation: <u>May</u> <u>15</u> <u>1996</u> <small>Month / Day / Year</small>			(B) State or Country of Incorporation: Florida	

REVISED 7/9/19 – SCHEDULE OF VALUES

The undersigned Bidder has carefully examined the Specifications and Contract Documents and is familiar with the nature and extent of the Work and any local conditions that may in any manner affect the Work to be completed. Work will be performed on an “as needed” basis, task order based time, materials contract with an hourly rate for regular time and emergency services.

Items	Description	Unit Cost	Price Per Hour
Regular Time			
1	Project Manager	HR	\$ 150.00
2	Project Engineer	HR	\$ 150.00
3	Field Engineer	HR	\$ 150.00
4	Instrument Tech	HR	\$ 150.00
5	Programmer	HR	\$ 150.00
6	Administrative	HR	\$ 150.00
Total			\$ 900.00
Emergency Time			
1	Project Manager	HR	\$ 200.00
2	Project Engineer	HR	\$ 200.00
3	Field Engineer	HR	\$ 200.00
4	Instrument Tech	HR	\$ 200.00
5	Programmer	HR	\$ 200.00
6	Administrative	HR	\$ 200.00
Total			\$ 1200.00

Bidder is required to bid on all listed items to be considered for award. Wellington intends to award the two (2) lowest, responsive, responsible vendors in order to have two (2) pre-qualified awardees. Wellington will take into consideration qualifications, experience, staffing, equipment, materials, references, past performance and hourly rates to determine the two (2) pre-qualified awardees. All hourly rates shall include labor, materials, equipment, travel, mileage, fuel and all other necessary items.

BID SUBMITTAL

To:

Village of Wellington

12300 Forest Hill Blvd.

Wellington, Florida 33414

Process Control Consultants, Inc.

(Vendor)

agrees to provide material for the utility process control maintenance in accordance with the requirements and specifications of the Bid Documents for the Village of Wellington as specified.

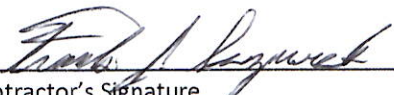
Gentlemen:

The undersigned Bidder has carefully examined the Specification requirements, Bid/Contract Documents and is familiar with the nature and extent of the Work and any local conditions that may in any manner affect the Work to be done.

The undersigned agrees to provide the service called for by the Specifications and Bid Documents, in the manner prescribed therein and to the standards of quality and performance established by the Wellington for the Bid price stated in the spaces herein provided.

The undersigned agrees to the right of the Wellington to hold all Bids and Bid guarantees for a period not to exceed one hundred and twenty (120) days after the date of Bid opening stated in the Invitation to Bid.

The undersigned accepts the invoicing and payment policies specified in the Bid.


Contractor's Signature

Dated this 22nd day of July, 2019

(Month)

(Year)

QUESTIONNAIRE – TAB 6 OF QUALIFICATIONS

The following Questionnaire shall be completed and submitted in with the Bid. By submission of this Bid, Bidder guarantees the truth and accuracy of all statements and answers herein contained.

1. How many years has your organization been in business? 24 years
2. What is the last project of this nature that you have completed?
Two contracts have been ongoing for over 20 years.
3. Have you ever failed to complete work awarded to you? If so, where and why? No

4. Name **five** individuals or corporations for which you have performed work and to which you refer:

<u>Mr. Roger Brand</u>	<u>1100 Wellington Trace, Wellington, Florida</u>	<u>561-644-4180</u>	<u>rbrand@wellingtonfl.gov</u>
Name	Address	Phone	Email
<u>Mr. Brian Gayoso</u>	<u>11860 Pierson Road, Wellington, Florida</u>	<u>561-603-0119</u>	<u>bgayoso@wellingtonfl.gov</u>
Name	Address	Phone	Email
<u>Mr. Joe Chung</u>	<u>2500 Jupiter Park Drive, Jupiter, Florida</u>	<u>561-262-9289</u>	<u>joe.chung@loxahatcheeriver.org</u>
Name	Address	Phone	Email
<u>Mr. Kris Dean</u>	<u>2500 Jupiter Park Drive, Jupiter, Florida</u>	<u>561-747-5700</u>	<u>kris.dean@lrecd.org</u>
Name	Address	Phone	Email
<u>Mr. Kevin Skellenger</u>	<u>2500 Jupiter Park Drive, Jupiter, Florida</u>	<u>561-262-0766</u>	<u>kevin.skellenger@lrecd.org</u>
Name	Address	Phone	Email

5. List the following information concerning all contracts in progress as of the date of submission of this bid. (In case of co-venture, list the information for all co-venturers.)

Name of Project	Owner	Total Contract Value	Contracted Date of Completion	% of Completion to Date
Wellington WTP	Wellington Utilities	\$3230.00/Mo	ongoing	N/A
Wellington WWTP	Wellington Utilities	\$3230.00/Mo	ongoing	N/A
LRECD WWTP	Loxahatchee River District	\$11900.00/Mo	ongoing	N/A

6. Has the bidder or his or her representative inspected the proposed project and does the Bidder have a complete plan for its performance? Yes
7. Will you subcontract any part of this work? If so, give details including a list of each subcontractor(s) that will perform work in excess of the percent (10%) of the contract amount and the work that will be performed by each subcontractor(s).

Subcontractor	Work to be Performed
No	

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

Equipment Type	Equipment Type
Computers with applicable SCADA, PLC and OIT development software	Voltage and current monitoring and sourcing meters
CAD development software	for system development, calibration and troubleshooting

9. What equipment will you purchase for the proposed work? N/A
10. What equipment will you rent for the proposed work? N/A
11. State the name of your proposed project manager and give details of his or her qualifications and experience in managing similar jobs.
Frank J. Sczurek - over 40 years experience in process control and process automation system development and maintenance.
Over 30 years experience in Water / wastewater control system development, installation and maintenance.
12. The address of principal place of business is 14097 Greentree Drive, Wellington, Florida
13. The names of the Corporate Officers, or Partners, or Individuals doing business under a trade name, are as follows: None
14. List all organizations which were predecessors to Bidder or in which the principals or officers of the Bidder were principals or officers. None
15. List and describe all bankruptcy petitions (Voluntary or Involuntary) which have been filed by or against the Bidder, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition. None
16. List and describe all successful Performance or Payment Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Bidder and its predecessor organization(s). None
17. List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Bidder or its predecessor organization(s) during the last five (5) years. The list shall include all case names; case, arbitration, or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute. None
18. List and describe all criminal proceedings or hearings concerning business related offenses in which the Bidder, its principals or officers or predecessor organization (s) were defendants. None
19. Has the Bidder, its principals, officers, or predecessor organization(s) been debarred or suspended from bidding by any government during the last five (5) years? If yes, provide details. None
20. List and disclose any and all business relations with any members of Wellington Council. None

**SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

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

1. This sworn statement is submitted to Village of Wellington
[print name of the public entity]
by Process Control Consultants, Inc. for Frank J. Sczurek - Secretary / Treasurer
[print name of entity submitting sworn statement] [print individual's name and title]

whose business address is 14097 Greentree Drive, Wellington, Florida and (if applicable) its Federal Employer Identification Number (FEIN) is 65-0694866 (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 jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 - a. A predecessor or successor of a person convicted of a public entity crime; or
 - b. 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.
4. I understand that a "person" as defined in Paragraph 287.133(1)(c), 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. [Please indicate which statement applies.]

Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in 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 the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an 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, or an 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 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.

STATE OF Florida

COUNTY OF Palm Beach

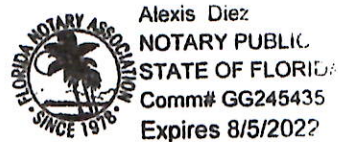
Frank J. Sczurek
[signature]
July 22, 2019
[date]

Subscribed and Sworn to (or affirmed) before me on July 22, 2019 by Frank J. Sczurek
[date] [name]

He/she is personally known to me or has presented Drivers license as identification.
[type of identification]

Alexis Diez
[Notary's Signature and Seal]

Alexis Diez GG245435
Print Notary Name and Commission No.



**APPLICATION TO BE CONSIDERED A LOCAL BUSINESS IN ACCORDANCE WITH
VILLAGE OF WELLINGTON FLORIDA'S LOCAL PREFERENCE POLICY**

Wellington gives preference to local businesses in certain purchasing situations as set forth in Chapter 9 of Wellington's Purchasing and Procurement Manual. In order to be considered a local business, entitled to be given preference, the business must make application with Wellington and meet one of the following criteria as such is more fully set forth in Chapter 9, of Wellington's Purchasing and Procurement Manual:

Chapter 9, LOCAL PREFERENCE

Western Communities Local Business - For the purpose of determining a "Western Communities local business" a vendor must have a principal permanent business location and headquarters within Wellington of Wellington, Florida or west of the Florida Turnpike to the Palm Beach County western boundary line as depicted in Exhibit "A" hereto. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been domiciled and headquartered in the jurisdictional boundaries of the Western Communities for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within the Western Communities. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the County's and/or municipalities' Code of Ordinances, having jurisdiction over the location of the business, unless otherwise exempt therefrom. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Palm Beach County local business - For the purpose of determining a "Palm Beach County local business" a vendor must have a principal permanent business location and headquarters within Palm Beach County, Florida. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been headquartered and domiciled in the jurisdictional boundaries of Palm Beach County, Florida for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within Palm Beach County, Florida. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the Palm Beach County Code of Ordinances as amended from time to time, unless otherwise exempt there from. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Subcontractor utilization - In competitive bid situations, a business may also qualify as either a Palm Beach County or Western Community local business if they are utilizing subcontractors to perform the work or materialmen to supply the job and more than fifty (50%) percent of their proposed bid price will be paid to subcontractors and/or materialmen who qualify, under the above standards, as Palm Beach County and/or Western Community local businesses.

Please check the box below indicating which preference category your business is applying for:

Western Communities Local Business

Palm Beach County Local Business

Subcontractor Utilization

1. The name of the business is: Process Control Consultants, Inc.
2. The address of the business is: 14097 Greentree Drive, Wellington, Florida
3. How long has the business been located at its current address: 21 Years
4. If the business has relocated within the last six months, please provide the answers to questions 1-3 for the previous location:
5. The previous name of the business is: N/A
6. The previous address of the business is: N/A

7. How long was this business at the previous location: N/A

8. If the business is attempting to qualify under the subcontractor utilization provision, please provide a breakdown of the subcontractors who would qualify for either the Palm Beach County or Western Community, business classification, the requisite information, provide their responses to the above 1 - 7 questions and for each of the subcontractors, indicate the amount that they are proposed to be compensated at under the bid price.

9. The business as a local business tax receipt from: (1) Palm Beach County (2) the following municipality: _____ (3) located in unincorporated Palm Beach County:

10. Please provide a copy of Local Business Tax Receipts from Palm Beach County and the applicable municipality are attached.

11. Please provide a Certificate of Good Standing indicating the formation or domestication of the entity in and for the State of Florida is attached.

12. Please provide copies of licenses if applicable from the State of Florida authorizing the business to provide the good services or professional services contemplated in the bid documents.

By signing below, I hereby certify that under penalty of perjury I believe my business qualifies as a Palm Beach County, Western Community or subcontractor utilization business in accordance with Wellington's Local Preference Policy and that I have submitted current and accurate information and documents relating to my qualifications. I further acknowledge and agree that any fraudulent or duplicitous information submitted in furtherance of this application will be grounds for disqualification from bidding on this project and doing business with Wellington in the future.

Applicants Federal Tax ID Number - 650694866 Applicants Business Address PO Box 1174 Loxahatchee, Florida
33470

Signature of Authorized Representative of Corporation, Partnership, or other business entity:

Sign: *Frank J. Sczurek*

Print Name: Frank J. Sczurek

Title: Secretary / Treasurer

Date: 7/22/19

CITY OF: Wellington

COUNTY OF: Palm Beach

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 22nd day of JULY, 2019, by Frank J. Sczurek. He/She is personally known to me or has presented Drivers license identification.

Alexis Diez

(Signature of Notary)

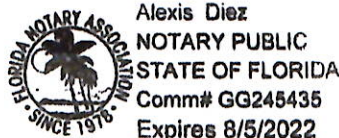
Alexis Diez

(Print or Stamp Name of Notary)

Notary Public Florida

Notary Seal

(State)



CONFLICT OF INTEREST STATEMENT

This Proposal/Agreement (whichever is applicable) is subject to the conflict of interest provisions of the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and the Florida Statutes. During the term of this Agreement and any renewals or extensions thereof, the VENDOR shall disclose to WELLINGTON any possible conflicts of interests. The VENDOR’s duty to disclose is of a continuing nature and any conflict of interest shall be immediately brought to the attention of WELLINGTON. The terms below shall be defined in accordance with the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and Ch. 112, Part III, Florida Statutes.

CHECK ALL THAT APPLY:

To the best of our knowledge, the undersigned business has no potential conflict of interest for this Agreement due to any other clients, contracts, or property interests.

To the best of our knowledge, the undersigned business has no employment or other contractual relationship with any WELLINGTON employee, elected official or appointed official.

To the best of our knowledge, the undersigned business has no officer, director, partner or proprietor that is a WELLINGTON purchasing agent, other employee, elected official or appointed official. The term “purchasing agent”, “elected official” or “appointed official”, as used in this paragraph, shall include the respective individual’s spouse or child, as defined in Ch. 112, Part III, Florida Statutes.


To the best of our knowledge, no WELLINGTON employee, elected official or appointed official has a material or ownership interest (5% ownership) in our business. The term “employee”, “elected official” and “appointed official”, as used in this paragraph, shall include such respective individual’s relatives and household members as described and defined in the Palm Beach County Code of Ethics.

To the best of our knowledge, the undersigned business has no current clients that are presently subject to the jurisdiction of WELLINGTON’s Planning, Zoning and Building Department.

CONFLICT:

The undersigned business, by attachment to this form, submits information which may be a potential conflict of interest due to any of the above listed reasons or otherwise.

THE UNDERSIGNED UNDERSTANDS AND AGREES THAT THE FAILURE TO CHECK THE APPROPRIATE BLOCKS ABOVE OR TO ATTACH THE DOCUMENTATION OF ANY POSSIBLE CONFLICTS OF INTEREST MAY RESULT IN DISQUALIFICATION OF YOUR BID/PROPOSAL OR IN THE IMMEDIATE CANCELLATION OF YOUR AGREEMENT, WHICHEVER IS APPLICABLE.

Process Control Consultants, Inc.
COMPANY NAME

AUTHORIZED SIGNATURE
Frank J. Sczurek
NAME (PRINT OR TYPE)

NON-COLLUSION AFFIDAVIT

State of Florida

County of Palm Beach

Being duly sworn deposes and says:

That he/she is an officer of the parties making the forgoing bid submittal, that the bid is made without prior understanding, agreement, or connection with any individual, firm, partnership, corporation or other entity submitting a bid for the same materials, services, supplies or equipment, either directly or indirectly, and is in all respects fair and without collusion or fraud. No premiums, rebates, or gratuities are permitted with, prior to, or after any delivery of material or provision of services. Any violation of this provision may result in disqualification, contract cancellation, return of materials or discontinuation of services, and the possible removal of Bidder from the vendor Bid lists

Process Control Consultants, Inc.
Name of Bidder

Frank J. Sczurek
Print name of designated signatory

Frank J. Sczurek
Signature

Secretary / Treasurer
Title

On this 22 day of July, 2019, before me appeared Frank J. Sczurek personally known to me to be the person described in and who executed this Non-Collusion Affidavit and acknowledged that (she/he) signed the name freely and voluntarily for the uses and purposes therein described.

In witness thereof, I have hereunto set my hand and affixed seal the day and year last written above.



Alexis Diez
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG245435
Expires 8/5/2022

(Affix Seal Here)

Alexis Diez
Signature

Notary Public in and for the State of Florida
Alexis Diez
(Name Printed)

Residing at Wellington, Florida

My commission expires 8/5/2022

BOP1025252
Renewal of Number

RLI Insurance Company
9025 North Lindbergh Drive Peoria, IL 61615

Form Applicable
 Standard Special

Policy No. BOP1025252

**HOME BUSINESS INSURANCE POLICY
DECLARATIONS**

Named Insured and Mailing Address:
Process Control Consultants
P O Box 1174
Wellington, FL 33470

Administrator Name and Mailing Address:
FAIA Member Services, Inc.
PO Box 16579
Tallahassee, FL 32317
Insured's Brokering Agent:
Todd-Dorroh Insurance, Inc.


Policy Period:
From 12/13/18 to 12/13/19 at 12:01 A.M.*
Standard Time at your mailing address shown above.

***Exceptions:**
12:00 noon in Michigan, North Carolina, and Puerto Rico.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

BUSINESS DESCRIPTION						
Form of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture/Partnership <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Organization (Any Other)						
Business description: Computer Consultants and Trainers						
DESCRIBED PREMISES			ADDITIONAL INTEREST			
14097 Greentree Drive Wellington, FL 33414						
PROPERTY						
Limits of Insurance for Buildings *Actual Cash Value - Buildings Option (Y/N) *Automatic Increase - Business Personal Property Limit (%) Business Personal Property	PREM. NO. 1	BLDG. NO.	PREM. NO. 2	BLDG. NO.	PREM. NO. 3	BLDG. NO.
	\$ N/A		\$ N/A		\$ N/A	
	4 %		%		%	
	\$ 39,477		\$		\$	
Deductible \$ <u>250</u>			Minimum Earned Premium \$ _____			
Additional/Optional Coverages – Applicable only if an "X" is shown in the boxes below:			<u>Limits of Insurance</u>			
1. <input type="checkbox"/> Electronic Data Processing			\$			
2. <input type="checkbox"/> Money and Securities (Special Form only)			\$			
			\$			
3. <input type="checkbox"/> Jewelry and Watch Increased Theft Coverage						
4. <input checked="" type="checkbox"/> Other (specify) Terrorism						
LIABILITY AND MEDICAL PAYMENTS						
Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II – Liability in the Businessowners Coverage Form and any attached endorsements.						
<u>Limits of Insurance</u>						
Liability and Medical Expenses	\$ 1,000,000	per occurrence				
Medical Expenses	\$ 5,000	per person				
Damage to Premises Rented to You	\$ 50,000	any one premises				
Other Than Products/Completed Operations Aggregate	\$ 2,000,000					
Products/Completed Operations Aggregate	\$ 2,000,000					
FORMS AND ENDORSEMENTS Forms and Endorsements made part of this policy at time of issue:						
Please see reverse side.						
PREMIUM						
Policy Premium \$929.00	Florida HCF Surcharge \$ 0.00	Florida CPIC Surcharge \$ 0.00	Total Annual Premium \$929.00			
*Coverage for Certified Acts of Terrorism \$1.00						

Countersigned:

By 
Authorized Representative

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S), COMMON POLICY CONDITIONS AND FORMS, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THERE OF, COMPLETE THE ABOVE NUMBERED POLICY. Includes copyrighted material of Insurance Services Office, Inc., with its permission. Copyright, Insurance Services Office, Inc., 1984, 1985
10/29/18 FAIA Member Services, Inc./11007 Todd-Dorroh Insurance, Inc./14859
BOP 0001 (05/13) FL



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County

P.O. Box 3353, West Palm Beach, FL 33402-3353
 www.pbctax.com Tel: (561) 355-2264

****LOCATED AT****

14097 GREENTREE DR
 WELLINGTON, FL 33414

Serving you.

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
81-0460 TECHNOLOGY DEVELOPMENT	PROCESS CONTROL CONSULTANTS INC		B18.536411 - 09/17/18	\$33.00	B40163417

This document is valid only when receipted by the Tax Collector's Office.

STATE OF FLORIDA
PALM BEACH COUNTY
2018/2019 LOCAL BUSINESS TAX RECEIPT

LBTR Number: 201578704
EXPIRES: SEPTEMBER 30, 2019

B3 - 273

PROCESS CONTROL CONSULTANTS INC
 PROCESS CONTROL CONSULTANTS INC
 PO BOX 1174
 LOXAHATCHEE, FL 33470

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.