



**Southeast Florida Governmental Purchasing  
Cooperative Group**

**CONTRACT AWARD**

Please complete each of the applicable boxes and submit with bid documents, award notices and tabulations to [rwhitcomb@greenacresfl.gov](mailto:rwhitcomb@greenacresfl.gov) for placement on the NIGP SEFL website Cooperative contract page.

**PAGE 1 OF 2**

BID/RFP No. Bid 21-05-12-HR & Bid 21-16-02-HR

Description/Title: Swimming Pool Chemicals & Sodium Hypochlorite, No Minimum Qty.

Initial Contract Term: Start Date: 3/26/21 End Date: 3/25/23

Renewal Terms of the Contract: Two (2) Renewal Options for One Year  
(No. of Renewals) (Period of Time)

Renewal No. \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Renewal No. \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Renewal No. \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Renewal No. \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**SECTION #1**

**VENDOR AWARD**

Vendor Name: ALLIED UNIVERSAL CORP

Vendor Address: 3901 NW 115 AVENUE MIAMI FL 33178

Contact: CRISTHIANNE MUNGUIA EXT. 0125

Phone: 305-888-2623 Fax: 786-522-0215

Cell/Pager: \_\_\_\_\_ Email Address: BIDS@ALLIEDUNIVERSAL.COM

Website: WWW.ALLIEDUNIVERSAL.COM FEIN: 59-0776285

**VENDOR AWARD**

Vendor Name: BRENNTAG MID-SOUTH, INC.

Vendor Address: 250 CENTRAL FLORIDA PARKWAY ORLANDO FL 32824

Contact: STEPHANIE UBACH

Phone: 270-855-0694 Fax: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ Email Address: SUBACH@BRENNTAG.COM

Website: WWW.BRENNTAG.COM FEIN: 61-0504545

**VENDOR AWARD**

Vendor Name: COMMERCIAL ENERGY SPECIALISTS, INC.

Vendor Address: 952 JUPITER PARK LANE, SUITE 1, JUPITER FL 33458

Contact: REMY BAKER

Phone: 561-744-1557 Fax: 561-746-5898

Cell/Pager: \_\_\_\_\_ Email Address: RBAKER@CESWATERQUALITY.COM

Website: WWW.CESWATERQUALITY.COM FEIN: 59-2550057

**VENDOR AWARD**

Vendor Name: HAWKINS, INC.

Vendor Address: 2263 CLARK ST APOPKA FL 32703

Contact: CHUCK POOL

Phone: 800-330-1369 Fax: 800-524-9315

Cell/ Pager: \_\_\_\_\_ Email Address: CHUCK.POOL@HAWKINSINC.COM

Website: WWW.HAWKINSINC.COM FEIN: 41-0771293

**VENDOR AWARD**

Vendor Name: FLORIDA POOL FILLS, INC.

Vendor Address: 1025 GATEWAY BLVD. #303-336 BOYNTON BEACH FL 33426

Contact: JOANNE CIONE

Phone: 561-802-7600 Fax: \_\_\_\_\_

Cell/ Pager: \_\_\_\_\_ Email Address: JOANNE@FLORIDAPOOLFILLS.COM

Website: WWW.FLORIDAPOOLFILLS.COM FEIN: 85-2743207

**AWARD/BACKGROUND INFORMATION****SECTION #2**Resolution/Agenda Item No.: 21-23

Award Date: 3/9/21

Insurance Required: Yes X No \_\_\_\_\_

Performance Bond Required: Yes \_\_\_\_\_ No X

**SECTION #3****LEAD AGENCY**

Agency Name: CITY OF SUNRISE

Agency Address: 10770 W OAKLAND PARK BLVD SUNRISE FL 33351

Agency Contact: HOLLY RAPHAELSON Email HRAPHAELSON@SUNRISEFL.GOV

Telephone: 954-572-2202 Fax: 954-578-4809

**FINANCE & ADMIN. SERVICES DEPARTMENT**  
*Purchasing Division*  
Phone: 954-572-2274  
Fax: 954-578-4809



March 10, 2021

Sent Via Email: [bids@allieduniversal.com](mailto:bids@allieduniversal.com)

Ms. Christhianne Munguia  
Allied Universal Corporation  
3901 NW 115<sup>th</sup> Avenue  
Miami, Florida 33178

Subject: Award– Southeast Florida Governmental Purchasing Cooperative Group  
Bid Title: Purchase of Swimming Pool Chemicals  
Bid No. 21-05-12-HR

Dear Ms. Munguia:

I would like to inform you that the City of Sunrise Commission awarded the above referenced bid for Swimming Pool Chemicals on March 9, 2021. Please be advised that your firm was awarded the above referenced bid (multi-award) for the following items:

Sodium Hypochlorite /gallon, 500 gal	Item 9a	Bid Price .699/gallon
Minimum qty., Liquid Chlorine, Batch		
Sodium Hypochlorite /gallon, 500 gal	Item 10a	Bid Price .699/gallon
Minimum qty., Liquid Chlorine, Continuous		

**Rush Fee for Expedited Delivery within 48 hours of notice: \$50.00/delivery**

The contract period shall be for two years, March 26, 2021 through March 25, 2023.

If you have not already done so, please submit a current Certificate of Insurance listing the City of Sunrise as additional insured for the amounts indicated in the bid document. Please send same to my attention at Purchasing Division, City of Sunrise, 10770 W. Oakland Park Blvd., Sunrise, FL 33351. If you wish to fax it you can do so to 954-578-4809.

If I can be of further assistance, please do not hesitate to contact me at 954-572-2202.

Best Regards,

Holly Raphaelson, C.P.M., CPPO, CPSM, NIGP-CPP  
Contracts Administrator

cc: Southeast Florida Governmental Purchasing Cooperative Group

**FINANCE & ADMIN. SERVICES DEPARTMENT**  
*Purchasing Division*  
Phone: 954-572-2274  
Fax: 954-578-4809



March 10, 2021

Sent Via Email: [subach@brenntag.com](mailto:subach@brenntag.com)

Ms. Stephanie Ubach  
Brenntag Mid-South, Inc.  
250 Central Florida Parkway  
Orlando, Florida 32824

Subject: Award– Southeast Florida Governmental Purchasing Cooperative Group  
Bid Title: Purchase of Swimming Pool Chemicals  
Bid No. 21-05-12-HR

Dear Ms. Ubach:

I would like to inform you that the City of Sunrise Commission awarded the above referenced bid for Swimming Pool Chemicals on March 9, 2021. Please be advised that your firm was awarded the above referenced bid (multi-award) for the following items:

Diatomaceous Earth 50 LB bag	Item 2	Bid Price	\$25.50/bag
Sodium Bicarbonate 50 LB bag	Item 3	Bid Price	\$15.00/bag
Cyanuric Acid 100 LB drum	Item 4	Bid Price	\$68.00/drum
Calcium Hypochlorite 100 LB drum	Item 13	Bid Price	\$128.93/drum
Course Rock Salt, Morton White 50 LB pail	Item 17	Bid Price	\$9.25/pail

The contract period shall be for two years, March 26, 2021 through March 25, 2023.

If you have not already done so, please submit a current Certificate of Insurance listing the City of Sunrise as additional insured for the amounts indicated in the bid document. Please send same to my attention at Purchasing Division, City of Sunrise, 10770 W. Oakland Park Blvd., Sunrise, FL 33351. If you wish to fax it you can do so to 954-578-4809.

If I can be of further assistance, please do not hesitate to contact me at 954-572-2202.

Best Regards,

Holly Raphaelson, C.P.M., CPPO, CPSM, NIGP-CPP  
Contracts Administrator

cc: Southeast Florida Governmental Purchasing Cooperative Group

**FINANCE & ADMIN. SERVICES DEPARTMENT**  
*Purchasing Division*  
Phone: 954-572-2274  
Fax: 954-578-4809



March 10, 2021

Sent Via Email: [rbaker@ceswaterquality.com](mailto:rbaker@ceswaterquality.com)

Mr. Alvaro Mendoza, President  
Commercial Energy Specialists, Inc.  
952 Jupiter Park Lane, Suite 1  
Jupiter, Florida 33458

Subject: Award– Southeast Florida Governmental Purchasing Cooperative Group  
Bid Title: Purchase of Swimming Pool Chemicals  
Bid No. 21-05-12-HR

Dear Mr. Mendoza:

I would like to inform you that the City of Sunrise Commission awarded the above referenced bid for Swimming Pool Chemicals on March 9, 2021. Please be advised that your firm was awarded the above referenced bid (multi-award) for the following items:

Chlorine Briquettes, Pulsar Brand, 50# Pail	Item 15	Bid Price \$115.31/pail
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**Balance of Line 24% Discount**

The contract period shall be for two years, March 26, 2021 through March 25, 2023.

If you have not already done so, please submit a current Certificate of Insurance listing the City of Sunrise as additional insured for the amounts indicated in the bid document. Please send same to my attention at Purchasing Division, City of Sunrise, 10770 W. Oakland Park Blvd., Sunrise, FL 33351. If you wish to fax it you can do so to 954-578-4809.

If I can be of further assistance, please do not hesitate to contact me at 954-572-2202.

Best Regards,

Holly Raphaelson, C.P.M., CPPO, CPSM  
Contracts Administrator

cc: Southeast Florida Governmental Purchasing Cooperative Group

FINANCE & ADMIN. SERVICES DEPARTMENT  
Purchasing Division  
Phone: 954-572-2274  
Fax: 954-578-4809



March 10, 2021

Sent Via Email: [joanne@floridapoolfills.com](mailto:joanne@floridapoolfills.com)

Mr. Shawn Luttenauer  
Florida Pool Fills, Inc.  
1025 Gateway Blvd, Suite 303-336  
Boynton Beach, Florida 33426

Subject: Award– Southeast Florida Governmental Purchasing Cooperative Group  
Bid Title: Sodium Hypochlorite, no minimum quantity  
Swimming Pool Chemical  
Bid No. 21-16-02-HR

Dear Mr. Luttenauer:

I would like to inform you that the City of Sunrise awarded the above referenced bid for Sodium Hypochlorite, no minimum quantity - Swimming Pool Chemical on March 9, 2021. Please be advised that your firm was awarded the above referenced bid (multi-award) for the following items:

Sodium Hypochlorite /gallon, No	Item a	Bid Price 1.239/gallon
Minimum qty., Liquid Chlorine, Batch		
Sodium Hypochlorite /gallon, No	Item b	Bid Price 1.239/gallon
Minimum qty., Liquid Chlorine, Continuous		

The contract period shall be for two years, March 26, 2021 through March 25, 2023.

If you have not already done so, please submit a current Certificate of Insurance listing the City of Sunrise as additional insured for the amounts indicated in the bid document. Please send same to my attention at Purchasing Division, City of Sunrise, 10770 W. Oakland Park Blvd., Sunrise, FL 33351. If you wish to fax it you can do so to 954-578-4809.

If I can be of further assistance, please do not hesitate to contact me at 954-572-2202.

Best Regards,

John T. Curran, CPPB  
Procurement Manager

cc: Southeast Florida Governmental Purchasing Cooperative Group

**FINANCE & ADMIN. SERVICES DEPARTMENT**  
Purchasing Division  
Phone: 954-572-2274  
Fax: 954-578-4809



March 10, 2021

Sent Via Email: [chuck.pool@hawkinsinc.com](mailto:chuck.pool@hawkinsinc.com)

Mr. Chuck Pool  
Hawkins, Inc.  
2263 Clark Street  
Apopka, Florida 32703

Subject: Award– Southeast Florida Governmental Purchasing Cooperative Group  
Bid Title: Purchase of Swimming Pool Chemicals, Bid No. 21-05-12-HR

Dear Mr. Pool:

I would like to inform you that the City of Sunrise Commission awarded the above referenced bid for Swimming Pool Chemicals on March 9, 2021. Please be advised that your firm was awarded the above referenced bid (multi-award) for the following items:

Soda Ash, 50 LB bag	Item 1	Bid Price	\$22.00/bag
Cyanuric Acid 25 LB pail	Item 5	Bid Price	\$65.00/pail
Muriatic Acid 55 Gallon drum	Item 6	Bid Price	\$129.00/drum
Muriatic Acid 1 Gallon container	Item 7	Bid Price	\$4.00/container
Calcium Chloride 50 LB bag	Item 8	Bid Price	\$16.00/bag
Chlorine Dry Tablet (3" Tablet) 50 LB pail	Item 11	Bid Price	\$119.00/pail
Calcium Hypochlorite 25 LB pail	Item 14	Bid Price	\$75.00/pail

NOTE: Item No. 5 Hawkins offered a 25 LB pail, not a 50 LB drum

The contract period shall be for two years, March 26, 2021 through March 25, 2023.

If you have not already done so, please submit a current Certificate of Insurance listing the City of Sunrise as additional insured for the amounts indicated in the bid document. Please send same to my attention at Purchasing Division, City of Sunrise, 10770 W. Oakland Park Blvd., Sunrise, FL 33351. If you wish to fax it you can do so to 954-578-4809.

If I can be of further assistance, please do not hesitate to contact me at 954-572-2202.

Best Regards,

Holly Raphaelson, C.P.M., CPPO, CPSM, NIGP-CPP  
Contracts Administrator

cc: Southeast Florida Governmental Purchasing Cooperative Group

**AGENDA ITEM REQUEST**

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**Originating Department:** Purchasing

**Item Title:** Chemicals

**Item Number:**

**Meeting Date:** 3/9/2021

**City Reference Number (C#):**

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**Item Description:**

A Resolution of the City of Sunrise, Florida, to award Bid No. 21-05-12-HR for Swimming Pool Chemicals; and providing an effective date. City Manager Mark Lubelski. Kevin Pickard, Leisure Services Director.

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**Funding:**

Various Departmental Accounts

**Amount:**

Not to exceed budgeted funds for FY20/21. Subsequent years subject to budget approval

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**ATTACHMENTS:**

**Description**

No Attachments Available

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**Background:**

The City of Sunrise is lead agency for the Southeast Florida Governmental Purchasing Group for swimming pool chemicals. Bid No. 21-05-12-HR was advertised on January 12, 2021 and five responses were received. The responses were reviewed by staff, who recommend an award for:

1. Hawkins Water Treatment Group, Inc.-Items 1, 5-8, 11, 14;
2. Brenntag Mid-South, Inc.-Items 2-4, 13, 17;
3. Allied Universal Corp.-Items 9a, 10a;
4. Commercial Energy Specialists, Inc.-Item 15.

The Leisure Services department uses approximately \$35,000 of the Pool Chemicals listed above annually and Utilities uses approximately \$6,000 of Item No. 13 annually.

No bids were received for Items 9b, 10b, 12, 16, 18 & 19. The City did not receive any responses from a City of Sunrise vendor that

could provide this service.

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**Department Head Recommendation:**

Approval

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**Person With Additional Information:**

Name: Holly Raphaelson, Contracts Administrator

Phone: 954-572-2202

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**Department Head Name and Title:**

Kevin Pickard, Leisure Services Director

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**City Manager:**

Authorized for agenda placement

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CITY CLERK  
CITY OF SUNRISE  
2021 MAR 17 PM 12:45

SUNRISE, FLORIDA

RESOLUTION NO. 21-23

**A RESOLUTION OF THE CITY OF SUNRISE, FLORIDA, TO AWARD BID NO. 21-05-12-HR FOR SWIMMING POOL CHEMICALS TO VARIOUS VENDORS (MULTI-AWARD); AND PROVIDING AN EFFECTIVE DATE.**

NOW THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF SUNRISE, FLORIDA:

Section 1. The award of Bid No. 21-05-12-HR for Swimming Pool Chemicals to the following vendors is hereby approved in an amount not to exceed the FY 2020-2021 approved budgeted funds, with subsequent years' expenditures subject to budget approval:

1. Hawkins Water Treatment Group, Inc.-Items 1, 5-8, 11, 14;
2. Brenntag Mid-South, Inc.-Items 2-4, 13, 17;
3. Allied Universal Corp.-Items 9a, 10a;
4. Commercial Energy Specialists, Inc.-Item 15.

Section 2. The Procurement Manager or designee is hereby authorized to issue a Purchase Order or take other action necessary in connection with this award.

Section 3. The Procurement Manager or designee is hereby authorized to extend or renew the award, in accordance with the terms of the bid.

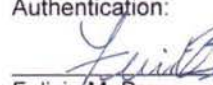
Section 4. Effective Date. This Resolution shall be effective immediately upon its passage.

PASSED AND ADOPTED this 9TH DAY OF MARCH, 2021.



\_\_\_\_\_  
Mayor Michael J. Ryan

Authentication:

  
Felicia M. Bravo  
City Clerk



MOTION: SCUOTTO  
SECOND: KERCH

DOUGLAS: YEA  
GUZMAN: YEA  
KERCH: YEA  
SCUOTTO: YEA  
RYAN: YEA

Approved by the City Attorney  
as to Form and Legal Sufficiency



\_\_\_\_\_  
Kimberly A. Kisslan



[Bid Details](#)

## Swimming Pool Chemicals

**Upcoming (Bid Not Posted)**

Your bid has not been published yet. [Please click the Finish Bid button to broadcast this bid.](#)

...  
Planholders

...  
Broadcast to

**7**  
Supplemental  
Suppliers

...  
Watchers

...  
Post Bid Viewers

### Bid Details

Agency Name	City of Sunrise
Bid Writer	<a href="#">Holly Raphaelson, MBA,CPSM,CPPO</a>
Bid ID	BID-BID 21-05-12-HR-0-2021/hr
Bid Type	BID - Bid
Broadcast Date	01/12/2021 3:00 PM Eastern
Fiscal Year	2021
Due	02/03/2021 2:00 PM Eastern
Bid Status Text	None

### Scope of Work

The City of Sunrise as the lead agency for the Southeast Florida Governmental Purchasing Cooperative Group in soliciting bids for various swimming pool chemicals (commercial grade) as needed.

### Documents

📄 Download all documents

Filename	Type	Date Modified	Status
<a href="#">Bid 21-05-12-HR Swimm...</a>	Bid Document / Specifications	01/12/2021	Complete

## eBidding Info

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**View Supplier Info on Tabulation Sheet**

View respondent names and documents

**Required Documents**

1. Bid Submission Documents with Schedules A-G as required.
2. Addendum (if applicable)

## Distribution Info

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**Bid Bond**

Not applicable

**Plan (blueprint)**

None

**eBidding**

Yes

**Distributed By**

DemandStar

**Distribution Method**

Download and Mail

**Distribution Options**

Bid has no blueprints associated with it

## Publications

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Sun-sentinel

[View Legal Ad](#)

## Pre-Bid Conference

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Not applicable

## Statistics

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**Planholders**

There are 0 Planholders for this bid.

**Filtered**

No

**Broadcast List**

0 Suppliers have been notified

**Post-Bid Viewers**

There are 0 Post-Bid viewers

**Supplemental Suppliers**

7 Supplemental Suppliers

[Export](#)

## Commodity Code

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[\[022-650-66\]](#) Swimming Pools, Equipment, and Supplies: Heaters, Lights, and Vacuum Machines; for Chemicals See Class 885

[\[030-885-00\]](#) WATER AND WASTEWATER TREATING CHEMICALS





[Bid Details](#)

## Sodium Hypochlorite, no minimum quantity, Swimming Pool Chemical

Upcoming (Bid Not Posted)

Your bid has not been published yet. [Please click the Finish Bid button to broadcast this bid.](#)

...	...	6	...	...
Planholders	Broadcast to	Supplemental Suppliers	Watchers	Post Bid Viewers

### Bid Details

Agency Name	City of Sunrise
Bid Writer	<a href="#">Holly Raphaelson, MBA,CPSM,CPPO</a>
Bid ID	BID-21-16-02-HR-0-2021/hr
Bid Type	BID - Bid
Broadcast Date	02/19/2021 1:30 PM Eastern
Fiscal Year	2021
Due	03/03/2021 2:00 PM Eastern
Bid Status Text	None

### Scope of Work

The City of Sunrise as the lead agency for the Southeast Florida Governmental Purchasing Cooperative Group in soliciting bids for Sodium Hypochlorite, no minimum quantity, swimming pool chemical (commercial grade) as needed.

Chemical must .....

[Show More](#) ⌵

### Documents

[Download all documents](#)

Filename	Type	Date Modified	Status
<a href="#">Bid 21-16-02-HR</a>	Bid Document / Specifications	02/19/2021	Complete

## eBidding Info

---

**View Supplier Info on Tabulation Sheet**

View respondent names only

**Required Documents**

1. Bid Submission Documents with Schedules A-G as required.
2. Addendum (if applicable)
3. W-9 Form
4. Sample Certificate of Insurance
5. Copies of applicable licenses

## Distribution Info

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**Bid Bond**

Not applicable

**Plan (blueprint)**

None

**eBidding**

Yes

**Distributed By**

DemandStar

**Distribution Method**

Download and Mail

**Distribution Options**

Bid has no blueprints associated with it

## Publications

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Sun-sentinel

[View Legal Ad](#)

## Pre-Bid Conference

---

Not applicable

## Statistics

---

**Planholders**

There are 0 Planholders for this bid.

**Filtered**

No

**Broadcast List**

0 Suppliers have been notified

**Post-Bid Viewers**

There are 0 Post-Bid viewers

**Supplemental Suppliers**

6 Supplemental Suppliers

[Export](#)

## Commodity Code

---

[022-650-66] Swimming Pools, Equipment, and Supplies: Heaters, Lights, and Vacuum Machines; for Chemicals  
See Class 885

[030-885-00] WATER AND WASTEWATER TREATING CHEMICALS

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**SECTION 5 - BID SUBMISSION CHECK LIST**

COMPANY NAME: (Please Print): Allied Universal Corporation

Phone: (305) 888-2623

Fax: (786) 522 0215

**BEFORE SUBMITTING YOUR BID, MAKE SURE YOU...**

- ☒ 1. Carefully read the SPECIFICATIONS.
- ☒ 2. Properly fill out the BID SHEET and CERTIFICATION PAGE (Schedule "A").
- ☒ 3. Fill out and sign the NON-COLLUSION AFFIDAVIT (Schedule "B") and have it properly notarized.
- ☒ 4. Sign the VENDOR DRUG FREE STATEMENT (Schedule "C").
- ☒ 5. Fill out the VENDOR QUALIFICATION STATEMENT (Schedule "D"), if required.
- ☒ 6. Include WARRANTY INFORMATION FORM AND EXHIBITS (Schedule "E"), if required.
- ☒ 7. CHECK THE INSURANCE and LICENSE requirements to be sure you comply, and submit PROOF of INSURANCES or LICENSES, if required, with your Bid (Schedule "F").
- ☐ N/A 8. Complete STATEMENT OF NO BID (Schedule "G"), if applicable.
- ☒ 9. Submit Electronically via Demandstar.com
- ☒ 10. Make sure your BID is submitted prior to the deadline. Late Bids will not be accepted.

FAILURE TO PROVIDE THE REQUESTED SCHEDULES MAY RESULT IN YOUR BID BEING DEEMED NON-RESPONSIVE.

THIS PAGE AND THE FOLLOWING PAGES ARE TO BE RETURNED WITH YOUR BID.  
THIS SHOULD BE THE FIRST PAGE OF YOUR BID.

**SECTION 6 – BID SUBMISSION PACKAGE****SCHEDULE "A"****CITY OF SUNRISE****BID SHEET & CERTIFICATION****ALL BIDS SHALL REMAIN VALID FOR NINETY (90) DAYS AFTER BID OPENING**

NOTE: Minimum order requirements are not acceptable due to the nature of this bid. Items will be bought in units specified below.

Item No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	EXTENDED PRICE
1.	224	Soda Ash, 50 LB bag		NO BID \$/bag	\$
2.	146	Diatomaceous Earth 50 LB bag		NO BID \$/bag	\$
3.	1,257	Sodium Bicarbonate 50 LB bag		NO BID \$/bag	\$
4.	54	Cyanuric Acid 100 LB drum		NO BID \$/drum	\$
5.	8	Cyanuric Acid 50 LB drum		NO BID \$/drum	\$
6.	24	Muriatic Acid 55 Gallon drum		NO BID \$/drum	\$
7.	6,369	Muriatic Acid 1 Gallon container		NO BID \$/gallon	\$
8.	1,122	Calcium Chloride 50 LB bag		NO BID \$/bag	\$
9a.	23,400	Sodium Hypochlorite- <b>Batch</b> (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	Allied Universal Aqua Guard	\$0.699/gallon	\$16,356.60
9b.	48,500	Sodium Hypochlorite- <b>Batch</b> (Liquid Chlorine) (No minimum quantity)		NO BID \$/gallon	\$
10a.	275,000	Sodium Hypochlorite- <b>Continuous</b> (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	Allied Universal Aqua Guard	\$0.699/gallon	\$192,225.00

Allied Universal Corporation

Vendor Name

Cristhianne Munguia

Name of Authorized Person

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

Item No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	EXTENDED PRICE
10b.	48,000	Sodium Hypochlorite- <b>Continuous</b> (Liquid Chlorine) (No minimum quantity)		NO BID \$/gallon	\$
11.	69	Chlorine Dry Tablet (3" Tablet) 50 LB pail		NO BID \$/pail	\$
12.	24	Sodium Trichloride 50 LB bag		NO BID \$/bag	\$
13.	40	Calcium Hypochlorite 100 LB drums		NO BID \$/drum	\$
14.	62	Calcium Hypochlorite 25 LB pail		NO BID \$/pail	\$
15.	2,759	Chlorine Briquettes, Pulsar Brand only, no substitutes 50 LB pail		NO BID \$/pail	\$
16.	120	Potassium Peroxymonosulfate 50 LB pail		NO BID \$/pail	\$
17.	1,760	Course Rock Salt, Morton White Crystal Solar Salt, or equal 50 LB pail		NO BID \$/pail	\$
18.	72	Tile Cleaner 1 Quart Container		NO BID \$/container	\$
19.	50	All Clear Mustard Knock- out, or equal 2 LB Container		NO BID \$/container	\$

TOTAL BID OFFER (Items 1-19): \$ 208,581.60

Two Hundred Eight Thousand Five Hundred Eighty One with Sixty cents  
(Written Dollar Amount)

Allied Universal Corporation  
Vendor Name

Cristhianne Munguia  
Name of Authorized Person

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

**CONTINGENCY PRICING**

<b>RUSH Fee for Expedited Delivery within 48 Hours of notice.</b>	<b>\$ <u>50.00</u> /delivery</b>
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Vendors to indicate the percentage (%) off the balance of line. 0 %

Vendor to indicate, any drum deposit charges, if applicable: Item No. N/A \$       

All deliveries will be made by Common Carrier ONLY. Yes        No X

Deliveries will be made by Allied's own fleet, Transportation Services Unlimited.

**Delivery will be made within 1-3 work calendar days after receipt of purchase order. (To Be Completed ONLY if Bidder is unable to comply with specified delivery requirements indicated within the bid document.**

If applicable, would you extend the prices bid herein to other municipalities? Award of bid is not contingent upon concurrence with this offer to other municipalities. Yes:        No: X

**ADDENDUM RECEIPT**

Bidder shall acknowledge below the receipt of any and all addenda, if any, by listing the Addenda No. and date of issuance. Addendum #: 1 /Date 1/25/21 Addendum #:        /Date       

I, the undersigned hereby agree to furnish the items and / or services described in this Invitation for Bid. I certify that I have read the entire document, including the Specifications, Requirements, Terms & Conditions and Schedules, and agree to furnish the items and services under the requirements of the Bid.

I also certify that this Bid is submitted without prior understanding, agreement, or connection with any corporation, firm or person submitting a Request for Submittal for the same materials, services, and supplies and is in all respects fair and without collusion or fraud.

The Respondent certifies by his/her signature that the person signing this Certification is authorized to bind the firm by their signature.

Company Name: Allied Universal Corporation

Address 3901 NW 115 Ave

City Miami State FL Zip 33178

Phone# (305) 888-2623 Fax# (786) 522-0215 E-Mail Bids@Allieduniversal.com

Signature:  Title Bid Coordinator

Printed Name: Cristhianne Munguia

FEID or Social Security No. 59 0776285

BID NUMBER: 21-05-12-HR

**SCHEDULE "B"**  
**CITY OF SUNRISE**  
**NON-COLLUSION AFFIDAVIT**

STATE OF FLORIDA )  
 ) SS  
COUNTY OF MIAMI - DADE )

1. He/she is the Bid Coordinator (Owner, Partner, Officer, Representative or Agent) of the Bidder that has submitted the attached Bid.
2. He/she is fully informed with respect to the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid.
3. Said Bid is made without any connection or common interest in the profits with any other persons making a Bid for the said commodities/services. Said Bid is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Sunrise is directly or indirectly interested therein. If any relatives are employed by the City, indicate name and relationship below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company Name: Allied Universal Corporation

**Bidders' Authorized Signature:**

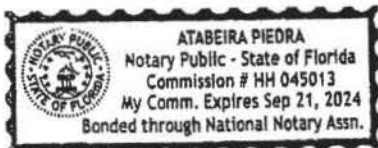
Subscribed and sworn to before me this 27 day of January, 2021

Notary Public

Atabeira Kedra HH 045013  
(Print, Type or Stamp name of Notary Public)

Personally known X or Produced I.D. \_\_\_\_\_

Type and number of I.D. Produced:



**SCHEDULE "C"**  
**CITY OF SUNRISE**  
**BIDDER'S DRUG - FREE WORKPLACE CERTIFICATION**

Preference may be given to Vendors submitting a certification with their bid/Bid certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

**IDENTICAL SUBMISSIONS** - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids, Bids or replies which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or Contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied Vendors have a drug-free workplace program. 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 prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or Contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or Contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section. As the person authorized to sign the statement, I certify that this Vendor complies fully with the above requirements.

I hereby certify that the company submitting this Bid has established a Drug Free work place program in accordance with State Statute 287.087

  
 \_\_\_\_\_  
 VENDOR'S SIGNATURE

Allied Universal Corporation  
 \_\_\_\_\_  
 COMPANY'S NAME

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

**SCHEDULE "D"**  
**CITY OF SUNRISE**  
**BIDDER'S QUALIFICATION STATEMENT**

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions made hereinafter:

Company Name: Allied Universal Corporation

Address: 3901 NW 115 Ave Miami FL 33178  
                    Street                    City                    State                    Zip Code  
Telephone: (305) 888-2623 Fax: (786) 522-0215 E-Mail: Bids@Allieduniversal.com

Web Site: www.allieduniversal.com

How many years has your organization been in business under its present name? 67

If Bidder is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statute: \_\_\_\_\_

Under what former names has your business operated? \_\_\_\_\_

At what address was that business located? \_\_\_\_\_

Are You Certified? Yes X No \_\_\_\_\_ If Yes, ATTACH COPY OF LICENSE  
Are You Licensed? Yes X No \_\_\_\_\_ If Yes, ATTACH COPY OF LICENSE

Has your company or its senior officers ever declared bankruptcy?  
Yes \_\_\_\_\_ No X If yes, explain: \_\_\_\_\_

Are you a sales representative, \_\_\_\_\_ distributor, \_\_\_\_\_ broker, \_\_\_\_\_ manufacturer X  
of the commodities/services bid upon?

Have you ever received a Contract or a Purchase Order from the City of Sunrise or other government entity? Yes X No \_\_\_\_\_ If Yes, explain (date, service/project, bid title, etc.)  
Have previously provided water treatment chemicals for many years.

Have you ever received a complaint on a Contract or bid awarded to you by any government entity? Yes X No \_\_\_\_\_ if yes, explain: \_\_\_\_\_  
See Attached

Have you ever been debarred or suspended from doing business with any government entity?  
Yes \_\_\_\_\_ No X If Yes, explain \_\_\_\_\_

Please identify each incident within the last five (5) years where a civil, criminal, administrative, other similar proceeding was filed or is pending; if such proceeding arises from or is a dispute concerning the Consultant's rights, remedies or duties under a Contract for the same or similar type services to be provided under this Bid: \_\_\_\_\_

(Attach additional sheets as necessary)

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

**SCHEDULE "D"**  
(Continued)  
**REFERENCES:**

List all pertinent government agencies and private firm(s) with whom you have done business within the past three (3) years:

Agency/Firm Name: <u>Miami Dade Water &amp; Sewer</u>	Agency/Firm Name: <u>Hillsborough County</u>
Address: <u>700 West 2nd Ave.</u>	Address: <u>102 N. Falkenberg Rd.</u>
City/State/Zip Code: <u>Hialeah, FL 33011</u>	City/State/Zip Code: <u>Tampa, FL 33619</u>
Phone: <u>(786) 236-7625</u>	Phone: <u>(813) 539-5775</u>
Fax: <u>(786) 805-1620</u>	Fax: _____
Contact: <u>Jon Hansen</u>	Contact: <u>Vic Anderson</u>
E-Mail: <u>Jon.Hansen@MiamiDade.Gov</u>	E-Mail: <u>AndersonV@HiliosroughCounty.Org</u>

Agency/Firm Name: <u>City of Cooper City</u>	Agency/Firm Name: <u>City of Ft. Myers</u>
Address: <u>11791 SW 49th Street</u>	Address: <u>1501 Raleigh Street</u>
City/State/Zip Code: <u>Cooper City, FL 33330</u>	City/State/Zip Code: <u>Fort Myers, FL 33902</u>
Phone: <u>(954) 675-8865</u>	Phone: <u>(239) 321-7574</u>
Fax: _____	Fax: _____
Contact: <u>Ryan Webster</u>	Contact: <u>Heath Laufenberg</u>
E-Mail: <u>Rwebster@CooperCity.Org</u>	E-Mail: <u>Hlaufenberg@CityFtMyers.com</u>

Agency/Firm Name: <u>City of Clermont</u>	Agency/Firm Name: <u>City of Boca Raton</u>
Address: <u>3335 Hancock Road</u>	Address: <u>1301 W. Glades Rd</u>
City/State/Zip Code: <u>Clermont, FL 34711</u>	City/State/Zip Code: <u>Boca Raton, FL 33431</u>
Phone: <u>(352) 241-0178</u>	Phone: <u>(561) 338-7322</u>
Fax: _____	Fax: _____
Contact: <u>Duane Land</u>	Contact: <u>Norman Wellings</u>
E-Mail: <u>Dland@Clermontfl.Org</u>	E-Mail: _____

**YOUR COMPANY NAME** Allied Universal Corporation  
**ADDRESS** 3901 NW 115 Ave, Miami FL 33178  
**PHONE:** (305) 888-2623 **FAX:** (786) 522-0215  
**EMAIL:** Bids@Allieduniversal.com

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

**SCHEDULE "E"**  
**CITY OF SUNRISE**

**WARRANTY INFORMATION FORM**

ALL BLANKS SHOULD BE FILLED IN AND SUBMITTED WITH BID  
MINIMUM WARRANTY SHALL BE AS SPECIFIED HEREIN

MAKE AND MODEL OF ITEM PROPOSED:

N/A

DOES WARRANTY APPLY TO ENTIRE PACKAGE OR ONLY TO SPECIFIC PARTS? (State Explicitly)

N/A

DOES WARRANTY INCLUDE LABOR FOR REPLACEMENT OF DEFECTIVE PARTS?

\_\_\_\_ YES \_\_\_\_ NO

WARRANTY PERIOD FOR PARTS

REPLACEMENT N/A

WHO WILL PROVIDE LABOR, AND WHERE, IN THE EVENT OF FAILURE WITHIN WARRANTY PERIOD? N/A

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

NEAREST SOURCE TO THE CITY OF SUNRISE FOR PARTS AND SERVICE AFTER WARRANTY PERIOD:

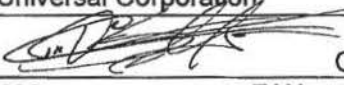
N/A

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

A COPY OF COMPLETE WARRANTY STATEMENT IS SUBMITTED HEREWITH:

\_\_\_\_ YES \_\_\_\_ NO

NAME OF BIDDER: Allied Universal Corporation

SIGNATURE AND TITLE:  Cristhianne Munguia, Bid Coordinator

TELEPHONE: (305) 888-2623 FAX: (786) 522-0251

DATE: January 27th, 2021



ALLIUNI-01

SSIMEON

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/13/2021

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 Collinsworth, Alter, Fowler & French, LLC 8000 Governors Square Blvd Suite 301 Miami Lakes, FL 33016	CONTACT NAME:		
	PHONE (A/C, No, Ext): (305) 822-7800	FAX (A/C, No): (305) 362-2443	
INSURED  Allied Universal Corp. 3901 NW 115 Avenue Miami, FL 33178	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Nautilus Ins Company		17370
	INSURER B : Great Divide Insurance Co		25224
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY						
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	X	X	GLP202370313	8/31/2020	8/31/2021	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> Retro Date 1/12/88						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 25,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 3,000,000
							\$
B	AUTOMOBILE LIABILITY						
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	X		BAP202370413	8/31/2020	8/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB						
	<input checked="" type="checkbox"/> EXCESS LIAB			FFX202370613	8/31/2020	8/31/2021	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X	X				AGGREGATE \$ 4,000,000
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	Pollution Liability			SSP202370513	8/31/2020	8/31/2021	E.L. DISEASE - POLICY LIMIT \$
A	Poll Retro 8/21/95			SSP202370513	8/31/2020	8/31/2021	Ech Poll Condition** 1,000,000
							Total Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
\*\*Pollution Self Insured Retention \$50,000. per pollution condition-Claims Made Policy

Bid Title: Swimming Pool Chemicals  
Bid Number: 21-05-12-HR

City of Sunrise, its officers, agents, volunteers, and employees are included as additional insured with respect to general liability and auto liability on a primary and non-contributory basis when required by written contract. Waiver of subrogation applies in favor of the additional insured with respect to general liability when required by written contract. Excess/Umbrella follows form. XCU not excluded.

## CERTIFICATE HOLDER

## CANCELLATION

City of Sunrise Attn: Procurement Manager Purchasing Office 10770 W Oakland Park Blvd Sunrise, FL 33351	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 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/13/2021

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> Arthur J. Gallagher Risk Management Services, Inc. 200 S. Orange Avenue Orlando FL 32801	<b>CONTACT NAME:</b> Sandra Sierra
	<b>PHONE</b> (A/C, No, Ext): 407-563-3531 <b>FAX</b> (A/C, No): 407-370-3057
	<b>E-MAIL ADDRESS:</b> Sandra_Sierra@ajg.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> National Union Fire Insurance Company of Pittsburgh
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES** **CERTIFICATE NUMBER:** 1048756181 **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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ OTHER:
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER:
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ OTHER:
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	039326857	6/30/2020	6/30/2021	X PER STATUTE 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)  
Bid# 21-05-12-HR

**CERTIFICATE HOLDER****CANCELLATION**

City of Sunrise Attn: Procurement Manager Purchasing Office 10770 West Oakland Park Blvd. Sunrise FL 33351 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Profit Corporation  
ALLIED UNIVERSAL CORP.

### Filing Information

<b>Document Number</b>	183054
<b>FEI/EIN Number</b>	59-0776285
<b>Date Filed</b>	01/31/1955
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	NAME CHANGE AMENDMENT
<b>Event Date Filed</b>	06/28/1977
<b>Event Effective Date</b>	NONE

### Principal Address

3901 NW 115 AVENUE  
MIAMI, FL 33178

Changed: 04/27/2001

### Mailing Address

3901 NW 115 AVENUE  
MIAMI, FL 33178

Changed: 04/27/2001

### Registered Agent Name & Address

NAMOFF, ROBERT  
3901 NW 115 AVENUE  
MIAMI, FL 33178

Name Changed: 04/27/2001

Address Changed: 04/27/2001

### Officer/Director Detail

#### **Name & Address**

Title CD

NAMOFF, ROBERT  
3901 NW 115 AVENUE  
MIAMI, FL 33178

## Title PD

PALMER, JAMES  
3901 NW 115 AVE.  
MIAMI, FL 33178

## Title T

KOVEN, MICHAEL  
3901 NW 115 AVE.  
MIAMI, FL 33178

## Title VPD

RUBIN, RONALD  
3901 NW 115 AVENUE  
MIAMI, FL 33178

## Title Director, VP

Namoff, Gregory  
3901 NW 115 AVENUE  
MIAMI, FL 33178

**Annual Reports**

Report Year	Filed Date
2018	04/10/2018
2019	04/09/2019
2020	05/29/2020

**Document Images**

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<a href="#">04/09/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">04/22/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/08/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">04/29/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/18/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/22/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/21/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/18/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/18/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/03/1995 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

Florida Department of State, Division of Corporations

**SECTION 5 - BID SUBMISSION CHECK LIST**

COMPANY NAME: (Please Print): Brenntag Mid-South, Inc.

Phone: 270-855-0694

Fax: Go green

**BEFORE SUBMITTING YOUR BID, MAKE SURE YOU...**

- ☒ 1. Carefully read the SPECIFICATIONS.
- ☒ 2. Properly fill out the BID SHEET and CERTIFICATION PAGE (Schedule "A").
- ☒ 3. Fill out and sign the NON-COLLUSION AFFIDAVIT (Schedule "B") and have it properly notarized.
- ☒ 4. Sign the VENDOR DRUG FREE STATEMENT (Schedule "C").
- ☒ 5. Fill out the VENDOR QUALIFICATION STATEMENT (Schedule "D"), if required.
- ☒ 6. Include WARRANTY INFORMATION FORM AND EXHIBITS (Schedule "E"), if required.
- ☒ 7. CHECK THE INSURANCE and LICENSE requirements to be sure you comply, and submit PROOF of INSURANCES or LICENSES, if required, with your Bid (Schedule "F").
- ☐ N/A 8. Complete STATEMENT OF NO BID (Schedule "G"), if applicable.
- ☒ 9. Submit Electronically via Demandstar.com
- ☒ 10. Make sure your BID is submitted prior to the deadline. Late Bids will not be accepted.

FAILURE TO PROVIDE THE REQUESTED SCHEDULES MAY RESULT IN YOUR BID BEING DEEMED NON-RESPONSIVE.

THIS PAGE AND THE FOLLOWING PAGES ARE TO BE RETURNED WITH YOUR BID.  
THIS SHOULD BE THE FIRST PAGE OF YOUR BID.

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

**SECTION 6 – BID SUBMISSION PACKAGE**  
**SCHEDULE "A"**  
**CITY OF SUNRISE**  
**BID SHEET & CERTIFICATION**

**ALL BIDS SHALL REMAIN VALID FOR NINETY (90) DAYS AFTER BID OPENING**

NOTE: Minimum order requirements are not acceptable due to the nature of this bid. Items will be bought in units specified below.

Item No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	EXTENDED PRICE
1.	<del>234</del> 224	Soda Ash, 50 LB bag	Dense or Light	Dense \$24.00 Light \$25.00 \$/bag	5,616.00 \$ 5,850.00
2.	146	Diatomaceous Earth 50 LB bag	Celatom SP	\$ 25.50 /bag	\$ 3,723.00
3.	<del>1,287</del> 1,257	Sodium Bicarbonate 50 LB bag	Sodium Bicarbonate Industrial	\$ 15.00 /bag	\$ 19,305.00
4.	<del>55</del> 54	Cyanuric Acid 100 LB drum	Cyanuric Acid	\$ 68.00/drum	\$ 3,740.00
5.	8	Cyanuric Acid 50 LB drum	Cyanuric Acid	\$ .00 /drum	\$ .00
6.	24	Muriatic Acid 55 Gallon drum	Hydrochloric Acid 20 DEG	\$149.35/drum	\$ 3,584.40
7.	<del>6,569</del> 6,369	Muriatic Acid 1 Gallon container *Must be sold in pallet form of 48	Hydrochloric Acid 20 DEG	\$ 2.75 /gallon	\$ 18,064.75
8.	<del>1,172</del> 1,122	Calcium Chloride 50 LB bag	Dowflake 83-87%	\$ 16.75 /bag	\$ 19,631.00
9a.	23,400	Sodium Hypochlorite- <b>Batch</b> (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	Sodium Hypochlorite 10.5%	\$ .7875/gallon	\$ 18,427.50
9b.	<del>73,500</del> 48,500	Sodium Hypochlorite- <b>Batch</b> (Liquid Chlorine) (No minimum quantity)		\$ .00 /gallon	\$ .00
10a.	275,000	Sodium Hypochlorite- <b>Continuous</b> (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	Sodium Hypochlorite 10.5%	\$ .7875/gallon	\$ 216,562.50

Brenntag Mid-South, Inc.  
Vendor Name

Stephanie Ubach  
Name of Authorized Person

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

Item No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	EXTENDED PRICE
10b.	48,000	Sodium Hypochlorite- <u>Continuous</u> (Liquid Chlorine) (No minimum quantity)		\$.00 /gallon	\$.00
11.	69	Chlorine Dry Tablet (3" Tablet) 50 LB pail **60 lb pail	Calcium Hypochlorite Acutabs (3" Tablet)	\$132.60/pail	\$9,149.90
12.	24	Sodium Trichloride 50 LB bag		\$.00 /bag	\$.00
13.	40	Calcium Hypochlorite 100 LB drums	Hy Clear Calcium Hypochlorite	\$128.93/drum	\$5,157.20
14.	62	Calcium Hypochlorite 25 LB pail		\$.00 /pail	\$.00
15.	2,760 <del>2,769</del>	Chlorine Briquettes, Pulsar Brand only, no substitutes 50 LB pail		\$.00 /pail	\$.00
16.	120	Potassium Peroxymonosulfate 50 LB pail		\$.00 /pail	\$.00
17.	1,760	Course Rock Salt, Morton White Crystal Solar Salt, or equal 50 LB pail **50 lb bag	Sodium Chloride Solar Salt, Cargill	\$ 9.25 /pail	\$ 16,280.00
18.	72	Tile Cleaner 1 Quart Container		\$ .00 /container	\$.00
19.	50	All Clear Mustard Knock- out, or equal 2 LB Container		\$.00 /container	\$.00

TOTAL BID OFFER (Items 1-19): \$ \$339,241.25/\$339,475.25

Three Hundred Thirty Nine Thousand, Two Hundred Forty One dollars and Twenty Five Cents / Three Hundred Thirty Nine Thousand Four Hundred Seventy Five dollars and Twenty Five Cents

(Written Dollar Amount)

Brenntag Mid-South, Inc.

Vendor Name

Stephanie Ubach

Name of Authorized Person

\*\*\*\*\*Each delivery location must reach \$600 combined product to avoid surcharge.\*\*\*\*\*

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

**CONTINGENCY PRICING**

<b>RUSH Fee for Expedited Delivery within 48 Hours of notice.</b>	
---	--

Vendors to indicate the percentage (%) off the balance of line. 0 %

Vendor to indicate, any drum deposit charges, if applicable: Item No.        \$ .00

All deliveries will be made by Common Carrier ONLY. Yes        No ☒ Company owned fleet

Delivery will be made within 1-4 calendar days after receipt of purchase order. (To Be Completed ONLY if Bidder is unable to comply with specified delivery requirements indicated within the bid document.

If applicable, would you extend the prices bid herein to other municipalities? Award of bid is not contingent upon concurrence with this offer to other municipalities. Yes: ☒ No:       

**ADDENDUM RECEIPT**

Bidder shall acknowledge below the receipt of any and all addenda, if any, by listing the Addenda No. and date of issuance. Addendum #: 1 /Date 1/25/21 Addendum #:        /Date       

I, the undersigned hereby agree to furnish the items and / or services described in this Invitation for Bid. I certify that I have read the entire document, including the Specifications, Requirements, Terms & Conditions and Schedules, and agree to furnish the items and services under the requirements of the Bid.

I also certify that this Bid is submitted without prior understanding, agreement, or connection with any corporation, firm or person submitting a Request for Submittal for the same materials, services, and supplies and is in all respects fair and without collusion or fraud.

The Respondent certifies by his/her signature that the person signing this Certification is authorized to bind the firm by their signature.

Company Name: Brenntag Mid-South, Inc.

Address 250 Central Florida Parkway

City Orlando State FL Zip 32824-7601

Phone# 270-855-0694 Fax# Go green E-Mail subach@brenntag.com

Signature:  Title Municipal Bid Manager

Printed Name: Stephanie Ubach

FEID or Social Security No. 61-0504545

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

**SCHEDULE "B"**  
**CITY OF SUNRISE**  
**NON-COLLUSION AFFIDAVIT**

This affidavit is to be filled in, executed and notarized by the Bidder. If the bid is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the bid.

STATE OF Florida )  
 ) SS  
COUNTY OF Orange )

\_\_\_\_\_  
Ray Sibbitt, being first duly sworn, deposes and  
says that  
(Type or print name of person who is signing below)

1. He/she is the \_\_\_\_\_ Director (Owner, Partner, Officer, Representative or Agent) of the Bidder that has submitted the attached Bid.
2. He/she is fully informed with respect to the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid.
3. Said Bid is made without any connection or common interest in the profits with any other persons making a Bid for the said commodities/services. Said Bid is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Sunrise is directly or indirectly interested therein. If any relatives are employed by the City, indicate name and relationship below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company Name: Brenntag Mid-South, Inc. \_\_\_\_\_

Bidders' Authorized Signature: \_\_\_\_\_

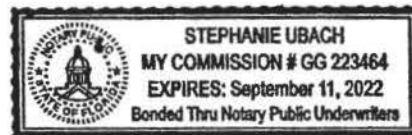
Subscribed and sworn to before me this 26 day of January, 2021

\_\_\_\_\_  
Notary Public  
Stephanie Ubach

(Print, Type or Stamp name of Notary Public)

Personally known ☒ or Produced I.D. \_\_\_\_\_

Type and number of I.D. Produced: \_\_\_\_\_



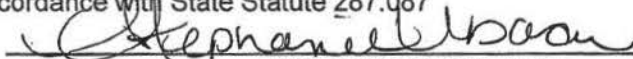
**SCHEDULE "C"**  
**CITY OF SUNRISE**  
**BIDDER'S DRUG - FREE WORKPLACE CERTIFICATION**

Preference may be given to Vendors submitting a certification with their bid/Bid certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

IDENTICAL SUBMISSIONS - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids, Bids or replies which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or Contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied Vendors have a drug-free workplace program. 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 prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or Contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or Contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section. As the person authorized to sign the statement, I certify that this Vendor complies fully with the above requirements.

I hereby certify that the company submitting this Bid has established a Drug Free work place program in accordance with State Statute 287.087



VENDOR'S SIGNATURE  
Brenntag Mid-South, Inc.

COMPANY'S NAME

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

**SCHEDULE "D"**  
**CITY OF SUNRISE**  
**BIDDER'S QUALIFICATION STATEMENT**

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions made hereinafter:

Company Name: Brenntag Mid-South, Inc.

Address: 250 Central Florida Parkway Orlando, FL 32824-7601

Telephone: ( ) 270-855-0694 Fax: ( ) Go green E-Mail: subach@brenntag.com

Web Site: www.brenntagmidsouth.com

How many years has your organization been in business under its present name? 74 years

If Bidder is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statute: N/A

Under what former names has your business operated? N/A

At what address was that business located? N/A

Are You Certified? Yes ☒ No ☐ If Yes, ATTACH COPY OF LICENSE  
Are You Licensed? Yes ☒ No ☐ If Yes, ATTACH COPY OF LICENSE

Has your company or its senior officers ever declared bankruptcy?  
Yes ☐ No ☒ If yes, explain: \_\_\_\_\_

Are you a sales representative, ☒ distributor, ☐ broker, ☐ manufacturer ☒  
of the commodities/services bid upon?

Have you ever received a Contract or a Purchase Order from the City of Sunrise or other government entity? Yes ☒ No ☐ If Yes, explain (date, service/project, bid title, etc.) 2018 Contract for Caustic Soda 50%

Have you ever received a complaint on a Contract or bid awarded to you by any government entity? Yes ☐ No ☒ if yes, explain: \_\_\_\_\_

Have you ever been debarred or suspended from doing business with any government entity? Yes ☐ No ☒ If Yes, explain \_\_\_\_\_

Please identify each incident within the last five (5) years where a civil, criminal, administrative, other similar proceeding was filed or is pending; if such proceeding arises from or is a dispute concerning the Consultant's rights, remedies or duties under a Contract for the same or similar type services to be provided under this Bid: None

(Attach additional sheets as necessary)

**SCHEDULE "D"**  
(Continued)  
**REFERENCES:**

List all pertinent government agencies and private firm(s) with whom you have done business within the past three (3) years:

Agency/Firm Name: <u>City of Port St. Lucie</u>	Agency/Firm Name: <u>City of Palatka</u>
Address: <u>121 SW Port St. Lucie Blvd</u>	Address: <u>201 N 2nd Street</u>
City/State/Zip Code: <u>Port St. Lucie, FL 34984</u>	City/State/Zip Code: <u>Palatka, FL 32177</u>
Phone: <u>772-344-4068</u>	Phone: _____
Fax: <u>Go green</u>	Fax: <u>Go green</u>
Contact: <u>Jason Bezak</u>	Contact: <u>Kayla Wylie</u>
E-Mail: <u>jbezak@cityofpsl.com</u>	E-Mail: <u>kwylie@palatka-fl.gov</u>

Agency/Firm Name: <u>City of Deland</u>	Agency/Firm Name: <u>Fort Pierce Utilities Authority</u>
Address: <u>1101 South Amelia Avenue</u>	Address: <u>715 South 25th Street</u> <u>P O Box 3191</u>
City/State/Zip Code: <u>Deland, FL 32724</u>	City/State/Zip Code: <u>Fort Pierce, FL 34948-3191</u>
Phone: <u>386-626-7252</u>	Phone: <u>772-466-1600 ext 4389</u>
Fax: <u>Go green</u>	Fax: _____
Contact: <u>Sandra Karlovich</u>	Contact: <u>Steve Murto</u>
E-Mail: <u>karlovichs@deland.org</u>	E-Mail: <u>smartu@fpua.com</u>

Agency/Firm Name: <u>Orange County Utilities</u>	Agency/Firm Name: <u>City of Orlando</u>
Address: <u>8100 Presidents Drive</u>	Address: <u>400 South Orange Avenue</u>
City/State/Zip Code: <u>Orlando, FL 32809</u>	City/State/Zip Code: <u>Orlando, FL 32801</u>
Phone: <u>407-836-6836</u>	Phone: <u>407-246-2364</u>
Fax: _____	Fax: _____
Contact: <u>Charmaine Anderson</u>	Contact: <u>Javarie McDonald</u>
E-Mail: <u>charmaine.anderson@ocfl.net</u>	E-Mail: <u>javarie.mcdonald@orlando.gov</u>

**YOUR COMPANY NAME** Brenntag Mid-South, Inc.

**ADDRESS** 250 Central Florida Parkway  
Orlando, FL 32824-7601

**PHONE:** 270-855-0694 **FAX:** Go green

**EMAIL:** subach@brenntag.com

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

**SCHEDULE "E"**  
**CITY OF SUNRISE**

**WARRANTY INFORMATION FORM**

ALL BLANKS SHOULD BE FILLED IN AND SUBMITTED WITH BID  
MINIMUM WARRANTY SHALL BE AS SPECIFIED HEREIN

MAKE AND MODEL OF ITEM PROPOSED:

See attached SDS

DOES WARRANTY APPLY TO ENTIRE PACKAGE OR ONLY TO SPECIFIC PARTS? (State Explicitly)

Each product is labeled with warranty information

DOES WARRANTY INCLUDE LABOR FOR REPLACEMENT OF DEFECTIVE PARTS?

N/A YES NO

WARRANTY PERIOD FOR PARTS

REPLACEMENT N/A

WHO WILL PROVIDE LABOR, AND WHERE, IN THE EVENT OF FAILURE WITHIN WARRANTY PERIOD?

Brenntag will replace product under warranty if required

TELEPHONE: 270-855-0694

FAX:

EMAIL: subach@brenntag.com

NEAREST SOURCE TO THE CITY OF SUNRISE FOR PARTS AND SERVICE AFTER WARRANTY PERIOD:

250 Central Florida Parkway Orlando, FL 32824-7601

TELEPHONE: 270-855-0694

FAX:

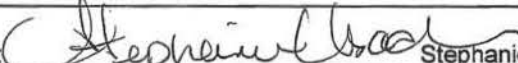
EMAIL: subach@brenntag.com

A COPY OF COMPLETE WARRANTY STATEMENT IS SUBMITTED HERewith:

N/A YES NO

NAME OF BIDDER: Brenntag Mid-South, Inc.

SIGNATURE AND TITLE:



Stephanie Ubach - Municipal Bid Manager

TELEPHONE: 270-855-0694

FAX:

DATE: 1/26/21



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/24/2020

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

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

<b>PRODUCER</b> Marsh USA Inc. 1717 Arch Street Philadelphia, PA 19103-2797  CN101263979-ALL-GAW-21-22	<b>CONTACT NAME:</b> ...	<b>FAX (A/C, No):</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> BRENNTAG MID-SOUTH, INC. 1405 HWY 136 W HENDERSON, KY 42420	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Insurance Company Of The State Of PA		19429
	<b>INSURER B:</b> ACE American Insurance Company		22667
	<b>INSURER C:</b> Indemnity Insurance Company of North America		43575
	<b>INSURER D:</b> ACE Fire Underwriters Insurance Company		20702
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES**      **CERTIFICATE NUMBER:** CLE-006305021-08      **REVISION NUMBER:** 3

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>CONTRACTUAL LIABILITY</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		GL6634468	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 5,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
						MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 5,000,000
						GENERAL AGGREGATE \$ 5,000,000
						PRODUCTS - COMP/OP AGG \$ 5,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		ISAH25312843	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$
						AGGREGATE \$
B C D	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> A	WLR67823564 (CA & MA) WLR67823527 (AOS) SCFC67823606 (WI)	01/01/2021 01/01/2021 01/01/2021	01/01/2022 01/01/2022 01/01/2022	<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)  
Re: 14150 NW 8th Street Sunrise FL 33325  
  
City of Sunrise is included as Additional Insured except for Workers Compensation, where required by written contract. The General Liability policy includes sudden and accidental coverage for pollution.

<b>CERTIFICATE HOLDER</b> City of Sunrise 10770 W Oakland Park Blvd 3rd Floor Sunrise, FL 33351	<b>CANCELLATION</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.  AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
--	---



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by FEI/EIN Number](#) /

## Detail by FEI/EIN Number

Foreign Profit Corporation  
BRENNTAG MID-SOUTH, INC.

### Filing Information

<b>Document Number</b>	823462
<b>FEI/EIN Number</b>	61-0504545
<b>Date Filed</b>	10/28/1969
<b>State</b>	KY
<b>Status</b>	ACTIVE
<b>Last Event</b>	CORPORATE MERGER
<b>Event Date Filed</b>	07/27/2001
<b>Event Effective Date</b>	08/01/2001

### Principal Address

1405 Highway 136 West  
Henderson, KY 42420

Changed: 05/29/2020

### Mailing Address

1405 Highway 136 West  
Henderson, KY 42420

Changed: 05/29/2020

### Registered Agent Name & Address

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

Name Changed: 06/22/1992

Address Changed: 06/22/1992

### Officer/Director Detail

#### **Name & Address**

Title President, Director

Steadman, Gil  
1405 Highway 136 West  
Henderson, KY 42420

Title Vice President - Finance

Beckert, Thomas L.  
1405 Highway 136 West  
Henderson, KY 42420

Title Vice President - Operations

Garner, David  
5083 Pottsville Pike  
Reading, PA 19605

Title Secretary

Wheat, David J.  
1405 Highway 136 West  
Henderson, KY 42420

Title Tax Officer

Winslow, Robert  
5083 Pottsville Pike  
Reading, PA 19605

Title Director

Klaehn, Markus  
5083 Pottsville Pike  
Reading, PA 19605

Title Director

Wohrle, Dieter  
5083 Pottsville Pike  
Reading, PA 19605

#### Annual Reports

Report Year	Filed Date
2018	04/10/2018
2019	03/19/2019
2020	05/29/2020

#### Document Images

<a href="#">05/29/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/19/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/10/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/20/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/05/2016 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/01/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/10/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

<a href="#">07/21/2014 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/07/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/19/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/26/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/12/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/09/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/24/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/21/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/06/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/12/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/28/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/23/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/27/2001 -- Merger</a>	<a href="#">View image in PDF format</a>
<a href="#">05/23/2001 -- Name Change</a>	<a href="#">View image in PDF format</a>
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<a href="#">05/12/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/08/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/1995 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

Florida Department of State, Division of Corporations

**SECTION 5 - BID SUBMISSION CHECK LIST**

COMPANY NAME: (Please Print): Commercial Energy Specialists, Inc.  
Phone: 561-744-1557 Fax: 561-746-5898

**BEFORE SUBMITTING YOUR BID, MAKE SURE YOU...**

- X 1. Carefully read the SPECIFICATIONS.
- X 2. Properly fill out the BID SHEET and CERTIFICATION PAGE (Schedule "A").
- X 3. Fill out and sign the NON-COLLUSION AFFIDAVIT (Schedule "B") and have it properly notarized.
- X 4. Sign the VENDOR DRUG FREE STATEMENT (Schedule "C").
- X 5. Fill out the VENDOR QUALIFICATION STATEMENT (Schedule "D"), if required.
- NA 6. Include WARRANTY INFORMATION FORM AND EXHIBITS (Schedule "E"), if required.
- X 7. CHECK THE INSURANCE and LICENSE requirements to be sure you comply, and submit PROOF of INSURANCES or LICENSES, if required, with your Bid (Schedule "F").
- NA 8. Complete STATEMENT OF NO BID (Schedule "G"), if applicable.
- X 9. Submit Electronically via Demandstar.com
- X 10. Make sure your BID is submitted prior to the deadline. Late Bids will not be accepted.

FAILURE TO PROVIDE THE REQUESTED SCHEDULES MAY RESULT IN YOUR BID BEING DEEMED NON-RESPONSIVE.

THIS PAGE AND THE FOLLOWING PAGES ARE TO BE RETURNED WITH YOUR BID.  
THIS SHOULD BE THE FIRST PAGE OF YOUR BID.

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

**SECTION 6 – BID SUBMISSION PACKAGE**

**SCHEDULE "A"**

**CITY OF SUNRISE**

**BID SHEET & CERTIFICATION**

**ALL BIDS SHALL REMAIN VALID FOR NINETY (90) DAYS AFTER BID OPENING**

NOTE: Minimum order requirements are not acceptable due to the nature of this bid. Items will be bought in units specified below.

Item No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	EXTENDED PRICE
1.	234	Soda Ash, 50 LB bag	Tronox Alkali Soda Ash	\$ 43.50 /bag	\$ 10,179.00
2.	146	Diatomaceous Earth 50 LB bag	No Bid	\$ /bag	\$
3.	1,287	Sodium Bicarbonate 50 LB bag	Tronox Alkali Sodium Bicarbonate	\$ 36.00 /bag	\$ 46,332.00
4.	54	Cyanuric Acid 100 LB drum	No Bid	\$ /drum	\$
5.	8	Cyanuric Acid 50 LB drum	No Bid	\$ /drum	\$
6.	24	Muriatic Acid 55 Gallon drum	No Bid	\$ /drum	\$
7.	6,369	Muriatic Acid 1 Gallon container	No Bid	\$ /gallon	\$
8.	1,172	Calcium Chloride 50 LB bag	Knight Chemicals Calcium Chloride	\$ 33.00/bag	\$ 38,676.00
9a.	23,400	Sodium Hypochlorite- <u>Batch</u> (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	No Bid	\$ /gallon	\$
9b.	48,500	Sodium Hypochlorite- <u>Batch</u> (Liquid Chlorine) (No minimum quantity)	No Bid	\$ /gallon	\$
10a.	275,000	Sodium Hypochlorite- <u>Continuous</u> (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	No Bid	\$ /gallon	\$

Commercial Energy Specialists, Inc.  
Vendor Name

 Alvaro G. Mendez  
Name of Authorized Person

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

Item No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	EXTENDED PRICE
10b.	48,000	Sodium Hypochlorite- <b>Continuous</b> (Liquid Chlorine) (No minimum quantity)	No Bid	\$_____/gallon	\$_____
11.	69	Chlorine Dry Tablet (3" Tablet) 50 LB pail	No Bid	\$_____/pail	\$_____
12.	24	Sodium Trichloride 50 LB bag	No Bid	\$_____/bag	\$_____
13.	40	Calcium Hypochlorite 100 LB drums	Hawkins Inc. Granular Chlorine	\$277.50/drum	\$ 11,100.00
14.	62	Calcium Hypochlorite 25 LB pail	Hawkins Inc. Granular Chlorine	\$ 93.00/pail	\$ 5,766.00
15.	2,759	Chlorine Briquettes, Pulsar Brand only, no substitutes 50 LB pail	Arch Chemicals Pulsar Briquettes	\$115.31/pail	\$318,255.60
16.	120	Potassium Peroxymonosulfate 50 LB pail	No Bid	\$_____/pail	\$_____
17.	1,760	Course Rock Salt, Morton White Crystal Solar Salt, or equal 50 LB pail	No Bid	\$_____/pail	\$_____
18.	72	Tile Cleaner 1 Quart Container	No Bid	\$_____/container	\$_____
19.	50	All Clear Mustard Knock- out, or equal 2 LB Container	No Bid	\$_____/container	\$_____

TOTAL BID OFFER (Items 1-19): \$ 430,308.60

Four hundred thirty thousand three hundred eight dollars and sixty cents

(Written Dollar Amount)

Commercial Energy Specialists, Inc.  
Vendor Name

Alvaro Mendoza  
Name of Authorized Person

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

**CONTINGENCY PRICING**

<b>RUSH Fee for Expedited Delivery within 48 Hours of notice.</b>	<b>\$ <u>0.00</u> /delivery</b>
---	---------------------------------

24% Pulsar Briquettes  
24% Other quoted  
chemicals %

**Vendors to indicate the percentage (%) off the balance of line.**

**Vendor to indicate, any drum deposit charges, if applicable: Item No. \_\_\_\_\_ \$ N/A**

All deliveries will be made by Common Carrier ONLY. Yes X No \_\_\_\_\_

**Delivery will be made within \_\_\_\_\_ calendar days after receipt of purchase order. (To Be Completed ONLY if Bidder is unable to comply with specified delivery requirements indicated within the bid document.**

If applicable, would you extend the prices bid herein to other municipalities? Award of bid is not contingent upon concurrence with this offer to other municipalities. Yes: X No: \_\_\_\_\_

**ADDENDUM RECEIPT**

Bidder shall acknowledge below the receipt of any and all addenda, if any, by listing the Addenda No. and date of issuance. Addendum #: 1 /Date 1/25/21 Addendum #: \_\_\_\_\_ /Date \_\_\_\_\_

I, the undersigned hereby agree to furnish the items and / or services described in this Invitation for Bid. I certify that I have read the entire document, including the Specifications, Requirements, Terms & Conditions and Schedules, and agree to furnish the items and services under the requirements of the Bid.

I also certify that this Bid is submitted without prior understanding, agreement, or connection with any corporation, firm or person submitting a Request for Submittal for the same materials, services, and supplies and is in all respects fair and without collusion or fraud.

The Respondent certifies by his/her signature that the person signing this Certification is authorized to bind the firm by their signature.

Company Name: Commercial Energy Specialists, Inc.

Address 952 Jupiter Park Lane, Suite 1

City Jupiter State FL Zip 33458

Phone# 561-744-1557 Fax# 561-746-5898 E-Mail rbaker@ceswaterquality.com

Signature:  Title President

Printed Name: Alvaro Mendoza

FEID or Social Security No. 59-2550057

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

**SCHEDULE "B"**  
**CITY OF SUNRISE**  
**NON-COLLUSION AFFIDAVIT**

This affidavit is to be filled in, executed and notarized by the Bidder. If the bid is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the bid.

STATE OF Florida )  
 ) SS  
COUNTY OF Palm Beach )

Alvaro Mendoza, being first duly sworn, deposes and says that

(Type or print name of person who is signing below)

1. He/she is the Owner / President (Owner, Partner, Officer, Representative or Agent) of the Bidder that has submitted the attached Bid.
2. He/she is fully informed with respect to the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid.
3. Said Bid is made without any connection or common interest in the profits with any other persons making a Bid for the said commodities/services. Said Bid is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Sunrise is directly or indirectly interested therein. If any relatives are employed by the City, indicate name and relationship below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company Name: Commercial Energy Specialists, Inc.

Bidders' Authorized Signature: \_\_\_\_\_

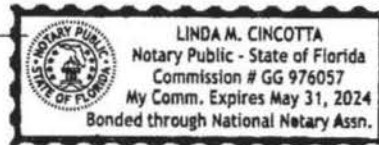
Subscribed and sworn to before me this 3 day of February, 2021

Linda M. Cincotta  
Notary Public

(Print, Type or Stamp name of Notary Public)

Personally known ☒ or Produced I.D. \_\_\_\_\_

Type and number of I.D. Produced: \_\_\_\_\_




**SCHEDULE "C"**  
**CITY OF SUNRISE**  
**BIDDER'S DRUG - FREE WORKPLACE CERTIFICATION**

Preference may be given to Vendors submitting a certification with their bid/Bid certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

**IDENTICAL SUBMISSIONS** - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids, Bids or replies which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or Contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied Vendors have a drug-free workplace program. 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 prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or Contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or Contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section. As the person authorized to sign the statement, I certify that this Vendor complies fully with the above requirements.

I hereby certify that the company submitting this Bid has established a Drug Free work place program in accordance with State Statute 287.087

  
 \_\_\_\_\_  
 VENDOR'S SIGNATURE  
**Commercial Energy Specialists, Inc.**  
 \_\_\_\_\_  
 COMPANY'S NAME

**SCHEDULE "D"**  
**CITY OF SUNRISE**  
**BIDDER'S QUALIFICATION STATEMENT**

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions made hereinafter:

Company Name: Commercial Energy Specialists, Inc.

Address: 952 Jupiter Park Lane Jupiter FL 33458

Street City State Zip Code

Telephone: (561) 744-1557 Fax: (561) 746-5898 E-Mail: rbaker@ceswaterquality.com

Web Site: www.CESWaterQuality.com

How many years has your organization been in business under its present name? 38

If Bidder is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statute: \_\_\_\_\_

Under what former names has your business operated? NA

At what address was that business located? \_\_\_\_\_

Are You Certified? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, ATTACH COPY OF LICENSE

Are You Licensed? Yes X No \_\_\_\_\_ If Yes, ATTACH COPY OF LICENSE

Has your company or its senior officers ever declared bankruptcy?

Yes \_\_\_\_\_ No X If yes, explain: \_\_\_\_\_

Are you a sales representative, \_\_\_\_\_ distributor, X broker, \_\_\_\_\_ manufacturer \_\_\_\_\_ of the commodities/services bid upon?

Have you ever received a Contract or a Purchase Order from the City of Sunrise or other government entity? Yes X No \_\_\_\_\_ If Yes, explain (date, service/project, bid title, etc.) \_\_\_\_\_

Have you ever received a complaint on a Contract or bid awarded to you by any government entity? Yes \_\_\_\_\_ No X if yes, explain: \_\_\_\_\_

Have you ever been debarred or suspended from doing business with any government entity? Yes \_\_\_\_\_ No X If Yes, explain \_\_\_\_\_

Please identify each incident within the last five (5) years where a civil, criminal, administrative, other similar proceeding was filed or is pending; if such proceeding arises from or is a dispute concerning the Consultant's rights, remedies or duties under a Contract for the same or similar type services to be provided under this Bid: N/A

(Attach additional sheets as necessary)

**SCHEDULE "D"**  
(Continued)  
**REFERENCES:**

List all pertinent government agencies and private firm(s) with whom you have done business within the past three (3) years:

Agency/Firm Name: <u>Palm Beach County</u>	Agency/Firm Name: <u>City of Dania Beach</u>
Address: <u>2700 6th Ave. S</u>	Address: <u>P.J. Meli Aquatic Complex</u>
	<u>2901 SW 52nd St.</u>
City/State/Zip Code: <u>Lake Worth, FL 33461</u>	City/State/Zip Code: <u>Ft. Lauderdale, FL 33312</u>
Phone: <u>561-574-9109</u>	Phone: <u>954-985-4400</u>
Fax: _____	Fax: <u>954-985-4403</u>
Contact: <u>Neil Catapano</u>	Contact: <u>Kala Gardner</u>
E-Mail: <u>ncatapan@pbcgov.org</u>	E-Mail: <u>kgardner@daniabeachfl.gov</u>
 Agency/Firm Name: <u>Martin County</u>	 Agency/Firm Name: <u>The College of the FL Keys</u>
Address: <u>Sailfish Splash Water Park</u>	Address: <u>5901 College Rd</u>
<u>931 SE Ruhnke St.</u>	
City/State/Zip Code: <u>Stuart, FL 34994</u>	City/State/Zip Code: <u>Key West, FL 33040</u>
Phone: <u>772-221-1328</u>	Phone: <u>305-360-2124</u>
Fax: _____	Fax: <u>305-2925163</u>
Contact: <u>Todd Foust</u>	Contact: <u>Lori Bosco</u>
E-Mail: <u>tfoust@martin.fl.us</u>	E-Mail: <u>lori.bosco@cfk.edu</u>
 Agency/Firm Name: <u>Township Masters Assoc</u>	 Agency/Firm Name: <u>City of Lauderdale Lakes</u>
Address: <u>2424 Lyons Rd</u>	Address: <u>3077 NW 39th St.</u>
<u>Coconut Creek</u>	
City/State/Zip Code: <u>FL 33063</u>	City/State/Zip Code: <u>Lauderdale Lakes, FL 33309</u>
Phone: <u>954-975-3507</u>	Phone: <u>954-535-2771</u>
Fax: <u>954-973-1762</u>	Fax: <u>954-535-1147</u>
Contact: <u>Shane Davis</u>	Contact: <u>Lauren Potts</u>
E-Mail: <u>reeftabor@yahoo.com</u>	E-Mail: <u>lauren@lauderdalelakes.org</u>

**YOUR COMPANY NAME** Commercial Energy Specialists, Inc.  
**ADDRESS** 952 Jupiter Park La.  
Jupiter, FL 33458  
**PHONE:** 561-744-1557 **FAX:** 561-746-5898  
**EMAIL:** rbaker@ceswaterquality.com

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

**SCHEDULE "E"**  
**CITY OF SUNRISE**

**WARRANTY INFORMATION FORM**

ALL BLANKS SHOULD BE FILLED IN AND SUBMITTED WITH BID  
MINIMUM WARRANTY SHALL BE AS SPECIFIED HEREIN

MAKE AND MODEL OF ITEM PROPOSED:

N/A

DOES WARRANTY APPLY TO ENTIRE PACKAGE OR ONLY TO SPECIFIC PARTS? (State Explicitly)

N/A

DOES WARRANTY INCLUDE LABOR FOR REPLACEMENT OF DEFECTIVE PARTS?

YES NO

WARRANTY PERIOD FOR PARTS

REPLACEMENT N/A

WHO WILL PROVIDE LABOR, AND WHERE, IN THE EVENT OF FAILURE WITHIN WARRANTY PERIOD?

TELEPHONE: FAX:

EMAIL:

NEAREST SOURCE TO THE CITY OF SUNRISE FOR PARTS AND SERVICE AFTER WARRANTY PERIOD:

TELEPHONE: FAX:

EMAIL:

A COPY OF COMPLETE WARRANTY STATEMENT IS SUBMITTED HERewith:

YES NO

NAME OF BIDDER: Commercial Energy Specialists, Inc.

SIGNATURE AND TITLE: President

TELEPHONE: 561-744-1557 FAX: 561-746-5898

DATE: 2/3/21



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
03/25/2020

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

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

<b>PRODUCER</b> Aon Risk Services, Inc of Florida 7650 Courtney Campbell Causeway Suite 1000 Tampa FL 33607 USA	<b>CONTACT NAME:</b> <b>PHONE (A/C No. Ext):</b> (866) 283-7122 <b>FAX (A/C No.):</b> (800) 363-0105 <b>E-MAIL ADDRESS:</b>														
<b>INSURED</b> Commercial Energy Specialists, Inc. 952 Jupiter Park Lane Suite 1 Jupiter FL 33458 USA	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Aspen Specialty Insurance Company</td><td>10717</td></tr><tr><td>INSURER B: Liberty Insurance Corporation</td><td>42404</td></tr><tr><td>INSURER C: Employers Insurance Company of Wausau</td><td>21458</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: Aspen Specialty Insurance Company	10717	INSURER B: Liberty Insurance Corporation	42404	INSURER C: Employers Insurance Company of Wausau	21458	INSURER D:		INSURER E:		INSURER F:	
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INSURER C: Employers Insurance Company of Wausau	21458														
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES** **CERTIFICATE NUMBER:** 570081053278 **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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ERACCC920	03/31/2020	03/31/2021	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 Professional Liability \$1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		AS7-211-C037w5-020	03/31/2020	03/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION		EXACCCA20	03/31/2020	03/31/2021	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000
C	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 Y N/A	WCCZ11C037w5010	03/31/2020	03/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

## CERTIFICATE HOLDER

## CANCELLATION

City of Sunrise - Purchasing Dept 10770 West Oakland Park Blvd. Sunrise FL 33351 USA	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  <i>Aon Risk Services Inc of Florida</i>
--	--



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Profit Corporation

COMMERCIAL ENERGY SPECIALISTS, INC.

### Filing Information

<b>Document Number</b>	G73840
<b>FEI/EIN Number</b>	59-2550057
<b>Date Filed</b>	12/09/1983
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	08/10/2011
<b>Event Effective Date</b>	NONE

### Principal Address

952 Jupiter Park Lane  
SUITE 1  
JUPITER, FL 33458

Changed: 01/10/2014

### Mailing Address

952 Jupiter Park Lane  
SUITE 1  
JUPITER, FL 33458

Changed: 01/10/2014

### Registered Agent Name & Address

MENDOZA, ALVARO G.  
11639 150TH COURT  
JUPITER, FL 33478

Address Changed: 02/28/1990

### Officer/Director Detail

#### **Name & Address**

Title President, CEO, Director

Mendoza, Alvaro G  
11639 150TH COURT  
JUPITER, FL

Title Treasurer, CFO, Director

DITRAPANI, MAURICE J

952 Jupiter Park Lane

Suite #1

JUPITER, FL 33458

Title SVP, Director

ROBINSON, MARK E

401 34TH STREET

WEST PALM BEACH, FL 33407

Title Director

Kanai, Dennis

952 Jupiter Park Lane

SUITE 1

JUPITER, FL 33458

Title Asst. Secretary

Mendoza, Hilary

11369 150th Court

Jupiter, FL 33478

Title VP, Director

Pinta, Michael

952 Jupiter Park Lane

SUITE 1

JUPITER, FL 33458

#### Annual Reports

Report Year	Filed Date
2018	04/05/2018
2019	04/03/2019
2020	03/05/2020

#### Document Images

<a href="#">03/05/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/03/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/05/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/15/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/20/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/11/2014 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">04/16/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/30/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

<a href="#">08/10/2011 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">01/31/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/16/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/21/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/14/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/06/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/24/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/25/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/20/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/28/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/12/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/26/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/22/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/03/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/19/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/14/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/01/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/11/1995 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

**SECTION 5 - BID SUBMISSION CHECK LIST**

COMPANY NAME: (Please Print): Florida Pool Fills, Inc.  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**BEFORE SUBMITTING YOUR BID, MAKE SURE YOU...**

- ☒ 1. Carefully read the SPECIFICATIONS.
- ☒ 2. Properly fill out the BID SHEET and CERTIFICATION PAGE (Schedule "A").
- ☒ 3. Fill out and sign the NON-COLLUSION AFFIDAVIT (Schedule "B") and have it properly notarized.
- ☒ 4. Sign the VENDOR DRUG FREE STATEMENT (Schedule "C").
- ☒ 5. Fill out the VENDOR QUALIFICATION STATEMENT (Schedule "D"), if required.
- ☒ 6. Include WARRANTY INFORMATION FORM AND EXHIBITS (Schedule "E"), if required.
- ☒ 7. CHECK THE INSURANCE and LICENSE requirements to be sure you comply, and submit PROOF of INSURANCES or LICENSES, if required, with your Bid (Schedule "F").
- ☒ 8. Complete STATEMENT OF NO BID (Schedule "G"), if applicable.
- ☒ 9. Submit Electronically via Demandstar.com
- ☒ 10. Make sure your BID is submitted prior to the deadline. Late Bids will not be accepted.

FAILURE TO PROVIDE THE REQUESTED SCHEDULES MAY RESULT IN YOUR BID BEING DEEMED NON-RESPONSIVE.

THIS PAGE AND THE FOLLOWING PAGES ARE TO BE RETURNED WITH YOUR BID.  
THIS SHOULD BE THE FIRST PAGE OF YOUR BID.

BID TITLE: Sodium Hypochlorite, no minimum quantity

BID NUMBER: 21-16-02-HR

**SECTION 6 – BID SUBMISSION PACKAGE**  
**SCHEDULE "A"**  
**CITY OF SUNRISE**  
**BID SHEET & CERTIFICATION**

**ALL BIDS SHALL REMAIN VALID FOR NINETY (90) DAYS AFTER BID OPENING**

NOTE: Minimum order requirements are not acceptable due to the nature of this bid. Items will be bought in units specified below.

Item No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	EXTENDED PRICE
a.	73,500	Sodium Hypochlorite- <u>Batch</u> (Liquid Chlorine) (No minimum quantity)	Sentry or Brenntag	1.239 \$/gallon	91,066.50
b.	48,000	Sodium Hypochlorite- <u>Continuous</u> (Liquid Chlorine) (No minimum quantity)	Sentry or Brenntag	1.239 \$/gallon	59,472

TOTAL BID OFFER (Items a-b): \$ 150,538.50

one hundred fifty five hundred thirty eight and 50/100 -  
 (Written Dollar Amount)

Florida Pool Fills, Inc.

Vendor Name

Shawn Littenauer

Name of Authorized Person

**CONTINGENCY PRICING**

RUSH Fee for Expedited Delivery within 48 Hours of notice.	\$ <u>0</u> /delivery
--	-----------------------

Vendors to indicate the percentage (%) off the balance of line. 0%

Vendor to indicate, any drum deposit charges, if applicable: Item No. 0 \$ 0

All deliveries will be made by Common Carrier ONLY. Yes X No       

Delivery will be made within        calendar days after receipt of purchase order. (To Be Completed ONLY if Bidder is unable to comply with specified delivery requirements indicated within the bid document.

If applicable, would you extend the prices bid herein to other municipalities? Award of bid is not contingent upon concurrence with this offer to other municipalities. Yes: X No:       

**ADDENDUM RECEIPT**

Bidder shall acknowledge below the receipt of any and all addenda, if any, by listing the Addenda No. and date of issuance. Addendum #:        /Date        Addendum #:        /Date

BID TITLE: Sodium Hypochlorite, no minimum quantity

BID NUMBER: 21-16-02-HR

I, the undersigned hereby agree to furnish the items and / or services described in this Invitation for Bid. I certify that I have read the entire document, including the Specifications, Requirements, Terms & Conditions and Schedules, and agree to furnish the items and services under the requirements of the Bid.

I also certify that this Bid is submitted without prior understanding, agreement, or connection with any corporation, firm or person submitting a Request for Submittal for the same materials, services, and supplies and is in all respects fair and without collusion or fraud.

The Respondent certifies by his/her signature that the person signing this Certification is authorized to bind the firm by their signature.

Company Name: Florida Pool Fills, Inc.  
Address 1025 Gateway Blvd #303-336  
City Dayton Beach State FL Zip 33426  
Phone# 904-802-7600 Fax# \_\_\_\_\_ E-Mail Juanne@FloridaPoolFills,  
Signature: Shawn Littenauer Title President com  
Printed Name: Shawn Littenauer  
FEID or Social Security No. 85-2743207

**SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT**

Please be advised that pursuant to Section 119.071(5) (a) 2.a., Florida Statutes, the City of Sunrise ("City") discloses that the City requests your social security number for the purpose of payroll eligibility verification, processing employment benefits, income reporting, tax reporting, background checks on employee applicants, advisory board applicants and other City program volunteers. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

BID TITLE: Sodium Hypochlorite, no minimum quantity

BID NUMBER: 21-16-02-HR

**SCHEDULE "B"**  
**CITY OF SUNRISE**  
**NON-COLLUSION AFFIDAVIT**

This affidavit is to be filled in, executed and notarized by the Bidder. If the bid is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the bid.

STATE OF Florida )  
COUNTY OF Palm Beach ) SS

Shawn Lutenauer, being first duly sworn, deposes and says that  
(Type or print name of person who is signing below)

1. He/she is the Owner (Owner, Partner, Officer, Representative or Agent)  
of the Bidder that has submitted the attached Bid.
2. He/she is fully informed with respect to the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid.
3. Said Bid is made without any connection or common interest in the profits with any other persons making a Bid for the said commodities/services. Said Bid is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Sunrise is directly or indirectly interested therein. If any relatives are employed by the City, indicate name and relationship below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company Name: Florida Pool Fills, Inc

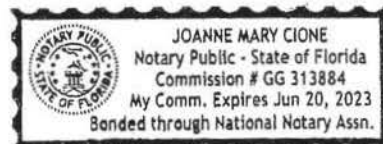
Bidders' Authorized Signature: Shawn Lutenauer  
Subscribed and sworn to before me this 25 day of February, 2021

Joanne Mary Cione  
Notary Public

(Print, Type or Stamp name of Notary Public)

Personally known X or Produced I.D. \_\_\_\_\_

Type and number of I.D. Produced: \_\_\_\_\_



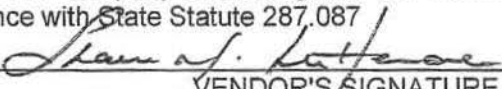
**SCHEDULE "C"**  
**CITY OF SUNRISE**  
**BIDDER'S DRUG - FREE WORKPLACE CERTIFICATION**

Preference may be given to Vendors submitting a certification with their bid/Bid certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

**IDENTICAL SUBMISSIONS** - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids, Bids or replies which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or Contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied Vendors have a drug-free workplace program. 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 prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or Contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or Contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section. As the person authorized to sign the statement, I certify that this Vendor complies fully with the above requirements.

I hereby certify that the company submitting this Bid has established a Drug Free work place program in accordance with State Statute 287.087

  
 \_\_\_\_\_  
 VENDOR'S SIGNATURE  
 Florida Pool Fills, Inc.  
 \_\_\_\_\_  
 COMPANY'S NAME

BID TITLE: Sodium Hypochlorite, no minimum quantity

BID NUMBER: 21-16-02-HR

**SCHEDULE "D"**  
**CITY OF SUNRISE**  
**BIDDER'S QUALIFICATION STATEMENT**

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions made hereinafter:

Company Name: Florida Pool Fills, Inc.

Address: 1025 Gateway Blvd #303-336 Boynton Beach FL 33426

Telephone: (904) 802-7600 Fax: ( ) Street City State Zip Code  
E-Mail: Joanne@FloridaPoolFills.com

Web Site: www.Floridapoolfills.com

How many years has your organization been in business under its present name? 6 months

If Bidder is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statute: N/A

Under what former names has your business operated? N/A

At what address was that business located? N/A

Are You Certified? Yes X No      If Yes, ATTACH COPY OF LICENSE  
Are You Licensed? Yes X No      If Yes, ATTACH COPY OF LICENSE

Has your company or its senior officers ever declared bankruptcy?  
Yes      No X If yes, explain:     

Are you a sales representative,      distributor,      broker,      manufacturer       
of the commodities/services bid upon?

Have you ever received a Contract or a Purchase Order from the City of Sunrise or other government entity? Yes      No X If Yes, explain (date, service/project, bid title, etc.)     

Have you ever received a complaint on a Contract or bid awarded to you by any government entity? Yes      No X if yes, explain:     

Have you ever been debarred or suspended from doing business with any government entity? Yes      No X If Yes, explain     

Please identify each incident within the last five (5) years where a civil, criminal, administrative, other similar proceeding was filed or is pending; if such proceeding arises from or is a dispute concerning the Consultant's rights, remedies or duties under a Contract for the same or similar type services to be provided under this Bid: N/A

(Attach additional sheets as necessary)

**SCHEDULE "D"**  
(Continued)  
**REFERENCES:**

List all pertinent government agencies and private firm(s) with whom you have done business within the past three (3) years:

Agency/Firm Name: <u>Ymca of Hollywood</u>	Agency/Firm Name: <u>Midtown Athletic Club</u>
Address: <u>3161 Taft Street</u> <u>Hollywood</u>	Address: <u>2306 Royal Palm Blvd</u>
City/State/Zip Code: <u>Hollywood FL 33021</u>	City/State/Zip Code: <u>Weston FL 33326</u>
Phone: <u>954-989-9622</u>	Phone: <u>954-400-6834</u>
Fax: _____	Fax: <u>954-400-6834</u>
Contact: <u>Angelica Garrido</u>	Contact: <u>Jose McSherry</u>
E-Mail: <u>agarrido@ymcasouthflorida.org</u>	E-Mail: <u>Jose.McSherry@midtown.com</u>

Agency/Firm Name: <u>Parkcity mobile</u>	Agency/Firm Name: <u>David Posnack Jewish Community</u>
Address: <u>8640 SW 70th St</u>	Address: <u>5850 S. Pine Island Rd Center</u>
City/State/Zip Code: <u>DAVIE FL 33324</u>	City/State/Zip Code: <u>DAVIE FL 33328</u>
Phone: <u>954-394-0425</u>	Phone: <u>954-394-7926</u>
Fax: _____	Fax: _____
Contact: <u>Chris</u>	Contact: <u>Julie Sevilla</u>
E-Mail: <u>parkcity@aol.com</u>	E-Mail: <u>jsevilla@cpjcc.org</u>

Agency/Firm Name: <u>AquaTots Swim Center</u>	Agency/Firm Name: <u>International Village</u>
Address: <u>11510 W. State Rd 84</u>	Address: <u>3700 Inverrary Dr.</u>
City/State/Zip Code: <u>DAVIE 33325</u>	City/State/Zip Code: <u>Lauderhill FL 33319</u>
Phone: <u>786-838-8000</u>	Phone: <u>954-297-1001</u>
Fax: _____	Fax: _____
Contact: <u>Julia Fournia</u>	Contact: <u>Tony Russell</u>
E-Mail: <u>j.fournia@aquatots.com</u>	E-Mail: <u>Russellsproserviceandrepair@gmail.com</u>

**YOUR COMPANY NAME** Florida Pool Fills, Inc.  
**ADDRESS** 1025 Gateway Blvd #303-336  
Boynton Beach, FL 33426  
**PHONE:** 561-802-7600 **FAX:** \_\_\_\_\_  
**EMAIL:** Office@FloridaPoolfills.com

BID TITLE: Sodium Hypochlorite, no minimum quantity

BID NUMBER: 21-16-02-HR

**SCHEDULE "E"**  
**CITY OF SUNRISE**

**WARRANTY INFORMATION FORM**

ALL BLANKS SHOULD BE FILLED IN AND SUBMITTED WITH BID  
MINIMUM WARRANTY SHALL BE AS SPECIFIED HEREIN

MAKE AND MODEL OF ITEM PROPOSED:

N/A

DOES WARRANTY APPLY TO ENTIRE PACKAGE OR ONLY TO SPECIFIC PARTS? (State Explicitly)

N/A

DOES WARRANTY INCLUDE LABOR FOR REPLACEMENT OF DEFECTIVE PARTS?  
\_\_\_\_ YES ☒ NO

WARRANTY PERIOD FOR PARTS  
REPLACEMENT

N/A

WHO WILL PROVIDE LABOR, AND WHERE, IN THE EVENT OF FAILURE WITHIN  
WARRANTY PERIOD?

N/A

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

NEAREST SOURCE TO THE CITY OF SUNRISE FOR PARTS AND SERVICE AFTER  
WARRANTY PERIOD:

N/A

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

A COPY OF COMPLETE WARRANTY STATEMENT IS SUBMITTED HEREWITH:  
\_\_\_\_ YES ☒ NO

NAME OF BIDDER: Florida Pool Fills, Inc.

SIGNATURE AND TITLE: Shawn M. Hoffman (PRES.)

TELEPHONE: 561-802-7600 FAX: \_\_\_\_\_

DATE: 2/23/2021



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/19/2021

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> Insurance by Ken Brown, Inc. 707 Pennsylvania Ave Ste 1300 Altamonte Springs FL 32701	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): 321-397-3870 <b>FAX</b> (A/C, No): 321-397-3888 <b>E-MAIL</b> Address: certificates@insbykenbrown.com
<b>INSURED</b> Florida Pool Fills Inc. 1025 Gateway Blvd.#303-336 Boynton Beach FL 33426	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Amerisure Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>FLORPOO-01</b>	<b>NAIC #</b> 19488

**COVERAGES****CERTIFICATE NUMBER:** 280256740**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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CPP21114610101	3/1/2020	3/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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	Y		CA20863670701	3/1/2020	3/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC208636607	3/1/2020	3/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Certificate holder is additional insured on the general liability and auto policies as required by written contract. Coverage is primary and non-contributory.

**CERTIFICATE HOLDER****CANCELLATION**

City of Sunrise-  
Attn: Procurement Manager  
Purchasing Office  
10770 West Oakland Park Blvd.  
Sunrise FL 33351

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

*David R. Griffiths*



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by FEI/EIN Number](#) /

## Detail by FEI/EIN Number

Florida Profit Corporation  
FLORIDA POOL FILLS, INC.

### Filing Information

<b>Document Number</b>	P20000063989
<b>FEI/EIN Number</b>	85-2743207
<b>Date Filed</b>	08/12/2020
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	09/03/2020
<b>Event Effective Date</b>	NONE

### Principal Address

1025 GATEWAY BLVD. SUITE 303-336  
BOYNTON BEACH, FL 33426

### Mailing Address

1025 GATEWAY BLVD. SUITE 303-336  
BOYNTON BEACH, FL 33426

### Registered Agent Name & Address

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

### Officer/Director Detail

#### **Name & Address**

Title P

LUTTENAUER, SHAWN MICHAEL  
8746 CARAWAY LAKE CT.  
BOYNTON BEACH, FL 33473

### Annual Reports

<b>Report Year</b>	<b>Filed Date</b>
2021	03/15/2021

### Document Images

<a href="#">03/15/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">09/03/2020 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">08/12/2020 -- Domestic Profit</a>	<a href="#">View image in PDF format</a>

**SECTION 5 - BID SUBMISSION CHECK LIST**

COMPANY NAME: (Please Print): Hawkins, Inc.

Phone: 800-330-1369

Fax: 800-524-9315

**BEFORE SUBMITTING YOUR BID, MAKE SURE YOU...**

- X 1. Carefully read the SPECIFICATIONS.
- X 2. Properly fill out the BID SHEET and CERTIFICATION PAGE (Schedule "A").
- X 3. Fill out and sign the NON-COLLUSION AFFIDAVIT (Schedule "B") and have it properly notarized.
- X 4. Sign the VENDOR DRUG FREE STATEMENT (Schedule "C").
- X 5. Fill out the VENDOR QUALIFICATION STATEMENT (Schedule "D"), if required.
- X 6. Include WARRANTY INFORMATION FORM AND EXHIBITS (Schedule "E"), if required.
- X 7. CHECK THE INSURANCE and LICENSE requirements to be sure you comply, and submit PROOF of INSURANCES or LICENSES, if required, with your Bid (Schedule "F").
- N/A 8. Complete STATEMENT OF NO BID (Schedule "G"), if applicable.
- X 9. Submit Electronically via Demandstar.com
- X 10. Make sure your BID is submitted prior to the deadline. Late Bids will not be accepted.

FAILURE TO PROVIDE THE REQUESTED SCHEDULES MAY RESULT IN YOUR BID BEING DEEMED NON-RESPONSIVE.

THIS PAGE AND THE FOLLOWING PAGES ARE TO BE RETURNED WITH YOUR BID.  
THIS SHOULD BE THE FIRST PAGE OF YOUR BID.

**SECTION 6 – BID SUBMISSION PACKAGE**  
**SCHEDULE "A"**  
**CITY OF SUNRISE**  
**BID SHEET & CERTIFICATION**

**ALL BIDS SHALL REMAIN VALID FOR NINETY (90) DAYS AFTER BID OPENING**

NOTE: Minimum order requirements are not acceptable due to the nature of this bid. Items will be bought in units specified below.

Item No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	EXTENDED PRICE
1.	<del>224</del> 234	Soda Ash, 50 LB bag	GENESIS ALKALI / Soda Ash Grade 100	\$ 22.00 /bag	\$ 5,148.00
2.	146	Diatomaceous Earth 50 LB bag	EP MINERALS LLC / Filter Aid EP SP Grade	\$ 29.00 /bag	\$ 4,234.00
3.	<del>1,257</del> 1,287	Sodium Bicarbonate 50 LB bag	GENESIS ALKALI / Sodium Bicarbonate	\$ 19.50 /bag	\$ 25,096.50
4.	<del>54</del> 55	Cyanuric Acid 100 LB drum	Universal Packaging Company / Cyanuric Acid	\$125.00/drum	\$ 6,875.00
5.	<del>8</del> 16	Cyanuric Acid <del>50 LB drum</del> 25 lb pail	Universal Packaging Company / Cyanuric Acid	\$ 65.00 /drum	\$ 1,040.00
6.	24	Muriatic Acid 55 Gallon drum	Hawkins, Inc. / Hydrochloric Acid 20'	\$ 129.00 /drum	\$ 3,096.00
7.	<del>6,369</del> 6,569	Muriatic Acid 1 Gallon container	Sunbelt Pool Products / Hydrochloric Acid 31.45%	\$ 4.00 /gallon	\$ 26,276.00
8.	<del>1,122</del> 1,172	Calcium Chloride 50 LB bag	Knight Chemicals LLC / Calcium Chloride 77-80% Regular Flake	\$ 16.00 /bag	\$ 18,752.00
9a.	23,400	Sodium Hypochlorite- <b>Batch</b> (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	N/A	\$ ____/gallon	\$ ____
9b.	48,500	Sodium Hypochlorite- <b>Batch</b> (Liquid Chlorine) (No minimum quantity)	N/A	\$ ____/gallon	\$ ____
10a.	275,000	Sodium Hypochlorite- <b>Continuous</b> (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	N/A	\$ ____/gallon	\$ ____

Hawkins, Inc.  
Vendor Name

Raymond Pool  
Name of Authorized Person

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

Item No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	EXTENDED PRICE
10b.	48,000	Sodium Hypochlorite- <b>Continuous</b> (Liquid Chlorine) (No minimum quantity)	N/A	\$_____/gallon	\$_____
11.	69	Chlorine Dry Tablet (3" Tablet) 50 LB pail	Arch Chemicals Inc / Calcium Hypo Ind 2 5/8" Tab	\$ 119.00/pail	\$ 8,211.00
12.	24	Sodium Trichloride 50 LB bag	N/A	\$_____/bag	\$_____
13.	40	Calcium Hypochlorite 100 LB drums	Arch Chemicals Inc / CCH Granular	\$ 165.00/drum	\$ 6,600.00
14.	62	Calcium Hypochlorite 25 LB pail	Arch Chemicals Inc. / Calcium Hypochlorite	\$ 75.00 /pail	\$ 4,650.00
15.	2,759	Chlorine Briquettes, Pulsar Brand only, no substitutes 50 LB pail	N/A	\$_____/pail	\$_____
16.	120	Potassium Peroxymonosulfate 50 LB pail	N/A	\$_____/pail	\$_____
17.	<del>1,760</del> 2,200 bgs	Course Rock Salt, Morton White Crystal Solar Salt, or equal <del>50 LB pail</del> 40 lb bag	Cargill Salt / Sodium Chloride, Solar Salt	\$ 13.00/pail	\$ 28,600.00
18.	72	Tile Cleaner 1 Quart Container	N/A	\$_____/container	\$_____
19.	50	All Clear Mustard Knock- out, or equal 2 LB Container	N/A	\$_____/container	\$_____

TOTAL BID OFFER (Items 1-19): \$ 138,578.50

One hundred thirty-eight thousand five hundred seventy-eight dollars and 50 cents (For Select Items Only)  
(Written Dollar Amount)

Hawkins, Inc.  
Vendor Name

Raymond Pool  
Name of Authorized Person

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

**CONTINGENCY PRICING**

<b>RUSH Fee for Expedited Delivery within 48 Hours of notice.</b>	<b>\$ 0.00 /delivery</b>
---	--------------------------

Vendors to indicate the percentage (%) off the balance of line. 0 %

Vendor to indicate, any drum deposit charges, if applicable: Item No. N/A \$ 0

All deliveries will be made by Common Carrier ONLY. Yes No ☒

Delivery will be made within 3-5 calendar days after receipt of purchase order. (To Be Completed ONLY if Bidder is unable to comply with specified delivery requirements indicated within the bid document.

If applicable, would you extend the prices bid herein to other municipalities? Award of bid is not contingent upon concurrence with this offer to other municipalities. Yes: ☒ No: ☐

**ADDENDUM RECEIPT**

Bidder shall acknowledge below the receipt of any and all addenda, if any, by listing the Addenda No. and date of issuance. Addendum #: 1 /Date 01/25/2021 Addendum #: /Date

I, the undersigned hereby agree to furnish the items and / or services described in this Invitation for Bid. I certify that I have read the entire document, including the Specifications, Requirements, Terms & Conditions and Schedules, and agree to furnish the items and services under the requirements of the Bid.

I also certify that this Bid is submitted without prior understanding, agreement, or connection with any corporation, firm or person submitting a Request for Submittal for the same materials, services, and supplies and is in all respects fair and without collusion or fraud.

The Respondent certifies by his/her signature that the person signing this Certification is authorized to bind the firm by their signature.

Company Name: Hawkins, Inc

Address 2263 Clark St

City Apopka State Florida Zip 32703

Phone# 800-330-1369 Fax# 800-524-9315 E-Mail chuck.pool@hawkinsinc.com

Signature:  Title Regional Manager

Printed Name: Raymond Pool

FEID or Social Security No. 41-0771293

**SCHEDULE "B"**  
**CITY OF SUNRISE**  
**NON-COLLUSION AFFIDAVIT**

This affidavit is to be filled in, executed and notarized by the Bidder. If the bid is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the bid.

STATE OF Florida )  
 ) SS  
COUNTY OF Orange )

Raymond Pool \_\_\_\_\_, being first duly sworn, deposes and says that  
(Type or print name of person who is signing below)

1. He/she is the Regional Manager (Owner, Partner, Officer, Representative or Agent)  
of the Bidder that has submitted the attached Bid.
2. He/she is fully informed with respect to the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid.
3. Said Bid is made without any connection or common interest in the profits with any other persons making a Bid for the said commodities/services. Said Bid is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Sunrise is directly or indirectly interested therein. If any relatives are employed by the City, indicate name and relationship below.

Name: N/A Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

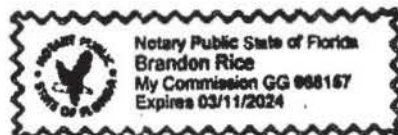
Company Name: Hawkins, Inc.

Bidders' Authorized Signature: \_\_\_\_\_

Subscribed and sworn to before me this 1st day of February, 2021

Notary Public

(Print, Type or Stamp name of Notary Public)  
Personally known X or Produced I.D. \_\_\_\_\_  
Type and number of I.D. Produced: \_\_\_\_\_



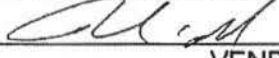
**SCHEDULE "C"**  
**CITY OF SUNRISE**  
**BIDDER'S DRUG - FREE WORKPLACE CERTIFICATION**

Preference may be given to Vendors submitting a certification with their bid/Bid certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

**IDENTICAL SUBMISSIONS** - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids, Bids or replies which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or Contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied Vendors have a drug-free workplace program. 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 prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or Contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or Contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section. As the person authorized to sign the statement, I certify that this Vendor complies fully with the above requirements.

I hereby certify that the company submitting this Bid has established a Drug Free work place program in accordance with State Statute 287.087

  
 \_\_\_\_\_ Raymond Pool / Regional Manager  
 Hawkins, Inc. **VENDOR'S SIGNATURE**

\_\_\_\_\_  
 COMPANY'S NAME

**SCHEDULE "D"**  
**CITY OF SUNRISE**  
**BIDDER'S QUALIFICATION STATEMENT**

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions made hereinafter:

Company Name: Hawkins, Inc.

Address: 2263 Clark St Apopka FL 32703  
                     Street                      City                      State                      Zip Code  
 Telephone: (800) 330-1369 Fax: (800) 524-9315 E-Mail: chuck.pool@hawkinsinc.com

Web Site: www.hawkinsinc.com

How many years has your organization been in business under its present name? 55 years

If Bidder is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statute: N/A

Under what former names has your business operated? \_\_\_\_\_

At what address was that business located? 2381 Rosegate, Roseville, MN 55113

Are You Certified? Yes ☒ No \_\_\_\_\_ If Yes, ATTACH COPY OF LICENSE  
 Are You Licensed? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, ATTACH COPY OF LICENSE

Has your company or its senior officers ever declared bankruptcy?  
 Yes \_\_\_\_\_ No ☒ If yes, explain: \_\_\_\_\_

Are you a sales representative, ☒ distributor, \_\_\_\_\_ broker, \_\_\_\_\_ manufacturer ☒  
 of the commodities/services bid upon?

Have you ever received a Contract or a Purchase Order from the City of Sunrise or other government entity? Yes ☒ No \_\_\_\_\_ If Yes, explain (date, service/project, bid title, etc.)  
We have been awarded many municiple contract awards and purchase orders throughout our time in business.

Have you ever received a complaint on a Contract or bid awarded to you by any government entity? Yes \_\_\_\_\_ No ☒ if yes, explain: \_\_\_\_\_

Have you ever been debarred or suspended from doing business with any government entity?  
 Yes \_\_\_\_\_ No ☒ If Yes, explain \_\_\_\_\_

Please identify each incident within the last five (5) years where a civil, criminal, administrative, other similar proceeding was filed or is pending; if such proceeding arises from or is a dispute concerning the Consultant's rights, remedies or duties under a Contract for the same or similar type services to be provided under this Bid: N/A

(Attach additional sheets as necessary)

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

**SCHEDULE "D"**  
(Continued)  
**REFERENCES:**

List all pertinent government agencies and private firm(s) with whom you have done business within the past three (3) years:

Agency/Firm Name: Coral Springs Imp Dist  
Address: 10300 NW 11th Manor

City/State/Zip Code: Coral Springs, FL 33071  
Phone: 954-796-6665  
Fax: \_\_\_\_\_  
Contact: Joe Stephens  
E-Mail: joes@csidfl.org

Agency/Firm Name: Miami Dade County  
Address: 111 NW 1st Street, 26th Floor

City/State/Zip Code: Miami, FL 33132  
Phone: 305-665-1626  
Fax: \_\_\_\_\_  
Contact: Jim O'Connor  
E-Mail: joconnor@miamidade.gov

Agency/Firm Name: City of Marathon  
Address: 9805 Overseas Hwy

City/State/Zip Code: Marathon, FL 33050  
Phone: 305-743-7600  
Fax: \_\_\_\_\_  
Contact: Amanda Riley  
E-Mail: rileya@ci.marathon.fl.us

Agency/Firm Name: Palm Beach County BOCC  
Address: 1500 North Jog Rd

City/State/Zip Code: West Palm Beach, FL 33417  
Phone: 561-616-6825  
Fax: \_\_\_\_\_  
Contact: Aurora Ventosa  
E-Mail: aventosa@pbcgov.org

Agency/Firm Name: City of Dania Beach  
Address: 1201 Stirling Rd

City/State/Zip Code: Dania Beach, FL 33004  
Phone: 954-924-6808 ext 3617  
Fax: \_\_\_\_\_  
Contact: Dincer Akin Ozaydin  
E-Mail: dozaydin@daniabeachfl.gov

Agency/Firm Name: Florida Keys Aqueduct  
Address: 780 Blimp Road

City/State/Zip Code: Cudjoe Key, FL 33042  
Phone: 305-295-2237  
Fax: \_\_\_\_\_  
Contact: Melinda Rodriguez  
E-Mail: mrodriguez@fkaa.com

**YOUR COMPANY NAME** Hawkins, Inc.  
**ADDRESS** 2263 Clark St, Apopka, FL 32703  
**PHONE:** 800-330-1369 **FAX:** 800-524-9315  
**EMAIL:** chuck.pool@hawkinsinc.com

BID TITLE: Swimming Pool Chemicals

BID NUMBER: 21-05-12-HR

**SCHEDULE "E"**  
**CITY OF SUNRISE**

**WARRANTY INFORMATION FORM**

ALL BLANKS SHOULD BE FILLED IN AND SUBMITTED WITH BID

MINIMUM WARRANTY SHALL BE AS SPECIFIED HEREIN

MAKE AND MODEL OF ITEM PROPOSED:

N/A

DOES WARRANTY APPLY TO ENTIRE PACKAGE OR ONLY TO SPECIFIC PARTS? (State Explicitly)

N/A

DOES WARRANTY INCLUDE LABOR FOR REPLACEMENT OF DEFECTIVE PARTS?

\_\_\_\_ YES \_\_\_\_ NO

WARRANTY PERIOD FOR PARTS  
REPLACEMENT \_\_\_\_\_

WHO WILL PROVIDE LABOR, AND WHERE, IN THE EVENT OF FAILURE WITHIN  
WARRANTY PERIOD? N/A

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

NEAREST SOURCE TO THE CITY OF SUNRISE FOR PARTS AND SERVICE AFTER  
WARRANTY PERIOD:

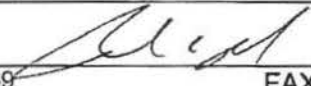
5705 Dewey St, Hollywood, FL 33023

TELEPHONE: 305-731-7800 FAX: \_\_\_\_\_  
EMAIL: will.thompkins@hawkinsinc.com

A COPY OF COMPLETE WARRANTY STATEMENT IS SUBMITTED HEREWITH:

\_\_\_\_ YES \_\_\_\_ NO

NAME OF BIDDER: Hawkins, Inc.

SIGNATURE AND TITLE:  Raymond Pool / Regional Manager  
TELEPHONE: 800-330-1369 FAX: 800-524-9315

DATE: 02/01/2021



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/16/2020

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

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

**PRODUCER**  
Marsh & McLennan Agency LLC  
6160 Golden Hills Drive  
Minneapolis MN 55416

**CONTACT NAME:** Priscila Coulter

**PHONE**

(A/C, No, Ext):

**FAX**

(A/C, No): 212-948-9962

**E-MAIL**

**ADDRESS:** priscila.coulter@MarshMMA.com

**INSURER(S) AFFORDING COVERAGE**

**NAIC #**

**INSURER A:** Nautilus Insurance Company

17370

**INSURER B:** Aspen Speciality Insurance Company

10717

**INSURER C:** Great Divide Insurance Company

25224

**INSURER D:** The Ins Co of the State of Pennsylvania

19429

**INSURER E:**

**INSURER F:**

**INSURED**  
Hawkins, Inc.  
2381 Rosegate  
Roseville, MN 55113

**HAWKIINC**

## COVERAGES

**CERTIFICATE NUMBER:** 857583371

**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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Products Poll GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GLP203306910	9/30/2020	9/30/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 OTHER: \$
C	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 <input checked="" type="checkbox"/> CA 9946		BAP203306810	9/30/2020	9/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ B/PPD Deductible \$ 25,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		FFX203307010	9/30/2020	9/30/2021	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 OTHER: \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N N/A		WC014220495	9/30/2020	9/30/2021	<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
A	Pollution Liability		SSP201587911	9/30/2018	9/30/2021	Total Limit with primary and excess Employers Liability \$25,000,000 Occ
B	Pollution Liability (XS)		EXAFVXW18	9/30/2018	9/30/2021	\$25,000,000 Agg
D	Work Comp (CA only)		WC014220496	9/30/2020	9/30/2021	\$1M/\$1M/\$1M

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

This insurance is issued pursuant to the Minnesota surplus lines insurance act. The insurer is an eligible surplus lines insurer but is not otherwise licensed by the State of Minnesota. In case of insolvency, payment of claims is not guaranteed. Companies A & B are subject to statutes and regulations of surplus lines carriers.

Pollution Liability Retro Date: 12/15/1995

## CERTIFICATE HOLDER

## CANCELLATION

For Informational Purposes Only

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

*Reesa Smyth*

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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by FEI/EIN Number](#) /

## Detail by FEI/EIN Number

Foreign Profit Corporation

HAWKINS WATER TREATMENT GROUP, INC.

### Cross Reference Name

HAWKINS, INC.

### Filing Information

**Document Number** F14000004437

**FEI/EIN Number** 41-0771293

**Date Filed** 10/20/2014

**State** MN

**Status** ACTIVE

### Principal Address

2381 ROSEGATE  
ROSEVILLE, MN 55113

### Mailing Address

2381 ROSEGATE  
ROSEVILLE, MN 55113

### Registered Agent Name & Address

NATIONAL REGISTERED AGENTS, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

### Officer/Director Detail

#### **Name & Address**

Title D

SKAAR, DARYL  
2381 ROSEGATE  
ROSEVILLE, MN 55113

Title D

JERGENSON, DUANE  
2381 ROSEGATE  
ROSEVILLE, MN 55113

Title President, CEO, Director

HAWKINS, PATRICK

2381 ROSEGATE  
ROSEVILLE, MN 55113

Title VP

Lange, Douglas  
2381 ROSEGATE  
ROSEVILLE, MN 55113

Title Secretary, VP

ERSTAD, RICHARD  
2381 ROSEGATE  
ROSEVILLE, MN 55113

Title Treasurer, CFO

Oldenkamp, Jeff  
2381 ROSEGATE  
ROSEVILLE, MN 55113

Title VP

Grahek, Drew  
2381 ROSEGATE  
ROSEVILLE, MN 55113

Title VP

Sevenich, John  
2381 ROSEGATE  
ROSEVILLE, MN 55113

Title VP

Moran, Theresa  
2381 ROSEGATE  
ROSEVILLE, MN 55113

#### **Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2020	01/08/2020
2020	07/30/2020
2021	02/10/2021

#### **Document Images**

<a href="#">02/10/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">01/09/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/17/2017 -- ANNUAL REPORT</a>	

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Florida Department of State, Division of Corporations