

ITB 2019915 – Air Conditioning Replacement

Bid Documents Required

(4) Electronic
(1) Original
(2) copies

The following documents and forms in the following arrangement must accompany each bid submitted:

- ☒ Bid Proposal Form
- ☒ Bid Documents Required Checklist
- ☒ Addenda Acknowledgement Form
- ☒ Contractor Rules Form
- ☒ Debarment Certification
- ☒ Identical Tie Proposals Form
- ☒ Non-Collusion Affidavit
- ☒ Business/Personal Relationship Disclosure Affidavit
- ☒ Drug Free Workplace Form
- ☒ W-9
- ☒ Vendor Information Sheet
- ☒ Documentation of successfully performing work of this size, nature, and complexity (to include, at a minimum, provided Reference Form).
- ☒ Documentation of coil coating system meeting specification and a tentative schedule and construction timeline, applicable only if bidding on Key West High School (see Section 10).
- ☒ Proof of insurance and appropriate business license required for this project.
- ☒ Price Sheet
- ☒ Subcontractor information including insurance and licenses (if applicable)
- ☒ Proof of Bonding (if applicable)
- ☒ Local Preference Affidavit and backup (if applicable) N/A

I, JoAnn Pinna (name), an authorized officer of Master Mechanical Services, Inc. (company/vendor), confirm that the above listed documents are provided in our bid being submitted to the Monroe County School District and confirm that I have read and understand the ITB document in its entirety.

Signature JoAnn Pinna

Submissions must be in an envelope separate from any express mail or courier envelopes, as those will be opened and discarded.

Be sure to include the name of the company submitting the proposal where requested.

Cut along the outer border and affix this label to your sealed envelope to identify it as a "Sealed Proposal".

SEALED PROPOSAL • DO NOT OPEN

SOLICITATION NO.: ITB 2019915

SOLICITATION TITLE: Air Conditioning Replacement

SUBMISSION DUE: March 26, 2019 at 1:00 PM

SUBMITTED BY: Master Mechanical Services, Inc.
(Name of Company)

DELIVER TO:

MONROE COUNTY SCHOOL DISTRICT

ATTN: Internal Services Department / Purchasing Division

241 Trumbo Road

Key West, FL 33040

From time to time, addenda may be issued to this solicitation. Any such addendum will be posted on www.demandstar.com. You should periodically check the Web site to download any addendum which may have been issued. The Addendum Acknowledgement must be submitted with the proposal.

ITB 2019915 – Air Conditioning Replacement

District School Board of Monroe County
Internal Services Department / Purchasing Division

PROPOSAL FORM

ITB 2019915 – Air Conditioning Replacement

BID DUE /BID OPENING DATE/TIME: MARCH 26, 2019 AT 1:00 PM

RETURN ONE (1) SIGNED ORIGINAL, TWO (2) COPIES, AND ONE (1) ELECTRONIC COPY (PDF FORMAT) OF THE PROPOSAL. NO OTHER PROPOSAL FORM WILL BE ACCEPTED

PLEASE BE SURE THAT THE NAME OF YOUR COMPANY APPEARS ON EACH PAGE OF THIS PROPOSAL FORM.

IF SIGNED BY AN AGENT OF NAMED COMPANY WRITTEN EVIDENCE FROM THE OWNER OF RECORD OF HIS/HER AUTHORITY MUST ACCOMPANY THIS PROPOSAL.

Master Mechanical Services, Inc.

NAME OF COMPANY

1581 NW 33 Pl

ADDRESS OF COMPANY

JoAnn Pinna

PRINT NAME OF AUTHORIZED SIGNATURE

tpinna@mastermechanical.com

EMAIL ADDRESS

305-828-3004

TELEPHONE No.

Services.com
305-825-1607

FAX

Proposal Certification

I hereby certify that: I am submitting the following information as my firm's (proposer) proposal and am authorized by proposer to do so; proposer agrees to complete and unconditional acceptance of the contents of Pages 1 through 45 inclusive of this Invitation to Bid, and all appendices and the contents of any Addenda released hereto; proposer agrees to be bound to any and all specifications, terms and conditions contained in the Invitation to Bid, and any released Addenda and understand that the following are requirements of this ITB and failure to comply will result in disqualification of proposal submitted; proposer has not divulged, discussed, or compared the proposal with other proposers and has not colluded with any other proposer or party to any other proposal; proposer acknowledges that all information contained herein is part of the public domain as defined by the State of Florida Sunshine and Public Records Laws; all responses, data and information contained in this proposal are true and accurate.

Signature of
Proposer's Authorized Representative (blue ink preferred on original)

JoAnn Pinna

Date

3/19/19

Name of Proposer's Authorized Representative

JoAnn Pinna

Title of Proposer's Authorized Representative

President

ITB 2019915 – Air Conditioning Replacement

ACKNOWLEDGMENT OF ADDENDUM

As the person authorized to sign the statement, I certify that this firm acknowledges any and all addendum that may have been issued as part of this bid. All addendum are issued via www.demandstar.com.

ADDENDUM NO. 1 DATED 3/14/19

Q&A
ADDENDUM NO. DATED 3/14/19

ADDENDUM NO. DATED

ADDENDUM NO. DATED

ADDENDUM NO. DATED

ADDENDUM NO. DATED

Date:

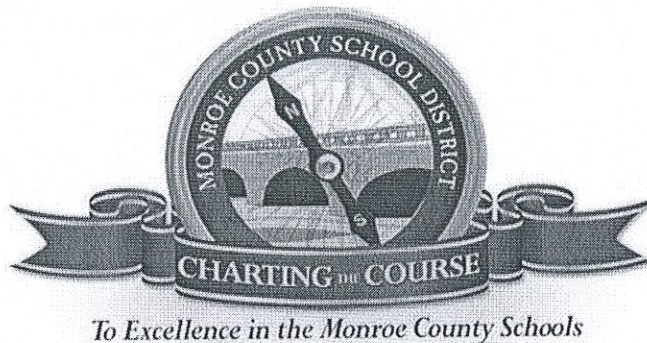
3/19/19

JoAnn Pinna

Applicant's Signature

JoAnn Pinna
Master Mechanical Services, Inc.

MARK T. PORTER
Superintendent of Schools



Members of the Board

District # 1
BOBBY HIGHSMITH
Chairman

District # 2
ANDY GRIFFITHS

District # 3
MINDY CONN
Vice-Chairman

District # 4
JOHN R. DICK

District # 5
SUE WOLTANSKI

Bid No: ITB 2019915

Name of Bid: Air Conditioning Replacement

Post Date: 3/14/19

Notice Post Time: 4:30 PM

Addendum No.1

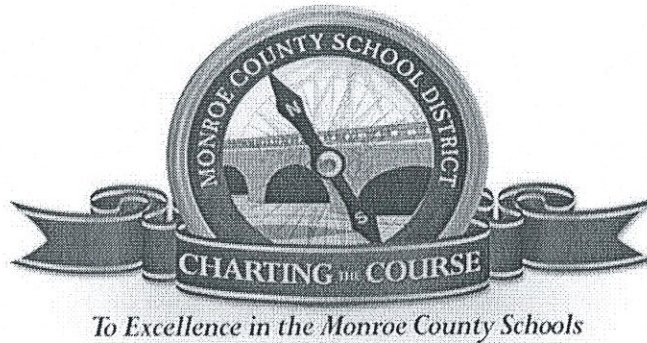
- Replace Section 7.a. on page 7 with the following (changes in red):
 - a. Replace cafeteria condensing unit 11A. It is an AAON CL-070-3-0-0A04-000, 70 ton compressor. The serial number is 200803-BCAG00130. It has 2 circuits and 4 compressors. Replace in same location as existing. The new installation will not utilize hot gas reheat. Piping for the hot gas reheat shall be abandoned in place. Cap off and seal all unused piping.
- Replace Section 9 on page 9 with the following (changes in red):
 - 9. **Marathon High School** Condensing units for replacement:
 - a. Building 1000 CU 1.2 7-tons Model 38ARZ007 Serial # 3605G20087. Unit CU 1.2 shall be replaced in the same location as the existing unit. Unit CU 1.2.2 Model 38ARZ008 460V 3 phase Serial # 0906G10087. Unit CU 1.2.2 shall be replaced in the same location as the existing unit.
 - b. Building 5000 MAU 5.2 13-tons Model CA1018-CA-13-3 Serial # 200705-CBCC02995. Unit MAU 5.2 will be replaced and relocated down to ground level. A new equipment pad will be provided by the district for this unit. It will be adjacent to the other pad for the units in the same mechanical room. This is behind the stage storage by the FKCC stair entry on the Sombrero road side of the building. Contractor is required to modify this pad if needed to accommodate the proposed units.
 - c. Building 6000 MAU 6.2.1 24-tons Model 38ARD024 Serial # 1307G30051. Unit MAU 6.2.1 will be replaced and relocated down to ground level. It will go in the condensing unit yard behind the construction trades lab just north of the loading dock.

INTERNAL SERVICES DEPARTMENT
Purchasing | Property | Contracts | Records Management Divisions
241 Trumbo Road | Key West, FL 33040 | O: (305) 293-1400 | F: (305) 293-1408
www.KeysSchools.com

- d. Remove all existing old abandoned units from the roof and dispose of the same. These units are: MAU 3.1, CU 3.1.1A, MAU 5.1.1, MAU 5.1.2, CU 5.1.1, CU 5.1.2, CU 5.2.2, and CU 6.2
- Replace Section 13.d.vii. on page 15 with the following (changes in red):
 - vii. Reconnect existing power and control wiring to the new units. Power source may be relocated to a closer source. Contractor shall coordinate the location of any source changes like this. Controls may have to be modified to allow the unit to control its own leaving air temperature. Existing disconnects may be reused if they are in good operable order.
- Please see attached submittal data (2 files - posted separately) from Carrier regarding the units to be purchased by MCSD.



MARK T. PORTER
Superintendent of Schools



Members of the Board

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ANDY GRIFFITHS

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District # 4
JOHN R. DICK

District # 5
SUE WOLTANSKI

Bid No: ITB 2019915
Name of Bid: Air Conditioning Replacement
Post Date: 3/14/19
Notice Post Time: 4:30 PM

Q&A No.1

1. On the replacement of AHU 5901A and 5901B – GYM AHU Specs call for a 2 speed Hi Lo Motor. Carrier Corporation DOES NOT offer this style of motor. IN leu we would like to supply a VFD to meet this requirement. "Replace gym Air Handling Units named 5901A and 5901B with like replacement units. Blower motor shall be replaced with 2 speed Hi Lo motor" Will this option be acceptable. No, we do not want a VFD. Contractors should work with their design engineer if needed to select a two speed motor appropriate for field installation. Original design information has been made available.
2. Can we please get a copy of the as built plans/schedule for: AHU 5901A and 5901B. As built schedule files have been posted. Additionally, the plans are available for examination by appointment with the Maintenance Department. Plans are located at the Building Official's office at Marathon High School.
3. Please confirm if Owner supplied Condenser for 11A @ Key Largo School will have hot gas reheat? See Addendum No.1
4. KWH- We cannot find an AHU manufacturer that has a 2 speed motor. If manufacturer cannot provide 2 speed motor in new AHU. Do you want a field installed 2 speed motor OR VFD. See response to question #1.
5. Can we have the specs for the New Condensing Unit at Key Largo School? See Submittals from Addendum No.1
6. What type of controls do you have at Key Largo School? Controls are Schneider Electric Buildings LLC installed by Advanced Control Corporation, Inc. of Fort Lauderdale.

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www.KeysSchools.com

7. What Materials would you like for the Outside Air Damper to be and if it needs to be coated too?
See Section 11.d. on page 13 of the original bid document, the model number referenced defines materials and construction.

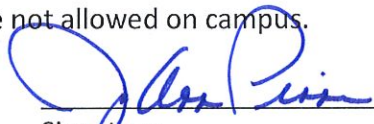
A handwritten signature in blue ink, consisting of a stylized, cursive 'S' or 'B' shape, located in the bottom right corner of the page.

ITB 2019915 – Air Conditioning Replacement

CONTRACTOR RULES

The following is a list of rules that contractors/vendors and their personnel must adhere to while working on Monroe County School projects. Failure of the contractor/vendor to abide by the rules will result in the violators being removed from the job site. All costs resulting from this will be the responsibility of the contractor/vendor. Please sign these rules and indicate the contractor/vendor's agreement to follow them.

- Casual communications by contract/vendor personnel with students, staff, or faculty is prohibited.
- Convicted felons and employees with a past history of child abuse or molestation shall not be used on Monroe County School projects.
- The schools are "Drug Free Zones," use or possession of illegal substances and alcohol in any form are prohibited.
- The schools are "Tobacco Free," no tobacco use is permitted on the school campus, in parking lots, or inside school restrooms.
- Vulgar language or gestures discernible to students or school staff is prohibited.
- Fighting or physically abusive actions of a similar nature are prohibited.
- Appropriate and modest attire is required while working on school campus. Revealing clothing will not be permitted.
- Clean up of work area is required on a daily basis. Hazardous materials shall not be put in school trash receptacles.
- Work that may be disruptive to the school shall be scheduled with the school administration or done after normal school hours.
- Pets are not allowed on campus.



Signature

3/19/19

Date

Jo Ann Pinna

Printed Name

ITB 2019915 – Air Conditioning Replacement

DEBARMENT CERTIFICATION

"The bidder certifies that, neither the firm nor any person associated therewith in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, and/or position involving the administration of federal funds:

(a) Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions, as defined in 49 CFR s29.110(a), by any federal department or agency;

(b) Has within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or public contract; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Is presently indicted for or otherwise criminally or civilly charged by a federal, state, or local Governmental entity with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) Has within a three-year period preceding this certification had one or more federal, state, or local government public transactions terminated for cause or default.

The bidder certifies that it shall not knowingly enter into any transaction with any subcontractor, material supplier, or vendor who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this project by any federal agency.

Dated this 19 day of March, 2019.
By [Signature]
Authorized Signature/Contractor
JoAnn Pinna, President
Typed Name/Title
Master Mechanical Services, Inc.
Contractor's Firm Name
15181 NW 33 Pl.
Street Address
miami, FL 33054
City/State/Zip Code
305-825-3004
Area Code/Telephone Number

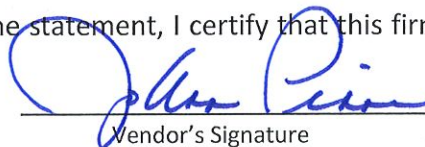
ITB 2019915 – Air Conditioning Replacement

IDENTICAL TIE PROPOSALS

Preference shall be given to businesses with drug-free workplace programs. Whenever two or more of a proposal, 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, an proposal 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 proposals will be followed if none of the tie 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 violation 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 proposal 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 proposal, the employees 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 firm complies fully with the above requirements



Vendor's Signature

ITB 2019915 – Air Conditioning Replacement

NON-COLLUSION AFFIDAVIT

I, JoAnn Pinna of the City of Miami-Dade
according to law on my oath, and under penalty of perjury, depose and say that;

1) I am President of Master Mechanical Services, Inc., the bidder making the proposal for the project described as follows:

ITB 2019915 Air Conditioning Replacement

2) The prices in this proposal have been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other bidder with any competitor;

3) Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to proposal opening, directly or indirectly, to any other bidder to any competitor; and

4) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit, or not to submit, an proposal for the purpose of restricting competition;

5) The statements contained in this affidavit are true and correct, and made with full knowledge that Monroe County School District relies upon the truth of the statements contained in this affidavit in awarding contracts for said project.

[Signature]
Signature of Authorized Representative

3-19-19
Date

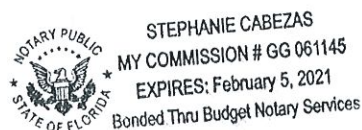
STATE OF Florida

COUNTY OF Miami-Dade

PERSONALLY APPEARED BEFORE ME, the undersigned authority, JoAnn Pinna,
who, being personally known, or having produced as identification, and after first being sworn by me, affixed his/her signature in the space provided above on this 19 day of March, 20 19.

[Signature]
NOTARY PUBLIC

My Commission Expires:



ITB 2019915 – Air Conditioning Replacement

MONROE COUNTY SCHOOL DISTRICT
BUSINESS/PERSONAL RELATIONSHIP DISCLOSURE AFFIDAVIT

I, JoAnn Pinna, of the City/Township/Parrish of Miami-Dade, State of Florida, and according to law on my oath, and under penalty of perjury, depose and say that;

- I am the authorized representative of the company or entity making a proposal for a project described as follows:
Name of company/vendor: Master Mechanical Services, Inc.
Nature of services presently being offered to School District: HVAC - AC Replacement

2) ☒ I have (OR) ☐ I have not at any time prior to this application, had a business relationship with any employee or board member of the School District of Monroe County, Florida.

IF YOU ANSWER I HAVE: Please list details of the relationship including the employee or board member's name with whom you have done business, the type of work that was performed and the years worked. Jeff Barrow - previous contracts awarded by Monroe School Board

3) ☐ I have (OR) ☒ I DO NOT have a personal relationship (this includes family) with an employee of OR a board member of the School District of Monroe County, Florida.

IF YOU ANSWER I HAVE: Please list details of the relationship including the employee(s) or board member(s) name with whom you are related, and your ties to that person (spouse, mother, brother, cousin, or related by marriage, partners, etc.)

The statements contained in this affidavit are true and correct, and made with full knowledge that The School Board of Monroe County, Florida, relies upon the truth of the statements contained in this affidavit in awarding contracts for the subject project. I hereby agree to keep the School District of Monroe County, Florida, informed of any change to the information contained herein. I further understand and agree that discovery of any undisclosed relationship can and will lead to termination of any ongoing contracts, and may potentially lead to me being banned from conducting future business with the school district.

3-19-19
Date

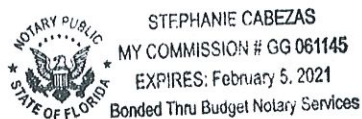
JoAnn Pinna
(Signature of Authorized Representative)

STATE OF Florida
COUNTY OF Miami-Dade

PERSONALLY APPEARED BEFORE ME, the undersigned authority, JoAnn Pinna who, being personally known, or having produced as identification, and after first being sworn by me, affixed his/her signature in the space provided above on this 19 day of March 20 19.

[Signature]
NOTARY PUBLIC

My commission expires:



ITB 2019915 – Air Conditioning Replacement

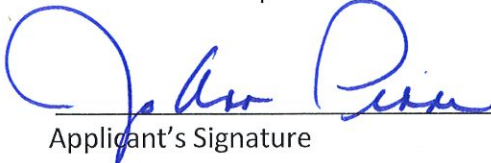
DRUG FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that:

Master Mechanical Services, Inc.
(Name of Business)

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 section (1).
4. In the statement specified in section (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, 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 (Florida Statutes) 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, or 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 firm complies fully with the above requirements.


Applicant's Signature

3-19-19
Date

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Master Mechanical Services, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

15181 NW 33 PI

6 City, state, and ZIP code

Miami, FL 33054

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

6 5 - 0 4 6 0 4 7 4

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ► **3-19-19**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

ITB 2019915 – Air Conditioning Replacement

Monroe County School District
Vendor Information Sheet

Vendor Name: Master Mechanical Services, Inc.

Federal EIN/SSN: 65-0460474

Primary Address: 15181 NW 33 Pl.
miami, FL 33054

Payment Address: Same as above

Contact Name: Tina Pinna / Sean Pinna

Phone: 305-825-3004 ext. _____

Fax: 305-825-1607

E-Mail: info@mastermechanicalservices.com

ITB 2019915 – Air Conditioning Replacement

REFERENCE FORM

Provide three references from agencies you have provided similar goods or services to in the past three (3) years.

Reference # 1

Organization Name: Miami Dade College Telephone # 305-219-2259

Contact Name: Bill Fehl Email Address: wfehl@mdc.edu

Scope of Work Provided: Replace unit @ MDC Interamerican Campus and Koubek Center

Project Dollar Value: \$25,000 Present Contract Status: complete open contract Contract Dates: 3/2019

Reference # 2

Organization Name: City of Coconut Creek Telephone # 954/973-6730

Contact Name: Sal Magliarisi Email Address: smagliarisi@coconutcreek.net

Scope of Work Provided: City Hall Cooling Tower Replacement

Project Dollar Value: \$84,000 Present Contract Status: completed Contract Dates: 10/2018

Reference # 3

Organization Name: City of Miami Beach Telephone # 305/673-7000 x 2972

Contact Name: Ramon Duarte Email Address: ramonduarte@miamibeach.fl.gov

Scope of Work Provided: Furnish and Install new Trane Chiller

Project Dollar Value: \$136,000 approx Present Contract Status: completed Contract Dates: 12/2018

Authorized Representative's Signature: JoAnn Pinna Date: 3/19/19

Name (Printed) and Title: JoAnn Pinna, President



Master Mechanical Services, Inc.

CMC057200

15181 NW 33 Place

Miami, FL 33054

Office 305/825-3004

Fax 305/825-1607

info@mastermechanicalservices.com

SIMILAR PROJECTS RECENTLY COMPLETED

KEY WEST HIGH SCHOOL

SUGARLOAF SCHOOL

CORAL SHORES HIGH SCHOOL

MARATHON HIGH SCHOOL

KEY LARGO SCHOOL

GATO BUILDING

CONTACT: JEFF BARROW

Experience with Governmental Entities

Monroe County Public Works	2006-Current
City of Miami	2002-Current
City of Miami Beach	2006-Current
Town of Davie	2010-Current
Monroe County School Board	2012-Current
Dade County School Board	2012-Current
City of Miami Fire Department	2014-Current

TABLE I – CURRENT PROJECTS

PROJECT TITLE & LOCATION	YOUR CONTRACT AMOUNT	Project Owner	REQUIRED COMPLETION DATE	ACTUAL COMPLETION DATE	NAME, ADDRESS, PHONE #, & Email of Project Owner
Allapatah Elderly Center RFQ # 1005381, 1	\$57,544	City of Miami	30 days after PO	ongoing	Teresa Soto City of Miami, Procurement 444 SW 2 Ave 6 FL Miami, FL 33130 305-416-1919 tsoto@miamigov.com
Osaka 1300 Brickell Bay Dr.	\$186,000	GC: Brodson Construction	7/2019	ongoing	Brodson Construction 120 NE 27 St #100 Miami, FL 33137 Tim Funke 305/576-9909 tim@brodsonconstruction.com
Ocean Club Key Biscayne	\$165,000	GC: CDC Builders	11/2019	ongoing	CDC Builders 5775 Blue Lagoon Dr #400A Miami, FL 33126 Rick Ake 305-261-4100 rake@cdcbuilders.com
Guralnick Law West Palm, FL	\$79,000	GC: Fineline	6/2019	ongoing	Fineline Construction 6500 Georgia Ave West Palm Beach, FL 33405 Bob Waskewicz 561/306-6290 bobw@finelinecontractors.com
Twiddle Residence	\$124,900	GC: Krome Construction	7/2019	Ongoing	Krome Construction 345 NE 80 St. Miami, FL 33138 Alex Trench 305-431-3547 atrench@kromeconstruction.com

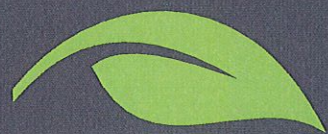
Please note this document must be completed in its entirety. Any missing or omitted information will result in a non-responsive bid and your proposal will be disqualified. This Document will also be used as a reference document and the CITY will verify references.

TABLE II – COMPLETED PROJECTS (Reference Document)

PROJECT TITLE & LOCATION	YOUR CONTRACT AMOUNT	Project Owner	REQUIRED COMPLETION DATE	ACTUAL COMPLETION DATE	NAME, ADDRESS, PHONE #, & Email of Project Owner
Coral Shores High Sch. Gym	\$241,250	Monroe County School Board	8/15/18	8/3/18	Monroe County School Bd. Jeff Barrow 241 Trumbo Rd. Key West, FL 33040 305/293-1400 jeff.barrow@keyschools.com
FCC DC Warehouse	\$255,737	Fineline	7/2018	7/2018	Fineline Construction 6500 Georgia Ave West Palm Beach, FL 33405 Bob Waskewicz 561/306-6290 bobw@finelinecontractors.com
Ross Dress for Less Cooper City, FL	\$292,622	Interstruct	8/2018	8/2018	Interstruct 121 S. Orange Ave 820N Orlando, FL 32801 Paul Lyautey p.lyautey@interstructinc.com 407/923-8771
Shake Shack Falls, Dadeland	\$101,547	Brodson	10/2018	10/2018	Brodson Construction 120 NE 27th St #100 Miami, FL 33137 Tim Funke 305/576-9909 tim@brodsonconstruction.com
City of Wilton Manors	\$63,515	City of Wilton Manors	11/2018	11/2018	City of Wilton Manors 2020 Wilton Dr Wilton Manors, FL 33305 Sal Magliarisi 954/812-9628

Please note this document must be completed in its entirety. Any missing or omitted information will result in a non responsive bid and your proposal will be disqualified. This Document will also be used as a reference document and the CITY will verify references.

ELIMINATING CORROSION, ONE JOB AT A TIME



SURFSIL

www.surfsil.com



Choosing the Right Solution for the Job

Choosing the most appropriate coil coating for the application could save the project thousands of dollars and eliminate repeat treatments. Choosing the wrong coil coating could reduce heat transfer properties and lead to higher energy bills, premature failure, and unnecessary costs.

Description of Solution

SURFSIL is a hybrid compound using the latest nano-silane technology to incorporate organic and inorganic properties allowing the coating to chemically adhere to the substrate (ig metal) via a covalent bond. This technology has allowed us to design a solution tailored specifically for the HVAC/R industry and has proven its performance, showing NO SIGN OF CORROSION after 10,008 hours of testing following the ASTM B-117 Salt Spray (Fog) Standard.

Durability

- Chemically bonded - does not allow corrosion to grow under the coating
- Flexible and scratch resistant - it will not crack or peel off
- Resistant to chemicals found in HVAC/R environments

Energy Savings

- Thin DFT (dry film thickness) – no bridging & will not insulate unit
- Preserves original equipment efficiency throughout its life time
- Improves heat transfer by filling microcavities

Improves Indoor Air Quality

- Hydrophobic surface – inhibits mold and bacteria growth
- Seals HVAC/R components from the environment

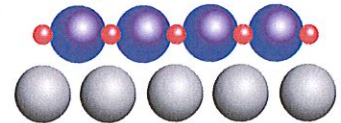
Reduce Equipment Replacement Costs

- Extends the useful life of HVAC/R equipment
- No harsh chemicals required for maintenance
- 5 year standard warranty with an option for a 10 year extended warranty

How it Works

PROBLEM

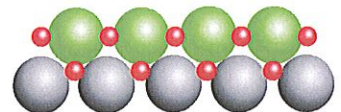
Mechanical Bonding



All epoxy, phenolic, and polymer based coatings adhere to the surface via mechanical bonding and attach to the micro-imperfections of the surface. This bonding results in a lower adhesion strength. Combining this flaw with the added pressure created by corrosion (~ 2,200 psi), the coating can start to blister or peel off the surface of the substrate.

SOLUTION

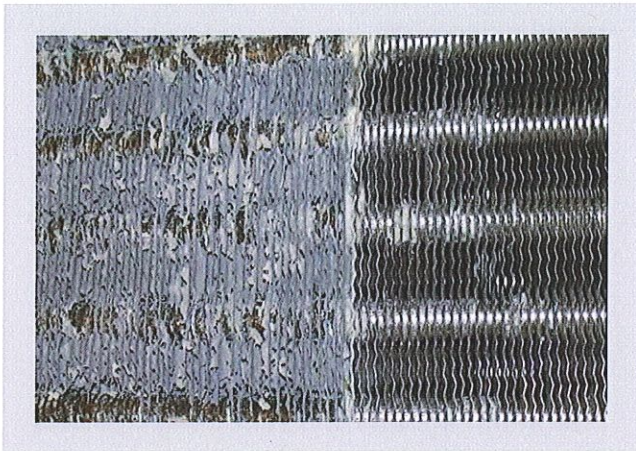
Chemical Bonding



Chemical bonding provides unmatched surface adhesion. **SURFSIL** chemically (covalently) bonds with the substrate and cures with an adhesion strength of over 4,000 psi to become, in a sense, a NEW material.

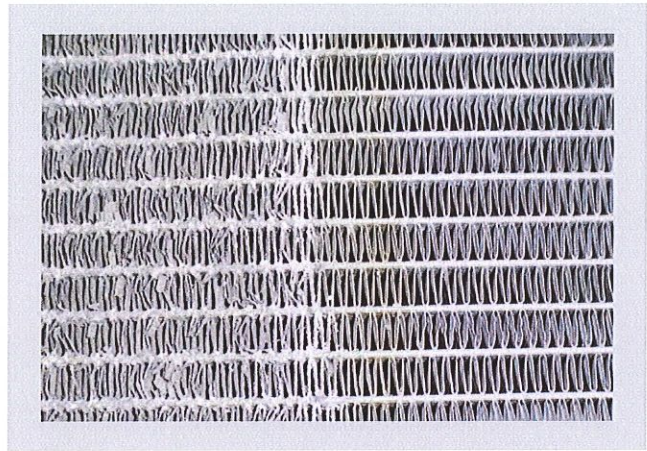
Which Side Would You Like Your Coil to Look Like?

PROBLEM / SOLUTION



Test performed for 5,000 hours using ASTM G85 A3 (a more aggressive, modified ASTM B117 using acidified sea water). The image above compares the performance of a bare coil, half of which has been treated with **SURFSIL** and half left untreated.

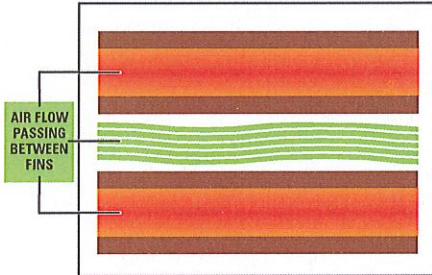
PROBLEM / SOLUTION



As the image above shows, even the micro-channel coils tested, using the ASTM G85 A3, shows how our intelligent coating design is able to penetrate into all the cavities of the coil, essentially sealing it from its environment and protecting it from corroding.

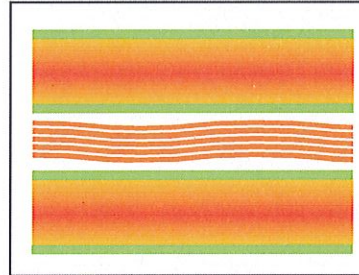
Heat Transfer

Thick Coating



Thicker coatings can increase your energy consumption up to 3-5% instantly, which raises cost, over works the unit, and most importantly, decreases equipment capacity leading to a reduction of space comfort.

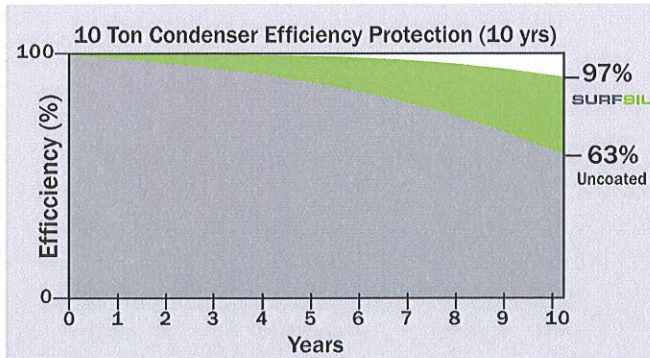
SURFSIL Coating



With a thickness of 0.5 mils and its silane properties, **SURFSIL** will negligibly affect heat transfer properties, keep energy costs down, and allow the unit to work as efficiently as it was designed to be.

Energy Savings

Based on studies conducted by FPL and other power companies, HVAC/R equipment lose an average 5% in heat transfer properties each year due to environmental deterioration. This percentage fluctuates with different environmental variables and in fact, most units will fail within ten years due to high pressure refrigerant alarm (a unit cannot properly function at an efficiency of 63%).



By applying **SURFSIL**, you will not only lower energy consumption and extend the equipment's life-span, you will also more than payback your initial investment to protect the unit from corrosion!

Energy Savings Table:

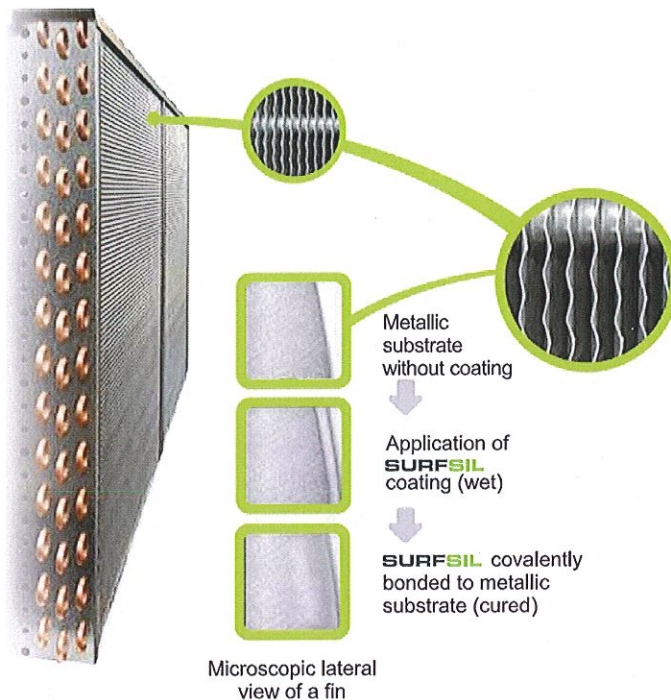
Savings of a 10-ton Condensing Unit				
Yr	\$0.15/kwh	\$0.20/kwh	\$0.25/kwh	\$0.30/kwh
1	~	~	~	~
2	\$96.30	\$128.40	\$160.50	\$192.60
3	\$199.34	\$265.79	\$332.24	\$398.68
4	\$309.50	\$412.66	\$515.83	\$619.00
5	\$427.17	\$569.56	\$711.95	\$854.34
6	\$552.76	\$737.02	\$921.27	\$1,105.53
7	\$686.73	\$915.63	\$1,144.54	\$1,373.45
8	\$829.51	\$1,106.02	\$1,382.52	\$1,659.02
9	\$981.61	\$1,308.81	\$1,636.01	\$1,963.21
10	\$1,143.52	\$1,524.69	\$1,905.86	\$2,287.03
Tot	\$5,226.43	\$6,968.57	\$8,710.72	\$10,452.86

**PAYBACK
WITHIN
3 YEARS OF
INVESTMENT!**

**LIFE TIME
SAVINGS!**

Characteristics Table

SURFSIL Characteristics	
Color	Clear, Glossy
Dry Film Thickness	10-15 microns
Temperature Range	-100°F-1,000°F



Test Performed

CORROSION & ULTRA-VIOLET RESISTANCE		HOURS TESTED
ASTM B117	SALT WATER (FOG) TEST	10,008 (No Sign of Corrosion)
ASTM G85	ACIDIFIED SEA WATER TEST	10,008 (No Sign of Corrosion)
ASTM D5894	CYCLIC SALT FOG/UV EXPOSURE TEST	6,048 (No Sign of Damage)
ASTM G154	ACCELERATED WEATHERING/UV EXPOSURE	1,008 (No Sign of Damage)

ABRASION, IMPACT RESISTANCE & FLEXIBILITY		RESULTS
ASTM D2794	RESISTANCE OF COATINGS TO IMPACT	39.56 lb/in ² Without Peeling or Cracking
ASTM D522	MANDREL BEND TEST	No Peeling or Cracking
ASTM D3359	ADHESION BY TAPE TEST	(5B) 0% Removed
ASTM D3363	PENCIL HARDNESS TEST	5H

MOLD & BACTERIA RESISTANCE		RESULTS
ASTM G21	RESISTANCE OF MATERIALS TO FUNGI, MOLD, ETC	Pass

Authorized Dealer Contact Information

Authorized Distributors

U.S.A.

Mailing Address:
7050 W Palmetto Park Road
Suite # 15-555
Boca Raton, FL 33433

SHIPPING ADDRESS

7900 NW 68 Street
Miami, FL 33166
Phone: 561-367-0320
Fax: 305-647-0786
Mobile: 305-790-9925

MEXICO

Av. Prolongación Alamos 47-2
Santiago Occipaco,
Naucalpan Estado de México,
C.P. 53250
Phone: 554-612-4112

SHIPPING ADDRESS

Prol. Circuito La Carambada S/N
Col. Modelo
Querétaro, Qro.
C.P. 76206
Mexico

advancoat
CORROSION SPECIALISTS

SurfSil R-10

Product Specification

Revision Date:
May 1, 2011

Ultra-High Performance HVAC/R Coating:

Purpose:

- To protect all HVAC/R equipment components from environmental agents that degrades the equipment efficiency, capacity, and life expectancy.
- In addition, it provides a hydrophobic surface reducing the accumulation of pollutants and debris on the equipment surfaces and does not support the growth of mold, fungus, or algae; thus reducing maintenance costs.

Applicability:

- All HVAC/R equipment components can be applied with SurfSil R-10, including Condenser Coils, Evaporator Coils, Drain Pans, Compressor Casings, Fans, Cabinets, Piping, and Structural Components.
- In addition, the coating is compatible with different materials like Copper, Aluminum, Stainless Steel, Galvanized Metal, Cast Iron, Pre-painted Surfaces, and different types of Plastics.

Characteristics:

- SurfSil R-10 protects by sealing all components surfaces from Direct Attack Corrosion* and Galvanic Corrosion **. The coating is UV resistant and it is also resistant against different environmental pollutants like acid rain.
- SurfSil R-10 is a clear coating with an average dry thickness of 15 microns.
- Because the coating is clear it does not affect the OEM look, as a matter of fact, the clear coating is highly gloss enhancing the cosmetic look of pre-painted panels and other components.
- By customer request a blue dye can be added to the formula allowing a translucent blue look to the final film.
- The coating thickness is one of the most important features, due to its low viscosity of 0.97 and a final mean dry thickness of 15 microns the coating is guaranteed to penetrate all micro-cavities of heat transfer surfaces like Evaporator and Condenser Coils.
- The high conductivity of the coating composition and its thickness are designed not to alter the Coils heat transfer properties so equipment efficiency and capacity are not affected. Furthermore, because the coating properties inhibit the accumulation of debris on the heat transfer surfaces the unit efficiency is better maintained between periodical services.

Tests Performed (third party laboratories):

1. The coating has exceeded 10,008 hours (417 cycles/day) in a Salt-Test Chamber based on ASTM B-117, rated based on ASTM B537-70 (practice of rating).
2. The coating has passed the impact test ASTM D2794-04 with 39.68 inch x lbs, without cracking.
3. The coating has passed the abrasion test ASTM D3359-02, without peeling.
4. The coating has passed the Hardness test ASTM D3363-05 with a superior resistance to 5H.
5. The coating has passed the Conical Mandric test ASTM D522 without signs of cracking.
6. The coating has been exposed and passed for colorfastness and accelerated life to long term UV exposure under ASTM standard G155.
7. The coating has passed ASTM G21 Mold Growth test.

***Direct Surface Attack Corrosion:** The surface effect produced by reaction of the metal surface to oxygen in the air is a uniform etching of the metal. The rusting of steel, tarnishing of copper alloys, and the general dulling of aluminum surfaces are common examples of direct surface attacks. If such corrosion is allowed to continue unabated, the surface becomes rough and in the case of aluminum, frosty in appearance. Direct surface attack is sometimes referred to as uniform etch corrosion

****Galvanic Corrosion:** This is the term applied to the accelerated corrosion of metal caused by dissimilar metals being in contact in a corrosive medium. Dissimilar metal corrosion is usually a result of faulty design or improper maintenance practices which result in dissimilar metals coming in contact with each other. This is usually seen as a buildup of corrosion at the joint between the metals.



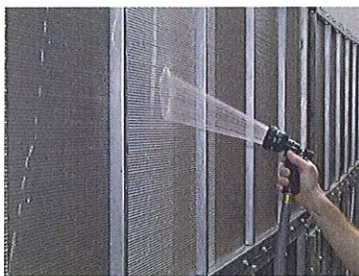
Coil & Fin Clear Protective Treatment

R-5 CLEANING INSTRUCTIONS

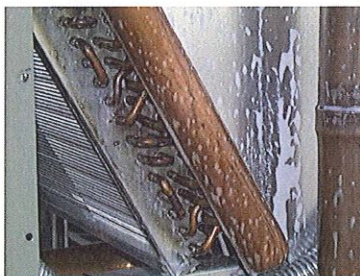
Proper periodic post cleaning of the coils will help maintain the original efficiency of the HVAC/R unit for a prolonged period of time. It is required that units protected with **SURFSIL™** is cleaned at least every 60 days by following the manufacturer's recommended cleaning instructions.

CLEANING INSTRUCTIONS:

- Always wear safety gear for protection.
- Disconnect power to the unit to avoid electrical shock.
- Disassemble the unit to have access to the coil from both sides.
- **USE ONLY TAP WATER.** Only in cases where tap water will not remove the dirt on the coil, you may use PLC-1 cleaner diluted at a ratio of 1 part cleaner to 20 parts water.
- Apply the cleaner liberally on both sides of the coils with the "Detergent Application System" as recommended by the manufacturer.*
- Wait 3-5 minutes before rinsing the unit with clean water. Do not allow the detergent to dry on the coil before rinsing. If that happens, reapply more detergent and rinse it before it dries.
- Rinse both sides of the coil with liberal quantities of clean water. It is preferred to rinse the inside surface of coil first to "push out" the dirt and debris that accumulated on the outer surface of the coil.
- Assemble the unit.
- Reconnect power to the unit.
- Record the cleaning maintenance service call by filling out the quarterly maintenance form at:
<http://www.advancoat.com/warranty.html>



Apply detergent



Wait 3-5 minutes



Rinse with clean water

IMPORTANT:

- **DO NOT USE OTHER DETERGENTS/CLEANERS:**
 - The use of harsh coil cleaners over a period of time may deteriorate the protective layer.
- Do not use a high pressure washer.
- Always disconnect the power to the unit before performing any work.
- Always wear safety gear for protection.

* Contact us for pricing and availability of the "Detergent Application System" and PLC-1



Coil & Fin Clear Protective Treatment 5 YEAR LIMITED WARRANTY

Warranty Terms & Conditions

Standard Warranty: **Surfsil™** provides a standard workmanship warranty on R5 coated coils against defects of the coating that occur due to failure of the coating or workmanship in the application of the coating for a period of five (5) years from the date of application. Should coating failure occur within the warranty period and is determined to be caused from exterior corrosion, or by improper application or workmanship, **Surfsil™** agrees to either repair the coating at no additional cost to the customer, or to refund the original invoice amount, or recoat a replacement coil at no cost; **Surfsil™** reserves the right to choose which of the 3 options is best applicable for each coil/equipment. For refund of the original invoice amount the coil must have a widespread corrosion over 25% of its face area. This warranty does not include protection from corrosive conditions other than those atmospheres which the coating has been formulated to protect against, nor from failure due to improper or lack of maintenance and care by the owner. **Surfsil™** is to be notified by coil/equipment supplier when any problem is observed during a routine cleaning inspection. Warranty is issued to the coil/equipment supplier, not the end user.

User must adhere to coil maintenance practices and complete the online form quarterly maintenance form at <http://www.advancoat.com/warranty.html>. Failure to complete and submit online this form within the quarterly period will result in this warranty being nullified. End User must follow Surfsil's "Quarterly Maintenance Instructions Sheet" provided with the coil/equipment as the guideline and must perform the proper maintenance and care every 3 months. End users may use only cleaning materials recommended and/or approved by **Surfsil™**. Use of any materials applied by others or incompatible cleaning materials will void the warranty. Owner must not remove **Surfsil™** identification tag attached to coil or equipment as it is required to process the warranty. If removed the warranty is void. All warranty claims must be submitted in a timely fashion to **Surfsil™**. Timely means exercise of prudent judgment and observation of corrosion to allow sufficient time for corrective/preventive action to be taken.

Surfsil™ will not accept claims where the end user has neglected the coil/equipment and places a complaint when the corrosion on the coil has reached a point that is not repairable by re-coating.

If a coil fails due to corrosion in the fin pack and all conditions listed in the standard warranty are met, **Surfsil™** agrees to either repair the coating at no additional cost to the customer or recoat a replacement coil at no cost. Any warranty claim must be for corrosion that is significant across the general face area of the coil, as compared to minor cosmetic superficial wear/corrosion. Costs not covered are downtime, replacement equipment, cost of a replacement coil, refrigerant charge, freight, crane, installation labor, and temporary equipment rental.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/29/2018

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).

PRODUCER Risk Strategies Company 3350 S Dixie Hwy Miami FL 33133		CONTACT NAME: PHONE (305) 446-2271 FAX (A/C, No, Ext): E-MAIL: Certificates@kahn-carlin.com ADDRESS:															
INSURED Master Mechanical Services Inc 15181 NW 33 Place Miami FL 33054		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: National Trust Insurance Co</td><td>20141</td></tr><tr><td>INSURER B: Monroe Guaranty Insurance Co</td><td>32506</td></tr><tr><td>INSURER C: FCCI Insurance Co</td><td>10178</td></tr><tr><td>INSURER D: Federal Insurance Company</td><td>20281</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: National Trust Insurance Co	20141	INSURER B: Monroe Guaranty Insurance Co	32506	INSURER C: FCCI Insurance Co	10178	INSURER D: Federal Insurance Company	20281	INSURER E:		INSURER F:	
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INSURER D: Federal Insurance Company	20281																
INSURER E:																	
INSURER F:																	

COVERAGES

CERTIFICATE NUMBER: CL1832960074

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"/> COMMERCIAL GENERAL LIABILITY	X		GL00116388	3/31/2018	3/31/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			CA 100024142	3/31/2018	3/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			UMB 100024143	3/31/2018	3/31/2019	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 4,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	001WC18A72097	3/31/2018	3/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Equipment Floater			06642183ECE	3/31/2018	3/31/2019	Limit 105,298
	Leased/Rented						Deductible 1,000

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

The certificate holder is additional insured as respects to General Liability.

CERTIFICATE HOLDER

CANCELLATION

Monroe County School District 241 Trumbo Road Key West, FL 33040	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 M Christian/LISCAN <i>M B Christian</i>

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2018 / 2019
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2019

RECEIPT# 30140-93813

Business Name: MASTER MECHANICAL SERVICES INC

Owner Name: JOANN PINNA PRES, WILLIAM FLOWERS
Mailing Address: QUALIFIER
15181 NW 33 PL
MIAMI, FL 33054

Business Location: MO CTY
KEY WEST, FL 33040
Business Phone: 305-825-3004
Business Type: CONTRACTOR (HVAC; GENERAL)

Employees 15

STATE LICENSE: CMC057200; CGC1506699

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
35.00	0.00	35.00	0.00	0.00	0.00	35.00

Paid 114-17-00002840 07/18/2018 35.00

THIS BECOMES A TAX RECEIPT
WHEN VALIDATED

Danise D. Henriquez, CFC, Tax Collector
PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX.
YOU MUST MEET ALL
COUNTY AND/OR
MUNICIPALITY PLANNING
AND ZONING REQUIREMENTS.

MONROE COUNTY BUSINESS TAX RECEIPT

P.O. Box 1129, Key West, FL 33041-1129
EXPIRES SEPTEMBER 30, 2019

RECEIPT# 30140-93813

Business Name: MASTER MECHANICAL SERVICES INC

Owner Name: JOANN PINNA PRES, WILLIAM FLOWERS
Mailing Address: QUALIFIER
15181 NW 33 PL
MIAMI, FL 33054

Business Location: MO CTY
KEY WEST, FL 33040
Business Phone: 305-825-3004
Business Type: CONTRACTOR (HVAC; GENERAL)

Employees 15

STATE LICENSE: CMC057200; C

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
35.00	0.00	35.00	0.00	0.00	0.00	35.00

Paid 114-17-00002840 07/18/2018 35.00

002107

Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY



4549821

BUSINESS NAME/LOCATION

MASTER MECHANICAL SERVICES INC
15181 NW 33RD PL
MIAMI GARDENS FL 33054

RECEIPT NO.

RENEWAL
4749843

EXPIRES

SEPTEMBER 30, 2019

Must be displayed at place of business

Pursuant to County Code
Chapter 8A - Art. 9 & 10

OWNER

MASTER MECHANICAL SERVICES INC
WILLIAMS S FLOWERS QUALIFIER

SEC. TYPE OF BUSINESS

196 GENERAL MECHANICAL CONTRACTOR
CMC057200

**PAYMENT RECEIVED
BY TAX COLLECTOR**

\$45.00 07/18/2018

CHECK21-18-070163

Worker(s)

4

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

THE MECHANICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

FLOWERS, WILLIAM SHAWN

MASTER MECHANICAL SERVICES INC
15181 N.W. 33 PLACE
MIAMI FL 33054

LICENSE NUMBER: CMC057200

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

State of Florida

Department of State

I certify from the records of this office that MASTER MECHANICAL SERVICES, INC. is a corporation organized under the laws of the State of Florida, filed on January 11, 1994.

The document number of this corporation is P94000002666.

I further certify that said corporation has paid all fees due this office through December 31, 2018, that its most recent annual report/uniform business report was filed on January 9, 2018, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Ninth day of January, 2018*



Ken Detjen
Secretary of State

Tracking Number: CC6690761588

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

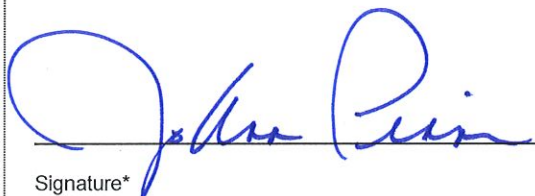
<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

ITB 2019915 – Air Conditioning Replacement

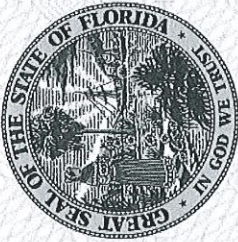
PRICE SHEET

You may bid on any or all of the sites listed. If you chose not to bid on a particular site please write NO BID on the price line. Rank sites on a 1-4 scale (1 being first choice and 4 being last choice), this number will only be used if contractor is low bidder on more than two sites.

Key Largo School	RANK <u>2</u>	TOTAL PRICE	\$ <u>23,720.-</u>
Coral Shores High School	RANK <u>3</u>	TOTAL PRICE	\$ <u>30,700.-</u>
Marathon High School	RANK <u>4</u>	TOTAL PRICE	\$ <u>149,700.-</u>
Key West High School	RANK <u>1</u>	BASE PRICE	\$ <u>123,931.-</u>
Key West High School – Duct Sock Replacement Alternate PRICE			\$ <u>82,000.-</u>


Signature*

*Please sign above to acknowledge that you have the ability to complete awarded sites prior to 8/1/2019 and bids on individual sites priced over \$100,000 include a 100% performance bond.



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

THE ELECTRICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

TANQUERO, AMADO

HALO ELECTRICAL CONTRACTOR INC
8835 SW 107 AVE, SUITE #304
MIAMI FL 33176

LICENSE NUMBER: EC13005042

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/15/2018

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 Peninsula Insurance Services 10691 N Kendall Dr Ste 212 Miami, FL 33176 Phone (305) 275-5994 Fax (305) 275-5559		CONTACT NAME: IRENE SEVILLA PHONE (A/C, No, Ext): (305) 275-5994 FAX (A/C, No): (305) 275-5559 E-MAIL ADDRESS: ISEVILLA@PENNINSULAINS.COM	
INSURED HALO ELECTRICAL CONTRACTOR INC 11091 SW 64 Street Miami FL 33173-		INSURER(S) AFFORDING COVERAGE INSURER A: MAXUM INDEMNITY INSURER B: PROGRESSIVE 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	ADDSUBR INSR 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 <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	BDG0094925	05/23/2018	05/23/2019	EACH OCCURRENCE \$ 1,000,000.00
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00					
	MED EXP (Any one person) \$ 5,000.00					
	PERSONAL & ADV INJURY \$ 1,000,000.00					
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>	Y	01888629-4	10/08/2017	10/08/2018	COMBINED SINGLE LIMIT (Ea accident) \$
	BODILY INJURY (Per person) \$ 100,000.00					
	BODILY INJURY (Per accident) \$ 300,000.00					
	PROPERTY DAMAGE (Per accident) \$ 50,000.00					
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					EACH OCCURRENCE \$
	AGGREGATE \$					
	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>					
	E.L. EACH ACCIDENT \$					
E.L. DISEASE - EA EMPLOYEE \$						
E.L. DISEASE - POLICY LIMIT \$						

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

ELECTRICAL CONTRACTOR

CERTIFICATE HOLDER CITY OF BOCA RATON 201 WEST PALMETTO PARK RD BOCA RATON, FL 33432	CANCELLATION 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 CECILIA VALDERA
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/14/2018

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 PENINSULA INS SVCS INC 10691 N KENDALL DR STE 212 MIAMI FL 33176 76PNR		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: FLORIDA W.C. JUA INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		FAX (A/C, No): NAIC #
INSURED HALO ELECTRICAL CONTRACTOR INC 11091 SW 64 STREET MIAMI FL 33173				

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	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: AGGREGATE <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	(6FR13UB-6G43420-0-18)	04-16-18	04-16-19	X PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							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

CANCELLATION

CITY OF BOCA RATON 201 WEST PALMETTO PARK ROAD BOCA RATON FL 33432	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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MONROE COUNTY SCHOOL DISTRICT

SURETY LETTER OF INTENT



This is to advise The School Board of Monroe County Florida (The Board) that until further notice in writing that United States Fire Insurance Company (Name of Surety) agrees to provide surety on behalf of Master Mechanical Services, Inc. (Name of Applicant Company) covering construction in the amount of \$3,000,000 for any single contract and \$6,000,000 in the aggregate.

When more than one surety is included in this letter of intent, unless clearly indicated to the contrary, and separate limits are indicated for each surety, each surety agrees that it shall be jointly and severally liable.

The undersigned(s) also advises The Board that the following is a true and accurate description of the Surety's performance rating and financial size:

The Surety's A.M. BEST rating performance A (A- or better is required)

The Surety's Financial size is: XIII

The Surety's A.M. BEST identification number is: 002136

Name of Surety: United States Fire Insurance Company

By: Charles J. Nielson, Atty.-In-Fact

Name (Printed/Typed) Title
(Affix Seal)

Sworn to and subscribed before me this March 18, 2019.

Notary Public State of: Florida

My Commission expires:



Olga Iglesias

(Printed, typed or stamped commissioned name of notary public)

The Surety's A.M. BEST rating performance A/XIII (A- or better is required)

The Surety's Financial size is:

The Surety's A.M. BEST identification number is:

Name of Surety:

By: Jo Ann Pinna (Master Mechanical Services, Inc.)

Signature

Name (Printed/Typed) Title
(Affix Seal)

Sworn to and subscribed before me this 21st day of March, 2019.

Notary Public State of: Florida

My Commission expires:



(Printed, typed or stamped commissioned name of notary public)

**POWER OF ATTORNEY
UNITED STATES FIRE INSURANCE COMPANY
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY**

00927402019

KNOW ALL MEN BY THESE PRESENTS: That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

*Ian A. Nipper, David Russell Hoover, Joseph Penichet Nielson,
Charles David Nielson, Charles Jackson Nielson, Shawn Alan Burton, Jarrett Merlucci*

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties not exceeding: **Seven Million, Five Hundred Thousand Dollars (\$7,500,000).**

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney revokes all previous Powers of Attorney issued on behalf of the Attorneys-In-Fact named above and expires on January 31, 2020.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

(a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;

(b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 10th day of March, 2016.

UNITED STATES FIRE INSURANCE COMPANY



A.R.S.

Anthony R. Slimowicz, Executive Vice President

State of New Jersey }
County of Morris }

On this 10th day of March 2016, before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.

**SONIA SCALA
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES 3/25/2019**

Sonia Scala

Sonia Scala (Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the 18th day of March 2019
UNITED STATES FIRE INSURANCE COMPANY



Al Wright

Al Wright, Senior Vice President

ITB 2019915 – Air Conditioning Replacement

MONROE COUNTY SCHOOL DISTRICT
LOCAL VENDOR AFFIDAVIT

The undersigned, as a duly authorized representative certifies to the best of his/her knowledge, that the vendor meets the definition of a "Local Business" by meeting ALL of the following criteria:

a) Principle address registered with the Department of State showing an address within 25 miles of the boundaries of the city for which goods/services are being solicited, or if the job pertains to the entire district, then any one of the cities located within Monroe County, (copy of license required) AND

b) Is listed with the chief licensing official for the City/County having a business tax receipt within 25 miles of the boundaries of the location for which goods/services are being solicited at least one year prior to the date of the solicitation, (copy of license required) AND

c) Attests that they maintain a workforce that is made up of at least 50% of its employees from within Monroe County, AND

d) At least one member (director or principle) of the entity shall reside within Monroe County (copy of ID required).

Please submit this signed, notarized form, along with copies of your state and local licenses indicated above, with your bid proposal for review. Failure to include this form, together with the copies requested, will result in denial of certification as a local business for preference purposes.

Business Name: Master Mechanical Services, Inc.

Name of Representative Signing Below: JoAnn Pinna

Current Local Address: _____

Phone: _____

Email Address: _____

Signature of Representative

State of Florida

County of miami-dade

3-19-19

Date

The forgoing instrument was acknowledged before me this 19 day of March, 2019
by JoAnn Pinna, of Master Mechanical Services, Inc.

Name of Representative

Name of Company

☒ who is personally known OR has produced _____
as identification.

(Stamp or Seal)

Signature of Notary

ITB 2019915 – Air Conditioning Replacement

STATEMENT OF NO BID

NOTE: If you do not intend to bid on this requirement/project, please return this form immediately. Thank you.

School Board of Monroe County, Florida

We, the undersigned have declined to submit a proposal due to the following reason(s):

- ☐ Specifications too "tight", i.e. geared toward one brand/manufacturer/service only (explain below)
- ☐ Unable to meet time period for responding to proposal.
- ☐ We do not offer this product or service.
- ☐ Our schedule would not permit us to perform.
- ☐ Unable to meet specifications.
- ☐ Unable to meet Bond/Insurance requirement(s).
- ☐ Specifications unclear (explain below).
- ☐ Unable to Meet Insurance Requirements.
- ☐ Please Remove Us from Your "Bidder's List".
- ☐ Other (specify below).

REMARKS: _____

We understand that if the "No Bid" letter is not executed and returned our name may be deleted from the Bidder's List of the School Board of Monroe County.

Company Name: Master Mechanical Services, Inc.

Email: info@mastermechanicalservices.com

Proposal Number: ITB 2019915

Date: 3/19/19

Signature: [Signature]

Fax: 305-825-1607

Telephone: 305-825-3004



Master Mechanical Services, Inc.

CMC057200

15181 NW 33 Place

Miami, FL 33054

Office 305/825-3004

Fax 305/825-1607

info@mastermechanicalservices.com

MARCH 22, 2019

MONROE COUNTY SCHOOL DISTRICT
241 TRUMBO ROAD
KEY WEST, FL 33040

RE: ITB 2019-915 AIR CONDITIONING REPLACEMENT

KEY WEST GYM UNIT REPLACEMENT

DAY1-	SHUT DOWN SYSTEM SET UP TEMP AIR PROTECT FLOOR
DAY 2-	REMOVAL OF AHU SET NEW AHU
DAY 3 -	PIPE REFRIGERATION WORK ON ELECTRIC GET DUCT MODIFICATIONS ORDERED
DAY 4-	CONTINUE PIPING ELECTRIC CONTROLS
DAY 5 -	INSTALL DUCT TRANSITIONS
DAY 6-	COMPLETE DUCT INSTALLATION IN MECHANICAL ROOM STARTUP SYSTEM
DAY 7-	REMOVE FLOOR PROTECTION REMOVE TEMP AIR



Master Mechanical Services, Inc.

CMC057200

15181 NW 33 Place

Miami, FL 33054

Office 305/825-3004

Fax 305/825-1607

info@mastermechanicalservices.com

MARCH 22, 2019

MONROE COUNTY SCHOOL DISTRICT
241 TRUMBO ROAD
KEY WEST, FL 33040

RE: ITB 2019-915 AIR CONDITIONING REPLACEMENT

KEY WEST GYM UNIT REPLACEMENT – GYM DUCT SOX INSTALLATION
TO RUN CONCURRENTLY WITH AHU REPLACEMENT

DAY1-	PROTECT FLOOR REMOVAL OF EXISTING DUCT SOX
DAY 2-	INSTALL NEW DOUBLE WALL SPIRAL DUCT
DAY 3-	INSTALL NEW DOUBLE WALL SPIRAL DUCT
DAY 4 -	INSTALL NEW DOUBLE WALL SPIRAL DUCT
DAY 5-	INSTALL NEW DOUBLE WALL SPIRAL DUCT
DAY 6-	INSTALL NEW DOUBLE WALL SPIRAL DUCT
DAY 7-	COMPLETE INSTALLATION
DAY 8-	REMOVE FLOOR PROTECTION REMOVE TEMP AIR



Carrier Corporation
5440 NW 33rd Ave. Suite 108
Fort Lauderdale, FL 33309
www.commercial.carrier.com

EQUIPMENT QUOTATION

Attention:	All Bidders	Quote Date:	03/21/2019
Job Name:	KWHS Replacement AHU 5901A and B	Quote Number:	2019JN695
Job Location:	Key West, FL	Addenda Reviewed:	
Engineer:	(No Contact)		

We at Carrier are pleased to quote the following equipment for the above referenced project in accordance with attached terms and conditions.

Mark For	Qty	Model Number	Description	Total Sell
AHU 5901B	1	39M	39M AHU 30 – NO MOTOR – FIELD SUPPLIED <ul style="list-style-type: none"> ◆ Unit Parameters ◆ Aero Indoor Air Handler ◆ 39MN Size 30W ◆ Insulation: R-13 Double Wall Sealed Panel ◆ Exterior Finish: Painted Exterior Panels 18ga ◆ Interior Finish: 304 Stainless Steel Interior Panels ◆ Aluminum Diamond Tread Plate Floor ◆ Level II Thermal Break ◆ 6 inch tall Base Rail ◆ Flat Filter ◆ Plenum ◆ Direct Expansion Coil ◆ Plenum ◆ Draw-Thru Supply Fan ◆ Configuration Notes ◆ SPECIAL ENGINEERING – LONG LEAD TIME (estimated 14-15 weeks) 	
AHU 5901A	1	39M	39M AHU 21 <ul style="list-style-type: none"> ◆ Unit Parameters ◆ Aero Indoor Air Handler ◆ 39MN Size 21W ◆ Insulation: R-13 Double Wall Sealed Panel ◆ Exterior Finish: Painted Exterior Panels ◆ Interior Finish: 304 Stainless Steel Interior Panels ◆ Level II Thermal Break ◆ 4 inch tall Base Rail ◆ Angle Filter ◆ Direct Expansion Coil ◆ Blow Thru Plenum Section ◆ Configuration Notes ◆ SPECIAL ENGINEERING – LONG LEAD TIME (estimated 14-15 weeks) 	

QUOTATION NOTES:

We reserve the right to correct errors and/or omissions without penalty including pricing. It is the responsibility of the buying/installing contractor to verify all aspects including performance, size and options of the equipment prior to ordering or releasing equipment into production.