

**BID PROPOSAL FORM BID NO. 2015-014**

**BID TO: CITY COMMISSION  
CITY OF MARGATE**

1. The undersigned bidder proposes and agrees, if this bid is accepted, to enter into an Agreement with the OWNER in the form included in the Contract Documents to perform the WORK as specified or indicated in said Contract Documents entitled:

**BID NO. 2015-014 EAST WWTP STEEL CLARIFIER REHABILITATION**

2. Bidder accepts all of the terms and conditions of the Contract Documents, including without limitation those in the "Notice Inviting Bids", and "Instructions to Bidders", dealing with the disposition of the bid security.
3. The bid will remain open for the period stated in the "Notice Inviting Bids", unless otherwise required by law. Bidder will enter into an Agreement within the time and in the manner required in the "Notice Inviting Bids" and the "Instructions to Bidders", and will furnish the insurance certificates, Payment Bond and Performance Bond required by the Contract Documents.
4. It is the Contractor's responsibility to contact the City at (954) 935-5346, prior to the bid opening to determine if any addenda have been issued on the project. Bidder has examined copies of all the Contract Documents including the following addenda (receipt of all of which is acknowledged):

Number 1 Date 6/10/15  
\_\_\_\_\_  
\_\_\_\_\_

5. Bidder has familiarized itself with the nature and extent of the Contract Documents, WORK, site, locality where the WORK is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations), and the conditions affecting cost, progress or performance of the WORK and has made such independent investigations as bidder deems necessary.
6. This bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation. Bidder has not directly or indirectly induced or solicited any other bidder to submit a false or sham bid. Bidder has not solicited or induced any person, firm or corporation to refrain from bidding and Bidder has not sought by collusion to obtain for itself any advantage over any other bidder or over Owner.

To all the foregoing, and including all Bid Schedule(s) and information required of bidder contained in this Bid Form, said Bidder further agrees to complete the Work required under the Contract Documents within the Contract Time stipulated in said Contract Documents, and to accept in full payment thereof the Contract Price based on the total bid price(s) named in the aforementioned bidding schedule(s).

BID PROPOSAL FORM BID NO. 2015-014

NAME OF FIRM ANZCO INC

ADDRESS: 9671 CAROUSEL CIRCLE SOUTH POKA HATO, FL. 33434

NAME OF SIGNER JOHN P. ZAY  
(Print or Type)

TITLE OF SIGNER PRESIDENT

SIGNATURE:  DATE: 6/15/15

TELEPHONE NO: 561-699-3602 FACSIMILE NO: 561-807-7224

E-MAIL: JOHNP@ANZCO INC. COM

BID NO. 2015-014

## SCHEDULE OF BID PRICES – BID NO. 2015-014

TO: CITY COMMISSION

CITY OF MARGATE

(Please fill in all blanks and return with your proposal.)

BIDDER AGREES TO PERFORM ALL WORK DESCRIBED IN THE CONTRACT DOCUMENTS FOR THE FOLLOWING UNIT PRICES OR LUMP SUMS. BIDS SHALL INCLUDE SALES TAX AND ALL OTHER APPLICABLE TAXES AND BIDDER UNDERSTANDS THAT THE EXTENDED TOTAL FOR EACH AND EVERY ITEM IS THE RESULT OF MULTIPLYING THE QUANTITY TIMES THE UNIT COST STATED IN FIGURES. FOR ANY DISCREPANCY BETWEEN THE UNIT COST AND TOTAL, THE UNIT COST PREVAILS.

In accordance with your request for proposals and the specifications contained herein, the undersigned proposes the following:

\*\*\*\*\*  
**Note:** City permit fees shall not be waived and should be included in your bid proposal.

### DESCRIPTION

- 1 **MOBILIZATION:** Lump sum amount for mobilization shall include but is not limited to the costs of transporting equipment to and from the site, site cleanup and disposal of debris, excess concrete, surplus excavation, videos, computer, construction trailers, sanitary facilities, staging area, labor associated permit acquisition, contractor's staging area, project signs, testing, project coordination and demobilization and all other costs incidental or necessary to initiate and terminate construction. The lump sum amount shall also include the full cost of providing and maintaining current all performance, payment and maintenance bonds and insurance.

QUANTITY	UNITS	UNIT COST	TOTAL COST
1	LS	<u>26,250.00</u>	<u>26,250.00</u>

- 2 **COATING TANK EXTERIOR:** Lump sum amount to coat approximately 4,000 ft<sup>2</sup> of exterior steel clarifier walls.

QUANTITY	UNITS	UNIT COST	TOTAL COST
1	LS	<u>112,000.00</u>	<u>112,000.00</u>



- 3 **COATING TANK INTERIOR:** Lump sum amount to coat approximately 10,000 ft<sup>2</sup> of interior steel clarifier walls, concrete clarifier floor and all steel components contained within the clarifier.

QUANTITY	UNITS	UNIT COST	TOTAL COST
1	LS	<u>37,500.00</u>	<u>37,500.00</u>

- 4 **WEIR REMOVAL & REPLACEMENT:** Labor and materials to remove and reinstall existing weirs if existing weirs remain in good condition. If existing weirs are damaged and irreparable this line item shall cover the cost of installation of new weirs equivalent to existing weirs.

QUANTITY	UNITS	UNIT COST	TOTAL COST
1	LS	<u>7650.00</u>	<u>7650.00</u>

- 5 **WEIR ALLOWANCE:** Cost per linear foot of new weirs in the event that existing weirs are damaged and irreparable. If the amount is not used either wholly or in part, the amount not used shall be deducted from the contract price.

QUANTITY	UNITS	UNIT COST	TOTAL COST
500	LF	<u>15.00</u>	<u>7500.00</u>

- 6 **PVC DRAFT TUBE REMOVAL & REPLACEMENT:** Labor and materials to remove existing PVC draft tubes and replace with new PVC draft tubes.

QUANTITY	UNITS	UNIT COST	TOTAL COST
1	LS	<u>4000.00</u>	<u>4000.00</u>

- 7 **DEMOLITION:** Demolish and remove existing access stairs, access stair foundations, walkway and walkway support system. Secure and properly remove critical equipment contained on the walkway including but not limited to drive gear motor and drive control. Recyclable materials recovered as a result of demolition are the property of the City of Margate.

QUANTITY	UNITS	UNIT COST	TOTAL COST
1	LS	<u>9500.00</u>	<u>9500.00</u>

- 8 **ACCESS STAIRS:** Furnish all materials, equipment and labor necessary to install new tank access stairs. The lump sum amount includes contractor provided aluminum access stairs designed by a Professional Engineer registered in the State of Florida.

QUANTITY	UNITS	UNIT COST	TOTAL COST
1	LS	<u>7410.00</u>	<u>7410.00</u>



- 9 **WALKWAY & SUPPORT SYSTEM:** Furnish all material, equipment and labor necessary. The lump sum amount includes contractor provided aluminum walkway and support system designed by a Professional Engineer registered in the State of Florida.

QUANTITY	UNITS	UNIT COST	TOTAL COST
1	LS	<u>26,500.00</u>	<u>26,500.00</u>

- 10 **ACCESS LADDERS:** Material, equipment and labor necessary to remove two (2) existing access ladders from the walkway and replace with two (2) new access ladders. This line item will be paid at the unit price for each ladder.

QUANTITY	UNITS	UNIT COST	TOTAL COST
2	EA	<u>856.00</u>	<u>1712.00</u>

- 11 **TANK CENTER LIGHTING:** Remove existing light pole at the center of the clarifier. Furnish and install new LED light pole described within the technical specifications contained in the contract documents.

QUANTITY	UNITS	UNIT COST	TOTAL COST
1	LS	<u>6000.00</u>	<u>6000.00</u>

- 12 **TANK STAIRWAY LIGHTING:** Remove existing light pole at the top of the tank stairs. Furnish and install new LED light pole described within the technical specifications contained in the contract documents.

QUANTITY	UNITS	UNIT COST	TOTAL COST
1	LS	<u>1800.00</u>	<u>1800.00</u>

- 13 **ELECTRICAL:** Labor, materials and equipment to remove existing conduit and conductors from handrails. Furnish and install new conduit and conductors to walkway or walkway support.

QUANTITY	UNITS	UNIT COST	TOTAL COST
1	LS	<u>3420.00</u>	<u>3420.00</u>

- 14 **EMERGENCY SHUTOFF SAFETY SWITCH:** Remove existing clarifier drive emergency shutdown switch and replace with new clarifier drive emergency shutdown switch. Lump sum cost shall include all labor, materials and equipment required to perform this task.

QUANTITY	UNITS	UNIT COST	TOTAL COST
1	LS	<u>2700.00</u>	<u>2700.00</u>

- 15 **STEEL PLATE REPAIR & WELDING ALLOWANCE:** Labor, equipment and materials for all necessary and required welding of steel repair plates to existing steel tank structure for the unit price per square foot. Payment will be made at the unit price bid per square foot. Any quantity that exceeds fifty (50) square feet will be paid at the unit price per square foot. If the amount is not used either wholly or in part, the amount not used shall be deducted from the contract price.

QUANTITY	UNITS	UNIT COST	TOTAL COST
50	SF	<u>115.00</u> /SF	<u>5750.00</u>

- 16 **PERMIT FEE ALLOWANCE:** Allowance for any permits required to perform project. Based upon actual permit fees required by the Contractor from the various agencies having jurisdiction for construction of the project. Includes the cost of inspection by a Special Inspector if necessary. If the amount is not used either wholly or in part, the amount not used shall be deducted from the contract price.

TOTAL COST

**\$10,000.00**

- 17 **CONTINGENCY ALLOWANCE:** A contingency allowance for unforeseen equipment, materials, or other work not directly or indirectly included in any of the items listed. All work paid for under this item must be authorized in writing by the Engineer or Owner. If the amount is not used either wholly or in part, the amount not used shall be deducted from the contract price.

TOTAL COST

**\$10,000.00**

TOTAL COST OF BASE BID \$ 279,692.00

COST OF INDEMNIFICATION \$ 100.00

GRAND TOTAL FOR ALL ITEMS \$ 279,792.00

\*\*\*\*\*

ALL BIDS MUST BE SIGNED WITH THE VENDOR NAME AND BY AN OFFICER OR EMPLOYEE HAVING THE AUTHORITY TO BIND THE COMPANY OR FIRM BY SIGNATURE.

MATERIAL SAFETY DATA SHEETS ENCLOSED? YES ✓ NO       

SPECIFICATION SHEETS/BROCHURES? YES ✓ NO       

WILL YOUR FIRM ACCEPT PAYMENT VIA A CITY OF MARGATE PROCUREMENT CARD? YES        NO ✓

**HAVE YOUR INSURANCE REPRESENTATIVE REVIEW THE SAMPLE INSURANCE CERTIFICATE TO ENSURE COMPLIANCE.**



### BIDDER'S GENERAL INFORMATION:

The bidder shall furnish the following information. Additional sheets shall be attached as required. Failure to complete Item Nos. 1, 3, and 8 will cause the bid to be non-responsive and may cause its rejection. In any event, no award will be made until all of the Bidder's General Information (i.e., items 1 through 9 inclusive) is delivered to the OWNER.

- (1) Contractor's name and address:

ANZCO INC.  
9671 CAROUSEL CIRCLE SOUTH  
BOCA RATON, FL. 33434

- (2) Contractor's telephone number: 561-699-3602

- (3) Contractor's license: Primary classification C6C1518065 CERTIFIED

State License Number C6C1518065

Supplemental classifications held, if any: \_\_\_\_\_

Name of Licensee, if different from (1) above: \_\_\_\_\_

- (4) Name of person who inspected site of proposed WORK for your firm:

Name: JOHN ZAN Date of Inspection: 6/15/15

- (5) Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract: PHILADELPHIA INDEPENDENT INSURANCE

- (6) Attach to this bid, the experience resume of the person who will be designated chief construction superintendent or on site construction manager.

- (7) Attach to this bid a financial statement, references, and other information, sufficiently comprehensive to permit an appraisal of Contractor's current financial condition.

**BID NO. 2015-014**

**RESUME**  
**JOHN B. ZAK**  
**9671 CAROUSEL CIRCLE SOUTH**  
**Boca Raton Fl. 33434**  
**Jzak@anzcoinc.com**  
**561-699-3602**

**SUMMARY:**

Professional career began 32 years ago as a construction engineer handling estimating, scheduling and procurement for a design/build contractor. Over the years, he has continued his involvement in the construction industry with a focus on his engineering background. His diverse experience includes, but is not limited to plant manager, operations manager, estimating, scheduling, procurement, contract administration, production planning and safety program administration.

Currently, his responsibilities focus on the overall management of various projects. His daily responsibilities include project scheduling, coordination of all vendors, procurement of materials, review of submitted data, monthly invoicing and reporting to owners on the progress of the project, and safety program director.

**EXPERIENCE**

**1/2007-Present      Anzco Inc. - President**

**10/98-12/06      The Tower Group Inc., V.P. of Operations**

Responsible for overall management of various projects and project personnel, including project scheduling, coordination of all vendors, procurement of materials, review of submitted data, monthly invoicing, project budgeting, negotiating contract change orders, time extensions and claims. Construction volume under my control exceeded 150 million dollars since 2004. Major portion of the work included public and commercial projects.

- *Pinnacle Square* (Miami)- 10-story apartment building and 6-story parking garage, 110 units, building includes a community center, computer lab, fitness center, secured access, and playground/tot lot. Contract Amount \$17M
- *Vista Park*- Weston 35 acre facility consisting of 4 baseball and soccer fields with concession buildings, playgrounds, shelters and parking for 362 cars. Contract Amount 6.8 million
- *Tech Data Corporation* (Miami) - Latin American Distribution Center-466,000 sf/single story warehouse-two story office-tilt-wall construction-Contract Amount \$16M
- *International Corporate Park / Buildings 16, 18 and 19*(Miami) – Warehouse office buildings. Dock Height-100,000 sf/single story

construction-tilt-wall construction. Contract Amount \$1.8M (Bldg.16), \$2.7M (Bldg. 18) and \$2.8M (Bldg. 19)

**1990 – 1998 Steel Fabricators, Project Manager/Quality Assurance Manager & CWI**  
Responsible for project coordination involving engineering, contract administration, estimating, sales, shop and field operations of commercial, industrial and highway projects.

**1977-1989 American Bridge/Allied Structural Project Manager**  
Responsible for construction of highway projects throughout the United States

**EDUCATION:**

*B.S.C.E. 1977*  
Illinois Institute of Technology  
Chicago, IL

**PROFESSIONAL ORGANIZATION:**

Sigma Phi Delta Professional Engineering Fraternity  
American Welding Society

**CERTIFICATIONS:**

- CGC1518065 (active)
- *C.W.I. 94010911*
- *LEED AP CERTIFIED*
- *30 hour OSHA*
- *EPA Certified Renovator*

References upon request



- (8) List 3 projects completed as of recent date involving work of similar type and complexity:

PROJECT NAME	CONTRACT PRICE	NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER
NORTHEAST "D" MOOJLES 2555 W. COAHUS POYDANO, FL. 33069	265,000.00	CARLOS HORESON 2555 W. COAHUS POYDANO BEACH, FL. 954-831-0661
CS WWTP. TANKS 10300 NW 11TH MANOL CORAL SPRINGS, FL. 33065	65,000.00	DAVID HCENTOSH 10300 NW 11TH MANOL CORAL SPRINGS, FL. 33065 954-796-6677
NORTHEAST CANAL REPAIRS & PIER 2555 W. COAHUS POYDANO, FL. 33069	135,000.00	CARLOS HORESON 2555 W. COAHUS POYDANO, FL. 33069 954-831-0661

- (9) Subcontractors: The bidder further proposes that as part of their submittal, attached is a list of subcontracting firms or businesses that will be awarded subcontracts for portions of the work in the event the bidder is awarded the Contract:

ADAMS ELECTRIC 635 SW 16TH AVE FT. LAUDERDALE, FL 33301  
SOUTH LAUD PAINTING 2635 NW 4TH AVE FT. LAUDERDALE, FL 33371

## BID BOND

### KNOW ALL MEN BY THESE PRESENTS:

That we ANZCO, Inc. as Principal, and Philadelphia Indemnity Insurance Company as Surety, are held and firmly bound unto City of Margate, hereinafter called "City" in the sum of (\$                    ) dollars, (not less than 5 percent of the total amount of the bid) for the payment of which sum, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

**WHEREAS**, said Principal has submitted a bid to said City to perform the Work required under the bidding schedule of the City's Contract Documents entitled:

### BID NO. 2015-014 EAST WWTP STEEL CLARIFIER REHABILITATION

**NOW THEREFORE**, if said Principal is awarded a contract by said City and, within the time and in the manner required in the "Notice Inviting Bids" and the "Instructions to Bidders" enters into a written Agreement on the form of the agreement bound with said Contract Documents, furnishes the required certificates of insurance, and furnishes the required Performance Bond, then this obligation shall be null and void, otherwise it shall remain in full force and effect. In the event suit is brought upon this bond by said City and City prevails, said Surety shall pay all costs incurred by said City in such suit, including a reasonable attorney's fee to be fixed by the court.

**SIGNED AND SEALED**, this 16th day of June, 2015.

ANZCO, Inc.  
(Principal)  
By: [Signature]  
(SIGNATURE)

Philadelphia Indemnity Insurance Company  
(Surety)  
By: [Signature]  
(SIGNATURE) Jorge L. Bracamonte, Attorney-in-Fact  
& Florida Licensed Resident Agent

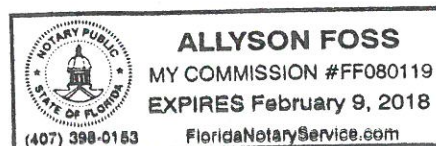
STATE OF FLORIDA, COUNTY OF BROWARD: BEFORE ME PERSONALLY APPEARED THE ABOVE TO ME WELL KNOWN AND KNOWN TO ME TO BE THE PERSONS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO AND BEFORE ME THAT THEY EXECUTED SAID INSTRUMENT FOR THE PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL, THIS 15th DAY OF June, 2015

NOTARY PUBLIC:

[Signature]  
DENISE D M STEPHENSON  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# EE223479  
Expires 8/20/2016

[Signature]  
Allyson Foss



**PHILADELPHIA INDEMNITY INSURANCE COMPANY**

One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004  
**Power of Attorney**

KNOW ALL PERSONS BY THESE PRESENTS: that **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint: **Allvson Foss and Jorge L. Bracamonte of JCA Surety Group, LLC.**

Its true and lawful Attorney(s) in fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **\$25,000,000.00**

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY at a meeting duly called the 1<sup>st</sup> day of July, 2011.

**RESOLVED:** That the Board of Directors hereby authorizes the President or any Vice President of the Company to: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

**FURTHER RESOLVED:** That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with the respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 7<sup>TH</sup> DAY OF FEBRUARY 2013.



(Seal)

Robert D. O'Leary Jr., President & CEO  
Philadelphia Indemnity Insurance Company

On this 7<sup>th</sup> day of February 2013, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



Notary Public:

residing at:

Bala Cynwyd, PA

(Notary Seal)

My commission expires:

March 22, 2016

I, Craig P. Keller, Executive Vice President, Chief Financial Officer and Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and this Power of Attorney issued pursuant thereto are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 16<sup>th</sup> day of June, 20 15.



Craig P. Keller, Executive Vice President, Chief Financial Officer & Secretary  
**PHILADELPHIA INDEMNITY INSURANCE COMPANY**



## REFERENCE SHEET

In order to receive Bid Award consideration on the proposed bid, it is a mandatory requirement that the following "Information Sheet" must be completed and returned with your bid. This information may be used in determining the Bid Award for this contract.

BIDDER (COMPANY NAME): ANZCO INC.  
ADDRESS: 9671 CAROUSEL CIRCLE SOUTH  
BOCA RATON, FL. 33434 TELEPHONE NO: 561-699-3602  
CONTACT PERSON: JOHN ZAM TITLE: PRESIDENT  
NUMBER OF YEARS IN BUSINESS: 8  
ADDRESS OF NEAREST FACILITY: 1009 NW 31ST AVE POMPANO BEACH, FL. 33069

LIST THREE (3) COMPANIES OR GOVERNMENTAL AGENCIES WHERE THESE PRODUCTS AND SERVICES HAVE BEEN PROVIDED IN THE LAST YEAR.

1. Company Name: CSTWA  
Address: 10300 NW 11TH AVE CORAL SPRINGS, FL. 33065  
Contact Person: DAVID MCINTOSH Title: PLANT MGR  
Phone: 954-796-6677
2. Company Name: PROVANO CO. NORTH EAST PLANT  
Address: 2555 W. COPANO POMPANO BEACH, FL. 33069  
Contact Person: CARLOS MOREJON Title: PLANT ENGINEER  
Phone: 954-831-0661
3. Company Name: CITY OF CORAL SPRINGS  
Address: 9551 W. JAYHOLE ROAD CORAL SPRINGS, FL.  
Contact Person: HARRY GONZALEZ Title: MANAGER  
Phone: 954-344-1195



**NON-COLLUSIVE AFFIDAVIT FOR BID NO. 2015-014**

State of FLORIDA )

)ss.

County of DADE )

JOHN B. ZAK being first duly sworn, deposes and says that:

He/she is the OWNER, (Owner, Partner, Officer, Representative or Agent) of ANZO INC., the Offeror that has submitted the attached Proposal;

He/she is fully informed regarding the preparation and contents of the attached Proposal and of all pertinent circumstances regarding such Proposal;

Such Proposal is genuine and is not a collusive or sham Proposal;

Neither the said Offeror nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Offeror, firm, or person to submit a collusive or sham Proposal in connection with the Work for which the attached Proposal has been submitted; or to refrain from bidding in connection with such Work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Offeror, firm, or person to fix the price or prices in the attached Proposal or of any other Offeror, or to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Offeror, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Work;

The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Offeror or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed and delivered in the presence of:

[Signature]  
Witness

\_\_\_\_\_  
Witness

By [Signature]

JOHN B. ZAK  
Printed Name

PRESIDENT  
Title

**ACKNOWLEDGMENT**  
**NON-COLLUSIVE AFFIDAVIT FOR BID NO. 2015-014**

State of Florida

County of PROVANO

On this the 15 day of JUNE, 2015, before me, the undersigned Notary Public of the State of Florida, personally appeared

JOHN D. ZAM and  
(Name(s) of individual(s) who appeared before notary)


whose name(s) is/are Subscribed to within the instrument, and he/she/they acknowledge that he/she/they executed it.

WITNESS my hand  
and official seal.

NOTARY PUBLIC  
SEAL OF OFFICE:



DENISE D M STEPHENSON  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# EE223479  
Expires 8/20/2016

  
NOTARY PUBLIC, STATE OF FLORIDA  
DENISE STEPHENSON  
(Name of Notary Public: Print,  
Stamp, or Type as Commissioned)

☐ Personally known to me, or  
☐ Produced identification:

FID # Z200462563740  
(Type of Identification Produced)

ISS 9/30/08 X 10/14/16.

☐ DID take an oath, or ☒ DID NOT take an oath



## DRUG-FREE WORKPLACE PROGRAM FORM

In accordance with Section 287.087, State of Florida Statutes, preference shall be given to businesses with Drug-free Workplace Programs. Whenever two or more bids which are equal with respect to price, quality and service are received for the procurement of commodities or contractual service, a bid received from a business that certifies that it has implemented a Drug-free Workplace Program shall be given preference in the award process. In the event that none of the tied vendors have a Drug-free Workplace program in effect the City reserves the right to make final Decisions in the City's best interest. 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 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 subsection (1).
4. In the statement specified in subsection (1), notify employees that, as a condition of working on the commodities or contractual services that are under bid, 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 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 convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation.

If bidder's company has a Drug-free Workplace Program, so certify below:

**AS THE PERSON AUTHORIZED TO SIGN THE STATEMENT, I CERTIFY THAT THIS FIRM COMPLIES FULLY WITH THE ABOVE REQUIREMENTS.**

SIGNATURE OF BIDDER: 

DATE: 6/15/15

BID NO: 2015-014

## **COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH ACT**

Bidder certifies that all material, equipment, etc. contained in this bid meets all O.S.H.A. requirements. Bidder further certifies that if he/she is the successful bidder, and the material, equipment, etc., delivered is subsequently found to be deficient in any O.S.H.A. requirement in effect on date of delivery, all costs necessary to bring the material, equipment, etc. into compliance with the aforementioned requirements shall be borne by the bidder.

### **OCCUPATIONAL HEALTH AND SAFETY MATERIAL SAFETY DATA SHEET REQUIRED:**

In compliance with Chapter 442, Florida Statutes, any item delivered from a contract resulting from this bid must be accompanied by a MATERIAL SAFETY DATA SHEET (MSDS). The MSDS must include the following information:

- A. The chemical name and the common name of the toxic substance.
- B. The hazards or other risks in the use of the toxic substances, including:
  - 1. The potential for fire, explosion, corrosivity and reactivity;
  - 2. the known acute and chronic health effects of risks from exposure, including the medical conditions which are generally recognized as being aggravated by exposure to the toxic substance; and
  - 3. the primary routes of entry and symptoms of overexposure.
- C. The proper precautions, handling practices, necessary personal protective equipment, and other safety precautions in the use of or exposure to the toxic substances, including appropriate emergency treatment in case of overexposure.
- D. The emergency procedure for spills, fire, disposal and first aid.
- E. A description in lay terms of the known specific potential health risks posed by the toxic substances intended to alert any person reading this information.
- F. The year and month, if available, that the information was compiled and the name, address and emergency telephone number of the manufacturer responsible for preparing the information.





# CERTIFICATE OF LIABILITY INSURANCE

ANZCO-1

OP ID: VS

DATE (MM/DD/YYYY)

02/16/2015

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 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 W.F. Roemer Insurance Agency 3775 NW 124 Avenue Coral Springs, FL 33065 Jonathan F. Remes	CONTACT NAME: Jonathan F. Remes PHONE (A/C, No, Ext): 954-731-5566 E-MAIL: jremes@roemer-ins.com ADDRESS: jremes@roemer-ins.com	FAX (A/C, No): 954-731-8438
INSURED Anzco, Inc. 9671 Carousel Circle South Boca Raton, FL 33434	INSURER(S) AFFORDING COVERAGE INSURER A: Starr Surplus Lines Ins. Co. INSURER B: Association Insurance Co. INSURER C: Progressive Insurance Company INSURER D: Zurich North America INSURER E: INSURER F:	NAIC # 13604 11240 24252 16535

## 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	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"/> Emp Ben GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	SLPGL02342-01	02/22/2015	02/22/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CA03371531-0	11/18/2014	11/18/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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 N/A	WCV008883104	07/21/2014	07/21/2015	PER STATUTE OTH-ER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
D	Equipment Floater		EC05814969	07/25/2014	07/25/2015	

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

City of Margate is named as additional insured for the general liability policy.

## CERTIFICATE HOLDER

## CANCELLATION

MARGAT2  City of Margate Purchasing Department 5790 Margate Blvd Margate, FL 33063	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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**LIST OF FILES ON ATTACHED CD FOR**  
**BID NO. 2015-014 EAST WWTP STEEL CLARIFIER**  
**REHABILITATION**

1. EClarifier Front End Part II
2. EWWTP Clarifier Specs 4-1-15

## ACKNOWLEDGEMENT FORM

### ADDENDUM NO. 1

### BID NO. 2015-014 – EAST WWTP STEEL CLARIFIER REHABILITATION

I acknowledge receipt of Addendum No. 1 for Bid No. 2015-014 – East WWTP Steel Clarifier Rehabilitation. This addendum contains ~~five (5)~~ 3 pages. Please include the original of this form in your Bid submission.

Company Name: ALCO INC.

Address: 9071 CANONICAL CIRCLE SOUTH BOCA RATON, FL. 33434

Name of Signer JOHN P. ZAM  
(please print)

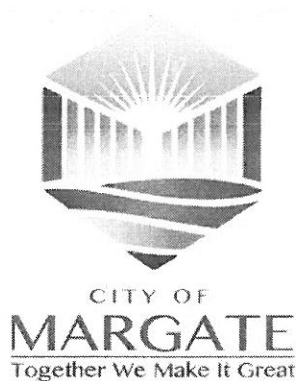
Signature: [Signature] Date: 6/15/15

Telephone: 561-699-3662 Facsimile: 954-532-2629

Please fax your completed form to (954) 935-5258 or e-mail to [purchase@margatefl.com](mailto:purchase@margatefl.com).

Patricia Greenstein

Patricia Greenstein  
Purchasing Manager  
6/10/15



## **ADDENDUM NO. 1**

### **BID NO. 2015-014 – EAST WWTP STEEL CLARIFIER REHABILITATION**

June 10, 2015

#### **TO ALL PROPOSERS:**

Please incorporate the following information/clarifications, changes, additions, and/or deletions into the specification packet for the above referenced project:

#### **1. REVISIONS:**

Part I-Bidding Requirements, Schedule of Bid Prices page A-13 line item 5 is now a cost per linear foot instead of a lump sum cost.

#### **DELETE:**

Page A-13 of Part I-Bidding Requirements, Schedule of Bid Prices.

#### **INSERT:**

New page A-13a of Part I-Bidding Requirements, Schedule of Bid Prices.

There are no other changes at this time.

A handwritten signature in cursive script, reading "Patricia Greenstein".

Patricia Greenstein  
Purchasing Manager  
6/10/15





## Reed Minerals

Harsco®

### BLACK BEAUTY® ABRASIVE SPECIFICATION SHEET



THE ORIGINAL  
**BLACK BEAUTY®**

#### MEDIUM

Medium grade **BLACK BEAUTY®** abrasive for general purpose repair and maintenance blasting; REMOVAL OF PAINT AND RUST, STRUCTURAL STEEL, MILL SCALE, GENERAL PURPOSE, AGGREGATE EXPOSURE.

#### FINE

Fine grade **BLACK BEAUTY®** abrasive for new construction, light paint and rust removal, and for special maintenance applications requiring reduced profiles; BRIDGE MAINTENANCE, LIGHT MILL SCALE, LIGHT PAINT AND RUST, NEW STRUCTURAL STEEL.

#### EX - FINE

Extra fine grade **BLACK BEAUTY®** abrasive to clean surfaces and create a smooth finish, Brush-Off Blast, or in a high-pressure water blast system.

#### ELITE

If your project requires a specialized blasting abrasive, we can help. Using our proprietary processes and superior blending capabilities, we can fine-tune your **BLACK BEAUTY®** blasting abrasive to Elite Gradations. Contact our Customer Service group (888) REEDMIN for immediate assistance.

#### Plants and Sales Offices

1-888-REEDMIN (733-3646)

##### **AL, Satsuma**

240 Baldwin Road  
Satsuma, AL 36572  
(800) 731-7982

##### **KS, LaCygne**

East 2150 Industrial Blvd.  
LaCygne, KS 66040  
(888) 733-3646

##### **OH, Gallipolis**

5486 State Route 7 North  
Cheshire, OH 45620  
(304) 845-0211

##### **FL, Tampa**

5950 Old 41A Highway  
Tampa, FL 33619  
(800) 731-7982

##### **KY, Drakesboro**

9001 State Route 176 East  
Drakesboro, KY 42337  
(270) 476-8020

##### **TN, Memphis**

2170 Plant Road  
Memphis, TN 38019  
(901) 789-0700

##### **IL, Pawnee**

226 East 1640 Road  
Pawnee, IL 62558  
(217) 237-4335

##### **OH, Niles**

412 McKees Lane  
Niles, OH 44446  
(330) 652-2002

##### **TX, Houston**

13040-A Market Street  
Houston, TX 77015  
(800) 731-7982

##### **IL, Pekin**

13090 E. Manito Road  
Pekin, IL 61554  
(309) 347-1962

##### **PA, Philadelphia**

905 Steel Road South  
Fairless Hills, PA 19030  
(888) 733-3646

##### **TX, Rockdale**

FM 1786  
at Alcoa Sandow Works  
(800) 731-7982

##### **IN, Gary**

7100 West 9th Avenue  
Gary, IN 46406  
(888) 733-3646

##### **MO, Thomas Hill**

4461 Highway F  
Clifton Hill, MO 65244  
(888) 733-3646

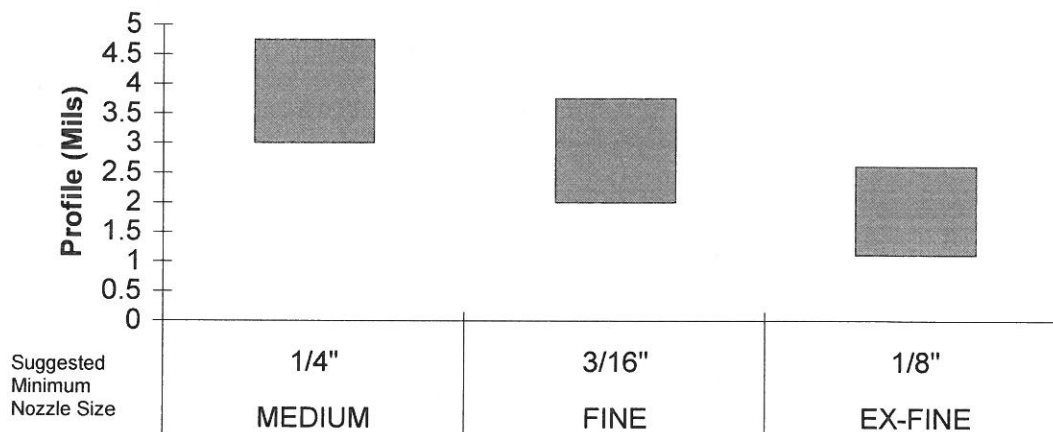
##### **WV, Moundsville**

Route 2 South  
Moundsville, WV 26041  
(304) 845-0211

This **BLACK BEAUTY®** abrasive 'profile guide' shows profile ranges achieved with different grades of **BLACK BEAUTY®** abrasives with a controlled environment in a blast cabinet designed by Reed Minerals. The controlled environment consisted of 100 psi at the nozzle, nozzle to surface distance of 18" +/- 3", a 3/8" orifice long venture nozzle, on new 1/8" grade A36 steel, with a blast angle of 75° to 105°.

Some variance in the profile can be noted by the profile ranges even in a controlled environment. Reed Minerals cannot guarantee identical profile results with **BLACK BEAUTY®** abrasives in the field where variability exist.

#### BLACK BEAUTY® ABRASIVE PROFILE GUIDE



#### BLACK BEAUTY® ABRASIVE PRODUCT GRADES

GRADATION & AVAILABILITY VARY FROM PLANT TO PLANT

#### BLACK BEAUTY® ABRASIVE PRODUCT DATA (TYPICAL)

**FREE SILICA** – less than 0.1%  
**PARTICLE SHAPE** – angular, sharp  
**HARDNESS** – 6 to 7 on the Moh's scale  
**BULK DENSITY** – 75-100 lbs per cubic ft depending on gradation  
**SPECIFIC GRAVITY** – 2.73  
**MOISTURE CONTENT** – less than 0.5%

#### CHEMICAL ANALYSIS

Silicon Dioxide	48.78%
Aluminum Oxide	20.97%
Ferric Oxide	19.08%
Calcium Oxide	6.02%
Potassium Oxide	1.67%
Titanium Dioxide	0.94%
Magnesium Oxide	0.90%
Sodium Oxide	0.62%

Specific data may be obtained by contacting REED MINERALS



THE ORIGINAL  
**BLACK BEAUTY®**

Reed Minerals, Harsco Corporation

Home Office: 5040 Louise Drive, Suite 106, Mechanicsburg, PA 17055

P.O. Box 0515 Camp Hill, PA 17001-0515

Telephone: (888) 733-3646 Fax: (717) 506-4646

[www.reedmin.com](http://www.reedmin.com) or [www.blackbeautyabrasive.com](http://www.blackbeautyabrasive.com)



## MATERIAL SAFETY DATA SHEET

(Complies with 29 CFR 1910.1200)

### SECTION I - GENERAL

Reed Minerals, Harsco Corporation  
P.O. Box 0515  
Camp Hill, PA 17001-0515  
regulated.

**Emergency Telephone Number**  
(717) 763-4200

**Product Name:** Black Beauty® Abrasives  
**CAS Number:** 68476-96-0  
Particles not otherwise

**Common Name:** Slag, Coal  
**Date:** February, 1998

### SECTION II - INGREDIENTS

		<u>OSHA</u>	<u>ACGIH</u>
		<u>*PEL</u>	<u>*TLV</u>
Slag, Coal 99% - 100%	<b>Nuisance Particulate</b>		
	<b>Total Particulate</b>	15	10
	<b>Respirable Particulate</b>	5	3
* Values expressed as mg/m <sup>3</sup>			

### SECTION III - PHYSICAL DATA

**Physical Form:** Solid (angular granules)  
**Boiling Temperature:** N/A  
**Melting Temperature:** Greater than 2300°F  
**Vapor Pressure/Density:** N/A  
**Evaporation Rate:** N/A  
**Specific Gravity:** 2.7 g/cc (typical)  
**Water Solubility:** Negligible  
**Color:** Black  
**Odor:** None

### SECTION IV - FIRE AND EXPLOSION DATA

Product is non-flammable and non-explosive.





## **SECTION V - REACTIVITY DATA**

Product is stable under normal conditions of use, storage, and transportation.

## **SECTION VI - HEALTH HAZARD DATA**

Low health risk by inhalation. Treat as a nuisance dust. Typical free silica less than 0.1%. This material is not a recognized carcinogen or co-carcinogen. Human toxic response has not been demonstrated for any route of entry. Mechanical irritation may occur to eyes, skin or respiratory tract. Pre-existing health conditions may be aggravated.

**Carcinogenicity:** NTP - No; IARC Monographs - No; OSHA Regulated - No

## **FIRST AID**

### **IN CASE OF:**

1. Eye contact - Immediately flush eyes thoroughly with water or an ophthalmic saline solution.
2. Skin contact - Wash skin with soap and water if irritation occurs.
3. Inhalation - Remove affected person(s) to fresh air source.
4. Oral intake - Rinse mouth out with water.

If symptoms persist, contact a physician or other medical personnel.

## **SECTION VII - SPILL, LEAK AND DISPOSAL PROCEDURES**

No special procedures required for clean-up. Wetting with water will reduce any airborne dust. Uncontaminated product does not exceed Toxicity Characteristic Leaching Procedure (TCLP) limits and may be disposed of as an inert material in an appropriate solid waste landfill according to applicable Federal, State and Local regulations.

## **SECTION VIII - CONTROL MEASURES**

Use appropriate NIOSH certified respiratory protection when exposure limits may be exceeded. Maintain sufficient ventilation to allow visual contact with work surfaces. Appropriate abrasive blaster's protective equipment is required, which may also include gloves, hood with protective lens, safety glasses, and hearing protection.

## **SECTION IX - SPECIAL PRECAUTIONS**



Keep product dry and free of all contamination to assure free flow. Use an appropriate safety screen over fill hatch of blasting pot. Respirable dusts may be generated during pressure abrasive cleaning operations.

- NOTE -

The opinions expressed herein are those of qualified experts within Harsco Corporation. Harsco believes that the information contained herein is current and accurate for the normal and intended use of this product as of the date of this Material Safety Data Sheet. Since the use of this information and of those opinions or the conditions of use of the product are not within the control of Harsco Corporation, it is the user's obligation to determine and observe the conditions of safe use and disposal of the product by their operations.

(RM 6/98)

Reed Minerals, Harsco Corporation  
P.O. Box 0515  
Camp Hill, PA 17001-0515  
Telephone (717) 763-4200 Fax (717) 763-6496

**A**ggregates, **B**uilding, and **C**ommitment. . . **REED MINERALS**

