

**BID PROPOSAL FORM BID NO. 2016-013**

**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:

**REFURBISHMENT OF (2) WATER FLUME SLIDES**

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 @ (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	N/A	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Bidder has familiarized himself 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).

NAME OF FIRM: AUMILLER POOLS LLC

ADDRESS: 2438 SUMMERFIELD RD., WINTER PARK, FL 32792

NAME OF SIGNER WILLIAM AUMILLER  
(Print or Type)

TITLE OF SIGNER PRESIDENT

SIGNATURE: William J A Miller DATE: 3/6/16

TELEPHONE NO: (407) 808-5021 FACSIMILE NO: (239) 352-0508

**SCHEDULE OF BID PRICES – BID NO. 2016-013**

**TO: CITY COMMISSION**

**CITY OF MARGATE**

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

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

\*\*\*\*\*

DESCRIPTION	TOTAL COST
Cost to Refurbish (2) Water Flume Slide in accordance with Parts 1, 2 & 3 of the Special Conditions	\$ 91,980
Cost to Install City Provided Equipment and Materials in accordance with Part 4 of the Special Conditions	\$ 3,500
Cost of Diamond Brite Resurfacing of Plunge Pool in accordance with Part 5 of the Special Conditions	\$ 4,500
GRAND TOTAL	\$ 99,980

\*\*\*\*\*

**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  X

**SPECIFICATION SHEETS/BROCHURES?** YES \_\_\_\_\_ NO  X

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

**WILL YOUR FIRM ACCEPT PAYMENT VIA A CITY OF MARGATE PROCUREMENT CARD? PLEASE CHECK ONE** YES \_\_\_\_\_ NO  X

**BIDDER'S GENERAL INFORMATION: Bid No. 2016-013**

The bidder shall furnish the following information. Additional sheets shall be attached as required. Failure to complete Item Nos. 1, 3, and 7 (if required) 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 7 inclusive) is delivered to the City.

- (1) Contractor's name and address: AUMILLER POOLS LLC  
2438 SUMMERFIELD RD.  
WINTER PARK, FL 32792
- (2) Contractor's telephone number: (407) 808-5021
- (3) Contractor's license: Primary classification COMMERCIAL POOL/SPA - GENERAL CONTRACTOR  
State License Number: CPC1457868 - CGC1517038  
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: DAVID ADMIRE Date of Inspection: 3/2/16
- (5) Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (6) ATTACH TO THIS BID the experience resume of the person who will be designated as Supervisor for this project.



- (7) ATTACH TO THIS BID a financial statement **(If Required)**, references, and other information, sufficiently comprehensive to allow an appraisal of Contractor's current financial condition. **(Not Required)**
- (8) Subcontractors: The bidder further proposes that as part of their submittal there is attached a list of subcontracting firms or businesses who will be awarded subcontracts for portions of the work in the event the bidder is awarded the Contract. N/A

**BID BOND**

**KNOW ALL MEN BY THESE PRESENTS:**

That we Aumiller Pools, LLC as Principal,  
and The Ohio Casualty Insurance Company as Surety, are held and  
firmly bound unto City of Margate, hereinafter called "City" in the sum of  
(\$ 5% ) 5% of total amount bid 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:

**REFURBISHMENT OF (2) WATER FLUME SLIDES BID NO. 2016-013**

**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 4th day of March, 2016

Aumiller Pools, LLC

The Ohio Casualty Insurance Company

(CONTRACTOR)  
By: William J. Aumiller  
(SIGNATURE)

(SURETY)  
By: [Signature]  
(SIGNATURE)

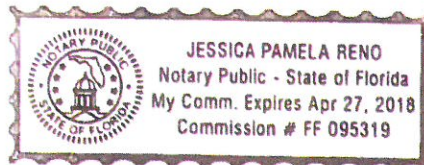
STATE OF FLORIDA, COUNTY OF BROWARD:

Kevin Wojtowicz, Attorney-in-Fact, and Licensed FL  
Resident Agent

BEFORE ME PERSONALLY APPEARED THE ABOVE, 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 4th DAY OF March, 2016

NOTARY PUBLIC: [Signature]





**THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.**

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 6814222

American Fire and Casualty Company  
The Ohio Casualty Insurance Company

Liberty Mutual Insurance Company  
West American Insurance Company

**POWER OF ATTORNEY**

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, John R. Neu; Kevin Wojtowicz

all of the city of St. Petersburg, state of FL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, including but not limited to consents of surety for the release of retained percentages and/or final estimates on construction contracts or similar authority requested by the Department of Transportation, State of Florida, and the execution of such undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 17th day of December, 2014.



American Fire and Casualty Company  
The Ohio Casualty Insurance Company  
Liberty Mutual Insurance Company  
West American Insurance Company

By: David M. Carey  
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss  
COUNTY OF MONTGOMERY

On this 17th day of December, 2014, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA  
Notaria: See:  
Teresa Pastella, Notary Public  
Plymouth Twp., Montgomery County  
My Commission Expires March 28, 2017  
Member, Pennsylvania Association of Notaries

By: Teresa Pastella  
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

**ARTICLE IV – OFFICERS** – Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

**ARTICLE XIII – Execution of Contracts** – SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

**Certificate of Designation** – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

**Authorization** – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Gregory W. Davenport, the undersigned, Assistant Secretary, of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 4th day of March, 2016.



By: Gregory W. Davenport  
Gregory W. Davenport, Assistant Secretary

**REFERENCE SHEET – BID NO. 2016-013**

In order to receive bid award consideration on the proposed bid, it is a requirement that this sheet be completed and returned with your bid/proposal. This information may be used in determining the bid award for this Project.

BIDDER (COMPANY NAME): AUMILLER POOLS LLC

ADDRESS: 2438 SUMMERFIELD RD., WINTER PARK, FL 32792

CONTACT PERSON: WILLIAM AUMILLER TITLE: PRESIDENT

TELEPHONE: (407) 808-5021 FACSIMILE: (239) 352-0508

NUMBER OF YEARS IN BUSINESS: 5

ADDRESS OF NEAREST FACILITY: 2438 SUMMERFIELD RD., WINTER PARK, FL 32792

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

1. Company Name: CITY OF RAYTOWN, MO

Address: 10000 E. 59TH ST., RAYTOWN, MO 64123 Phone: (816) 358-4100

Contact Person: KEVIN BOJI Title: \_\_\_\_\_

2. Company Name: CITY OF MARSHALLTOWN, IA

Address: 10 W. STATE ST., MARSHALLTOWN, IA 50158 Phone: (641) 754-5715

Contact Person: TERRY GRAY Title: \_\_\_\_\_

3. Company Name: CITY OF AUBURN, NE

Address: 1101 J STREET, AUBURN, NE 68305 Phone: (402) 274-9723

Contact Person: SCOTT KUDRNA Title: \_\_\_\_\_



## 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.

SIGNATURE: William J. Miller DATE: 3/3/16

## DRUG-FREE WORKPLACE PROGRAM FORM BID NO. 2016-013

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 of 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: William J. Miller DATE: 3/3/16



**OFFEROR'S QUALIFICATION STATEMENT BID NO. 2016-013**

The undersigned certifies under oath the truth and correctness of all statements and of all answers to questions made hereinafter:

SUBMITTED TO: City of Margate  
(Purchasing Division)

ADDRESS: 5790 Margate Blvd.  
Margate, FL 33063

**CIRCLE ONE**

SUBMITTED BY: AUMILLER POOLS LLC

NAME: WILLIAM AUMILLER

ADDRESS: 2438 SUMMERFIELD RD., WINTER PARK, FL 32792

TELEPHONE NO.: (407) 808-5021

FACSIMILE NO.: (239) 352-0508

**Corporation**  
Partnership  
Individual  
Other

1. State the true, exact, correct and complete name of the partnership, corporation, trade or fictitious name under which you do business and the address of the place of business.

The correct name of the Offeror is: AUMILLER POOLS LLC

The address of the principal place of business is:

2438 SUMMERFIELD RD.

WINTER PARK, FL 32792

2. If Offeror is a corporation, answer the following:

a. Date of Incorporation: 2/2011

b. State of Incorporation: FLORIDA

c. President's name: WILLIAM AUMILLER



- d. Vice President's name: DAVID ADMIRE
- e. Secretary's name: \_\_\_\_\_
- f. Treasurer's name: \_\_\_\_\_
- g. Name and address of Resident Agent: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. If Offeror is an individual or a partnership, answer the following:

- a. Date of organization: \_\_\_\_\_
- b. Name, address and ownership units of all partners:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- c. State whether general or limited partnership: \_\_\_\_\_

4. If Offeror is other than an individual, corporation or partnership, describe the organization and give the name and address of principals:

\_\_\_\_\_

\_\_\_\_\_

5. If Offeror is operating under a fictitious name, submit evidence of compliance with the Florida Fictitious Name Statute.

6. How many years has your organization been in business under its present business name? 5+

a. Under what other former names has your organization operated?

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7. Indicate registration, license numbers or certificate numbers for the businesses or professions which are the subject of this Proposal. Please attach certificate of competency and/or state registration.

COMMERCIAL POOL/SPA - CPC1457868

CERTIFIED GENERAL CONTRACTOR - CGC1517038

8. Have you ever failed to complete any work awarded to you? If so, state when, where and why?

NO

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9. State the names, telephone numbers and last known addresses of three (3) owners, individuals or representatives of owners with the most knowledge of work which you have performed or goods you have provided, and to which you refer (government owners are preferred as references).

KYLE RIEGER  
SPLASHTACULAR

800.844.5334 x510

(name)	(address)	(phone number)
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SEE REFERENCES

(name)	(address)	(phone number)
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(name)	(address)	(phone number)
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10. List the pertinent experience of the key individuals of your organization (continue on insert sheet, if necessary).


11. State the name(s) of the individual(s) who will have personal supervision of the work:

DOUG BARBER - SUPERINTENDENT




THE OFFEROR ACKNOWLEDGES AND UNDERSTANDS THAT THE INFORMATION CONTAINED IN RESPONSE TO THIS QUALIFICATION STATEMENT SHALL BE RELIED UPON BY OWNER IN AWARDING THE CONTRACT AND SUCH INFORMATION IS WARRANTED BY OFFEROR TO BE TRUE. THE DISCOVERY OF ANY OMISSION OR MISSTATEMENT THAT MATERIALLY AFFECTS THE OFFEROR'S QUALIFICATIONS TO PERFORM UNDER THE CONTRACT SHALL CAUSE THE OWNER TO REJECT THE PROPOSAL, AND IF AFTER THE AWARD TO CANCEL AND TERMINATE THE AWARD AND/OR CONTRACT.

Signature: William J. A. Miller

State of Florida County of Orause

On this the 3 day of March, 2016, before me, the undersigned Notary Public of the State of Florida, personally appeared

William J. Miller and  
(Name(s) of individual(s) who appeared before notary)

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

NOTARY PUBLIC  
SEAL OF OFFICE:



Leonor Cahill  
NOTARY PUBLIC, STATE OF FLORIDA  
Leonor Cahill

(Name of Notary Public: Print,  
Stamp or Type as Commissioned.)

- ☒ Personally known to me, or  
☒ Produced identification:

(Type of Identification Produced  
☐ DID take an oath, or ☒ DID NOT take an oath

OPTIONAL INFORMATION:

Type of Document: \_\_\_\_\_ Number of Pages: \_\_\_\_\_ Number of Signatures Notarized: \_\_\_\_\_



**NON-COLLUSIVE AFFIDAVIT FOR BID NO. 2016-013**

State of FLORIDA )  
County of ORANGE )ss.

WILLIAM AUMILLER being first duly sworn, deposes  
and says that:

He/she is the OWNER, (Owner, Partner, Officer,  
Representative or Agent) of AUMILLER POOLS, 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 Faith Young  
Witness Elonor Cahy

By William J Aumiller

WILLIAM AUMILLER

Printed Name

PRESIDENT

Title

**ACKNOWLEDGMENT**  
**NON-COLLUSIVE AFFIDAVIT FOR BID NO. 2016-013**

State of Florida  
County of ORANGE

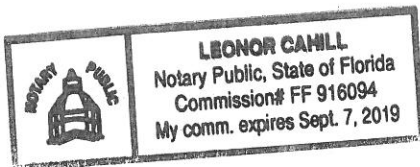
On this the 3 day of March, 2016, before me, the undersigned Notary Public of the State of Florida, personally appeared

William Aumiller 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:



[Signature]  
NOTARY PUBLIC, STATE OF FLORIDA  
Leonor Cahill  
(Name of Notary Public: Print, Stamp, or Type as Commissioned)

☐ Personally known to me, or  
☒ Produced identification:

FCL  
(Type of Identification Produced)

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





# CERTIFICATE OF LIABILITY INSURANCE

AUMIL-1

OP ID: A6

DATE (MM/DD/YYYY)

03/02/2016

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).

<b>PRODUCER</b> Aquesta Insurance - Cornelius PO Box 189 Cornelius, NC 28031 Erich Gram	<b>CONTACT NAME:</b> Angela Renegar	
	<b>PHONE (A/C, No, Ext):</b> 704-439-4328 <b>FAX (A/C, No):</b> 704-892-3266	
	<b>E-MAIL ADDRESS:</b> arenegar@aquestainsurance.com	
<b>INSURED</b> AuMiller Pools LLC BJ AuMiller 8468 Tangelo Tree Drive Orlando, FL 32836	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> Hartford Insurance Company	19682
	<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	ADDL INSD	SUBR 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		22UENOJ2589	12/10/2015	12/10/2016	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
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			22UENOJ2589	12/10/2015	12/10/2016	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			22HHUOJ2590	12/10/2015	12/10/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	<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	22WEOJ2591	12/10/2015	12/10/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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

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

Certificate holder is additional insured with respect to general liability

**CERTIFICATE HOLDER****CANCELLATION**

<b>CITY579</b>  City of Margate 5790 Margate Blvd Margate, FL 33063	<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.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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