

**BID COVER PAGE**

<b>SUBMIT BIDS TO:</b> Wellington Attn: Clerk's Office 12300 Forest Hill Blvd Wellington, FL 33414		<b>REFER ALL INQUIRIES TO PRIMARY CONTACT:</b> Purchasing Division 12300 Forest Hill Blvd Wellington, FL 33414 Phone: 561-791-4154	<b>Wellington</b> <h1>INVITATION TO BID</h1> COMMODITY/SERVICE
<b>BID TITLE:</b> Purchase and Delivery of Rapid Flashing Beacons and Dual Beacon Flashers		<b>BID NO:</b> 202118	

<b>NAME OF FIRM, ENTITY, or ORGANIZATION:</b>				
K&K Systems, Inc.				
<b>NAME OF CONTACT PERSON</b>	<b>VENDOR MAILING ADDRESS:</b>	<b>CITY:</b>	<b>ZIP:</b>	<b>STATE:</b>
Wayne Kasal	687 Palmetto Road	Tupelo	38801	MS
<b>TITLE</b>	<b>VENDOR HEADQUARTERS ADDRESS (IF DIFFERENT):</b>	<b>CITY:</b>	<b>ZIP:</b>	<b>STATE:</b>
Account Manager	N/A			
<b>PHONE NUMBER:</b>		<b>FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN):</b>		
888-414-3003 / Cell: 662-372-0164		72-1370925		
<b>EMAIL ADDRESS:</b>		<b>STATE OF FLORIDA BUSINESS LICENSE NUMBER (IF APPLICABLE)</b>		
wkasal@k-ksystems.com		N/A; K&K Systems is located in Tupelo, MS		
<b>FAX NUMBER:</b>				
662-566-7123				
<b>ORGANIZATIONAL STRUCTURE (Please Check One):</b>				
Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other <input type="checkbox"/>				
<i>If Corporation, please provide the following:</i>				
(A) Date of Incorporation:      4      7      1997      (B) State or Country of Incorporation: <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month / Day / Year</span> </div>				

## BID SUBMITTAL

To:

Village of Wellington

12300 Forest Hill Blvd.

Wellington, Florida 33414

K&K Systems, Inc.

(Vendor)

agrees to provide material for the **Purchase and Delivery of Rapid Flashing Beacons and Dual Beacon Flashers** in accordance with the requirements and specifications of the Bid Documents for the Village of Wellington as specified.

Gentlemen:

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

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

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

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



Contractor's Signature

Dated this 10 day of June, 2021

(Month)

(Year)

## SCHEDULE OF VALUES

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

Item	Description	Estimated Quantity	Unit of Measure	Unit Price
1	ECO Rectangular Rapid Flashing Beacons	8	EA	\$3,273.19
2	Dual Beacon Flashers	8	EA	\$4,834.63
3	ECO Rectangular Rapid Flashing Beacons	4	EA	\$3,273.19
4	Dual Beacon Flashers	4	EA	\$4,834.63
5	ECO Rectangular Rapid Flashing Beacons	1	EA	\$3,348.19
6	Dual Beacon Flashers	1	EA	\$4,909.63
			<b>Grand Total</b>	\$105,551.66

**BIDDER/CONTRACTOR** declares they have carefully examined the specifications and are thoroughly familiar with the provisions and with the quality, type and grade of service requested herein. The proposers declare to deliver the product/service in accordance with the bid specifications.

**BIDDER/CONTRACTOR** understands and agrees that this is Unit Price Contract and that contractor will be paid based upon items and quantities actually performed and accepted by Owner. Orders will be placed to the successful bidder(s) on an as-needed when-needed basis to meet Wellington's usage requirements per the pricing above. Wellington reserves the right to order as and when required. No order shall be placed without a purchase order issued by Wellington.

**TERM OF CONTRACT:** The term of the contract shall be for one (1) year from date of award, and by mutual agreement between Wellington and the awardee(s), be renewable for three (3) additional one (1) year periods. Wellington reserves the right to exercise the option to renew annually (subject to the appropriation of funds), not to exceed a maximum of three (3) year one (1) year renewals.



## QUESTIONNAIRE

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

1. How many years has your organization been in business? 24 years
2. What is the last project of this nature that you have completed?  
Oct of 2019 supplied Village of Wellington (2) Crosswalk Systems with separate push button pole assembly & (2) Rectangular Flashing Beacons to be used as advance warning beacon when triggered by Crosswalk systems.
3. Have you ever failed to complete work awarded to you? If so, where and why? No.

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

Keith Ford, Acme Barricades - Lakeland	8135 Tom Kow Road Lakeland, FL 33809	863-816-5874	kford@acmebarricades.com
Name	Address	Phone	Email
James Johnson, AKCA, Inc.	4603 Reece Rd Plant City, FL 33566	(813) 409-1395 / (813) 752-4471	jjohnson@akcainc.com
Name	Address	Phone	Email
Brandon Judah, Transafe	1625 Spectrum Drive #100 Lawrenceville, GA 30043	770-962-2222	brandon@transafeproducts.com
Name	Address	Phone	Email

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

Name of Project	Owner	Total Contract Value	Contracted Date of Completion	% of Completion to Date
N/A				

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

Subcontractor	Work to be Performed
N/A	

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

Equipment Type	Equipment Type
N/A	

9. What equipment will you purchase for the proposed work? N/A



10. What equipment will you rent for the proposed work? N/A
11. State the name of your proposed project manager and give details of his or her qualifications and experience in managing similar jobs.  
N/A
12. The address of principal place of business is 687 Palmetto Road Tupelo, MS 38801
13. The names of the Corporate Officers, or Partners, or Individuals doing business under a trade name, are as follows: Troy G. Keith, President. Barbara K. Keith, Secretary. Timothy A. Keith, Vice President.
14. List all organizations which were predecessors to Bidder or in which the principals or officers of the Bidder were principals or officers. N/A
15. List and describe all bankruptcy petitions (Voluntary or Involuntary) which have been filed by or against the Bidder, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition. N/A
16. List and describe all successful Performance or Payment Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Bidder and its predecessor organization(s). Arkansas Department of Transportation Bid Bond for Message Boards (H-16-248R) and Arrow Boards (H-21-247R).
17. List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Bidder or its predecessor organization(s) during the last five (5) years. The list shall include all case names; case, arbitration, or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute. None
18. List and describe all criminal proceedings or hearings concerning business related offenses in which the Bidder, its principals or officers or predecessor organization (s) were defendants. None
19. Has the Bidder, its principals, officers, or predecessor organization(s) been debarred or suspended from bidding by any government during the last five (5) years? If yes, provide details. None
20. List and disclose any and all business relations with any members of Wellington Council. None

## DRUG FREE WORKPLACE

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

1. We publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. We inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. We give each employee engaged in providing the commodities or contractual services that are under Bid a copy of the statement specified in subsection (1).
4. We, in the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under Bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. We impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. We make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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

  
Contractor's Signature



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

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

1. This sworn statement is submitted to Village of Wellington  
[print name of the public entity]  
by K&K Systems, Inc for Wayne Kasal, Account Manager  
[print name of entity submitting sworn statement] [print individual's name and title]  
whose business address is 687 Palmetto Road Tupelo, MS 38801 and (if applicable) its Federal Employer Identification  
Number (FEIN) is 72-1370925 (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn  
statement: N/A.)
2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
- a. A predecessor or successor of a person convicted of a public entity crime; or
  - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
4. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]
- X Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
- \_\_\_\_\_ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
- \_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [attach a copy of the final order]

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

STATE OF Mississippi

COUNTY OF Lee

Wayne Kasal  
[signature]

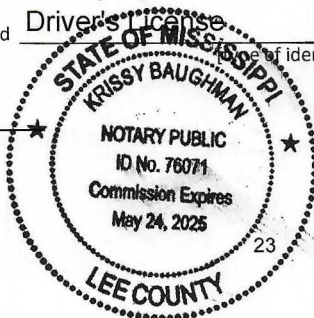
6/10/2021

[date]

Subscribed and Sworn to (or affirmed) before me on 6-10-21 by Wayne Kasal  
[date] [name]

He/she is personally known to me or has presented Driver's license as identification.  
[name of identification]

K. B.  
[Notary's Signature and Seal]



Krissy Baughman 76071  
Print Notary Name and Commission No.



**CERTIFICATION PURSUANT TO FLORIDA STATUTE § 215.4725**

I, Wayne Kasal, on behalf of K&K Systems, Inc.,  
certifies

Print Name

Company Name

that K&K Systems, Inc. does not:

Company Name

1. Participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel list; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Cuba or Syria.



Signature

Account Manager

Title

6/10/2021

Date

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

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

**Chapter 9, LOCAL PREFERENCE**

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

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

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

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

☐ Western Communities Local Business

☐ Palm Beach County Local Business

☐ Subcontractor Utilization

N/A; K&K Systems is located in Tupelo, MS

1. The name of the business is: \_\_\_\_\_
2. The address of the business is: \_\_\_\_\_
3. How long has the business been located at its current address: \_\_\_\_\_
4. If the business has relocated within the last six months, please provide the answers to questions 1-3 for the previous location:
5. The previous name of the business is: \_\_\_\_\_
6. The previous address of the business is: \_\_\_\_\_

7. How long was this business at the previous location: \_\_\_\_\_

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

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

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

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

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

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

Applicants Federal Tax ID Number - 72-1370925 Applicants Business Address 687 Palmetto Road

Tupelo, MS 38801

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

Sign: Wayne Kasal

Print Name: Wayne Kasal

Title: Account Manager

Date: 6/10/2021

CITY OF: Tupelo

COUNTY OF: Lee

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 10 day of June, 2021, by Wayne Kasal. He/She is personally known to me or has presented Drivers License as identification.

K. Bg

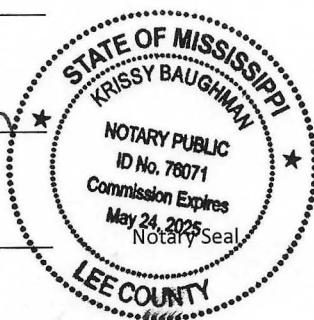
(Signature of Notary)

Krissy Baughman

(Print or Stamp Name of Notary)

Notary Public MS

(State)





Sign: \_\_\_\_\_

Date: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

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Notary Public \_\_\_\_\_

Notary Seal

## CONFLICT OF INTEREST STATEMENT

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

### CHECK ALL THAT APPLY:

#### NO CONFLICT:

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

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

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

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

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

#### CONFLICT:

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

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

K&K Systems, Inc

COMPANY NAME



AUTHORIZED SIGNATURE

Wayne Kasal

NAME (PRINT OR TYPE)

NON-COLLUSION AFFIDAVIT

State of Mississippi

County of Lee

Being duly sworn deposes and says:

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

K&K Systems, Inc.

Name of Bidder

Wayne Kasal

Print name of designated signatory

Wayne Kasal

Signature

Account Manager

Title

On this 10 day of June, 2021, before me appeared Wayne Kasal personally known to me to be the person described in and who executed this bid and acknowledged that (she/he) signed the name freely and voluntarily for the uses and purposes therein described.

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

(Affix Seal Here)



Krissy Baughman

Signature

Notary Public in and for the State of MS

Krissy Baughman

(Name Printed)

Residing at MS

My commission expires 5-24-25



## REQUEST FOR PROOF OF WORKERS COMPENSATION INSURANCE OR EXEMPTION

Dear Provider of Services or Goods:

In order to provide services or goods to Wellington, we require that you provide us either proof of workers compensation coverage or proof of exemption.

Employers conducting work in the State of Florida are required to provide workers' compensation insurance for their employees. Specific employer coverage requirements are based on the type of industry, number of employees and entity organization. To determine coverage requirements for a specific employer, the following information is provided by the Bureau of Compliance.

**Construction Industry** - One (1) or more employees, including the owner of the business who are corporate officers or Limited Liability Company (LLC) members. For a list of the trades considered to be in the construction industry see 69L-6.021 Florida Administrative Code.

**Non-Construction Industry** - Four (4) or more employees, including business owners who are corporate officers or Limited Liability Company (LLC) members.

Please note: Non-construction industry Sole Proprietors or partners in a Partnership are not employees unless they want to be included on the business' Workers' Compensation Insurance policy and file a form DWC251 with the Division of Workers' Compensation.

**Agricultural Industry** - Six (6) regular employees and/or twelve (12) seasonal workers who work more than 30 days during a season but no more than a total of 45 days in a calendar year.

**Out of State Employers** must notify their insurance carrier that they are working in Florida. If there is no insurance, the out of state employer is required to obtain a Florida Workers' Compensation Insurance policy with a Florida approved insurance carrier which meets the requirements of Florida law and the Florida Insurance Code. This means that "Florida" must be specifically listed in Section 3A of the policy (on the Information Page).

An Extraterritorial Reciprocity clause in the home state's statute allows some out of state Employers to work in Florida temporarily using their home state's Workers' Compensation insurance policy.

**Contractors** are required to make certain that all sub-contractors have the required Workers' Compensation Insurance **before** they begin work on a project. To see the documentation that is required from a sub-contractor, see 69L-6.032 Florida Administrative Code.

If the sub-contractor does not have Workers' Compensation Insurance for its employees, those workers become the employees of the contractor. If an injury occurs, the contractor is responsible for paying the benefits for the work related injury, illness or fatality.

If you meet the above criteria to be exempt, you **MUST** provide us with one of the following:

- If your business is a sole proprietorship or unincorporated business: provide us a Verification of Automatic Exempt Certificate. This verification is a letter that is issued by the State of Florida Department of Financial Services. To receive a letter from the State, complete the following directions: 1) Call the National Council of Compensation Insurance 1-800-622-4123, Option 5, and ask them for the class code for your type of business. 2) Once you have received this code, call the Department of Financial Services at 1-850-413-1601 and provide them your business name, class code, mailing address, and contact phone number. They will send you the Verification of Automatic Exempt Certificate. 3) Provide us a copy of the Verification of Automatic Exempt Certificate.
- If your business is a corporation (including a professional association or limited liability company), and you are not required to have workers compensation insurance as per the requirements as outlined above, you must provide the Village with a copy of your Florida Division of Workers' Compensation Certificate of Election to be Exempt.

If you are an employer that meets the requirements of workers compensation and needs to obtain coverage, contact your current business insurance agent, or you may use the following resources to locate an agent: [www.faa.com](http://www.faa.com)., [www.piafl.org/wc-info.pdf](http://www.piafl.org/wc-info.pdf) , or call (850) 893-8245.

Please be reminded that the furnishing of this information to Wellington is a non-negotiable requirement to perform services for us. Failure to provide this timely may result in either termination of your services or delay of payment for services. Your workers compensation Certificate of Coverage, of Workers' Compensation Certificate of Election to be Exempt, or Verification of Automatic Exempt Certificate must be delivered or mailed to the Purchasing Department located at 12300 Forest Hill Boulevard, Wellington, Florida, 33414.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/10/2021

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 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> Lipscomb & Pitts Insurance, LLC 2670 Union Ave. Ext. Suite 100 Memphis TN 38112	<b>CONTACT NAME:</b> Michelle J. Kubaiko	
	<b>PHONE (A/C, No, Ext):</b> 901-321-1000 <b>FAX (A/C, No):</b> 901-321-1099	
	<b>E-MAIL ADDRESS:</b> Michellek@lpinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> State Automobile Mutual Insurance Company	25135
	<b>INSURER B :</b> State Auto Property & Casualty Insurance Company	25127
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 1644371255 **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 <input type="checkbox"/> OTHER:			10067752CP	4/1/2021	4/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<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	WCP2303337	4/1/2021	4/1/2022	<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)

**CERTIFICATE HOLDER****CANCELLATION**

Village of Wellington  
c/o Insurance Tracking Services, Inc. (ITS)  
400 Oceangate, Suite 450  
Long Beach, CA 90802

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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7534

STATE TAX COMMISSION  
JACKSON, MISSISSIPPI

# State of Mississippi

PERMIT TO ENGAGE IN BUSINESS OF SELLING TANGIBLE PERSONAL  
PROPERTY OR SERVICES TAXABLE UNDER THE SALES TAX LAW

THIS PERMIT IS ISSUED AS PROVIDED BY SECTION 27-65-27, MISS. CODE  
OF 1972, UPON CONDITION THAT THE HOLDER SHALL PAY ALL TAXES ACCRUING  
UNDER THE PROVISIONS OF THIS ACT AND SHALL KEEP ADEQUATE RECORDS,  
INCLUDING DAILY SALES AND ALL PURCHASE INVOICES. THESE RECORDS  
SHALL BE OPEN FOR INSPECTION BY ANY AUTHORIZED AGENT OF THE STATE  
TAX COMMISSIONER. FAILURE TO KEEP SUCH RECORDS AND TO PAY THE SALES  
TAX DUE UNDER THIS CHAPTER SHALL BE CAUSE FOR REVOCATION OF THIS  
PERMIT. PLEASE MAKE ALL SALES TAX REPORTS IN NAME AND ACCOUNT  
NUMBER SHOWN BELOW. THIS PERMIT AUTHORIZES THE HOLDER TO PURCHASE  
MATERIALS OR SERVICES FOR RESALE IN THE REGULAR LINE OF BUSINESS,  
EXEMPT FROM TAX.

ISSUED TO:

K & K SYSTEMS INC

P O BOX 1065  
VERONA MS 38879

ACCOUNT NO. 041-20591-5

DATE ISSUED: 10/16/02

BY: ED BUELOW, JR.  
COMMISSIONER



This license shall not make lawful any act or thing declared to be unlawful by the State of Mississippi

ORIGINAL

Company ID Number: 129693

**INFORMATION REQUIRED  
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: K & K SYSTEMS, INC

Company Facility Address: 687 PALMETTO ROAD  
TUPELO, MS 38801

Company Alternate Address: PO BOX 1065  
VERONA, MS 38879

County or Parish: LEE

Employer Identification Number: 721370925

North American Industry  
Classification Systems Code: 339

Parent Company: \_\_\_\_\_

Number of Employees: 20 to 99      Number of Sites Verified for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

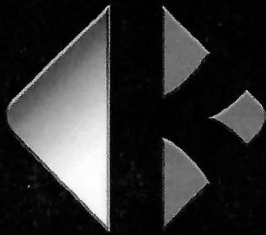
- MISSISSIPPI      1 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: **FRANCIS A WILSON**  
Telephone Number: **(888) 414 - 3003**  
E-mail Address: **INFO@K-KSYSTEMS.COM**

Fax Number: **(662) 566 - 7123**





**K&K Systems, Inc.**  
Traffic Safety Products Manufacturer

## CROSSWALK BEACON Model 132-D12

K&K Systems' Crosswalk Warning Beacon features two 12" ultra-bright amber colored LEDs to draw drivers' attention to crosswalk warning sign. The beacon is powered with proven reliable solar power. Solar power is very beneficial by allowing the freedom to locate or relocate a sign any where it is needed without the costly installation requirements associated with electric (AC) powered signs. Our beacons come with auto dimming and multi-stage battery charger features built into our smart controller.

Crosswalk Beacons are operated by wireless push button activation. When a pedestrian pushes the button, the LEDs are activated on both sides of the street and begin flashing to warn drivers of crossing pedestrians.



Wireless communication provides easy installation. No boring under roads!



Utilizes the most up to date solar and electronics to maintain power levels through rain, shine, sleet, or snow.



LED technology increases life expectancy of the beacon and also burns less energy than conventional bulbs.



Meets MUTCD (Manual on Uniform Traffic Control Devices).

**SafeRoutes**



The K&K beacon system meets the Safe Routes to School (SRTS) infrastructure funding models.



NCHRP 350 Crash Tested and Accepted (National Cooperative Highway Research Program)



Meets ITE Standards (Institute of Transportation Engineers)



# CROSSWALK ECO BEACON MODEL 132-D12



## SOLAR PANEL

K&K utilizes the most up-to-date solar and electronics to maintain power levels through rain, shine, sleet, or snow.

## SIGNAL HEAD HOUSING

**Size:** 12"

**Material:** Polycarbonate or aluminum

**Color:** Black, Yellow, or Green

**Visor:** 360 degree Cap

**Quantity:** 2

## LED SIGNAL

**Color:** Amber

**Seal:** Weather resistant

**LED Bulbs:** 2 - Meets ITE Standards

## SIGN

Shown with optional signage and Round Aluminum Crash Tested Pole

## CROSSTALK CONTROLLER

The CrossTalk located inside the control box is an advanced, solar-powered controller. It utilizes short-range wireless connectivity. The CrossTalk is setup quickly and provides more functionality and flexibility than traditional "wired" systems.

## CONTROL CABINET/BATTERY

**Construction:** Aluminum

**Mount:** On pole

**Seal:** Weather Resistant

**Access:** Side-Hinged

**Lockable:** Twist Lock or Slam Lock

**Design:** Clean and Simple for Easy Maintenance

**Battery:** 12 volt Sealed. Available locally.

## PUSH BUTTON ASSEMBLY

Button: 2" with momentary switch rated at 36VDC

Button Fixture: 5"x 7" with crossing sign inserted

## OPTIONS

- ▶ Round Aluminum, Square and U-Channel Pole Kits 11'-20'
- ▶ Batteries AGM or Wet Cell
- ▶ Signage to Meet Your Needs
- ▶ Mounting Hardware to Mount to Existing Post
- ▶ Police Lock for Control Cabinet
- ▶ 3-Point Latch System for Control Cabinet
- ▶ Radar Speed Display 10"-26"

**K&K Systems, inc.**  
Traffic Safety Products Manufacturer

888.414.3003 toll-free • 662.566.2025 phone • 662.566.7123 fax

www.k-systems.com • sales@k-systems.com

GSA

Since 1997



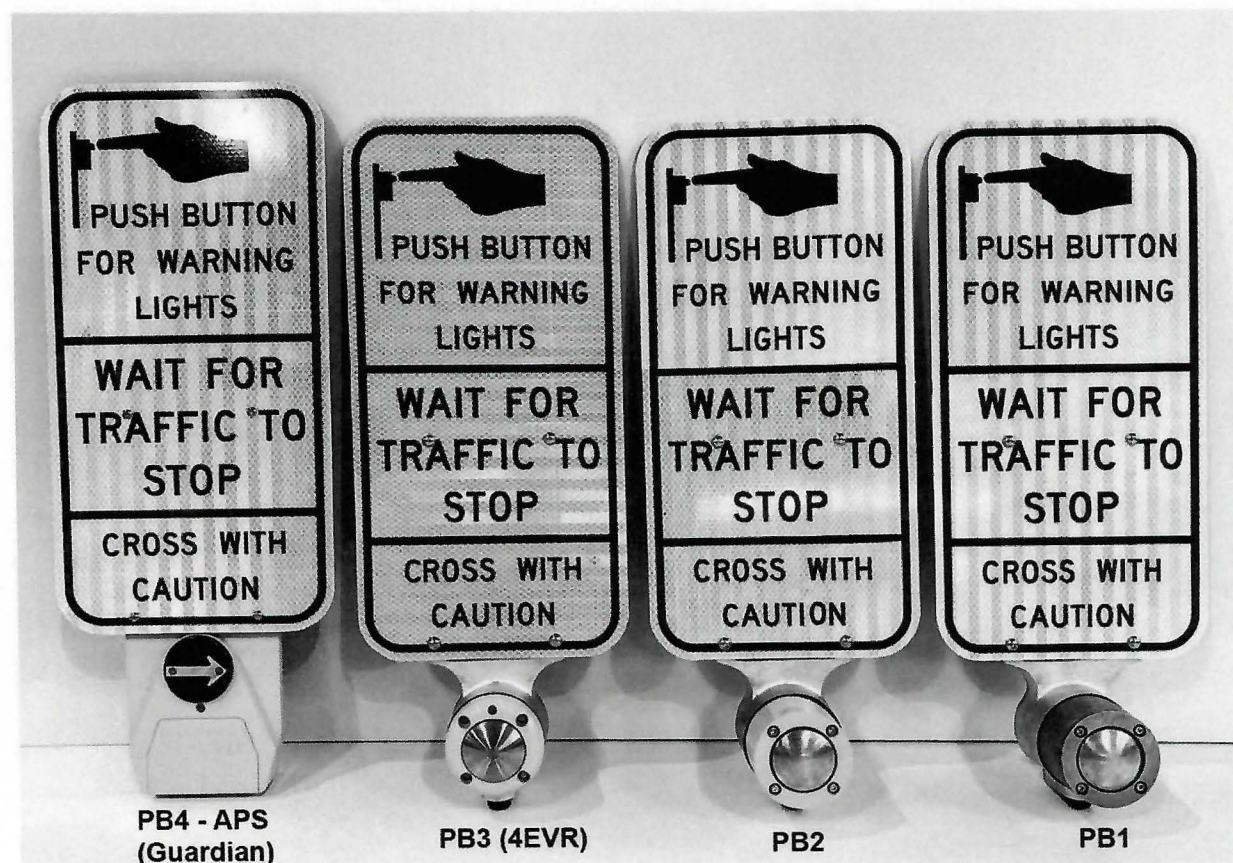
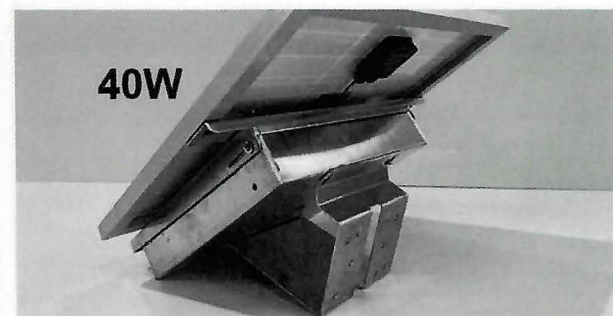
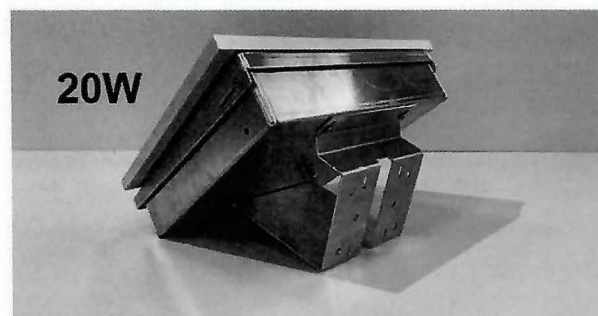
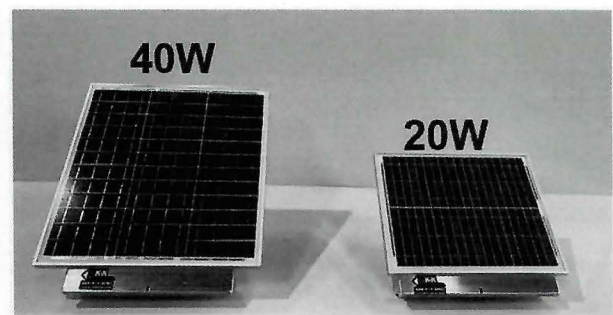
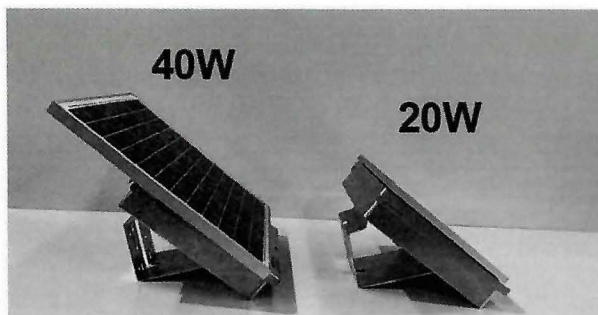
## DOUBLE - ECO-RRFB (SOLAR POWERED)



## SINGLE - ECO-RRFB (SOLAR POWERED)



## Solar Panels and FDOT R10-25 Signs with Push Button Options



**Guardian PB4-APS requires 40 Watt Solar Panel or AC Option**



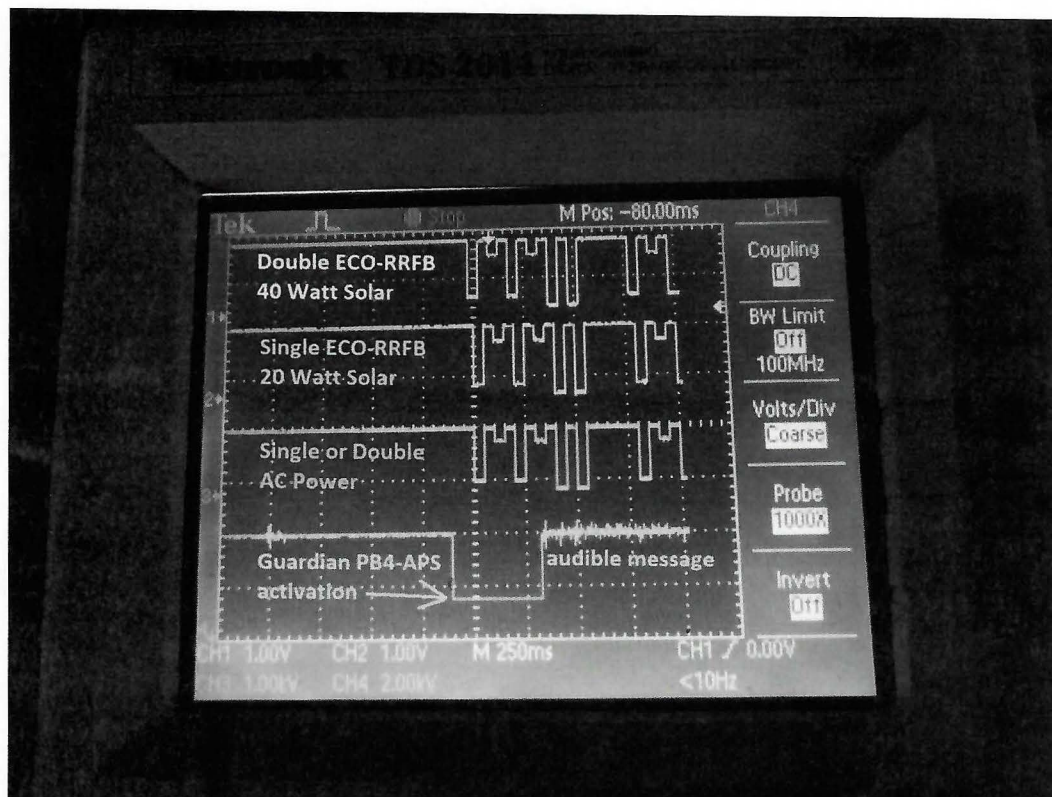
# ECO-RRFB - WITH AC-OPT60 OPTION

\* UNIT IS AC POWERED, AVAILABLE IN BOTH SINGLE & DOUBLE CONFIGURATION

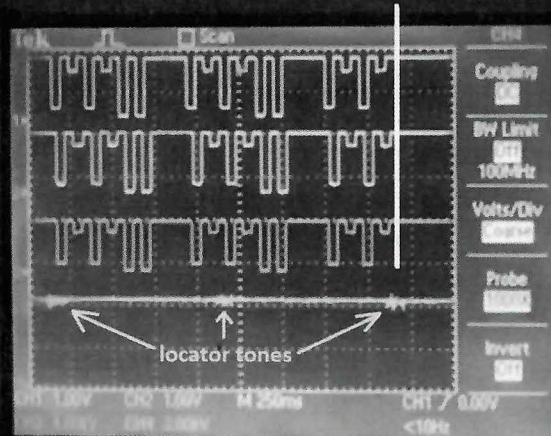


ECO-RRFB SERIES	
ECO-RRFB(Standard)	ECO Rectangular Rapid Flashing Beacon. System includes 20W solar, 18a battery, Crosstalk/Crosswalk-4, control cabinet, push button, and radio. Meets MUTCD specifications on flash pattern and SAE J595 LED array
<b>Rectangular Rapid Flasher Beacons(RRFB) Options</b>	
AC-OPT60	Add sealed 60 watt-12VDC power supply. (Remove the existing battery)
ADD-RRFB	Add an additional RRFB with Confirmation Lights
ADDBAT12018	Add battery pack - 18 amp, 12V, AGM battery, Dimensions:7.13"x2.99"x6.54"
ADD20W	Additional 20 watts of solar. (Total of 40 watts)
CrossTalk-CW-10	Cell - modem; Wireless radio; 900 mhz radio (Approximate 1500 feet range)
PB2(Typical)	Push Button 2 - Button 2" non-corrosive stainless steel, aluminum cap; microswitch; typical movement but is solid state; cannot be stuck in Constant Call; ADA compliant.2
PB3(4-EVR)	Push Button 3 - Solid state Piezo switch; pressure sensitive; cannot be stuck in Constant Call; LED and audible tone; ADA and MUTCD compliant;
PB4-APS(Guardian)	Push Button 4-APS - Solid state Piezo switch;locator tone, custom audio messages; ADA and MUTCD compliant.Available in yellow.Includes 5x7 sign holder (SH1). (Must add ADD20W)
W11-2-3030	W11-2 - 30x30 Pedestrian sign
W11-2-3636	W11-2 - 36x36 Pedestrian sign
W11-2-4848	W11-2 - 48x48 Pedestrian sign
W16-7PL-1224	W16-7PL - Left Down Arrow - 12x24
W16-7PR-1224	W16-7PR - Right Down Arrow - 12x24

# TERL Testing

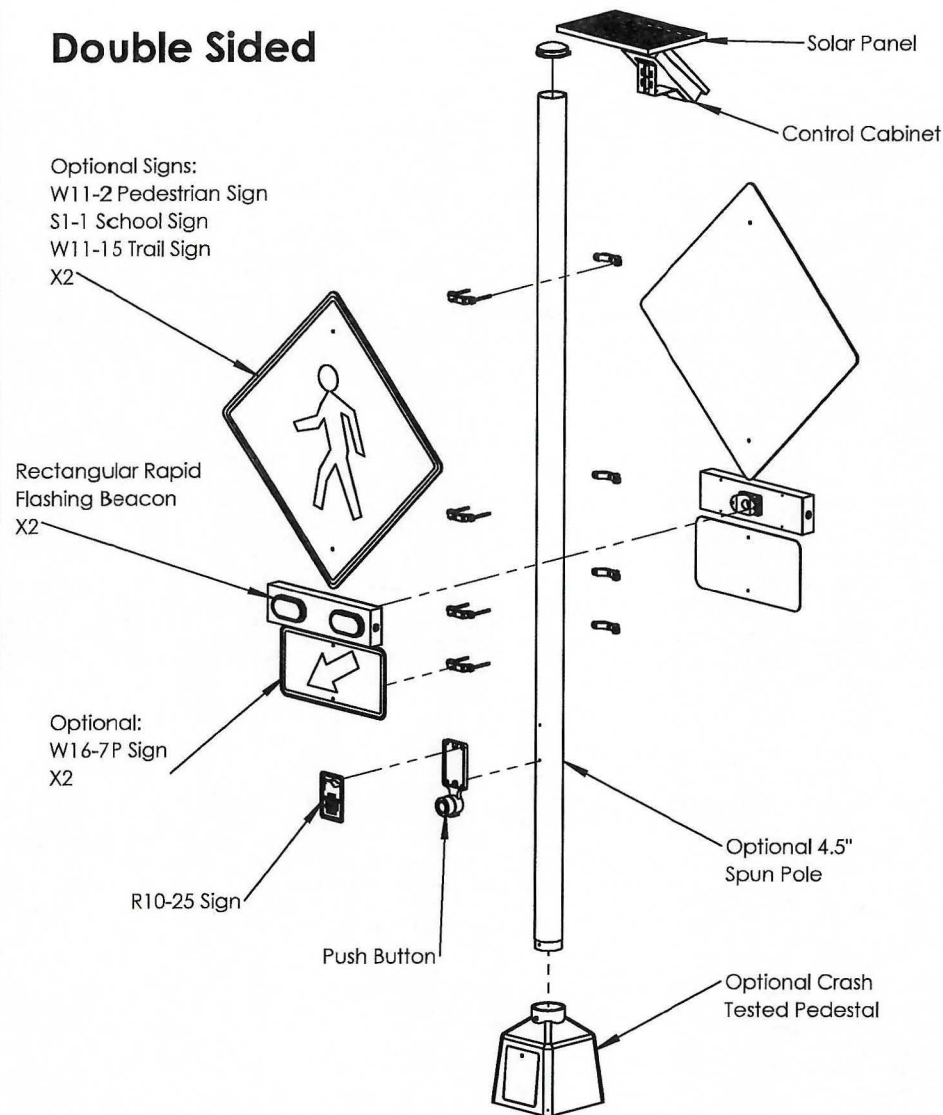


end of 60-seconds duration test

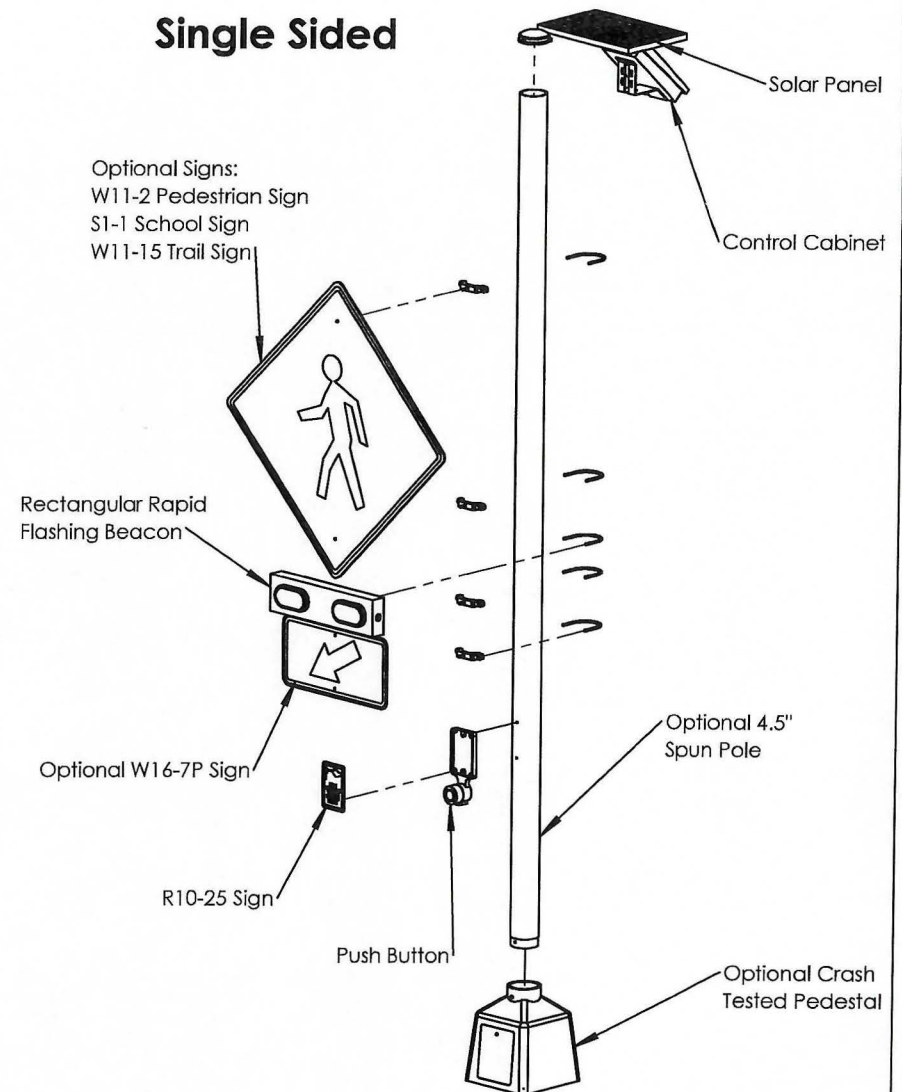




## Double Sided



## Single Sided



**Cabinet and housing prevent unauthorized access**

**Flashing beacon assembly can be installed on 4.5 inch outer diameter posts**

**All exposed assembly hardware including nuts, bolts, screws, and locking washers less than 5/8 inch in diameter, is Type 304 or 316 passivated stainless steel and meets the requirements of ASTM F593 and ASTM F594**

**All assembly hardware greater than or equal to 5/8 inch in diameter is galvanized and meets the requirements of ASTM A307**

**Equipment operates on solar power or a nominal voltage of 120 volts alternating current (VAC).**

	NAME	DATE	K & K SYSTEMS		Office: (662) 566-2025 www.k-ksystems.com	
DRAWN	Marcus Mock	6/6/2018				
CHECKED	Mike Taylor	6/6/2018	TITLE: Exploded View For ECO-RRFB Pole			
PROPRIETARY AND CONFIDENTIAL The information contained in this drawing is the sole property of K & K Systems. Any reproduction in part or as a whole without the written permission of K & K Systems is prohibited.						
			DWG. NO. ECO-RRFB Pole			
			Scale: 1:1	Size: 11 X 17	Sheet: 1 of 1	



**MODEL ECO-RRFB SPECIFICATIONS**  
**Rectangular Rapid Flashing Beacon Push Button/Crosswalk**  
**(Meets MUTCD & ITE Standards)**

**Solar Panel**

- Maximum Power (P max) 20 W
- Voltage at Pmax (V mp) 17.3 V
- Current at Pmax (IMP) 1.16 A
- Short-Circuit Current (Isc) 1.29 A
- Open-Circuit Voltage (Voc) 21.6 V

**Solid State Regulator (built-in flasher, dimmer & radio)**

K&K Systems CrossTalk CrossWalk is an Advanced, Solar-Powered Lighting Controller. Designed for multiple applications, CrossTalk CrossWalk controller is used for a variety of traffic & safety applications including school zone safety systems, crosswalk/pedestrian systems, speed/radar systems and more. Utilizing solar power and short-range wireless connectivity, CrossTalk CrossWalk applications can be setup quickly and provide more functionality and flexibility than traditional "wired" systems. The CrossTalk CrossWalk device is a rugged, integrated unit which provides a built-in solar controller with Maximum Power-Point Tracking (MPPT), battery management with low-voltage disconnect (LVD), short-range wireless (900MHz), multi-function programmable lighting control, support for up to (4) beacons, auto dimming, and a scheduler all-in-one compact enclosure.

**Rectangular Rapid flashing Beacon**

Aluminum Housing

**Push Button Assembly**

- 2" Button with momentary switch rated at 36VDC
- 5" x 7" button fixture with crossing sign inserted

**Control Cabinet/Battery**

- Cabinet is 7 1/2" x 11 1/4" x 4", .063, aluminum, located below the solar panel.
- Included battery shall be (1) 18 amps.

**Optional**

- Additional RRFB with mounting hardware
- Expanded Solar pack for a total of 40 watts of solar and two (2) 18 amp batteries
- Pole with mounting hardware
- Pedestrian Sign
- Left Down Arrow Sign
- Right Down Arrow Sign
- Upgrade to 80 watts solar and drop down aluminum cabinet with 100 amp battery (removal of standard ECO-Solar Pack)

Manufacturer reserves the right to make changes in its products from time to time without incurring any obligation to incorporate such improvements in any products previously sold or in service.