

# ***Monroe County School District***

**ITB 2019915**

**Bid Title: Air Conditioning Replacement**  
**Monroe County, Florida**



**AIR MECHANICAL & SERVICE CORP.**

## **Bid Documents**

**Internal Services Department  
Purchasing Division  
Monroe County School District  
241 Trumbo Road  
Key West, FL 33040**

**From:**

**Air Mechanical & Service Corp.  
2700 Avenue of the Americas  
Englewood, Florida 34224  
Phone #941-475-3715 Fax #941-475-3725  
POC: Blaine Byers  
[bbyers@amsco-ac.com](mailto:bbyers@amsco-ac.com)**

**Due Date/Time: Tuesday, March 26, 2019 @ 1:00 PM**



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ITB 2019915 – Air Conditioning Replacement

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**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.**

Air Mechanical & Service Corp

**NAME OF COMPANY**

4311 W. Ida Street

Tampa, Florida 33614

**ADDRESS OF COMPANY**

Blaine Byers

**PRINT NAME OF AUTHORIZED SIGNATURE**

bbyers@amsco-ac.com

**EMAIL ADDRESS**

941-475-3715 / 941-475-3725

**TELEPHONE No.**


**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)



Date March 26, 2019

Name of Proposer's Authorized Representative Blaine Byers

Title of Proposer's Authorized Representative Service Sales

## ITB 2019915 – Air Conditioning Replacement

### Bid Documents Required

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)

I, Blaine Byers (name), an authorized officer of Air Mechanical & Service Corp (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 Blaine Byers

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](http://www.demandstar.com).

ADDENDUM NO.   1   DATED 03/14/2019

ADDENDUM NO.        DATED       

ADDENDUM NO.        DATED       

ADDENDUM NO.        DATED       

ADDENDUM NO.        DATED       

ADDENDUM NO.        DATED       

Date: Mar. 26, 2019

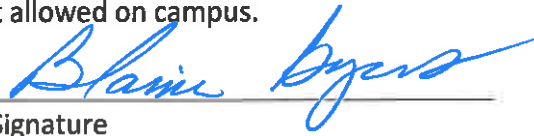
  
Applicant's Signature    Blaine Byers

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

Blaine Byers

Printed Name

March 26, 2019

Date

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;

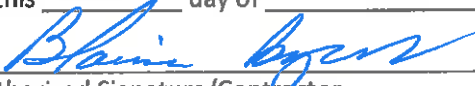
(c) Is presently indicted for or otherwise criminally or civilly charged by a federal, state, or local Governmental entity with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(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 26th day of March, 20 19.

By



Authorized Signature/Contractor

Blaine Byers, Service Sales

Typed Name/Title

Air Mechanical & Service Corp

Contractor's Firm Name

2700 Avenue of the Americas

Street Address

Englewood, Florida 34224

City/State/Zip Code

(941) 475-3715

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 Elaine Byers  
for Air Mechanical & Service Corp



ITB 2019915 – Air Conditioning Replacement

**NON-COLLUSION AFFIDAVIT**

Blaine Byers for Air Mechanical & Service Corp  
I, \_\_\_\_\_ of the City of \_\_\_\_\_ does not apply  
according to law on my oath, and under penalty of perjury, depose and say that;

1) I am Blaine Byers, Service Sales, the bidder making the proposal for  
the project described as follows: ITB 2019915 Air Conditioning Replacement at Key Largo  
School, Coral Shores High School, Marathon High School & Key West High School within  
the Monroe County School District \_\_\_\_\_

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.

Blaine Byers  
Signature of Authorized Representative Blaine Byers

March 26, 2019

Date

STATE OF FLORIDA

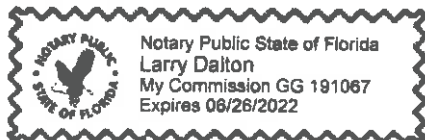
COUNTY OF CHARLOTTE

PERSONALLY APPEARED BEFORE ME, the undersigned authority, Blaine Byers  
who, X being personally known,     or having produced NA  
as identification, and after first being sworn by me, affixed his/her signature in the space provided above on  
this 26th day of March, 20 19.

Larry Dalton  
NOTARY PUBLIC Larry Dalton

June 26, 2022

My Commission Expires:



**ITB 2019915 – Air Conditioning Replacement**

**PUBLIC ENTITY CRIME STATEMENT**

"A person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases of real property to public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list."



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Blaine Byers, Service Sales  
Air Mechanical & Service Corp

ITB 2019915 – Air Conditioning Replacement

**MONROE COUNTY SCHOOL DISTRICT**  
**BUSINESS/PERSONAL RELATIONSHIP DISCLOSURE AFFIDAVIT**

I, Blaine Byers, of the City/Township/Parrish of NA, 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: Air Mechanical & Service Corp

Nature of services presently being offered to School District: A/C Replacement for 4 schools in the Monroe County School District - ITB 2019915

2)    I have (OR)   X   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. \_\_\_\_\_

3)    I have (OR)   X   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.

March 26, 2019


Date

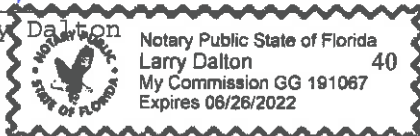
  
Blaine Byers  
(Signature of Authorized Representative)

STATE OF FLORIDA  
COUNTY OF CHARLOTTE

Blaine Byers

PERSONALLY APPEARED BEFORE ME, the undersigned authority, \_\_\_\_\_ who,  
  X   being personally known,    or having produced   NA   as identification,  
and after first being sworn by me, affixed his/her signature in the space provided above on this 26th day of  
March 20 19

  
NOTARY PUBLIC Larry Dalton



June 26, 2022

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:

AIR MECHANICAL & SERVICE CORP

(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 Blaine Byers

March 26, 2019  
Date

# ITB 2019915 – Air Conditioning Replacement

<b>Form W-9</b> (Rev. October 2018) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b> ▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.	<b>Give Form to the requester. Do not send to the IRS.</b>
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Print or type. See specific instructions on page 3.	<table style="width: 100%;"> <tr> <td style="width: 65%;"> <b>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</b>            Air Mechanical &amp; Service Corp         </td> <td style="width: 35%;"></td> </tr> <tr> <td colspan="2"> <b>2 Business name/disregarded entity name, if different from above</b>            _____         </td> </tr> <tr> <td colspan="2"> <b>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.</b> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Individual/sole proprietor or single-member LLC   <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <small>Notes: 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.</small> </td> <td style="vertical-align: top;"> <input type="checkbox"/> C Corporation    <input checked="" type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate   <input type="checkbox"/> Other (see instructions) ▶ _____         </td> </tr> <tr> <td colspan="2"> <b>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</b>            Exempt payee code (if any) _____            Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small> </td> </tr> <tr> <td colspan="2"> <b>5 Address (number, street, and apt. or suite no.) See instructions.</b>            4311 West Ida Street         </td> </tr> <tr> <td colspan="2"> <b>6 City, state, and ZIP code</b>            Tampa, Florida 33614         </td> </tr> <tr> <td colspan="2"> <b>7 List account number(s) here (optional)</b>            _____         </td> </tr> <tr> <td colspan="2"> <b>Requester's name and address (optional)</b>            _____         </td> </tr> </table>	<b>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</b> Air Mechanical & Service Corp		<b>2 Business name/disregarded entity name, if different from above</b> _____		<b>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.</b>		<input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Notes: 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.</small>	<input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</b> Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>		<b>5 Address (number, street, and apt. or suite no.) See instructions.</b> 4311 West Ida Street		<b>6 City, state, and ZIP code</b> Tampa, Florida 33614		<b>7 List account number(s) here (optional)</b> _____		<b>Requester's name and address (optional)</b> _____	
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<b>7 List account number(s) here (optional)</b> _____																			
<b>Requester's name and address (optional)</b> _____																			

<b>Part I Taxpayer Identification Number (TIN)</b> 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 <i>How to get a TIN</i> , later. <small>Notes: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</small>																					
Social security number <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table>											Or Employer identification number <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">9</td> <td style="border: 1px solid black; width: 20px;">-</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">8</td> <td style="border: 1px solid black; width: 20px;">9</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">2</td> </tr> </table>	5	9	-	2	1	5	8	9	0	2
5	9	-	2	1	5	8	9	0	2												

<b>Part II Certification</b> 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. <small>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.</small>			
<b>Sign Here</b>	<table style="width: 100%;"> <tr> <td style="width: 50%;">           Signature of U.S. person ▶ <i>Blaine Byers</i>            Blaine Byers         </td> <td style="width: 50%;">           Date ▶ March 26, 2019         </td> </tr> </table>	Signature of U.S. person ▶ <i>Blaine Byers</i> Blaine Byers	Date ▶ March 26, 2019
Signature of U.S. person ▶ <i>Blaine Byers</i> Blaine Byers	Date ▶ March 26, 2019		

<b>General Instructions</b> 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 <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> . <b>Purpose of Form</b> 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.
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**ITB 2019915 – Air Conditioning Replacement**

**Monroe County School District  
Vendor Information Sheet**

**Vendor Name:** AIR MECHANICAL & SERVICE CORP

**Federal EIN/SSN:** 59-2158902

**Primary Address:** 4311 West Ida Street  
Tampa, Florida 33614

**Payment Address:** P O Box 153179  
Tampa, Florida 33684

**Contact Name:** Blaine Byers

**Phone:** 941-475-3715 **ext.**

**Fax:** 941-475-3725

**E-Mail:** bbyers@amsco-ac.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: Manatee County Government Telephone # (941) 749-3016  
Contact Name: David Thompson Email Address: david.thompson@mymanatee.org  
Scope of Work Provided: Amsco has a ongoing service contract, also does repairs/installs.  
Last project similar to bid\$was AHU retrofit for the Tax Collector area completed in  
2016 for \$173,985.00  
Project Dollar Value: varies Present Contract Status: ongoing Contract Dates: since 1997

**Reference # 2**  
Organization Name: Lee County Government Telephone # 239-707-2333  
Contact Name: Marco Dano Email Address: mdano@leegov.com  
Scope of Work Provided: Amsco replaced 4 AHU's & controls on 4th floor at the Melvin Morgan  
Constituational Complex Center and was completed March 2019 for \$298,400.00  
Equipment was ordered in Augsust 2018, Labor began Novermber 2018.  
Project Dollar Value: \$298,400.00 Present Contract Status: compelete Contract Dates: \_\_\_\_\_

**Reference # 3**  
Organization Name: Hardee County School District Telephone # 863-735-2055  
Contact Name: Barbara Spears Email Address: bspears@hardee.k12.fl.us  
Scope of Work Provided: Amsco changed out 2 AHU's in 2017 & 2 AHU's in 2018. Senior High  
Ag Buildings 400 & 900 for \$68,515.00 and Buildings 200 & 800 for \$108,800.00  
Project Dollar Value: \_\_\_\_\_ Present Contract Status: \_\_\_\_\_ Contract Dates: \_\_\_\_\_

Authorized Representative's Signature



Date: March 26, 2019

Name (Printed) and Title: Blaine Byers, Service Sales

# 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.



ELIMINATING CORROSION, ONE JOB AT A TIME



  
**SURFSIL**  
[www.surfsil.com](http://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

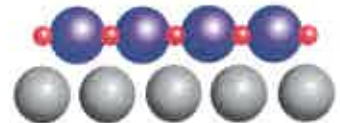
### Reduce Equipment Replacement Costs

- 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

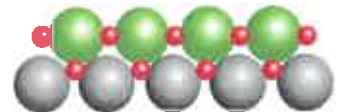
#### Mechanical Bonding



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

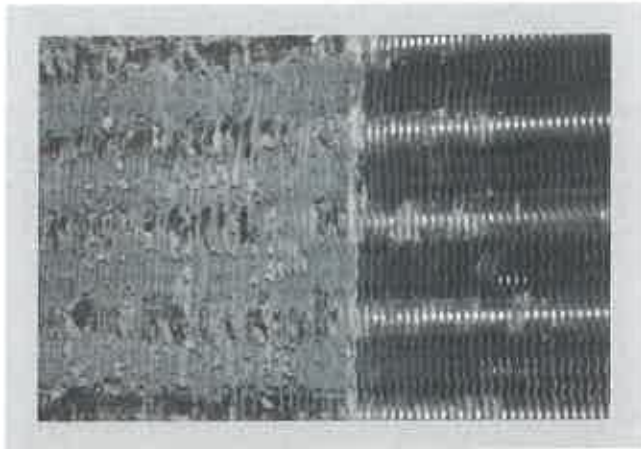
#### Chemical Bonding



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.

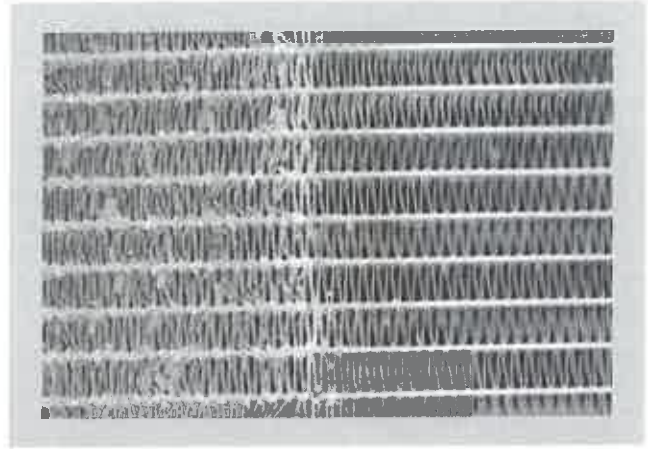
## Which Side Would You Like Your Coil to Look Like?

### 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.

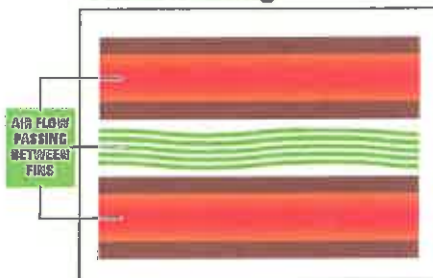
### PROBLEM / SOLUTION



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.

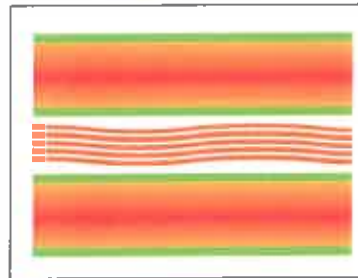
## Heat Transfer

### 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.

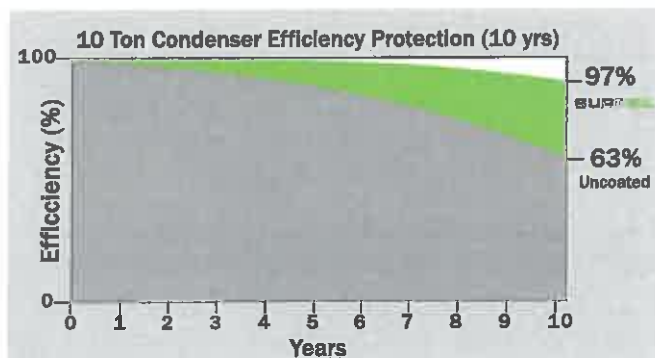
### SURFSIL Coating



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
<b>Tot</b>	<b>\$5,226.43</b>	<b>\$6,968.57</b>	<b>\$8,710.72</b>	<b>\$10,452.86</b>

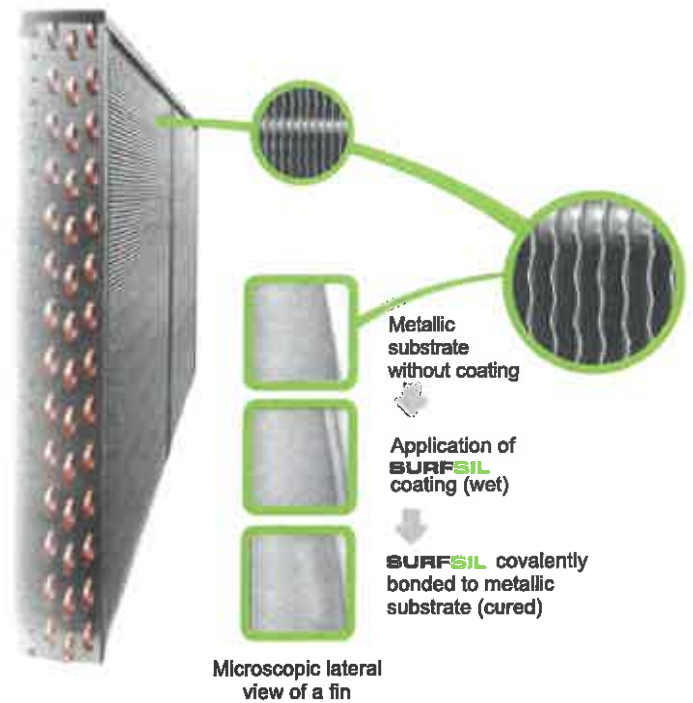
**PAYBACK  
WITHIN  
3 YEARS OF  
INVESTMENT!**

**LIFE TIME  
SAVINGS!**



## Characteristics Table

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



## Test Performed

<b>CORROSION &amp; ULTRA-VIOLET RESISTANCE</b>		<b>HOURS TESTED</b>
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)

<b>ABRASION, IMPACT RESISTANCE &amp; FLEXIBILITY</b>		<b>RESULTS</b>
ASTM D2794	RESISTANCE OF COATINGS TO IMPACT	39.56 lb/in <sup>2</sup> 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

<b>MOLD &amp; BACTERIA RESISTANCE</b>		<b>RESULTS</b>
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



## 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.

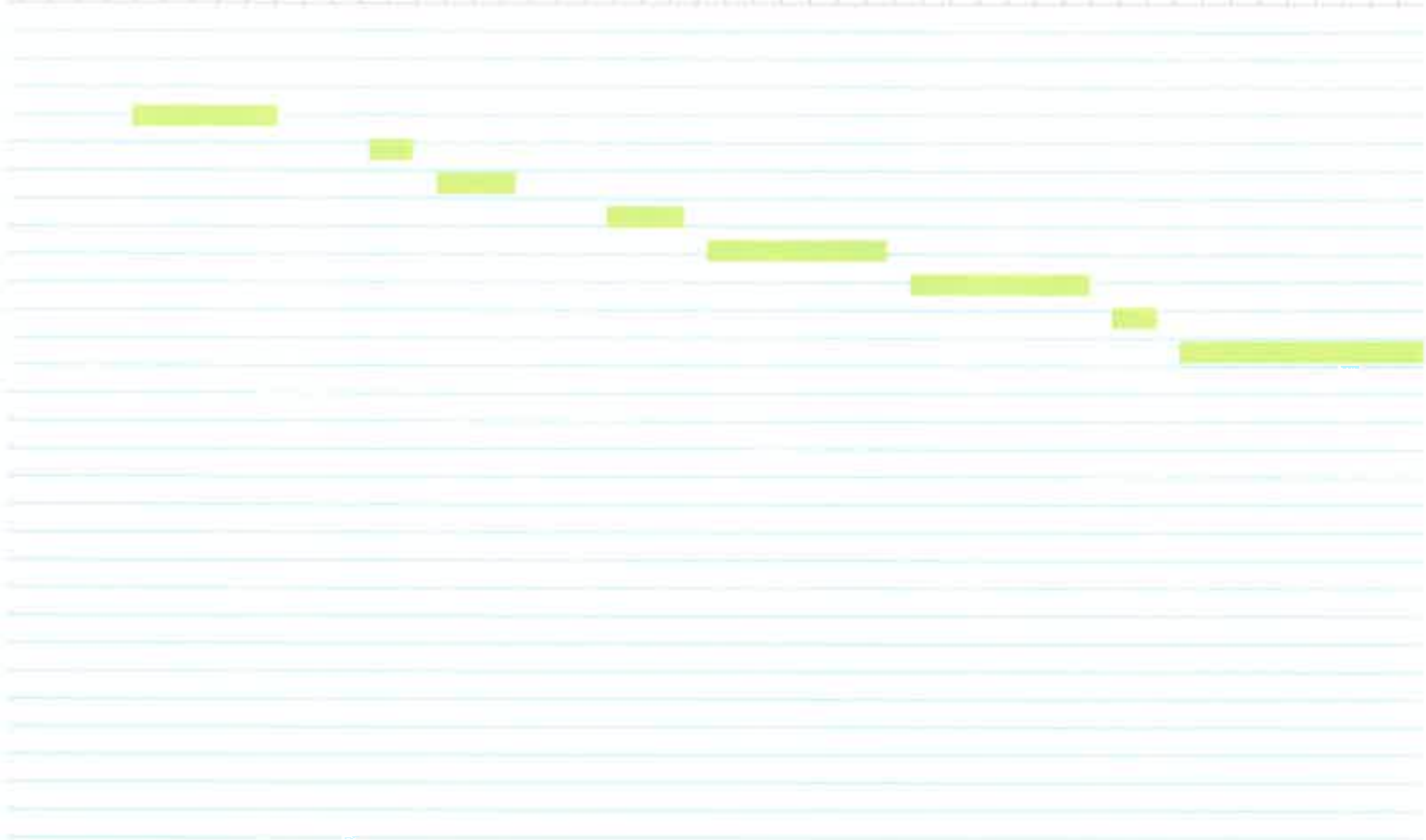
If a coil fails due to corrosion in the fin pack and all conditions listed in the standard warranty are met, **Surfsil™** agrees to either repair the coating at no additional cost to the customer or recoat a replacement coil at no cost. Any warranty claim must be for corrosion that is significant across 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.

# Monroe County Schools

Project Lead: Chris Forrest

							Jun-19				M
							3	4	5	6	
WBS	Task Name	Resource Names	Start	Finish	Duration	% Complete	M	T	W	T	
				Sat 00/Jun/00							
				Sat 00/Jun/00	1	0%					
1	KLS Condenser Replacement		Mon 03/Jun/19	Fri 07/Jun/19	5	0%					
2	CSHS-remove abandoned condenser		Mon 10/Jun/19	Tue 11/Jun/19	2	0%					
3	CSHS-Replace OA damper 5-803		Wed 12/Jun/19	Fri 14/Jun/19	3	0%					
4	CSHS-replace OA damper unit 1-801		Mon 17/Jun/19	Wed 19/Jun/19	3	0%					
5	CSHS-replace blower assembly unit 2-910		Thu 20/Jun/19	Tue 25/Jun/19	6	0%					
6	CSHS-replace blower assembly unit 4-905		Wed 26/Jun/19	Mon 01/Jul/19	6	0%					
7	MHS-Replace CU 1.2		Tue 02/Jul/19	Wed 03/Jul/19	2	0%					
8	MHS-replace CU 5.2 and relocate		Thu 04/Jul/19	Thu 11/Jul/19	8	0%					
9	MHS-relocate MAU 6.2.1 to ground		Fri 12/Jul/19	Thu 18/Jul/19	7	0%					
10	MHS-Remove old condenser on Bldg 5000		Thu 18/Jul/19	Fri 19/Jul/19	2	0%					
11	KWHS-Demo AHU's 5901A and 5901B		Thu 18/Jul/19	Tue 23/Jul/19	6	0%					
12	KWHS-Replace condenser for 5901A and 5901B		Wed 24/Jul/19	Fri 26/Jul/19	3	0%					
13	KWHS- install new ahu's 5901A and B		Tue 23/Jul/19	Sun 28/Jul/19	6	0%					
14	KWHS- Replace ductwork in GYM		Mon 15/Jul/19	Fri 19/Jul/19	5	0%					
15	KWHS- replace dampers 3-404C, 3-802B, 4-803B and 4-		Mon 15/Jul/19	Wed 17/Jul/19	3	0%					
16	Type here to add a new task					0%					
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Jun-19				[W24]				Jun-19				[W25]				Jun-19				[W26]				Jul-19				[W27]				Jul-19				[W28]				Jul-19				[W29]				Jul-19				[W30]			
B	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28					
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S						







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/28/2018

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).

<b>PRODUCER</b> Lassiter-Ware Insurance of Tampa Bay 1300 N. Westshore Blvd. Suite 110 Tampa FL 33607		<b>CONTACT NAME:</b> Eryn Zak <b>PHONE (A/C, No, Ext):</b> (800) 845-8437 <b>E-MAIL ADDRESS:</b> ErynZ@lassiterware.com <b>FAX (A/C, No):</b> (888) 883-8680	
<b>INSURED</b> <b>Air Mechanical &amp; Service Corp.</b> 2700 Ave of The Americas Englewood FL 34244		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Amerisure Insurance Company NAIC # 19488 <b>INSURER B:</b> North River Insurance Company 21105 <b>INSURER C:</b> Scottsdale Insurance Company 41297 <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 19-20 Master **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY <input checked="" type="checkbox"/> XCU INCLUDED GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	N	CPP20950420401	01/01/2019	01/01/2020	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 EMPLOYEE BENEFITS \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP- BASIC \$ 10,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		CA20950410402	01/01/2019	01/01/2020	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP- BASIC \$ 10,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		5811111027	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 10,000,000 PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC21077280101	01/01/2019	01/01/2020	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	CONTRACTOR'S POLLUTION CONTRACTOR'S PROFESSIONAL		VRS0003102	01/01/2019	01/01/2020	CLAIM LIMIT \$2,000,000 GENERAL AGGREGATE \$2,000,000

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

The School Board of Monroe County, FL is named as Additional Insured with respect to General Liability when required by written contract.

<b>CERTIFICATE HOLDER</b> Monroe County School District Attn: Superintendent 241 Trumbo Rd Key West FL 33040	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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## COMMENTS/REMARKS

Air Mechanical & Service Corp.

Certificate Notes for Policy Term 1/1/19 to 1/1/2020

### General Liability:

1. Blanket Additional Insureds when required by written contract including Ongoing Operations and Products & Completed Operations per Form CG7048 (10/15).
2. Blanket Additional Insured Form #CG7048 (10/15) will convert to Form #CG2010 (11/85) when specifically required by written contract.
3. Blanket Waiver of Subrogation when required by written contract per Form CG7289 (04/17).
4. Primary & Non-Contributory when required by written contract per Form CG7048 (10/15).
5. General Aggregate Limit Applies Per Project per Form # CG7289 (04/17).

### Automobile Liability:

1. Blanket Additional Insureds when required by written contract Per Form #CA7171 (05/08).
2. Blanket Waiver of Subrogation when required by written contract Per Form #CA7171 (05/08).
3. Automobile is a statutory coverage mandated by State Law. As such, coverage is primary and non-contributory.

### Workers' Compensation:

1. Blanket Waiver of Subrogation when required by written contract, Form #WC000313.
2. Workers' Compensation provides coverage for the Workers' Compensation benefits of the State where the project is located.
3. Worker's Compensation is a statutory coverage mandated by State Law. As such, coverage is primary and non-contributory.

### Umbrella:

1. General Liability, Automobile and Employers Liability are listed in the underlying schedule on the Umbrella policy.
2. Follow form to the underlying, Additional Insured by written contract, Primary & Non-Contributory wording, and Waiver of Subrogation.

### General Information:

1. The General Liability, Automobile and Umbrella policies all contain a Severability of Interest Provision.
2. The General Liability policy contains no specific residential exclusions and is subject to ISO Form CG0001 (04/13)
3. The certificate notes shown above reference the following policies:  
CPP20950420401, CA20950410402, WC21077280101 and 5811111027

ALL COVERAGE IS SUBJECT TO THE POLICY TERMS, CONDITIONS AND EXCLUSIONS.



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



LICENSE NUMBER: CMC1250271

EXPIRATION DATE: AUGUST 31, 2020

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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 _____	TOTAL PRICE	\$ 9,340.00
------------------	------------	-------------	-------------

Coral Shores High School	RANK _____	TOTAL PRICE	\$ 22,300.00
--------------------------	------------	-------------	--------------

Marathon High School	RANK _____	TOTAL PRICE	\$ 54,000.00
----------------------	------------	-------------	--------------

Key West High School	RANK _____	BASE PRICE	\$ 220,000.00
----------------------	------------	------------	---------------

Key West High School – Duct Sock Replacement Alternate PRICE			\$ 305,640.00*
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\*AMSCO has sufficient man power and funds to complete all work per schedule, provided all equipment arrives on time.



Signature\* Blaine Byers  
Rep. for Air Mechanical & Service Corp

\*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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/22/2017

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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : TBD	
	INSURER B :	
INSURED TBD TBD TBD FL 34677	TESTACC-01	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	
	NAIC # 36064	

## COVERAGES

CERTIFICATE NUMBER: 132086400

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	Policy Number	6/1/2017	6/1/2018	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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	Policy Number	6/1/2017	6/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	Policy Number	6/1/2017	6/1/2018	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Policy Number	6/1/2017	6/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

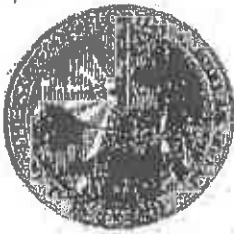
Falcon Electric Inc. is included as additional insured as respects general liability, including on-going and completed operations, according to the policy provisions. Falcon Electric, Inc. is included as additional insured as respects auto liability only according to the policy provisions. General liability applies primary/non-contributory in favor of Falcon Electric, Inc. A waiver of subrogation applies to the general liability, auto liability & workers compensation in favor of Falcon Electric, Inc. according to the policy provisions. 10 days notice of cancellation for nonpayment. 30 days notice of cancellation for all other. Umbrella is follow form over the general liability, auto liability and workers compensation/employers liability.

## CERTIFICATE HOLDER

## CANCELLATION

Falcon Electric Inc. 440 Roberts Rd. Suite 5 Oldsmar FL 34677	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Your Authorized Signature</i>

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RICK SCOTT, GOVERNOR

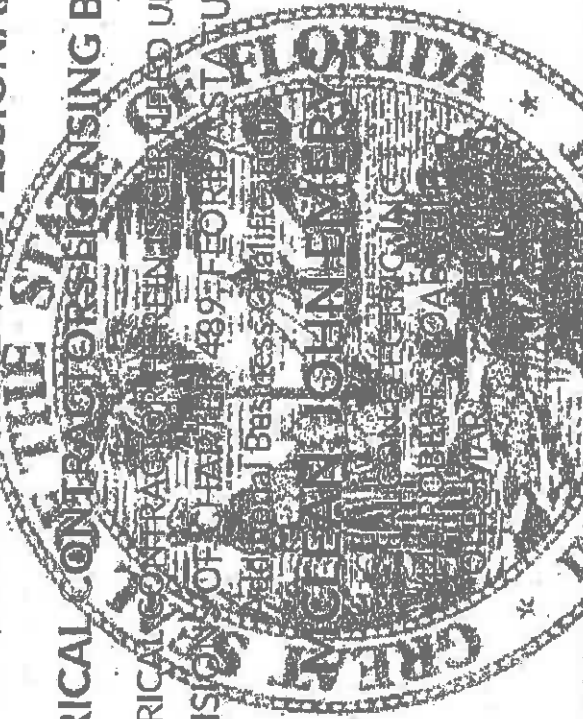
JONATHAN ZACHEM, SECRETARY



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS LICENSING BOARD

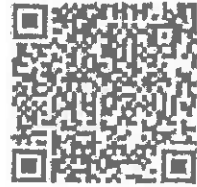
THE ELECTRICAL CONTRACTORS LICENSING BOARD OPERATES UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



LICENSE NUMBER EC 13008521

EXPIRATION DATE: AUGUST 31, 2020

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PINELLAS COUNTY CONSTRUCTION  
LICENSING BOARD

THIS CERTIFIES THAT John McLean  
DBA Falcon Electric Inc

STATE CERT # I-EC13008521  
HAS FILED HIS/HER LICENSE AND PROOF OF REQUIRED  
LIABILITY AND WORKERS' COMPENSATION  
INSURANCE WITH THIS BOARD.

IN GOOD STANDING UNTIL September 30, 2019  
DATE OF ISSUANCE 09/30/2018

I-EC13008521

McLean, John  
440 Roberts Road #5  
Oldsmar FL 34677

\* Please cut out license along lines



STATE OF FLORIDA DEPARTMENT  
OF BUSINESS AND PROFESSIONAL  
REGULATION

EC13008521  
ELECTRICAL CONTRACTOR  
MCLEAN, JOHN EMERY S  
FALCON ELECTRIC, INC.

ISSUED: 07/31/2018

  
\_\_\_\_\_  
Signature  
LICENSED UNDER CHAPTER 489, FLORIDA STATUTES  
EXPIRATION DATE: AUGUST 31, 2020

Type: ELECTRICAL CONTRACTOR

CITY OF OLDSMAR

Vendor: 07293.1

100 STATE STREET WEST, OLDSMAR, FL 34677 Phone: 813-749-1123  
**LOCAL BUSINESS TAX RECEIPT**  
Fiscal Year 2019 Expires: September 30, 2019

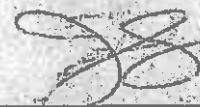
Owner: FALCON ELECTRIC, INC.  
(813) 814-1816

Business: 440 ROBERTS RD  
Address: OLDSMAR FL 34677-4905

Name: FALCON ELECTRIC, INC.  
Mailing: 440 ROBERTS RD STE 5  
Address: OLDSMAR FL 34677-4905



Issued: 08/02/2018  
Tax: \$45.00

  
\_\_\_\_\_  
Authorized Signature

Issuance and retention of this receipt is contingent upon  
receipt holder's compliance with the City of Oldsmar Code of  
Ordinances. The City reserves the right to inspect business premises.  
**LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AND IS NON-REFUNDABLE.**  
Applicant



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.

AIR MECHANICAL & SERVICE CORP  
Business Name: \_\_\_\_\_  
Name of Representative Signing Below: BLAINE BYERS  
Current Local Address: **DOES NOT APPLY**  
Phone: (941) 475-3715  
Email Address: bbyers@amsco-ac.com

Blaine Byers March 26, 2019  
Signature of Representative blaine byers Date

State of Florida  
County of Charlotte

The forgoing instrument was acknowledged before me this 26th day of March 20 19  
by Blaine Byers, of Air Mechanical & Service Corp

Name of Representative Name of Company  
☒ who is personally known OR has produced as identification. NA

Larry Dalton  
Signature of Notary Larry Dalton

