



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/07/2020

**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> Brown & Brown of Florida, Inc. 1720 SE 16th Avenue, Suite 301  Ocala FL 34471	<b>CONTACT NAME:</b> Sandra Perryman <b>PHONE (A/C, No, Ext):</b> (352) 732-5010 <b>FAX (A/C, No):</b> (352) 732-5344 <b>E-MAIL ADDRESS:</b> Sandra.perryman@bbocala.com												
<b>INSURER(S) AFFORDING COVERAGE</b>													
<b>INSURED</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: Southern-Owners Insurance Company</td> <td style="width: 20%;">NAIC # 10190</td> </tr> <tr> <td>INSURER B: Owners Insurance Company</td> <td>32700</td> </tr> <tr> <td>INSURER C: Bridgefield Employers Insurance Company</td> <td>10701</td> </tr> <tr> <td>INSURER D: AGCS Marine Insurance Company</td> <td>22837</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: Southern-Owners Insurance Company	NAIC # 10190	INSURER B: Owners Insurance Company	32700	INSURER C: Bridgefield Employers Insurance Company	10701	INSURER D: AGCS Marine Insurance Company	22837	INSURER E:		INSURER F:	
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INSURER F:													
Daly & Zilch (Florida), Inc. P.O. Box 937  Lecanto FL 34460-0937													

**COVERAGES**                                      **CERTIFICATE NUMBER:** 2020                                      **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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			78648413	02/24/2020	02/24/2021	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
B	<b>AUTOMOBILE LIABILITY</b> <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			4455743001	06/29/2019	06/29/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<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 \$ 10,000			4949319100	02/24/2020	02/24/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	<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	N/A	83038372	08/05/2019	08/05/2020	<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
D	Installation Floater			SML93053064	08/16/2019	08/16/2020	On Site \$1,000,000 Transit \$50,000

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

Citrus County, Florida, A Political Subdivision of the State of Florida, its officials, employees and volunteers are listed as additional insured with regards to all policies, except the Worker's Compensation policy, when required by written contract/ agreement.

<b>CERTIFICATE HOLDER</b>  Citrus County Florida A Political Subdision 3600 W Sovereign Path #241  Lecanto FL 34461	<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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Daly & Zilch AMBEST

# Southern-Owners Insurance Company

A.M. Best #: 011676 NAIC #: 10190 FEIN #: 593265407

## Mailing Address

P.O. Box 30660  
Lansing, MI 48909-8160

[United States](#)

**Web:** [www.auto-owners.com](http://www.auto-owners.com)

**Phone:** 517-323-1200

**Fax:** 517-391-1901

[View Additional Address Information](#)

Based on A.M. Best's analysis, [000188 - Auto-Owners Insurance Company](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

**Financial Strength Rating** [View Definition](#)

**Rating:** A++ (Superior)

**Affiliation Code:** g (Group)

**Financial Size Category:** XV (\$2 Billion or greater)

**Outlook:** Stable

**Action:** Affirmed

**Effective Date:** September 08, 2017

**Initial Rating Date:** July 31, 1995

**Long-Term Issuer Credit Rating** [View Definition](#)

**Long-Term:** aa+

**Outlook:** Stable

**Action:** Affirmed

**Effective Date:** September 08, 2017

**Initial Rating Date:** May 30, 2007

# Owners Insurance Company

A.M. Best #: 003628 NAIC #: 32700 FEIN #: 341172650

## Mailing Address

P.O. Box 30660  
Lansing, MI 48909-8160

[United States](#)

**Web:** [www.auto-owners.com](http://www.auto-owners.com)

**Phone:** 517-323-1200

**Fax:** 517-391-1901

[View Additional Address Information](#)

Based on A.M. Best's analysis, [000188 - Auto-Owners Insurance Company](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

**Financial Strength Rating** [View Definition](#)

**Rating:** A++ (Superior)

**Affiliation Code:** g (Group)

**Financial Size Category:** XV (\$2 Billion or greater)

**Outlook:** Stable

**Action:** Affirmed

**Effective Date:** September 08, 2017

**Initial Rating Date:** June 30, 1976

**Long-Term Issuer Credit Rating** [View Definition](#)

**Long-Term:** aa+

**Outlook:** Stable

**Action:** Affirmed

**Effective Date:** September 08, 2017

**Initial Rating Date:** May 30, 2007

# Bridgefield Employers Insurance Company

A.M. Best #: 012158 NAIC #: 10701 FEIN #: 591835212

## Domiciliary Address

2310 Commerce Point Drive  
Lakeland, FL 33801

[United States](#)

**Web:** [www.summitholdings.com](http://www.summitholdings.com)

**Phone:** 863-665-6060

**Fax:** 863-667-2738

Based on A.M. Best's analysis, [058317 - American Financial Group, Inc](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

**Financial Strength Rating** [View Definition](#)

**Rating:** A (Excellent)

**Affiliation Code:** r (Reinsured)

**Financial Size Category:**X (\$500 Million to \$750 Million)

**Outlook:** Stable

**Action:** Affirmed

**Effective Date:** August 11, 2017

**Initial Rating Date:** January 18, 1999

**Long-Term Issuer Credit Rating** [View Definition](#)

**Long-Term:**

a

**Outlook:**

Positive

**Action:**

Affirmed

**Effective Date:**

August 11, 2017

**Initial Rating Date:**

January 25, 2006

# AGCS Marine Insurance Company

A.M. Best #: 002268 NAIC #: 22837 FEIN #: 366033855

## Domiciliary Address

225 W. Washington Street Suite 1800  
Chicago, IL 60606-3484

[United States](#)

**Web:** [www.agcs.allianz.com](http://www.agcs.allianz.com)

**Phone:** 888-466-7883

**Fax:** 312-641-3797

Based on A.M. Best's analysis, [085449 - Allianz SE](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

**Financial Strength Rating** [View Definition](#)

**Rating:** A+ (Superior)

**Affiliation Code:** g (Group)

**Financial Size Category:**XV (\$2 Billion or greater)

**Outlook:** Stable

**Action:** Affirmed

**Effective Date:** August 03, 2017

**Initial Rating Date:** June 30, 1962

**Long-Term Issuer Credit Rating** [View Definition](#)

**Long-Term:**

aa

**Outlook:**

Stable

**Action:**

Upgraded

**Effective Date:**

August 03, 2017

**Initial Rating Date:**

July 22, 2005

# WORK AUTHORIZATION FORM

## CONSTRUCTION SERVICES – CONTINUING SERVICES CONTRACT

RFQ 18-030

Once completed, print the form, have it signed by all those indicated below. If the value of the project is greater than \$10,000 mail the form to the Purchasing Manager Please Print or Type the Requestor's name in the box below.

(USE THE TAB KEY TO MOVE BETWEEN FIELDS)

**NAME OF PROJECT:** Extension SVS, & LH BLDG  
(Two lines maximum)

**DEPARTMENT / DIVISION:** DPW / Facilities Management

**TECHNICAL CONTACT:** Russ Collins

**GRANT FUNDED:** YES  NO

**FINANCING REQUIRED:** YES  NO

**ACCOUNT NUMBER:**  
(Four lines maximum)  
2670-56200

**BUDGET AMOUNT:**  
(Four lines maximum) \$38,000.00

### DESCRIBE THE PROJECT – LIST THE CONTRACTORS AND THEIR QUOTES – GIVE RECOMMENDATION OF AWARD (attach copies of the quotes and any other supporting documentation):

Install Uniflex Coating System to Extension SVS, LH Building roof with a ten year warranty. We are recommending awarding to Daly & Zilch as our lowest Bid out of the two that we received from our preferred contractors for the amount of \$33,890.00 – Project#26-20

Daly & Zilch Construction INC - \$33,890.00

Cardiff Construction LLC - \$34,500.00

John Rife Corporation No Bid

Grosz Construction - No Bid

**REQUESTOR** Russell Collins **DATE** 4/21/2020  
**DIVISION DIRECTOR** [Signature] **DATE** 04/21/2020  
Required regardless of cost  
**DEPARTMENT DIRECTOR** [Signature] **DATE** 4/23/2020  
Required if cost is > \$5,000  
**MANAGEMENT & BUDGET DIRECTOR** [Signature] **DATE** 4-24-2020  
Required if cost is > \$10,000  
**CHAIRMAN** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Required if cost is > \$25,000

**BID FORM**

(Page 1)

**Installation of a Roof Coating System for the Lecanto Health Department  
Amin/Extensions Building**

BIDDER'S NAME: Daly & Zilch (Florida) Inc.

X Our Bid is in compliance with all specifications.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEND TO:** Russ Collins  
Facilities Management  
Russell.collins@citrusbocc.com

Bids are due on or before: April 14, 2020 @ 4:00PM

**ADDENDA**

Bidder hereby acknowledges that they have received Addenda No.'s NA, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, (Bidder shall insert the number of each Addendum received) and agrees that all addenda issued are hereby made part of the Invitation to Bid and their Bid Price includes all impacts resulting from said addenda.

**CONTRACT EXECUTION**

Bidder agrees that if their Bid is accepted for award the contents of their Bid shall become a contractual obligation and that they will furnish all supervision, labor, materials, equipment, supplies, machinery, tools, apparatus, insurance, bonds and anything else required to provide the service as specified in the Bid Documents.

**BID FORM**  
(Page 2)

**Installation of a Roof Coating System for the Lecanto Health Department  
Amin/Extensions Building**

BIDDER'S NAME: Daly & Zilch (Florida) Inc.

**BIDDER'S DECLARATION AND UNDERSTANDING**

Bidder declares (1) that the only persons or parties interested in this Bid are those named herein, (2) that their Bid is, in all respects, fair and without fraud, (3) that their Bid is made without collusion with any official of the County, and (4) that their Bid is made without any connection of collusion with any person submitting another Bid for this Invitation to Bid.

Bidder further declares (a) that they have carefully examined the Bid Documents for the Services covered under this Invitation to Bid, (b) that they have personally inspected the sites where the Services will be performed and (c) that their Bid is made according to the provisions and the terms and conditions noted in the Invitation to Bid, which are hereby made a part of their Bid.

**CERTIFICATES OF INSURANCE**

If an award is made, the Successful Bidder agrees to obtain the minimum types and limits of insurance as specified in the Invitation to Bid and will provide County certificates of insurance evidencing such. Furthermore, should Bidder be required to procure additional insurance to meet County's minimum insurance requirements, Bidder has factored the cost for such additional insurance into their Bid Price.

**BIDDER'S REPRESENTATION AND CERTIFICATION FORM**

Bidder has acknowledges that they understand and have executed the Bidder's Representation and Certification Form and have included such with their Bid. The Form must be notarized.

**BID SCHEDULE:**

Bid – Installation of a Roof Coating System for the Lecanto Health Department Admin/Extensions Building \$33,890.00

**BID FORM**

(Page 3)

**Installation of a Roof Coating System for the Lecanto Health Department  
Amin/Extensions Building**

**SIGNATURE**

By affixing their signature to the Bid Form, Bidder hereby states that they have read all bid specifications, terms and conditions outlined in the Invitation to Bid and agree to such.

Bidder hereby agrees to provide the Services described in the Invitation to Bid for the unit prices as noted above, which includes all supervision, labor, materials, equipment, supplies, insurance, fuel, transportation, overhead, profit, applicable taxes and costs of all kinds necessary to complete the Services.

Bidder declares that the individual signing this Bid Form has the legal capacity to sign on behalf of Bidder and to contractually obligate Bidder.

Bidder's Name: Daly & Zilch (Florida) Inc.

Federal Employer Identification No.: 59-3384496

Bidder's Address: 305 S. Salisbury Ter., Lecanto, FL 34461

By:   
Signature

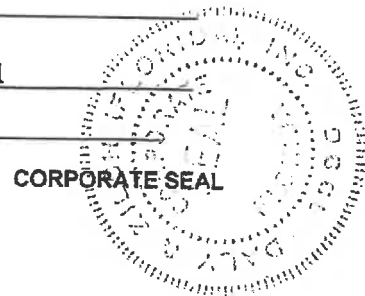
Name: Linda A. Daly  
Print Name

Title: President  
Secretary/Assistant Secretary/President/Vice President/Assistant Vice President

Phone No.: 352-341-4860 Fax No.: 1-888-873-4861

E-Mail Address: kelly@daly-zilch.com

Date: April 14, 2020



**BID FORM**

(Page 1)

**Installation of a Roof Coating System for the Lecanto Health Department  
Amin/Extensions Building**

BIDDER'S NAME: CARDIFF CONSTRUCTION, LLC

Our Bid is in compliance with all specifications.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEND TO: Russ Collins  
Facilities Management  
Russell.collins@citrusbocc.com

Bids are due on or before: April 14, 2020 @ 4:00PM

**ADDENDA**

Bidder hereby acknowledges that they have received Addenda No.'s N/A, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (Bidder shall insert the number of each Addendum received) and agrees that all addenda issued are hereby made part of the Invitation to Bid and their Bid Price includes all impacts resulting from said addenda.

**CONTRACT EXECUTION**

Bidder agrees that if their Bid is accepted for award the contents of their Bid shall become a contractual obligation and that they will furnish all supervision, labor, materials, equipment, supplies, machinery, tools, apparatus, insurance, bonds and anything else required to provide the service as specified in the Bid Documents.



**BID FORM**

(Page 2)

**Installation of a Roof Coating System for the Lecanto Health Department  
Amin/Extensions Building**

BIDDER'S NAME:

CARDIFF CONSTRUCTION, LLC

**BIDDER'S DECLARATION AND UNDERSTANDING**

Bidder declares (1) that the only persons or parties interested in this Bid are those named herein, (2) that their Bid is, in all respects, fair and without fraud, (3) that their Bid is made without collusion with any official of the County, and (4) that their Bid is made without any connection of collusion with any person submitting another Bid for this Invitation to Bid.

Bidder further declares (a) that they have carefully examined the Bid Documents for the Services covered under this Invitation to Bid, (b) that they have personally inspected the sites where the Services will be performed and (c) that their Bid is made according to the provisions and the terms and conditions noted in the invitation to Bid, which are hereby made a part of their Bid.

**CERTIFICATES OF INSURANCE**

If an award is made, the Successful Bidder agrees to obtain the minimum types and limits of insurance as specified in the Invitation to Bid and will provide County certificates of insurance evidencing such. Furthermore, should Bidder be required to procure additional insurance to meet County's minimum insurance requirements, Bidder has factored the cost for such additional insurance into their Bid Price.

**BIDDER'S REPRESENTATION AND CERTIFICATION FORM**

Bidder has acknowledges that they understand and have executed the Bidder's Representation and Certification Form and have included such with their Bid. The Form must be notarized.

**BID SCHEDULE:**

Bid - Installation of a Roof Coating System for the Lecanto Health Department Admin/Extensions Building \$ 34,500 -

*Thirty four Thousand and Five Hundred Dollars*

**BID FORM**

(Page 3)


**Installation of a Roof Coating System for the Lecanto Health Department  
Amin/Extensions Building**

**SIGNATURE**

By affixing their signature to the Bid Form, Bidder hereby states that they have read all bid specifications, terms and conditions outlined in the Invitation to Bid and agree to such.

Bidder hereby agrees to provide the Services described in the Invitation to Bid for the unit prices as noted above, which includes all supervision, labor, materials, equipment, supplies, insurance, fuel, transportation, overhead, profit, applicable taxes and costs of all kinds necessary to complete the Services.

Bidder declares that the individual signing this Bid Form has the legal capacity to sign on behalf of Bidder and to contractually obligate Bidder.

Bidder's Name: CARDIFF CONSTRUCTION, LLC  
Federal Employer Identification No.: 27-1738480  
Bidder's Address: P.O. Box 1829, Crystal River, FL 34423  
By:   
Signature  
Name: Michael R. Rasselet  
Print Name  
Title: Managing mbr.  
Secretary/Assistant Secretary/President/Vice President/Assistant Vice President  
Phone No.: 352-422-4228 Fax No.: 866-620-2581  
E-Mail Address: michael@cardiffllc.co  
Date: 4/13/2020

CORPORATE SEAL —

