



City of Margate – Public Works Department  
102 Rock Island Road  
Margate, FL 33063

**Re: City of Margate – Elevator Modernization  
Oracle Elevator Company – Cover Letter**

Dear Sir or Madame,

Thank you for the opportunity to bid elevator modernization at the City of Margate. The enclosed offer is based upon the Vertical Assessment Associates bid specification. Oracle Elevator Company will adhere to the letter of the specification for the indicated price.

I'd like to introduce the team that will be responsible for your installation:

**Lowell Dack (CC3965) – Modernization Sales Manager**

As sales manager I will serve as liaison between consultant, client and contractor. I have sixteen years of project management experience, seven years in the elevator trade.

**James Miller (CC3258) – Modernization Supervisor**

As modernization foreman James will personally execute survey, site strategy and oversight of performance of installation. James has ten years of elevator specific experience and has over fifty traction modernization projects completed. James began his career with Oracle Elevator as a helper, but quickly established himself as mechanic, adjuster and ultimately manager. He has been our modernization foreman for the last two years.

**David Albart – Modernization Project Manager**

David will be your full time point of contact for all thing modernization related, including scheduling, permitting, and material. He has six years of experience in both the field as an elevator mechanic and as a Customer Service Associate.

**David Cotto (CC2231) – Lead Installer**

David has spent over six years as a modernization mechanic for Oracle Elevator Company. He previously spent four years as a repair and modernization mechanic with one of our competitors. David's work ethic, technical competency and ability are incredible. I have also known him to be the most congenial and friendly of our work staff. He will deliver the knowledge and experience to get the job done.

**Frank Ochoa (CC4254) – Lead Modernization Adjuster**

Frank began in the elevator construction department. He has 28 years of installation and adjusting experience with the Original Equipment Manufacturers. He has been with Oracle as a Lead Adjuster for 10 years. Frank's knowledge and skill set is a tremendous asset to any modernization project.

Oracle Elevator Company is perfectly situated to deliver the best outcome for your project. Our experience with elevator modernization is unsurpassed in the local market. Our staff has over fifty years of combined traction elevator installation experience. It is our goal to impress the client and deliver the best work product possible. Thank you for the opportunity to participate!

Sincerely,

Lowell I Dack  
[Lowell.Dack@Oracleelevator.com](mailto:Lowell.Dack@Oracleelevator.com)  
[Oracle Elevator Company](http://OracleElevatorCompany.com)  
Sales Manager  
Oracle Elevator Company  
(954) 347-0063 cell


BID PROPOSAL FORM BID NO. 2018-021

NAME OF FIRM Oracle Elevator Company

ADDRESS: 2315 Stirling Rd. Ft. Lauderdale, FL 33312

NAME OF SIGNER Lowell Dack  
(Print or Type)

TITLE OF SIGNER Sales Manager

SIGNATURE:  DATE: 9/27/18

TELEPHONE NO: 954-347-0063 FAX NO: N/A

E-MAIL: Lowell.dack@oracleelevator.com

**SCHEDULE OF BID PRICES – BID NO. 2018-021**

**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:

\*\*\*\*\*

**BASE PRICE**

(Retain existing HYDRAULIC CYLINDER see Section 2.2 in Specifications) **\$ 126,700.00**

**ALTERNATE #1 – Hydraulic Cylinder Replacement**

See Alternate #1 Section in Bid Specifications

(The additional cost for Hydraulic Cylinder Replacement only)..... **\$ 20,025.00**

**ALTERNATE #2 – Car Interiors**

See Alternate #2 Section in Bid Specifications

(The additional cost for Car Interiors only)..... **\$ 15,352.00**

**ALTERNATE #3 – Work By Others**

See Alternate #3 Sections in Bid Specifications

(The additional cost for Work By Others only)..... **\$ 48,125.00**

**TOTAL COST OF BID..... \$ 210,202.00**

**ALLOWANCE**..... \$ 10,000.00  
 (Represents possible cost for unforeseen Work, if approved by City)  
**PERMITS**  
 (City permit fees shall not be waived)..... \$ 600.00  
**COST OF INDEMNIFICATION**..... \$ 100.00  
**GRAND TOTAL FOR ALL ITEMS**..... \$ 220,902.00

\*\*\*\*\*

FOR ADDITIONAL WORK OUTSIDE THE WORK SPECIFIED:

Labor Rate per Mechanic Hour.....\$ 250.00 per hour  
 Labor Rate per Helper Hour.....\$ 100.00 per hour

\*\*\*\*\*

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.

SAFETY DATA SHEETS ENCLOSED? YES ✓ NO \_\_\_\_\_  
 SPECIFICATION SHEETS/BROCHURES? YES \_\_\_\_\_ NO ✓  
 WILL YOUR FIRM ACCEPT PAYMENT VIA A CITY OF MARGATE VISA 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 City.

- (1) Contractor's name and address:

Oracle Elevator Company  
2315 Stirling Rd.  
Ft. Lauderdale, FL 33312

- (2) Contractor's telephone number: 954-347-0063 ; 954-817-1975; 954-986-0991

- (3) Contractor's primary license classification: State of FL Dept. of Business and Professional Regulation Bureau of Elevator Safety  
State License Number: ELC 446

Supplemental classifications held, if any: N/A

Name of Licensee, if different from (1) above: N/A

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

Name: Lowell Dack - Sales Manager Date of Inspection: 9/20/18

- (5) Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract: Lockton Insurance Brokers, LLC

CA License # OF15767 / 725 S. Figueroa St, 35<sup>th</sup> floor  
213-689-0065 / Los Angeles, CA 90017

- (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.

(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
Palm Lakes Four 4-stop hydraulic elevator modernizations.	\$139,200.00	TJ Detwiler, LCAM 7230 Lake Circle, Dr. Margate, FL 33063 954-971-1719
2300 Diana Drive One 4-stop hydraulic elevator modernization.	\$62,500.00	Dian Gorelick, Board Pres. 2300 Diana Drive Hallandale Beach, FL 33308 954-505-2896
UM - Law Library One 4-stop hydraulic elevator modernization.	\$122,800.00	David Shewairy, Proj. Mgr. 1311 Miller Rd. Coral Gables, FL 33146 305-284-1351 ; 786-650-5655

(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:



## BID BOND

### KNOW ALL MEN BY THESE PRESENTS:

That we \_\_\_\_\_ as Principal, and \_\_\_\_\_ 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:

### MUNICIPAL COMPLEX ELEVATORS REHABILITATION, BID NO. 2018-021

**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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(PRINCIPAL)

\_\_\_\_\_  
(SURETY)

By: \_\_\_\_\_ By: \_\_\_\_\_  
(SIGNATURE) (SIGNATURE)

STATE OF FLORIDA, COUNTY OF BROWARD:

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 \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

NOTARY PUBLIC: \_\_\_\_\_

## 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): Oracle Elevator Company

ADDRESS: 2315 Stirling Rd. Ft. Lauderdale, FL 33312 TELEPHONE NO: 954-986-0991

CONTACT PERSON: Lowell Dack TITLE: Sales Manager

NUMBER OF YEARS IN BUSINESS: 12 Years

ADDRESS OF NEAREST FACILITY: 2315 Stirling Rd. Ft. Lauderdale, FL 33312

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

1. Company Name: City of North Miami Beach  
Address: 17050 NE 19<sup>th</sup> Ave North Miami Beach, FL 33162  
Contact Person: Eugene Baer Title: Facilities Manager - Public Works  
Phone: 954-903-6607
2. Company Name: City of Sunrise  
Address: 10770 W. Oakland Park Blvd. Sunrise, FL 33351  
Contact Person: Mark Pacitti Title: Facilities Engineer  
Phone: 954-888-6016
3. Company Name: City of Lauderhill  
Address: 5581 W. Oakland Park Blvd. Lauderhill, FL 33313  
Contact Person: Lynda Diaz Title: Facilities Administrative Assistant  
Phone: 954-730-2980





**NON-COLLUSIVE AFFIDAVIT FOR BID NO. 2018-021  
MUNICIPAL COMPLEX ELEVATORS REHABILITATION**

State of Florida )

County of Broward )

LOWELL DACK being first duly sworn, deposes  
and says that:

He/she is the SALES MANAGER, (Owner, Partner, Officer,  
Representative or Agent) of ORACLE ELEVATOR 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

Title

By

[Signature]

LOWELL DACK

Printed Name

SALES MANAGER

**ACKNOWLEDGMENT**  
**NON-COLLUSIVE AFFIDAVIT FOR BID NO. 2018-021**  
**MUNICIPAL COMPLEX ELEVATORS REHABILITATION**

State of Florida  
County of Broward

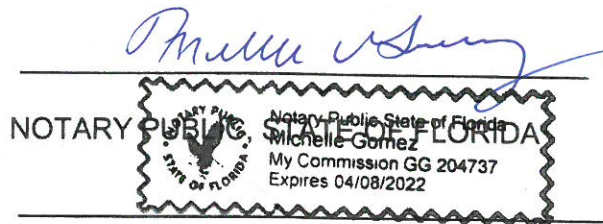
On this the 1st day of October, 2018, before me, the undersigned Notary Public of the State of Florida, personally appeared

Lowell Dack 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:



(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



## 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, Florida Statutes, 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: 9/27/18

## COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH ACT (O.S.H.A.)

Bidder certifies that all material, equipment, etc. contained in this bid meet 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 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 SAFETY DATA SHEET (SDS). The SDS 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: \_\_\_\_\_

DATE: 9/27/18

# PERFORMANCE BOND

## KNOW ALL MEN BY THESE PRESENTS:

That we, \_\_\_\_\_ as Contractor and \_\_\_\_\_ as Surety, are held and firmly bound unto the City of Margate, Florida hereinafter called City in the sum of (\$\_\_\_\_\_) dollars, lawful money of the United States, for the payment of which well and truly to be made, we bind ourselves, our heirs, executors, successors and assigns, jointly and severally, firmly by these presents.

**WHEREAS**, said Contractor has been awarded and is about to enter into the annexed Agreement with said City to perform the Work as specified or indicated in the Bid Documents entitled:

### MUNICIPAL COMPLEX ELEVATORS REHABILITATION, BID NO. 2018-021

**NOW, THEREFORE**, if the said Contractor shall fully and faithfully perform all the requirements of said Bid Documents required to be performed on its part, at the times and in the manner specified herein, then this obligation shall be null and void, otherwise it shall remain in full force and effect.

**PROVIDED**, that any alterations in the Work to be done or the materials to be furnished, or changes in the time of completion, which may be made pursuant to the terms of said Bid Documents, shall not in any way release said Contractor or said Surety thereunder, nor shall any extensions of time granted under the provisions of said Bid Documents, release either said Contractor or said Surety, and notice of such alterations or extensions of the Agreement is hereby waived by said Surety.

**SIGNED and SEALED**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(CONTRACTOR) (SURETY)

BY: \_\_\_\_\_ BY: \_\_\_\_\_  
(SIGNATURE) (SIGNATURE)

STATE OF FLORIDA, COUNTY OF BROWARD:

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 \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

NOTARY PUBLIC: \_\_\_\_\_



## PAYMENT BOND

### KNOW ALL MEN BY THESE PRESENTS:

That we \_\_\_\_\_ as Contractor and \_\_\_\_\_ as Surety, are held and firmly bound unto the City of Margate, Florida, hereinafter called "City", in the sum of (\$\_\_\_\_\_) \_\_\_\_\_ dollars, 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 Contractor has been awarded and is about to enter into the annexed Agreement with said City to perform the Work as specified or indicated in the Contract Documents entitled:

### MUNICIPAL COMPLEX ELEVATORS REHABILITATION, BID NO. 2018-021

**NOW THEREFORE**, if said Contractor, or subcontractor, fails to pay for any materials, equipment, or other supplies, or for rental of same, used in connection with the performance of work contracted to be done, or for amounts due under applicable State law for any work or labor thereon, said Surety will pay for the same in an amount not exceeding the sum specified above, and, in the event suit is brought upon this bond, a reasonable attorney's fee to be fixed by the court. This bond shall inure to the benefit of any persons, companies, or corporations entitled to file claims under applicable State law.

**PROVIDED**, that any alterations in the Work to be done or the materials to be furnished, or changes in the time of completion, which may be made pursuant to the terms of said Contract Documents, shall not in any way release said Contractor or said Surety thereunder, nor shall any extensions of time granted under the provisions of said Contract Documents release either said Contractor or said Surety, and notice of such alterations or extensions of the Agreement is hereby waived by said Surety.

**SIGNED and SEALED**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(CONTRACTOR)

\_\_\_\_\_  
(SURETY)

By: \_\_\_\_\_  
(SIGNATURE)

By: \_\_\_\_\_  
(SIGNATURE)

STATE OF FLORIDA, COUNTY OF BROWARD:

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 \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_



**CITY OF MARGATE  
STATEMENT OF NO BID**

**IF YOU DO NOT INTEND TO BID ON THIS PROPOSAL, RETURN THIS FORM TO  
ADDRESS WHERE BID IS TO BE SUBMITTED:**

I/We have declined to bid on your proposal No. 2018-021

Bid Description: **MUNICIPAL COMPLEX ELEVATORS REHABILITATION**

For the following reason:

- ☐ 1. Specifications are too tight, i.e. geared toward one brand or manufacturer only (Explain reason below)
- ☐ 2. Insufficient time to respond to invitation.
- ☐ 3. We do not offer this commodity/service or equivalent.
- ☐ 4. Our product/service schedule would not permit us to perform.
- ☐ 5. Unable to meet specifications.
- ☐ 6. Unable to meet bonding requirements.
- ☐ 7. Specifications unclear (Explain below).
- ☐ 8. Other (Specify below).

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional pages if required.

I/We understand that if the NO BID form is not executed and returned, our name may be deleted from the list of qualified bidders for the City of Margate.

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF BIDDER: \_\_\_\_\_

- E. IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONSULTANT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:**

**Telephone number:**

**(954) 954-972-6454**

**E-mail address:**

**recordsmanagement@margatefl.com**

**Mailing address: 5790 Margate Boulevard  
Margate, FL 33063**

**BID PROPOSAL FORM BID NO. 2018-021**

**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 City in the form included in the Contract Documents to perform the Work as specified or indicated in said Contract Documents entitled:

**MUNICIPAL COMPLEX ELEVATORS REHABILITATION, BID NO. 2018-021**

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 N / A  
\_\_\_\_\_  
\_\_\_\_\_

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 the City.

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).



City of Margate – Public Works Department  
102 Rock Island Road  
Margate, FL 33063

Re:      **City of Margate – Elevator Modernization**  
         **Oracle Elevator Company – Subcontracting Firms**

Alternate #1	Hydraulic Cylinder Replacement	Tri-State Drilling & Repair Inc.
Alternate #2	Car Interiors	Burca Elevator & Metal Works, Inc.
Alternate #3	Work By Others	Nichols Contracting , Inc.

Lowell I Dack  
[Lowell.Dack@Oracleelevator.com](mailto:Lowell.Dack@Oracleelevator.com)  
[Oracle Elevator Company](#)  
Sales Manager  
Oracle Elevator Company  
(954) 347-0063 cell



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2019

DATE (MM/DD/YYYY)

8/24/2018

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> Lockton Insurance Brokers, LLC CA License #0F15767 725 S. Figueroa Street, 35th fl. Los Angeles CA 90017 213-689-0065	<b>CONTACT NAME:</b>	<b>FAX (A/C, No, Ext):</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>	
<b>INSURED</b> 1429777 Oracle Elevator Company c/o Oracle Elevator Holdco, Inc. 8800 Grand Oak Cir., Ste. 550 Tampa FL 33637	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Everest National Insurance Company</b>		10120
	<b>INSURER B : The Continental Insurance Company</b>		35289
	<b>INSURER C : Continental Casualty Company</b>		20443
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

**COVERAGES** ORAEL01 **CERTIFICATE NUMBER:** 14749661 **REVISION NUMBER:** XXXXXXXX

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 <input checked="" type="checkbox"/> Proj Gen Agg \$10M <input checked="" type="checkbox"/> SIR: \$25,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	CF1GL00190181	7/1/2018	7/1/2019	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	6050346640	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	N	N	XC1EX00124181	7/1/2018	7/1/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXXX
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	N/A	650407419	1/1/2018	1/1/2019	<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
C	Installation Property	N	N	6050434104	1/1/2018	1/1/2019	Limit: \$2,058,681

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

## CERTIFICATE HOLDER

14749661

Evidence of Coverage

## CANCELLATION

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



## BID BOND

### KNOW ALL MEN BY THESE PRESENTS:

That we ORACLE ELEVATOR COMPANY as Principal, and ATLANTIC SPECIALTY INSURANCE COMPANY as Surety, are held and firmly bound unto City of Margate, hereinafter called "City" in the sum of (\$ 5% OF THE TOTAL AMOUNT BID) FIVE PERCENT OF THE 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:

### MUNICIPAL COMPLEX ELEVATORS REHABILITATION, BID NO. 2018-021

**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 11TH day of SEPTEMBER, 2018

ORACLE ELEVATOR COMPANY

(PRINCIPAL)

ATLANTIC SPECIALTY INSURANCE COMPANY

(SURETY)

By: \_\_\_\_\_  
(SIGNATURE)

By: \_\_\_\_\_  
(SIGNATURE) DENNIS LANGER,  
ATTORNEY-IN-FACT

STATE OF FLORIDA, COUNTY OF BROWARD:

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 \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_ \*PLEASE SEE ATTACHED ACKNOWLEDGMENT\*



**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

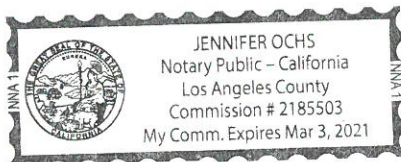
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
 County of LOS ANGELES )  
 On SEPTEMBER 11, 2018 before me, JENNIFER OCHS, NOTARY PUBLIC,  
*Date Here Insert Name and Title of the Officer*  
 personally appeared DENNIS LANGER  
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are ~~XXXX~~  
 subscribed to the within instrument and acknowledged to me that he/~~XXXX~~ executed the same in  
~~XXXX~~ his/her/their authorized capacity(~~XXXX~~), and that by his/~~XXXX~~ signature(~~XXXX~~) on the instrument the person(~~XXXX~~),  
 or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Jennifer Ochs  
*Signature of Notary Public*  
 JENNIFER OCHS, NOTARY PUBLIC

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: BID BOND Document Date: SEPTEMBER 11, 2018  
 Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: DENNIS LANGER  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Individual ☒ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_  
 Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_  
 Signer Is Representing: \_\_\_\_\_



## Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Timothy J. Noonan, Janina Monroe, Paul Boucher, Dennis Langer, Michelle Haase**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars (\$60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this eighth day of December, 2014.

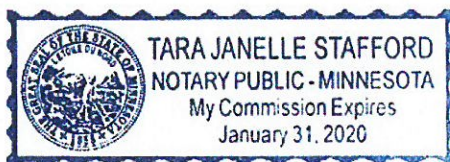
STATE OF MINNESOTA  
HENNEPIN COUNTY



By

Paul J. Brehm, Senior Vice President

On this eighth day of December, 2014, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.



Notary Public

I, the undersigned, Assistant Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 11TH day of September, 2018.

This Power of Attorney expires  
October 1, 2019



James G. Jordan, Assistant Secretary