

**TAB 1**

# Island Elevator Company, Inc.

89015 Overseas Highway, Suite 1  
Tavernier, Florida 33070

## **ISLAND ELEVATOR COMPANY, INC.**

The Owner of Island Elevator Company, Inc., Mary C. Williams, along with her Husband, Frank T. Williams, opened Executive Elevator Service, Inc. in 1978. Executive Elevator Service, Inc. became the largest independently owned Union Elevator company in the State of Florida. Mary, in the early 80's became the first woman in the State of Florida to be licensed as an elevator contractor. As a part of Executive, we provided service, repair and modernization to elevators in Monroe County. In 1992, Mary and Frank became permanent residents of Monroe County. In 2006, Executive Elevator Service, Inc. sold all of their Dade and Broward Contracts to Otis Elevator Company. We kept all of our Monroe County Contracts and became Island Elevator Company, Inc. In When Island Elevator was established, we were able to bring two of our Top Mechanics with us. Douglas Wetzal has over 26 years with us and Charles Eason has over 21 years with us. Our Helper, Frank Scott Dages, is a 4<sup>th</sup> year apprentice helper and will be sitting for his Mechanics exam on October 28, 2019. Frank Williams passed away in 2012.



ISLAND ELEVATOR COMPANY, INC.  
PERSONNEL

Mary C. Williams	CC#122
Charles W. Eason	CC# 1556
Douglas E. Wetzel	CC# 1393
Frank Scott Dages	4 <sup>th</sup> year Apprentice, Sitting for Mechanics Exam October 8, 2019



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**BUREAU OF ELEVATOR SAFETY  
2601 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-1013**

850-487-1395

**ISLAND ELEVATOR COMPANY INC  
89015 OVERSEAS HWY STE 1  
TAVERNIER FL 33070**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

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Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

**ELC458**

**ISSUED: 10/25/2018**

**ELEVATOR COMPANY  
ISLAND ELEVATOR COMPANY INC  
ELEVATOR COMPANY  
REQUIRED TO CARRY OR BE COVERED  
BY GENERAL LIABILITY INSURANCE**

**IS REGISTERED under the provisions of Ch.399 FS.  
Expiration date : DEC 31, 2019 L181025000005**

**DETACH HERE**

**RICK SCOTT, GOVERNOR**

**JONATHAN ZACHEM, SECRETARY**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
BUREAU OF ELEVATOR SAFETY**

**LICENSE NUMBER**

**ELC458**

**The ELEVATOR COMPANY  
Named below IS REGISTERED  
Under the provisions of Chapter 399 FS.  
Expiration date: DEC 31, 2019**

**REQUIRED TO CARRY OR BE COVERED  
BY GENERAL LIABILITY INSURANCE**

**ISLAND ELEVATOR COMPANY INC  
89015 OVERSEAS HIGHWAY SUITE #1  
TAVERNIER FL 33070**



**NON-  
TRANSFERABLE**



**ISSUED: 10/25/2018**

**DISPLAY AS REQUIRED BY LAW**

**SEQ # L181025000005**



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

BUREAU OF ELEVATOR SAFETY  
2601 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-1013

850-487-1395

WILLIAMS, MARY C  
163 S COCO PLUM RD  
KEY LARGO FL 33037

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Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CC122

ISSUED: 01/27/2019

CERTIFICATE OF COMPETENCY  
WILLIAMS, MARY C  
CERTIFIED ELEVATOR TECHNICIAN  
REQUIRED TO CARRY OR BE COVERED  
BY GENERAL LIABILITY INSURANCE

IS CERTIFIED under the provisions of Ch.399 FS.  
Expiration date : DEC 31, 2019 L1901270000017

DETACH HERE

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
BUREAU OF ELEVATOR SAFETY

LICENSE NUMBER

CC122

The CERTIFIED ELEVATOR TECHNICIAN  
Named below IS CERTIFIED  
Under the provisions of Chapter 399 FS.  
Expiration date: DEC 31, 2019

REQUIRED TO CARRY OR BE COVERED  
BY GENERAL LIABILITY INSURANCE

WILLIAMS, MARY C  
163 S COCO PLUM RD  
KEY LARGO FL 33037



NON-  
TRANSFERABLE



ISSUED: 01/27/2019

DISPLAY AS REQUIRED BY LAW

SEQ # L1901270000017



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CC1393

ISSUED 01/09/2019

CERTIFICATE OF COMPETENCY  
WETZEL, DOUGLAS  
CERTIFIED ELEVATOR TECHNICIAN  
REQUIRED TO CARRY ON COVERED  
BY GENERAL LIABILITY INSURANCE

IS CERTIFIED under the provisions of Ch. 399 F.S.  
Expiration date : DEC 31, 2019 L1901090000047

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CC1556

201/03/2019

CERTIFICATE OF COMPLIANCE  
EASON, CHARLES  
CERTIFIED ELEVATOR MECHANIC  
REQUIRED TO CARRY ON INSURANCE  
BY GENERAL LIABILITY INSURANCE

IS CERTIFIED under the provisions of Ch. 399, F.S.  
Expiration date: DEC 31, 2019  
L1901030000009



# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 5/31/2019

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

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

<b>PRODUCER</b> 855-491-0974 USI Insurance Services LLC 8331 Norman Center Dr, Ste 500 Bloomington, MN, 55437	<b>CONTACT NAME:</b> Craig Janssen <b>PHONE (A/C, No, Ext):</b> 612-509-1048 <b>FAX (A/C, No):</b> 610-537-1954 <b>E-MAIL ADDRESS:</b> craig.janssen@usi.com																					
<b>INSURED</b> Island Elevator Company Inc. 89015 Overseas Highway, Unit #1 Tavernier, Florida 33070	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Great American Insurance Company</td> <td>16691</td> </tr> <tr> <td>INSURER B:</td> <td>Bridgefield Employers Insurance Company</td> <td>10701</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Great American Insurance Company	16691	INSURER B:	Bridgefield Employers Insurance Company	10701	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
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INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

**COVERAGES**
**CERTIFICATE NUMBER: 14265549**
**REVISION NUMBER: See below**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Elevator		GLP132469502	06/05/2019	06/05/2020	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 \$ 4,000,000
						PRODUCTS - COMP/OP AGG \$ 4,000,000
						Max Annual AGG \$ 10,000,000
						COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
PROPERTY DAMAGE (Per accident) \$						
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$
						AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	83028978	4/01/2019	4/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
						E.I. EACH ACCIDENT \$ 500,000
						E.I. DISEASE - EA EMPLOYEE \$ 500,000
						E.I. DISEASE - POLICY LIMIT \$ 500,000

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

Certificate holder is named as additional insured as it relates to general liability in accordance with the terms and conditions of the policy.

**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

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2019

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

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<b>PRODUCER</b> <b>RODNEY WOLF</b> 16525 NE 10TH AVE NORTH MIAMI BCH., FL 33162	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> 305-940-5222	<b>FAX (A/C, No):</b> 305-947-5858
<b>INSURED</b>  <b>MARY WILLIAMS</b> <b>ISLAND ELEVATOR COMPANY, INC</b> 89015 OVERSEAS HWY, STE 1 TAVERNIER, FL 33070	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>NAIC #</b>	
	<b>INSURER A:</b>	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**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	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		549 7541 A18 59Q 379 9020 A14 59C D11 4052 A28 59G	07/18/2019 07/28/2019	01/28/2020 01/28/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

MONROE COUNTY SCHOOL DISTRICT

2006 CHEVROLET EXPRESS VAN, 2003 DODGE B3500, 2014 NISSAN NV VAN

**CERTIFICATE HOLDER****CANCELLATION**

MONROE COUNTY SCHOOL DISTRICT

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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**2019 / 2020  
MONROE COUNTY BUSINESS TAX RECEIPT  
EXPIRES SEPTEMBER 30, 2020**

Business Name: ISLAND ELEVATOR COMPANY INC

RECEIPT# 30140-94739

Owner Name: MARY C WILLIAMS

Business Location: 89015 OVERSEAS HWY STE 1  
TAVERNIER, FL 33070

Mailing Address: 89015 OVERSEAS HWY STE 1  
TAVERNIER, FL 33070

Business Phone: 305-664-0799 - 852-2290  
Business Type: CONTRACTOR (ELEV CONTR)

Employees 6

STATE LICENSE: ELC458 CC122

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
25.00	0.00	25.00	0.00	0.00	0.00	25.00

Paid 105-18-00004265 07/12/2019 25.00

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, 2020**

Business Name: ISLAND ELEVATOR COMPANY INC

RECEIPT# 30140-94739

Owner Name: MARY C WILLIAMS

Business Location: 89015 OVERSEAS HWY STE 1  
TAVERNIER, FL 33070

Mailing Address: 89015 OVERSEAS HWY STE 1  
TAVERNIER, FL 33070

Business Phone: 305-664-0799 - 852-2290  
Business Type: CONTRACTOR (ELEV CONTR)

Employees 6

STATE LICENSE: ELC458 CC122

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
25.00	0.00	25.00	0.00	0.00	0.00	25.00

Paid 105-18-00004265 07/12/2019 25.00

# Island Elevator Company, Inc.

89015 Overseas Highway, Suite 1  
Tavernier, Florida 33070

Island Elevator Company, Inc. was awarded a six (6) month Contract for maintenance and repair of all of the elevators and vertical platform lifts located in Monroe County Schools. The Contract was for the period of 4/24/19 – 10/24/19 under Purchase Order # 20236.  
Contact: Jeff Barrow 305 360 1424.

Ocean Properties consisting of the following:

Amara Cay Hotel – Two Elevators

Contracted Maintenance; Replacement of Elevator Controls, Elevator Pump Units; door equipment and Elevator Cab Interiors.

Post Card Inn Beach Properties Two Elevators, Two Platform Lifts, One Dumbwaiter

Contracted maintenance, Replacement of complete Pump Unit, Door equipment, sound isolation; new elevator cab. Installation of Vertical Platform Lift and Dumbwaiter.

Pelican Cove – two elevators

Contracted maintenance, replacement of elevator controllers, replacement of door equipment, elevator cab interiors.

Contact: Frederick Zeher 561-801-3341

Buttonwood Bay Condominium – Six Elevators

Contracted Maintenance – Replacement of Controllers, Replacement of Pump Unit, Replacement of complete elevator cab; Refurbishment of all six elevator cab interiors.

Contact: Carlos Munguia 305 852-3248

Coral Harbor Condominium – Six Elevators

Contracted Maintenance – Major Repairs – Elevator cab replacement – Elevator cab interiors

Contact: Carolyn Padfield 305 852-8016

Additional References available upon request.

**TAB 2**

# Island Elevator Company, Inc.

89015 Overseas Highway, Suite 1  
Tavernier, Florida 33070

(1) Island Elevator Company, Inc. is providing a chart which will be maintained for every vertical transportation device for the School Board of Monroe County. This chart is the basics of maintaining Hydraulic Elevators. This is the basics of maintenance BUT an MCP Program should also be in effect. (Under Tab 4, Island Elevator Company, Inc. is supplying pricing for a complete MCP Program with all of the required documents for all of the Hydraulic Elevators.) The Schools should have an MCP Program in place before their next Annual Inspection.

(2) Island Elevator Company, Inc. brings the knowledge of Elevators gained over the past forty-three years. We have the capacity to survey your elevators and identify problems with the unit(s) and prioritize the repairs or maintenance required. The priorities are as follows: Safety, dependability, replacement needs based on unit age and use, parts required, scheduling of repairs and responding to the requests of the Monroe County School Board. Over the past six months, we have been able to perform a large amount of major repairs due to identifying potential problems and rectifying them before a shutdown occurs, keeping your elevators in service. Preventative maintenance extends the life of the elevator equipment. Experience, trained personnel with years of elevator knowledge, and a strong customer service base are what makes Island Elevator Company, Inc. a standout in the elevator industry. We have Customers in Monroe County who have been with us for over 25 years due to the quality of our service.

(3) Island Elevator Company, Inc. cannot cover underground hydraulic cylinders or under ground piping. The reason that we can not cover these items is due to the fact that we can not determine the condition as there is no way to see what is occurring underground. There is no maintenance that you can do to extend the life of the piping or cylinders. The State of Florida has recognized that these components are not maintainable. Therefore, the State requires that an Annual pressure test be performed and be witnessed by a QEI Inspector. The State has determined that if the underground equipment is deteriorating that the Annual Pressure test will cause the weak cylinder or piping to fail. By performing this test, you can try to eliminate a failure whereby the elevator falls and you could incur injuries.

## Hydraulic Maintenance Tasks (A17.1-2007 8.6.5)

INSTRUCTIONS: [1] Upon each regular visit, service personnel must print his / her name, date this maintenance log and check ☒ the corresponding box in the spaces provided. This log is not for use during callbacks, unless regular maintenance is also performed at that time. [2] If a task is not done during a regular visit, do not check the corresponding block. [3] Cross out those tasks listed below which are not applicable to this elevator [unit]. [4] Fill in Jobsite Information (front cover), Year and Month Starting, and Assigned Number of Visits.

Printed Name \_\_\_\_\_  
For the Year \_\_\_\_\_ and \_\_\_\_\_  
Month Starting \_\_\_\_\_

Assigned Number of Visits	4,6,9, 12	4,6,9, 12	4,6,9, 12	4,6,9, 12	6,9, 12	6,9, 12	9,12	9,12	9,12	12	12	12
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Date →

[illegible][illegible][illegible]

**TAB 3**

# Island Elevator Company, Inc.

89015 Overseas Highway, Suite 1  
Tavernier, Florida 33070

Island Elevator Company, Inc. has the capabilities to respond within the four (4) hour time due to the following:

1. Main Office is located at 89015 Overseas Highway, Suite 1, Tavernier, Florida
2. Second facility for parts is located at 430 N. W. 10<sup>th</sup> Avenue, Homestead, Florida
3. Charles Eason, Mechanic lives in Homestead, Florida
4. Frank S. Dages, Helper lives in Cutler Bay, Florida
5. Douglas Wetzels, Mechanic lives in Kendall, Florida
6. Mary C. Williams, President (Owner) lives in Key Largo, Florida

All employees listed above, based on traffic conditions, could comply with the four (4) hour time frame.



**TAB 4**

# Island Elevator Company, Inc.

89015 Overseas Highway, Suite 1  
Tavernier, Florida 33070

Proposal Prepared for:  
Monroe County School Board

Date: October 7, 2019

For the following locations  
Which have Hydraulic Passenger Elevators  
(Addresses not included)

Coral Shores High School  
Gerald Adams #1\*  
Horace O'Bryant Bldg 6  
Key West High School Bldg 4  
Marathon High School Bldg 5000  
Marathon High School Bldg 7000  
Plantation Key #2\*  
Switlik School

Gerald Adams #2\*  
Horace O'Bryan Bldg 2  
Key Largo School  
Marathon High School  
Marathon High School Bldg 2000  
Plantation Key #1 \*  
Poinciana School

- Indicates new equipment and at time of survey did not have required **Maintenance Control Program Records**

1. The Bureau of Elevator Safety for the state of Florida has adopted the ASME A17.1-2013 and under that Code ALL elevators in the State will have to have a Maintenance Control Program and all related documents in the machine room for every elevator, January 1, 2020.
2. Island Elevator Company, Inc. will design, build and supply an MCP program for all of the elevators in Monroe County Schools.
3. This will include all required under 8.6.1.2 General Maintenance Requirements; 8.6.1.4 Maintenance Records; 8.6.5 Maintenance and Testing of Hydraulic Elevators and applicable Special Provisions under 8.6.11.
3. Elevators with Serial Number 106384 & Higher were to comply by January 1, 2018; Serial #99470 to 106383 by July 1, 2018; Serial # 89682 to 99469 by January 1, 2019; Serial #59628 to 896821 by July 1, 2019 and Serial #59627 and Lower by January 1, 2020.

*All work shall be in strict accordance with all applicable ASME A17.1 Safety Code for Elevators. Proposal is subject to revision is not accepted within thirty (30) days of submittal date.*

PRICE: Four Thousand Two Hundred and no/cents \$4,200.00

Terms: Due upon completion of work and in compliance with Billing Schedule



Page -2-

A Guide line for a Maintenance Control Program supplied by the Bureau of Elevator Safety in the form of Maintenance Control Program Check list. This list is attached as a supplement to this Proposal.

**Proposed By:**

**ISLAND ELEVATOR COMPANY, INC.**

Mary C Williams  
Signed

President  
Title

Oct 4, 2019  
Date

**Accepted By:**

**MONROE COUNTY SCHOOL BOARD**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## Maintenance Control Program Checklist

**This checklist is provided as general guidance outlining the minimum requirements for a maintenance control program under ASME A17.1-2013, as adopted by Rule 61C-5.001, Florida Administrative Code. Elevator personnel and owners should consult Section 8.6, ASME A17.1-2013, for specific requirements.**

**See Figure Y-1 in Non-Mandatory Appendix Y, ASME A17.1-2013 for additional guidance relating to on-site documents and records requirements.**

✓	CODE	MINIMUM REQUIREMENT
<b>8.6.1.2 General Maintenance Requirements</b>		
	8.6.1.2.1	Written MCP shall specify exams, tests, cleaning, lubrication, and adjustments at regular intervals and:
	(a)	Provided for each unit and be viewable on site.
	(b)	Include maintenance tasks and procedures, examinations, and tests.
	(c)	Reference On-Site Documentation needed to fulfill 8.6.1.2.1(b) and On-Site Maintenance Records for completion of 8.6.1.4.1(a).
	(d)	Instructions posted for locating on-site hard copy or electronic viewing of MCP maintained remotely.
	(e)	Procedures and intervals based on: (1) Age, condition and wear; (2) Design and inherent quality; (3) Usage; (4) Environmental conditions; (5) Improved technology; (6) Manufacturer's recommendation and original equipment certification for SIL Rated devices or circuits; and (7) Manufacturer's recommendation for A17.7 devices
	(f)	Procedures for tests; inspections; maintenance; replacements; adjustments; and repairs for detection means for traction loss, broken suspension member, residual-strength, and related circuits.
	8.6.1.2.2	On-Site Documentation – (a), (b), and (c) must be written, permanent, hard copy in machine room, machinery space, control room, control space, or means necessary for test.
	(a)	Wiring Diagrams
	(b)	Procedures for inspections and tests not in A17.2 and procedures and methods for maintenance, repairs, replacements, and adjustments for (1) Those specifically identified to be written by 8.6 (2) Unique maintenance procedures or methods for inspection, tests, and replacement for all SIL rated E/E/PES electrical protective devices and circuits (3) Unique maintenance procedures or methods for inspection, tests, and replacement of equipment under alternative arrangements provided by manufacturer or installer (4) Unique maintenance procedures or methods for inspection and test under A17.7, Code Compliance Document
	(c)	Written check-out procedures (See s. 8.6.4.19.10, s. 8.6.4.20.8, s. 8.6.8.15.7 & s. 8.6.8.15.13 below)
	(d)	Written procedures for evacuation and glass cleaning (when applicable) – available on-site
<b>8.6.1.4 Maintenance Records</b>		
	8.6.1.4	Instructions on controller for how to locate
	8.6.1.4.1	On-Site Maintenance Records

DBPR, Division of Hotels and Restaurants, Bureau of Elevator Safety  
Maintenance Control Program Checklist

<b>8.6.1.4 Maintenance Records (continued)</b>		
	(a)	<p>MCP Records</p> <ul style="list-style-type: none"> <li>(1) Lists maintenance tasks, tests, examinations, and adjustments and specified intervals</li> <li>(2) Based criteria in 8.6.1.2.1(e) above</li> <li>(3) Viewable on-site (paper or electronic) and include: <ul style="list-style-type: none"> <li>a. Site name and address;</li> <li>b. Service provider name;</li> <li>c. Conveyance license(serial) number and type;</li> <li>d. Date of record;</li> <li>e. Description of task, interval and associate requirements of 8.6;</li> <li>f. Indicate completion of tasks</li> </ul> </li> </ul>
	(b)	Repair and Replacement Records – 5 years retention by owner
	(c)	<p>Other Records – 5 years retention, instructions to locate on controller or means necessary for test, include date and name of person or firm performing task.</p> <ul style="list-style-type: none"> <li>(1) Record of oil usage</li> <li>(2) Firefighter's operation check- 8.6.11.1</li> <li>(3) Periodic tests – see 8.6.1.7 – Tag requirement</li> <li>(4) Document A17.6 – Suspension means replacement criteria</li> </ul>
	(d)	Permanent acceptance records and tag
8.6.1.4.2		Callback records maintained and available, including reported trouble, dates, time, and corrective action. Instructions to report trouble calls on controller or means necessary for test.
8.6.1.5.1		Code Data Plate – see requirements in 8.9
<b>8.6.4 Maintenance and Testing of Electric Elevators</b>		
8.6.4.19.10		E/E/PES – written checkout procedure provided by person or firm installing
8.6.4.20.8		Leveling – written checkout procedure provided by person or firm installing or maintaining
<b>8.6.5 Maintenance and Testing of Hydraulic Elevators</b>		
8.6.5.16.5		Overspeed valve – written procedure from valve manufacturer or person or firm maintaining
<b>8.6.8 Maintenance and Testing of Escalators</b>		
8.6.8.15.7		Reversal stop switch – written checkout procedure provided by person or firm maintaining
8.6.8.15.13		Handrail – written checkout procedure provided by person or firm maintaining
<b>8.6.11 Special Provisions</b>		
8.6.11.4.2 & 8.6.11.4.3		Glass cleaning – written procedure on premises identifying hazards and detail safety precautions
8.6.11.5.2		Emergency Evacuation Procedure on premises
8.6.11.6.2		Escalator Startup Procedure
8.6.11.7		Means Specified (MRL) Procedure – written and posted in permanent manner, plain view
8.6.11.8		Egress and Re-entry Procedure – written and posted in permanent manner, plain view
8.6.11.9		Retractable Platform Procedure – written and posted in permanent manner, plain view

# Island Elevator Company, Inc.

89015 Overseas Highway, Suite 1  
Tavernier, Florida 33070

Proposal Prepared for:  
Monroe County School Board

Date: October 7, 2019

For the following locations

Key West High School  
Building 4  
1624 Dennis Street  
Key West, Florida

Marathon 5000 Building  
350 Sombrero Beach Road  
Marathon, Florida

Poinciana School  
1212 14<sup>th</sup> Street  
Key West, Florida

Marathon 2000 Building  
350 Sombrero Beach Road  
Marathon, Florida

***We hereby submit specifications for labor & materials to bring hydraulic  
Oil Level to Manufacturer's specification in Hydraulic Tanks***

1. Hydraulic Oil required: 50 Gallons of Hydraulic Oil @ \$35.00 per 5 gallons plus 20% mark-up \$7.00 = \$42.00 per 5 gallons. Ten (10) 5-gallon pails @ \$42.00 each = \$420.00 plus freight
2. Labor to install oil in the listed School is \$900.00 (one hr. Labor South of 7-mile bridge is \$250.00 per hour; one-hour Labor North of 7-mile Bridge is \$200.00 per Hour.  
Two (2) hours Key West = \$500.00; Two (2) hours Marathon = \$400.00  
Total Labor: \$900.00

*All work shall be in strict accordance with all applicable ASME A17.1 Safety Code for Elevators. Proposal is subject to revision is not accepted within thirty (30) days of submittal date.*

PRICE: One thousand three hundred twenty and no/100 \$1,320.00

Terms: Due upon completion of work and in compliance with Billing Schedule

Proposed By:  
ISLAND ELEVATOR COMPANY, INC.

Mary C Williams  
Signed

President  
Title

Oct 4, 2019  
Date

Accepted By:  
MONROE COUNTY SCHOOL BOARD

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# Island Elevator Company, Inc.

89015 Overseas Highway, Suite 1  
Tavernier, Florida 33070

*Proposal Prepared for:*

Monroe County School Board  
4000 High School Building  
350 Sombrero Beach Road  
Marathon, Florida

*Date: October 7, 2019*

***We hereby submit specifications for repair of Vertical Platform Lift***

1. The existing cab/platform assembly is not level.
2. Provide necessary labor to land elevator cab.
3. Provide necessary labor to level platform and cab.
4. Attach as necessary for proper operation.

*All work shall be in strict accordance with all applicable ASME A17.1 Safety Code for Elevators. Proposal is subject to revision is not accepted within thirty (30) days of submittal date.*

PRICE: Six Hundred Twenty-five Dollars and no/100 \$625.00

Terms: Due upon completion of work and in compliance with Billing Schedule

**Proposed By:**

**ISLAND ELEVATOR COMPANY, INC.**

Mary C Wellman  
Signed

President  
Title

Oct 4, 2019  
Date

**Accepted By:**

**MONROE COUNTY SCHOOL BOARD**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# Island Elevator Company, Inc.

89015 Overseas Highway, Suite 1  
Tavernier, Florida 33070

## **TAB 4 – PRICING**

1. Proposals attached.

2. Annual Price for Service Work: **\$23,740.00**

3. Hourly Rate for work not covered by Service Work contract:

### **Rates North of Seven Mile Bridge**

Mechanic: \$200.00 hr.  
Overtime: \$340.00 hr.  
Helper: \$140.00 hr.  
Overtime: \$238.00 hr.

### **Rates South of Seven Mile Bridge\***

Mechanic: \$250.00 hr.  
Overtime: \$425.00 hr.  
Helper: \$200.00 hr.  
Overtime: \$340.00 hr.

- **Difference in rates is due to travel time incurred South of Seven Mile Bridge**

4. Percentage mark up on contractor supplied parts not covered by Service Work Contract:  
**20% mark-up plus freight**

5. Annual price to add elevators to Service Work Contract:  
**Addition of four (4) elevators \$3,600.00**



## **TAB 5**

# ***Monroe County School District***

## ***REQUEST FOR PROPOSAL***

***RFP 2020001***

## **Elevator Service and Repair**



### ***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**

**Mark T. Porter**  
***Superintendent of Schools***

**RFP 2020001 – Elevator Service and Repair**

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

**PROPOSAL FORM**

**RFP 2020001 – Elevator Service and Repair**

**BID DUE /BID OPENING DATE/TIME: OCTOBER 7, 2019 AT 10:00 AM**

**PROPOSALS MUST BE SUBMITTED ELECTRONICALLY  
TO WWW.DEMANDSTAR.COM. HARD COPY OR EMAIL  
PROPOSALS WILL NOT 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  
AUTHORITY MUST ACCOMPANY THIS PROPOSAL.**

Island Elevator Company, Inc.

**NAME OF COMPANY**

89015 Overseas HWY Ste. 1 Tavernier, FL 33070

**ADDRESS OF COMPANY**

Mary C. Williams

**PRINT NAME OF AUTHORIZED SIGNATURE**

elevator@bellsouth.net

**EMAIL ADDRESS**

(305)664-0799

**TELEPHONE No.**

(305)664-0788

**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 33 inclusive of this Request for Proposal, 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 Request for Proposal, and any released Addenda and understand that the following are requirements of this RFP 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)

Mary C. Williams

Date October 04, 2019

Name of Proposer's Authorized Representative Mary C. Williams

Title of Proposer's Authorized Representative President

**RFP 2020001 – Elevator Service and Repair**

**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. \_\_\_\_ DATED \_\_\_\_

ADDENDUM NO. \_\_\_\_ DATED \_\_\_\_

ADDENDUM NO. \_\_\_\_ DATED \_\_\_\_

ADDENDUM NO. \_\_\_\_ DATED \_\_\_\_

ADDENDUM NO. \_\_\_\_ DATED \_\_\_\_

ADDENDUM NO. \_\_\_\_ DATED \_\_\_\_

*None*

Date: Oct. 4, 2019

*May C. Williams*  
Applicant's Signature

**RFP 2020001 – Elevator Service and Repair**

**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.

Mary C. Williams  
Signature

10/04/2019

Date

Mary C. Williams

Printed Name

**RFP 2020001 – Elevator Service and Repair**

**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 2 CFR Chapter 180, 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 04 day of October, 2019.

By Mary C. Williams  
Authorized Signature/Contractor

Mary C. Williams, President

Typed Name/Title

Island Elevator Company, Inc.

Contractor's Firm Name

89015 Overseas Highway Suite #1

Street Address

Tavernier, FL 33070

City/State/Zip Code

(305)664-0799

Area Code/Telephone Number

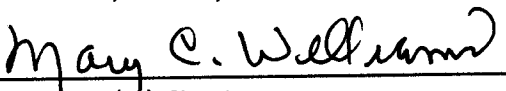
## RFP 2020001 – Elevator Service and Repair

### **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

# NON-COLLUSION AFFIDAVIT

 Notary Public State of Florida  
Jennifer W Warger  
My Commission GG 212093  
Expires 04/29/2022



**RFP 2020001 – Elevator Service and Repair**

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

I, Mary C. Williams / Island Elevator Company, Inc., of the City/Township/Parrish of Tavernier, State of Florida, and according to law on my oath, and under penalty of perjury, depose and say that;

1) I am the authorized representative of the company or entity making a proposal for a project described as follows:  
Name of company/vendor: Island Elevator Company, Inc.  
Nature of services presently being offered to School District: Elevator Service and Repair

2) X 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 - 6 month elevator maintenance, repair, and inspection work district wide from the period of April 24, 2019 through October 24, 2019. Purchase Order # PO#20236.

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.

October 04, 2019  
Date

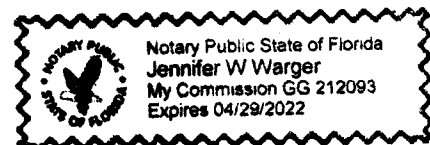
Mary C. Williams  
(Signature of Authorized Representative)

STATE OF Florida  
COUNTY OF Monroe

PERSONALLY APPEARED BEFORE ME, the undersigned authority, Mary C. Williams who,  
X 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 4th day of Oct 20 19.

Jennifer W. Warger  
NOTARY PUBLIC

My commission expires:



**RFP 2020001 – Elevator Service and Repair**

**DRUG FREE WORKPLACE FORM**

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

Island Elevator Company, 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.

Mary C. Williams  
Applicant's Signature

October 04, 2019  
Date

# RFP 2020001 – Elevator Service and Repair

<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.	Give Form to the requester. Do not send to the IRS.
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Island Elevator Company, Inc.</b>		
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.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>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.</small> <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. <b>89015 Overseas Highway, Suite #1</b>		Requester's name and address (optional)
6 City, state, and ZIP code <b>Tavernier, FL 33070</b>		
7 List account number(s) here (optional)		
<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>Note: 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 <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span> </div>		OR Employer identification number <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>5</span><span>9</span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span><span> </span> </div>
<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. <b>Certification instructions.</b> 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.		
<b>Sign Here</b>	Signature of U.S. person ▶ <i>Mary E. Williams</i>	
Date ▶ <b>October 04, 2019</b>		
<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted. <b>Future developments.</b> 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-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 <i>What is backup withholding</i> , later.		

**RFP 2020001 – Elevator Service and Repair**

**Monroe County School District  
Vendor Information Sheet**

Vendor Name: Island Elevator Company, Inc.

Federal EIN/SSN: 59-2320064

Primary Address: 89015 Overseas Highway Suite #1  
Tavernier, FL 33070

Payment Address: P.O. Box 2589  
Key Largo, FL 33037

Contact Name: Mary C. Williams

Phone: (305)664-0799 ext.

Fax: (305)664-0788

E-Mail: elevatoe@bellsouth.net

**RFP 2020001 – Elevator Service and Repair**

**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 principal) of the entity shall reside within Monroe County (copy of ID required).

Please submit this signed, notarized form, along with copies of member ID and 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: Island Elevator Company, Inc.

Name of Representative Signing Below: Mary C. Williams

Current Local Address: 89015 Overseas Highway Suite #1 Tavernier, FL 33070

Phone: (305)664-0799

Email Address: elevatoe@bellsouth.net

Mary C. Williams  
Signature of Representative

October 04, 2019

Date

State of Florida

County of Monroe

The foregoing instrument was acknowledged before me this 4<sup>th</sup> day of Oct 20 19 by Mary C. Williams of Island Elevator Company, Inc.

Name of Representative

Name of Company

☒ who is personally known OR has produced \_\_\_\_\_ as identification.

Jennifer W. Warger  
Signature of Notary

(Stamp or Seal)

