

BID PROPOSAL FORM BID NO.2019-004

**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:

**SUPPLY AND DELIVER DELL OPTIPLEX 7060 SFF DESKTOP PCs
BID NO. 2019-004**

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 _____	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 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).

NAME OF FIRM: Advantage Networking Inc.

ADDRESS: 3339 NW 55th St, Ft. Lauderdale, FL 33309

NAME OF SIGNER Stephen J. Finizio
(Print or Type)

TITLE OF SIGNER Owner / President

SIGNATURE: Stephen J. Finizio DATE: 1/24/19

TELEPHONE NO: (954) 892-5370 FACSIMILE NO: _____



"Committed to Technical Excellence"

Original

CITY OF MARGATE

Thank you for your Business!

To schedule a time for us to compete the work, or if have any questions, please contact
(Advantage Networking, Inc. 954-892-5370, Helpdesk@miami.net)

OptiPlex 7060 SFF Meeting the specifications in BID_NO_2019-004

Date: Friday, January 25, 2019
Estimate #:
Expiration Date: Sunday, February 24, 2019

Company Name: CITY OF MARGATE
Contact: JAMES WILBUR
Address: 5790 Margate Blvd
City, St Zip: Margate, FL 33063

Salesperson:	Tech	Payment Terms	Invoice#				
		Due upon receipt					
Description of Work		Materials	QTY	Unit Price	Amount	Est. Hours	
		OptiPlex 7060 Small Form Factor CTO	115	\$961.01	\$110,516.15		
		Intel Core i5-8500 (6 Cores/9MB 6Tup to 4.1 GHz/65W); supports Windows 10/Linux SKU# 338-IPNZU					
		OptiPlex 7060 Small Form Factor CTO SKU# 210-APLD					
		Win 10 Pro 64 English, French, Spanish SKU# 619-AHKX					
		16GB 2X8GB DDR4 2666MHz UDIMM Non-ECC SKU# 370-AEBG					
		400-AEFT 2.5" 500GB 7200rpm SATA Hard Disk Drive SKU# 400-AEFT					
		No Additional Hard Drive SKU# 401-AANH					
		Intel Integrated Graphics, Dell OptiPlex SKU# 490-BBFG					
		ODD Bezel, Small Form Factor					
		SKU# 325-BCXP					
		Bx DVD+-RW 9.5mm Optical Disk Drive SKU# 429-ABFH					
		No Media Card Reader					
		SKU# 379-BBHM					
		No Wireless LAN Card SKU# 555-BBFO					
		No PCIe add-in card SKU# 492-BBFF					
		OptiPlex 7060 Small Form Factor with 200W up to 85% efficient Power Supply (80Plus Bronze) SKU# 329-BDSO					
		Black Dell K1816 Wired Multi-Media Keyboard English SKU# 580-ADJC					
		Black Dell MS 116 Wired Mouse SKU# 275-BBBW					
		No Cove SKU# 320-BCGK					
		NO ADAPTER SKU# 470-AAJL					
		Not selected in this configuration SKU# 817-BBBC					
		No Integrated Stand option SKU# 575-BBBI					
		Support Assist SKU# 525-BBCL					
		Dell(TM) Digital Delivery Cirrus Client SKU# 640-BBLW					
		Dell Client System Update (Updates latest Dell Recommended BIOS, Drivers, Firmware and Apps) SKU# 658-BBMR					
		Waves Maxx Audio SKU# 658-BBRB					
		Dell Developed Recovery Environment SKU# 658-BCUV					
		SW for 7060 with Win10 OS SKU# 658-BDVV					
		OS-Windows Media Not Included SKU# 620-AAJW					
		Energy Star SKU# 387-BBLW					
		NO RAID SKU# 817-BBBN					
		No Additional Network Card Selected (Integrated NIC included) SKU# 555-BBJO					
		No FGA SKU# 817-8888					
		Bracket for 2.5 inch Hard Drive Disk SKU# 575-BBRV					
		Documentation, English, French, Spanish, Dell OptiPlex 7060 Small Form Factor					
		SKU# 340-CDYX					
		No Anti-Virus Software SKU# 650-AAAM					
		CMS Essentials DVD no Media SKU# 658-BBTV					
		TPM Enabled SKU# 329-BBJL					
		EPA Regulatory Label SKU# 389-CXGG					
		8th Gen Intel Core i5 vPro processor label SKU# 389-CGJO					
		System Power Cord (Philippine TH/US)					
		SKU# 450-AAOJ					
		Safety/Environment and Regulatory Guide (English/French/Multi-language) SKU#340-AGIK					
		No UPC Label					
		SKU# 389-PCGW					
		No CompuTrace					
		SKU# 461-AABF					
		No Intel Responsive SKU# 551-BBBJ					
		Intel vPro Technology Enabled SKU# 631-ABQQ					
		US Order SKU# 332-1286					
		Ship Material for OptiPlex Small Form Factor SKU# 340-CDWZ					
		Shipping Label for DAO SKU# 389-BBUI					
		Monitor	115	\$176.35	\$20,280.25		
		Dell 23 Monitor -P2319H SKU# 210-AQCL					
		Dell Limited Hardware Warranty SKU# 814-9381					
		Advanced Exchange Service; 3 Years SKU# 814-9382					
		Shipping Total			\$0.00		
		Subtotal			\$130,796.40	Hour Total	0.00
		Tax			\$0.00	####	
		Materials Total			\$130,796.40	Labor Total	\$0.00
		Estimate Total			\$130,796.40		

Note: This is an estimate, not a contract for services. This estimate is for completing the job as described above.
It is based on our evaluation and does not include material price increases or additional labor and materials
which may be required should unforeseen problems arise after start of the job. If prices change or additional parts and/or labor
are required, we will inform you prior to proceeding with the work.

Thank you for your Business!

To schedule a time for us to compete the work, or if have any questions, please contact
(Advantage Networking, Inc. 954-892-5370, Helpdesk@miami.net)

SCHEDULE OF BID PRICES – BID NO. 2019-004

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	UNIT COST	TOTAL COST
SUPPLY AND DELIVER 115 DELL OPTIPLEX 7060 SFF DESKTOP PCs	\$ <u>1137.36</u>	\$ <u>130796.40</u>
DELIVERY SCHEDULE: AS PER TECHNICAL SPECIFICATIONS AND SPECIAL CONDITIONS		
GRAND TOTAL FOR ALL ITEMS INCLUDING DELIVERY		\$ <u>130796.40</u>

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 X

SPECIFICATION SHEETS/BROCHURES? YES _____ NO X

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

WILL YOUR FIRM ACCEPT PAYMENT VIA A CITY OF MARGATE VISA CREDIT CARD? PLEASE CHECK ONE YES _____ NO X

BIDDER'S GENERAL INFORMATION:
BID NO. 2019-004

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: Advantage Networking Inc.
3339 NW 55th St
Ft. Lauderdale, FL 33309
- (2) CONTRACTOR'S telephone number: (954) 892-5370
- (3) CONTRACTOR'S primary license classification: _____
State License Number: _____
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: _____ Date of Inspection: _____
- (5) Name, address, and telephone number of Surety Company and agent who will provide the required bonds on this contract (if required): _____

- (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 permit an appraisal of CONTRACTOR'S current financial condition.

- (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.

REFERENCE SHEET BID NO. 2019-004

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): Advantage Networking Inc

ADDRESS: 3339 NW 55th St, Ft. Lauderdale, FL 33309

CONTACT PERSON: Ted Grahn TITLE: IT Manager

TELEPHONE: (954) 892-5370 FACSIMILE: _____

NUMBER OF YEARS IN BUSINESS: 16 years

ADDRESS OF NEAREST FACILITY: 3339 NW 55th St, Ft. Lauderdale, FL 33309

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

1. COMPANY NAME: City of Mangate

ADDRESS: _____ PHONE: _____

CONTACT PERSON: _____ TITLE: _____

2. COMPANY NAME: N/A

ADDRESS: _____ PHONE: _____

CONTACT PERSON: _____ TITLE: _____

3. COMPANY NAME: N/A

ADDRESS: _____ PHONE: _____

CONTACT PERSON: _____ TITLE: _____

COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH ACT (O.S.H.A.)
BID NO. 2019-004

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: 1/24/2019

**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: 2019-004

Bid Description: SUPPLY AND DELIVER DELL OPTIPLEX 7060 SFF
DESKTOP PCs

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: _____

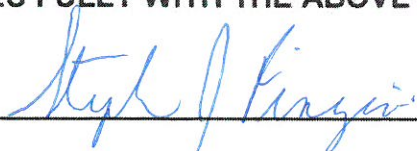
DRUG-FREE WORKPLACE PROGRAM FORM BID NO. 2019-004

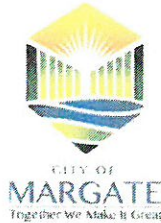
In accordance with Section 287.087, State of Florida Statutes, preference shall be given to businesses with Drug-free Workplace Programs. Whenever two or more bids which are equal with respect to price, quality, and service are received for the procurement of commodities or contractual service, a bid 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 has 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 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:

 DATE: 1/24/2019



NON-COLLUSIVE AFFIDAVIT FOR BID NO. 2019-004

State of Florida)

County of Broward)

Stephen Finizio being first duly sworn, deposes
and says that:

He/she is the Owner/President, (Owner, Partner, Officer, Representative or Agent) of Advantage Networking 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

[Signature]
Witness

By [Signature]
Stephen Finizio
Printed Name
President
Title

ACKNOWLEDGMENT
NON-COLLUSIVE AFFIDAVIT FOR BID NO. 2019-004

State of Florida
County of Broward

On this the 30th day of January, 2019, before me, the undersigned Notary Public of the State of Florida, personally appeared

Stephen Finizio
(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:



Gayle Appel Gosselin
NOTARY PUBLIC, STATE OF FLORIDA

(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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2018

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 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 Gateway-Acentria Insurance, LLC 2430 W. Oakland Park Blvd. Fort Lauderdale FL 33311	CONTACT NAME: Certificates PHONE (A/C, No, Ext): 954-735-5500 E-MAIL ADDRESS: certificates@gatewayins.com FAX (A/C, No): 954-735-2852														
INSURED ADVANET-CD Advantage Networking, Inc. 3339 NW 55 st Ft Lauderdale FL 33309	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Hartford Fire Insurance Company</td><td>19682</td></tr><tr><td>INSURER B : Beazley Insurance Company</td><td>37540</td></tr><tr><td>INSURER C : Covington Specialty Ins Co</td><td>13027</td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Hartford Fire Insurance Company	19682	INSURER B : Beazley Insurance Company	37540	INSURER C : Covington Specialty Ins Co	13027	INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 1356934065**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		VBA655600 00	10/24/2018	10/24/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	84WECBJ5860	12/28/2017	12/28/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Professional Liability			W24CC21800101	10/9/2018	10/9/2019	Professional Liab 1,000,000

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

City of Margate is listed as additional insured with respects to the general liability only when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**City of Margate
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

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

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PRODUCER	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #:
INSURED	INSURER(S) AFFORDING COVERAGE INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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 POLICY 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.

INSURANCE TYPE	TYPE OF INSURANCE	ADDL. SUBR. INSR. WVD	POLICY NO.	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ 1M DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5K PERSONAL & ADV INJURY \$ 1M GENERAL AGGREGATE \$ 1M PRODUCTS - COMPIOP AGG \$ 1M
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY					
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 500K BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
<input type="checkbox"/>	UMBRELLA LIAB					
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	Y/N <input type="checkbox"/> N/A				X V.C. STATUTORY LIMITS E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 300,000
<input type="checkbox"/>						
<input type="checkbox"/>						

Note:

When applicable, the insured shall provide a copy of authorized certificate or

Workers Compensation Exemption

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

The City of Margate additional insured for General Liability Only

CERTIFICATE HOLDER

CANCELLATION

The City of Margate
(Department Name)
5790 Margate Blvd
Margate, Florida 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

PART II – TECHNICAL SPECIFICATIONS

TECHNICAL SPECIFICATIONS

BID NO. 2019-004

SUPPLY AND DELIVER DELL OPTIPLEX 7060 SFF DESKTOP PCs

SPECIFICATIONS:

Supply and deliver 115 Dell Optiplex 7060 SFF Desktop PCs (**NO EQUAL OR ALTERNATIVES ACCEPTED**) for City of Margate, Information/Technology Department, 5790 Margate Blvd., Margate, FL 33063.

DELIVERY SCHEDULE:

25 Computers per month for 4 months.

15 Computers on the last month.

Warranty starts when specific computers are delivered to the City of Margate.

SKU DESCRIPTION:

(115) OptiPlex 7060 SFF Desktop PCs

Intel Core i5-8500 (6 Cores/9MB/6T/up to 4.1GHz/65W); supports Windows 10/Linux
SKU# 338-BNZU

OptiPlex 7060 Small Form Factor CTO

SKU# 210-APLD

Win 10 Pro 64 English, French, Spanish

SKU# 619-AHKN

16GB 2X8GB DDR4 2666MHz UDIMM Non-ECC

SKU# 370-AEBG

400-AEFT 2.5" 500GB 7200rpm SATA Hard Disk Drive

SKU# 400-AEFT

No Additional Hard Drive

SKU# 401-AANH

Intel Integrated Graphics, Dell OptiPlex

SKU# 490-BBFG

ODD Bezel, Small Form Factor
SKU# 325-BCXP

8x DVD+/-RW 9.5mm Optical Disk Drive
SKU# 429-ABFH

No Media Card Reader
SKU# 379-BBHM

No Wireless LAN Card
SKU# 555-BBFO

No PCIe add-in card
SKU# 492-BBFF

OptiPlex 7060 Small Form Factor with 200W up to 85%
efficient Power Supply (80Plus Bronze)
SKU# 329-BDSO

Black Dell KB216 Wired Multi-Media Keyboard English
SKU# 580-ADJC

Black Dell MS116 Wired Mouse
SKU# 275-BBBW

No Cove
SKU# 320-BCGK

NO ADAPTER
SKU# 470-AAJL

Not selected in this configuration
SKU# 817-BBBC

No Integrated Stand option
SKU# 575-BBBI

SupportAssist
SKU# 525-BBCL

Dell(TM) Digital Delivery Cirrus Client
SKU# 640-BBLW

Dell Client System Update (Updates latest Dell
Recommended BIOS, Drivers, Firmware and Apps)
SKU# 658-BBMR

Waves Maxx Audio
SKU# 658-BBRB

Dell Developed Recovery Environment
SKU# 658-BCUV

SW for 7060 with Win10 OS
SKU# 658-BDVV

OS-Windows Media Not Included
SKU# 620-AALW

Energy Star
SKU# 387-BBLW

NO RAID
SKU# 817-BBBN

No Additional Network Card Selected (Integrated NIC included)
SKU# 555-BBJO

No FGA
SKU# 817-BBBB

Bracket for 2.5 inch Hard Drive Disk
SKU# 575-BBRV

Documentation, English, French, Spanish, Dell OptiPlex 7060 Small Form Factor
SKU# 340-CDYX

No Anti-Virus Software
SKU# 650-AAAM

CMS Essentials DVD no Media
SKU# 658-BBTV

TPM Enabled
SKU# 329-BBJL

EPA Regulatory Label
SKU# 389-CXGG

8th Gen Intel Core i5 vPro processor label
SKU# 389-CGJO

System Power Cord (Philippine/TH/US)
SKU# 450-AAOJ

Safety/Environment and Regulatory Guide (English/French/Multi-language)
SKU#340-AGIK

No UPC Label
SKU# 389-BCGW

No CompuTrace
SKU# 461-AABF

No Intel Responsive
SKU# 551-BBBJ

Intel vPro Technology Enabled
SKU# 631-ABQQ

US Order
SKU# 332-1286

Ship Material for OptiPlex Small Form Factor
SKU# 340-CDWZ

Shipping Label for DAO
SKU# 389-BBUU

Monitor

Dell 23 Monitor - P2319H
SKU# 210-AQCI

Dell Limited Hardware Warranty
SKU# 814-9381

Advanced Exchange Service, 3 Years
SKU# 814-9382