

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) _____

Wellington INVITATION TO BID

COMMODITY/SERVICE

BID TITLE:

Purchase & Delivery for Mosquito Chemicals

BID NO:

202004

NAME OF FIRM, ENTITY, or ORGANIZATION:

Clarke Mosquito Control Products, Inc.

NAME OF CONTACT PERSON

Robert Santana

VENDOR MAILING ADDRESS:

3036 Michigan Ave

CITY:

Kissimmee

ZIP:

34744

STATE:

FL

TITLE

Control Consultant

VENDOR HEADQUARTERS ADDRESS (IF DIFFERENT):

675 Sidwell Court

CITY:

St. Charles

ZIP:

60174

STATE:

IL

PHONE NUMBER:

561.420.9079

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN):

36-3672438

EMAIL ADDRESS:

rsantana@clarke.com

STATE OF FLORIDA BUSINESS LICENSE NUMBER (IF APPLICABLE)

P40110

FAX NUMBER:

407.944.0709

ORGANIZATIONAL STRUCTURE (Please Check One):

Corporation ☒

Partnership ☐

Proprietorship ☐

Joint Venture ☐

Other ☐

If Corporation, please provide the following:

(A) Date of Incorporation: July 1 1984
Month / Day / Year

(B) State or Country of Incorporation: IL

BID SUBMITTAL

To:

Village of Wellington

12300 Forest Hill Blvd.

Wellington, Florida 33414

Clarke Mosquito Control Products, Inc.

(Vendor)

agrees to provide material for **Purchase and Delivery for Mosquito Chemicals** in accordance with the requirements and specifications of the Bid Documents for the Village of Wellington as specified.

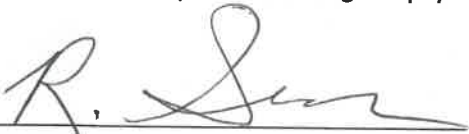
Gentlemen:

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.



Vendor's Signature

Dated this 8 day of November, 2019

(Month)

(Year)

SCHEDULE OF VALUES

Bidders must enter a proposed pack size, unit price and total bid price in the spaces provided on this bid pricing form. Multiply your unit price by the quantities in the Estimated Quantity column to arrive at your Total Bid Price.

Item	Item Description	Unit of Measure	Estimated Annual Quantity	Proposed Pack Size	Unit Price	Total Bid Price
1	Liquid Biological Larvicide (al. Bti) or approved alternate (2.5 Gal. – preferred size)	Gal.	55	_____	\$ _____	\$ <u>No Bid</u>
2	Granular Biological Larvicide (al. Bti) or approved alternate	LB.	400	_____	\$ _____	\$ <u>No Bid</u>
3	Permanone 4-8 (Ready to Use) or approved alternate	55 Gal. Drum	550 Gals.	_____	\$ _____	\$ <u>No Bid</u>
4	Permethrin – Kontrol 4-4 (Ready to Use) or approved alternate	55 Gal. Drum	550 Gals.	_____	\$ _____	\$ <u>No Bid</u>
5	Altosid XR Briquettes or approved alternate (220 a case – preferred size)	Case	20	<u>220 per case</u>	\$ <u>752.40</u>	\$ <u>15,048</u>

Provide specifications for all products you are submitting a price for within your bid submittal. Bidder understands and agrees that awarded vendor(s) will be paid based upon items and quantities actually accepted by owner. Quantities listed are estimates only and are not to be construed as guaranteed work quantities. Wellington will evaluate items independently.

All products must be harmless and safe to humans, farm, domestic animals and equestrian areas. All pricing shall include fuel, shipping and delivery fees.

QUESTIONNAIRE

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? 72
2. What is the last project of this nature that you have completed?
Ongoing production and sales of mosquito control products including both adulticides and larvicides
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 to which you refer:

Name	Address	Phone	Email
Andrea Leal	503 107th Street Gulf, Marathon, FL 33050	305-292-7190	aleal@keysmosquito.org
Kylie Yanchula	2551 SE Avenger Circle, Stuart, FL 34951	772-221-1360	kyanchula@martin.fl.us
Patrick Linn	600 North Road, Naples, FL 34104	239.434.4646	plinn@cmcd.org

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
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
N/A	

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

Equipment Type	Equipment Type
N/A	

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. N/A
12. The address of principal place of business is 675 Sidwell Court, St. Charles, IL 60174 - Corporate
3036 Michigan Ave, Kissimmee, FL 34744 - Regional
3340 Fairlane Farms Road, Suite 12 & 13, Wellington, FL 33414 - Local
13. The names of the Corporate Officers, or Partners, or Individuals doing business under a trade name, are as follows: Please see attached
14. List all organizations which were predecessors to Bidder or in which the principals or officers of the Bidder were principals or officers. Please see attached
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. Litigation, General Liability, Deon Moore v. CMCP et al. Case No. 2015490 in the 4th Judicial District Court, Parish of Morehouse, LA. Petitioner filed pro se a claim for personal injury against Clarke and his former employer alleging the impromptu installation of a mosquito sprayer in the employer's vehicle. The case was dismissed with prejudice April 1, 2019 subsequent to a settlement agreement to discharge all claims and causes of action.
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

EXHIBIT A

CLARKE MOSQUITO CONTROL PRODUCTS, INC.

December 19, 2018

Directors:

Mary Kemp Clarke
John L. Clarke, III

Officers:

Chairperson of the Board	Mary Kemp Clarke
President	John L. Clarke, III
Chief Financial Officer and Vice President	I. Gordon Anderson
Vice President of Sales and Marketing	Larry Erickson
Vice President of Operations and General Manager	Joel Fruendt
Executive Vice President, Regulatory Affairs and Global Product Services	A. Kevin Magro
Vice President of Regulatory Affairs	Karen Larson
Vice President of Human Resources	Julie Reiter
Treasurer	John L. Clarke, III
Secretary	Andrew P. Tecson
Assistant Secretary	Frances Kanouse
Assistant Secretary	A. Kevin Magro

THE CLARKE GROUP, INC.

December 19, 2018

Directors:

Mary Kemp Clarke
John L. Clarke, III

Officers:

Chairperson of the Board	Mary Kemp Clarke
President	John L. Clarke, III
Chief Financial Officer and Vice President	I. Gordon Anderson
Vice President of Operations and General Manager	Joel Fruendt
Vice President of Service Operations	Clark Wood
Vice President of Human Resources	Julie Reiter
Executive Vice President, Regulatory Affairs and Global Product Services	A. Kevin Magro
Vice President of Regulatory Affairs	Karen Larson
Treasurer	John L. Clarke, III
Secretary	Andrew P. Tecson
Assistant Secretary	Frances Kanouse
Assistant Secretary	A. Kevin Magro

CLARKE ENVIRONMENTAL MOSQUITO MANAGEMENT, INC.

December 19, 2018

Directors:

Mary Kemp Clarke
John L. Clarke, III

Officers:

Chairperson of the Board
President
Chief Financial Officer and Vice President
Vice President of Operations and General Manager
Vice President of Service Operations
Vice President of Human Resources
Executive Vice President, Regulatory Affairs
and Global Product Services
Vice President of Regulatory Affairs
Treasurer
Secretary
Assistant Secretary
Assistant Secretary

Mary Kemp Clarke
John L. Clarke, III
I. Gordon Anderson
Joel Freundt
Clark Wood
Julie Reiter

A. Kevin Magro
Karen Larson
John L. Clarke, III
Andrew P. Tecson
Frances Kanouse
A. Kevin Magro

CLARKE ENGINEERING TECHNOLOGIES, INC.

December 19, 2018

Directors:

Mary Kemp Clarke
John L. Clarke, III

Officers:

Chairperson of the Board
President
Chief Financial Officer and Vice President
Vice President of Operations and General Manager
Executive Vice President, Regulatory Affairs
and Global Product Services
Vice President of Regulatory Affairs
Vice President of Human Resources
Treasurer
Secretary
Assistant Secretary
Assistant Secretary

Mary Kemp Clarke
John L. Clarke, III
I. Gordon Anderson
Joel Freundt

A. Kevin Magro
Karen Larson
Julie Reiter
John L. Clarke, III
Andrew P. Tecson
Frances Kanouse
A. Kevin Magro

CLARKE CONSUMER PRODUCTS, INC.

December 19, 2018

Directors:

Mary Kemp Clarke
John L. Clarke, III

Officers:

Chairperson of the Board
President
Chief Financial Officer and Vice President
Executive Vice President, Regulatory Affairs
and Global Product Services
Vice President of Regulatory Affairs
Vice President of Human Resources
Treasurer
Secretary
Assistant Secretary
Assistant Secretary

Mary Kemp Clarke
John L. Clarke, III
I. Gordon Anderson

A. Kevin Magro
Karen Larson
Julie Reiter
John L. Clarke, III
Andrew P. Tecson
Frances Kanouse
A. Kevin Magro

CLARKE AQUATIC SERVICES, INC.

December 19, 2018

Directors:

Mary Kemp Clarke
John L. Clarke, III

Officers:

Chairperson of the Board
President
Chief Financial Officer and Vice President
Executive Vice President, Regulatory Affairs
and Global Product Services
Vice President of Regulatory Affairs
Vice President of Operations and General Manager
Vice President of Human Resources
Treasurer
Secretary
Assistant Secretary
Assistant Secretary

Mary Kemp Clarke
John L. Clarke, III
I. Gordon Anderson

A. Kevin Magro
Karen Larson
Joel Fruendt
Julie Reiter
John L. Clarke, III
Andrew P. Tecson
Frances Kanouse
A. Kevin Magro

CLARKE SOLUTIONS, INC.

December 19, 2018

Directors:

Mary Kemp Clarke
John L. Clarke, III

Officers:

Chairperson of the Board
President
Chief Financial Officer and Vice President
Vice President
Vice President of Operations and General Manager
Executive Vice President, Regulatory Affairs
and Global Product Services
Vice President of Regulatory Affairs
Vice President of Human Resources
Treasurer
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Assistant Secretary
Assistant Secretary

Mary Kemp Clarke
John L. Clarke, III
I. Gordon Anderson
Clark Wood
Joel Fruendt

A. Kevin Magro
Karen Larson
Julie Reiter
John L. Clarke, III
Andrew P. Tecson
Frances Kanouse
A. Kevin Magro

CLARKE INTERNATIONAL, LLC

December 19, 2018

Managers:

Mary Kemp Clarke
John L. Clarke, III

Officers:

Chairperson of the Board
President
Chief Financial Officer and Vice President
Vice President of Operations and General Manager
Executive Vice President, Regulatory Affairs
and Global Product Services
Vice President of Regulatory Affairs
Vice President of Human Resources
Treasurer
Secretary
Assistant Secretary
Assistant Secretary

Mary Kemp Clarke
John L. Clarke, III
I. Gordon Anderson
Terry Phillips

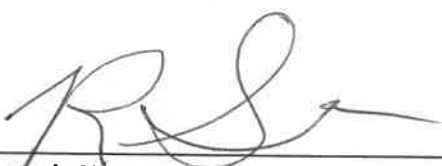
A. Kevin Magro
Karen Larson
Julie Reiter
John L. Clarke, III
Andrew P. Tecson
Frances Kanouse
A. Kevin Magro

DRUG FREE WORKPLACE

Preference shall be given to businesses with drug-free workplace programs. In order to have a drug-free workplace program, a business must attest to the following:

1. We publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. We 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. We 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. We, in the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under Bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. We 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. We make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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



Contractor's Signature

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 Clarke Mosquito Control Products, Inc. for Robert Santana, Control Consultant
[print name of entity submitting sworn statement] [print individual's name and title]
whose business address is 3036 Michigan Ave, Kissimmee, FL 34744 and (if applicable) its Federal Employer Identification
Number (FEIN) is 36-6742438 (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 predecessor or successor of a person convicted of a public entity crime; or
- 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 FL

COUNTY OF Osceola

[Signature]
[signature]

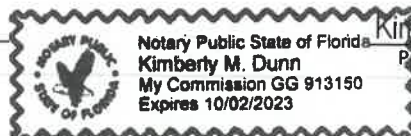
10/8/2019

[date]

Subscribed and Sworn to (or affirmed) before me on 10/8/2019 by Kimberly Dunn
[date] [name]

He/she personally known to me or has presented _____ as identification.
[type of Identification]

Kimberly M. Dunn
[Notary's Signature and Seal]



Kimberly Dunn GG 913150
Print Notary Name and Commission No.

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.

Clarke Mosquito Control Products, Inc.

COMPANY NAME

AUTHORIZED SIGNATURE

Robert Santana

NAME (PRINT OR TYPE)

NON-COLLUSION AFFIDAVIT

State of FL

County of Osceola

Being duly sworn deposes and says:

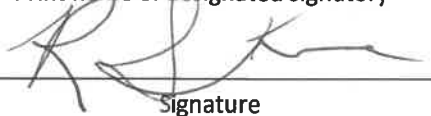
That he/she is an officer of the parties making the forgoing bid submittal, that the bid is made without prior understanding, agreement, or connection with any individual, firm, partnership, corporation or other entity submitting a bid for the same materials, services, supplies or equipment, either directly 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

Clarke Mosquito Control Products, Inc.

Name of Bidder

Robert Santana

Print name of designated signatory



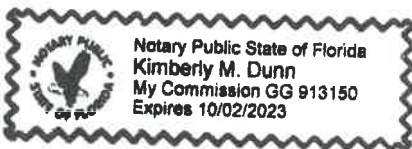
Signature

Control Consultant

Title

On this 8 day of November, 2019, before me appeared Robert Santana personally known to me to be the person described in and who executed this non-collusion 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.



(Affix Seal Here)



Signature

Notary Public in and for the State of FL

Kimberly Dunn

(Name Printed)

Residing at Kissimmee, FL

My commission expires GG 913150



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2019

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HUB International Midwest Limited 55 East Jackson Boulevard Chicago IL 60604	CONTACT NAME: CSU Chicago - Midwest	
	PHONE (A/C, No, Ext): 312-922-5000 FAX (A/C, No):	
INSURED Clarke Mosquito Control Products, Inc. 3036 Michigan Avenue Kissimmee, FL 34744	E-MAIL ADDRESS: CSUChicago@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: National Union Fire Insurance Company of Pittsburgh	19445
	INSURER B: Navigators Specialty Insurance Company	36056
	INSURER C: Navigators Insurance Company	42307
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 1574052723**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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pollution Legal <input type="checkbox"/> Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CH19NP3Z03944IC	11/1/2019	11/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Pollution Legal Liab \$ 1,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			NY19NCP02119200	11/1/2019	11/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CH19NP3Z03944IC	11/1/2019	11/1/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC077711318 WC077711319	11/1/2019 11/1/2019	11/1/2020 11/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Pollution Legal Liability includes coverage for Third Party On-site, Third Party Off-site, Hostile Fire and Building Equipment, Products Pollution, Contractors Pollution and Transportation Cargo. Village of Wellington is included as an additional insured under Commercial Automobile Liability and Commercial General Liability, when agreed in a written contract, subject to policy terms, conditions and exclusions.

CERTIFICATE HOLDER**CANCELLATION**

Village of Wellington
c/o Insurance Tracking Services, Inc. (ITS)
P.O. Box 20270
Long Beach CA 90801

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

AUTHORIZED REPRESENTATIVE

State of Florida

Department of State

I certify from the records of this office that CLARKE MOSQUITO CONTROL PRODUCTS, INC. is an Illinois corporation authorized to transact business in the State of Florida, qualified on August 19, 1992.


The document number of this corporation is P40110.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on January 8, 2019, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Eleventh day of January, 2019*





Secretary of State

Tracking Number: 3173780082CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



A Global Environmental Products and Services Company

Clarke Public Health Applicator Licenses

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

Date January 18, 2017 File No. PH9009 Expires February 1, 2021

THE PUBLIC HEALTH APPLICATOR LICENSE HOLDER NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 388 FOR THE PERIOD EXPIRING February 1, 2021

FRANK J CLARKE
3036 MICHIGAN AVE
KISSIMMEE, FL 34744

Regular

Adam H. Putnam
ADAM H. PUTNAM, COMMISSIONER

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

FRANK J CLARKE
PUBLIC HEALTH APPLICATOR LICENSE HOLDER

PH9009
HAS PAID THE FEE REQUIRED BY CHAPTER 388 FOR THE PERIOD EXPIRING February 1, 2021

Adam H. Putnam Signature
COMMISSIONER

Wallet Card - Fold Here

BUREAU OF LICENSING & ENFORCEMENT
3125 CONNER BLVD, BLDG. 8
TALLAHASSEE, FLORIDA 32399-1650

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

Date October 18, 2017 File No. PH264827 Expires October 18, 2021

THE PUBLIC HEALTH APPLICATOR LICENSE HOLDER NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 388 FOR THE PERIOD EXPIRING October 18, 2021

ANDREW GENTES
619 INDIANA AVE
SAINT CLOUD, FL 34769

Regular

Adam H. Putnam
Adam H. Putnam, Commissioner

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

ANDREW GENTES
PUBLIC HEALTH APPLICATOR LICENSE HOLDER

PH264827
HAS PAID THE FEE REQUIRED BY CHAPTER 388 FOR THE PERIOD EXPIRING October 18, 2021

Adam H. Putnam Signature
Adam H. Putnam, Commissioner

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BUREAU OF LICENSING & ENFORCEMENT
3125 CONNER BLVD, BLDG. 8
TALLAHASSEE, FLORIDA 32399-1650

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

Date April 30, 2015 File No. PH232326 Expires April 29, 2019

THE PUBLIC HEALTH APPLICATOR LICENSE HOLDER NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 388 FOR THE PERIOD EXPIRING April 29, 2019

PETER MANTAS
3036 MICHIGAN
KISSIMMEE, FL 34744

Regular

Adam H. Putnam
ADAM H. PUTNAM, COMMISSIONER

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

PETER MANTAS
PUBLIC HEALTH APPLICATOR LICENSE HOLDER

PH232326
HAS PAID THE FEE REQUIRED BY CHAPTER 388 FOR THE PERIOD EXPIRING April 29, 2019

Peter Mantas Signature
COMMISSIONER

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BUREAU OF LICENSING & ENFORCEMENT
3125 CONNER BLVD, BLDG. 8
TALLAHASSEE, FLORIDA 32399-1650



Altosid[®] XR

EXTENDED RESIDUAL BRIQUETS



**A SUSTAINED RELEASE PRODUCT TO PREVENT ADULT MOSQUITO EMERGENCE
(INCLUDING THOSE WHICH MAY TRANSMIT WEST NILE VIRUS)**

SPECIMEN LABEL

ACTIVE INGREDIENT:

(S)-Methoprene (CAS #65733-16-6))

(Dry Weight Basis): 2.1%

OTHER INGREDIENTS: 97.9%

Total. 100.0%

EPA Reg. No. 2724-421

EPA Est. No. 2724-TX-1

KEEP OUT OF REACH OF CHILDREN

CAUTION

SEE ADDITIONAL PRECAUTIONARY STATEMENTS

INTRODUCTION

ALTOSID[®] XR BRIQUETS are designed to release effective levels of (S)-Methoprene insect growth regulator over a period up to 150 days in mosquito breeding sites. Release of (S)-Methoprene insect growth regulator occurs by dissolution of the briquet. Soft mud and loose sediment can cover the briquets and inhibit normal dispersion of the active ingredient. The product may not be effective in those situations where the briquet can be removed from the site by flushing action.

ALTOSID[®] XR BRIQUETS prevent the emergence of adult mosquitoes including: *Anopheles*, *Culex*, *Culiseta*, *Coquillettidia*, and *Mansonia* spp., as well as those of the floodwater mosquito complex (*Aedes*, *Ochlerotatus*, and *Psorophora* spp.) from treated water. Treated larvae continue to develop normally to the pupal stage where they die.

NOTE: (S)-Methoprene insect growth regulator has no effect on mosquitoes which have reached the pupal or adult stage prior to treatment.

PRECAUTIONARY STATEMENTS HAZARDS TO HUMANS AND DOMESTIC ANIMALS - CAUTION

Causes moderate eye irritation. Harmful if absorbed through skin. Avoid contact with skin, eyes, or clothing. Wash thoroughly with soap and water after handling.

FIRST AID

Call a poison control center or doctor for treatment advice.

If in eyes	<ul style="list-style-type: none">• Hold eye open and rinse slowly and gently with water for 15-20 minutes.• Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye.
If on skin or clothing	<ul style="list-style-type: none">• Take off contaminated clothing.• Rinse skin immediately with plenty of water for 15-20 minutes.

Have the product container or label with you when calling a poison control center or doctor, or going for treatment. You may also contact 1-800-248-7763 for emergency medical treatment information.

ENVIRONMENTAL HAZARDS

Do not contaminate water when disposing of unused product.

DIRECTIONS FOR USE

It is a violation of Federal Law to use this product in a manner inconsistent with its labeling.

APPLICATION TIME

Place **ALTOSID® XR BRIQUETS** at or before the beginning of the mosquito season. Apply **ALTOSID® XR BRIQUETS** prior to flooding when sites are dry, or on snow and ice in breeding sites prior to spring thaw. Under normal conditions, one application will last the entire mosquito season, or up to 150 days, whichever is shorter. Alternate wetting and drying will not reduce their effectiveness.

APPLICATION RATES

Aedes, Ochlerotatus, and Psorophora spp.: For control in non-(or low-) flow shallow depressions (≤ 2 feet in depth), treat on the basis of surface area, placing one **ALTOSID® XR BRIQUET** per 200 ft². Place briquets in the lowest areas of mosquito breeding sites to maintain continuous control as the site alternately floods and dries up.

Culex, Culiseta and Anopheles spp.: Place one **ALTOSID® XR BRIQUET** per 100 ft².

Coquillettidia and Mansonia spp.: For application to cattail marshes and water hyacinth beds. For control of these mosquitoes, place one **ALTOSID® XR BRIQUET** per 100 ft².

Culex sp. in storm water drainage areas, sewers, and catch basins: For catch basins, place one **ALTOSID® XR BRIQUET** into each basin. In cases of large catch basins, follow the chart below to determine the number of briquets to use. For storm water drainage areas, place one briquet per 100 ft² of surface area up to two ft deep. In areas that are deeper than two feet, use one additional briquet per two feet of water depth.

Water flow pressure increases the potential dissolution of the briquet. Conduct regular inspections (visual or biological) in areas of water flow to determine if the briquet is still present. Adjust the retreatment interval based on the results of an inspection.

ALTOSID® XR BRIQUETS Application Chart

Number of Briquets	Catch Basin Size (Gallons)	Surface Area/ Water Depth (ft)
1	0 – 1500	0 – 2
2	1500 – 3000	2 – 4
3	3000 – 4500	4 – 6
4	4500 – 6000	6 – 8

APPLICATION SITES

ALTOSID® XR BRIQUETS are designed to control mosquitoes in treated areas. Examples of application sites are: storm drains, catch basins, roadside ditches, fish ponds, ornamental ponds and fountains, other artificial water-holding containers, animal watering troughs, cesspools and septic tanks, waste treatment and settling ponds, flooded crypts, transformer vaults, abandoned swimming pools, tires, construction and other manmade depressions, cattail marshes, water hyacinth beds, vegetation-choked phosphate pits, pastures, meadows, rice fields, freshwater swamps and marshes, salt and tidal marshes, treeholes, woodland pools, floodplains, and dredging spoil sites. For application sites connected by a water system, i.e., storm drains or catch basins, treat all of the water-holding sites in the system to maximize the efficiency of the treatment program.

STORAGE AND DISPOSAL

Do not contaminate water, food, or feed by storage or disposal.

STORAGE: Store in a cool place. Do not reuse empty container.

PESTICIDE DISPOSAL: Wastes resulting from the use of this product may be disposed of on site or at an approved waste disposal facility.

CONTAINER DISPOSAL: Nonrefillable container. Do not reuse or refill this container. Completely empty bag into application equipment. Then offer for recycling, if available, or dispose of empty container in a sanitary landfill or by incineration, or if allowed by state and local authorities, by burning. If burned, stay out of smoke.

WARRANTY AND CONDITIONS OF SALE

Seller makes no warranty, expressed or implied, concerning the use and handling of this product other than indicated on the label. To the extent permitted by law, Buyer assumes all risks of use and handling of this material when such use and handling are contrary to label instructions.

For information, or in case of an emergency, call 1-800-248-7763.

www.altosid.com

Wellmark International
1501 East Woodfield Road 200W
Schaumburg, Illinois 60173



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Made in USA

May, 2010
Schaumburg, IL