

# CITY OF LAKE CITY

*GATEWAY TO FLORIDA*

FQ-017-2016

## ANNUAL CONTRACT FOR MONTHLY PEST CONTROL SERVICE

Written quotes will be accepted by the City of Lake City, Florida until 4:00 PM local time on Wednesday, April 27, 2016 for an annual contract for monthly pest control services for all city locations. Any quote received after this time will not be considered.

### **Written quotes may be mailed, hand delivered, e-mailed or faxed to:**

City of Lake City  
Procurement – 2<sup>nd</sup> Floor  
205 N Marion Avenue  
Lake City, FL 32055  
procurement@lcfla.com  
(386) 755-6112 – fax number

All questions must be directed to Karen Nelmes, Procurement Coordinator, at (386) 719-5818.

### **BIDDER QUALIFICATIONS/REQUIREMENTS**

#### **A. LICENSES/QUALIFICATIONS:**

All Contractor's together with any Sub-Contractor's must be qualified and licensed under the laws, rules and regulations of the State of Florida and the City of Lake City, Florida to perform the work required by these contract documents. Contractor's qualifications including equipment to be used for this project will be subject to review and approval by the City prior to award of quote.

#### **B. INSURANCE:**

Without limiting Contractor's indemnification, it is agreed that the successful Contractor will purchase at their expense and maintain in force at all times during the performance of services under this agreement the following insurance. Where specific limits are shown, it is understood that they must be the minimum acceptable limits. If successful Contractor's policy contains higher limits, the City of Lake City will be entitled to coverage to the extent of such higher limits. Any deductibles will be the sole responsibility of the Contractor. Certificates of Insurance must be furnished to the City naming the City of Lake City as additional insured. These certificates must provide a ten (10) calendar day notice to the City in the event of cancellation, non-renewal or a material change in the policy.

- a. Statutory Workers Compensation insurance as required by the State of Florida.
- b. Commercial General Liability insurance to provide coverage of not less than \$1,000,000.00 combined single limit per occurrence and annual aggregates where generally applicable and must include premises-operations, independent contractors, products/completed operations, broad form property damage, blanket contractual and personal injury endorsements.
- c. Comprehensive Automobile Liability Insurance covering all owned, hired and non-owned vehicles with coverage limits not less than \$100,000.00 per person, \$300,000.00 per occurrence and \$100,000.00 property damage.

C. INDEMNITY:

Successful Contractor will indemnify and hold Owner and Owner's agents harmless from any loss, cost, damage or injury sustained by any person/persons as a result of the actions of employees or officers of the Contractor, subcontractors or suppliers.

D. CONTRACT:

The proposal of the successful bidder together with the written Notice of Award, and the terms, conditions and specifications contained in the Quote will constitute the contract. Contract term will be for one (1) year. The City reserves the right to extend the contract period for five (5) additional one (1) year periods upon mutual agreement with the successful Contractor.

## **PEST CONTROL LOCATIONS**

**AIRPORT**– Hangers, Tower and General Aviation Terminal - 3524 East U.S. Highway 90

Fall Shrub Spray (2x within so many days)

**CITY HALL** – 205 N Marion Avenue

(Food-dining areas, offices, public areas, rest/locker rooms, exterior perimeter)

**CITY BARN (Public Works and Vehicle Maintenance)**–180 & 200 NE Gum Swamp Rd

Includes: Purchasing Warehouse (mostly spiders/ants)

(Food-dining areas, offices, public areas, rest/locker rooms, exterior perimeter)

**GAS TRAINING BUILDING** – 597 SW Saint Margaret St.

(All interior rooms and exterior perimeter)

**PUBLIC SAFETY BUILDING** - 225 NW Main Boulevard

(Food-dining areas, offices, public areas, rest/locker rooms, bedrooms, exterior perimeter)

**RECREATION - GIRLS CLUB** – 494 NW Desoto Street

Includes: girls club and office building

(Food-dining areas, office, public areas, rest/locker rooms, exterior perimeter)

**RECREATION – TEEN TOWN** – 294 NW Stadium Drive

(Food-dining areas, office, public areas, rest/locker rooms, exterior perimeter)

UTILITIES - SOUTHSIDE – 692 SW St. Margaret Street

(Food-dining areas, offices, public areas, rest/locker rooms, storage areas, exterior perimeter)

WATER PLANT – 144 SE Ozone Loop

(Interior of all 4 buildings, exterior perimeter)

WASTEWATER TREATMENT PLANT (inc. sprayfield office) – 527 SW St. Margaret St.

(Interior of Business Office and Operator's Office, exterior perimeter)

WATER RECLAMATION FACILITY – 259 SW Kicklighter Terrace

(Interior of Operations Building, exterior perimeter)

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ANNUAL CONTRACT FOR MONTHLY PEST CONTROL SERVICE

Airport Hangars, Tower & General Aviation Terminal	\$_____per month
City Hall	\$_____per month
City Barn	\$_____per month
Gas Training Building	\$_____per month
Public Safety Building	\$_____per month
Recreation – Girls Club	\$_____per month
Recreation – Teen Town	\$_____per month
Utilities – Southside Center	\$_____per month
Water Plant	\$_____per month
Wastewater Treatment Plant	\$_____per month
Water Reclamation Facility	\$_____per month
TOTAL	\$_____per month

\_\_\_\_\_Dollars \_\_\_\_\_Cents per month

TOTAL (less any discount for prepayment) \$\_\_\_\_\_per year

\_\_\_\_\_Dollars \_\_\_\_\_Cents per year

**THIS FORM MUST BE INCLUDED WITH QUOTE**

FIRM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FAX # \_\_\_\_\_

EMAIL \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative (PLEASE PRINT OR TYPE)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**THIS FORM MUST BE INCLUDED WITH QUOTE**

## REFERENCES

List below three (3) client/customer references including company name, address, contact person, telephone number and length of time services provided. (Note: only list those client/customers in which a similar type of equipment/product of scope of work/service was provided.)

1. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Length of time services provided: \_\_\_\_\_
  
2. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Length of time services provided: \_\_\_\_\_
  
3. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Length of time services provided: \_\_\_\_\_

**THIS FORM MUST BE INCLUDED WITH QUOTE**