

FQ-015-2010

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 28, 2010 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
Purchasing & Contracting
205 N Marion Avenue
Lake City, FL 32055

purchasing@lcfla.com
(386) 755-6112 – fax number

All questions must be directed to Debbie Garbett, Purchasing Director, at (386) 719-5818.

BIDDER QUALIFICATIONS/REQUIREMENTS

A. **LICENSES/QUALIFICATIONS:**

1. 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:**

1. 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.

2. Statutory Workers Compensation insurance as required by the State of Florida.
3. 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.
4. 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:

1. 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:

1. 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 HANGARS – Tower & FBO Building - 3526 Hwy 90 East

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, Gas Dept, Vehicle Maintenance)–180 & 200 NE Gum Swamp Rd

Includes: Sign Shop, Traffic Signal Portable Bldg (Public Works)

Gas Dept Maintenance Portable Bldg (Gas Dept)

Purchasing Warehouse (mostly spiders/ants)

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

(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)

RECREATION BUSINESS OFFICE – 764 SW Ballpark Glen

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

RECREATION - SOUTHSIDE CENTER – 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)

ANNUAL CONTRACT FOR MONTHLY PEST CONTROL SERVICE

| | |
|--------------------------------|------------------|
| Airport Hangars, Tower & FBO | \$_____per month |
| City Hall | \$_____per month |
| City Barn | \$_____per month |
| Public Safety Building | \$_____per month |
| Recreation – Girls Club | \$_____per month |
| Recreation – Teen Town | \$_____per month |
| Recreation Business Office | \$_____per month |
| Recreation – Richardson Center | \$_____per month |
| Recreation – Southside Center | \$_____per month |
| Water Plant | \$_____per month |
| Wastewater Treatment Plant | \$_____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