



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/26/2021

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).

PRODUCER AM Insurance Corp 5909 Margate Blvd Margate, FL 33063	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Janice Fisher</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (954)562-0274</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: Jan@allmyins.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td colspan="2">INSURER A: Century Surety Company</td> </tr> <tr> <td colspan="2">INSURER B:</td> </tr> <tr> <td colspan="2">INSURER C:</td> </tr> <tr> <td colspan="2">INSURER D:</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>	CONTACT NAME: Janice Fisher		PHONE (A/C, No, Ext): (954)562-0274	FAX (A/C, No):	E-MAIL ADDRESS: Jan@allmyins.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Century Surety Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: 00000020-41387

REVISION NUMBER: 1

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)	COVERAGE
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	CCP956188	01/26/2021	01/26/2022	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ Included
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							(Per accident) \$
							PROPERTY DAMAGE \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Commercial Property			CCP956188	01/26/2021	01/26/2022	Glass Coverage 5,000

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

Certificate holder is listed as an additional insured with respect to work performed as per written contract.

CERTIFICATE HOLDER

CANCELLATION

City of Margate and Margate Community Redevelopment Agency 5790 Margate Blvd Margate, FL 33063	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: right;">(JLF)</p>
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OFFEROR'S QUALIFICATION STATEMENT MCRA RFP 2017-01

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 Manager)

ADDRESS: 5790 Margate Boulevard
Margate, Florida 33063

CIRCLE ONE

SUBMITTED BY: Advanced Asset Management, Inc.

NAME: James Nardi

ADDRESS:

PRINCIPAL OFFICE: 5909 Margate Blvd., Margate, Florida 33063

5909 Margate Blvd., Margate, Florida 33063

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: Advanced Asset Management, Inc.

The address of the principal place of business is: 5909 Margate Boulevard
Margate, Florida 33063

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

- a. Date of Incorporation: December 9, 2003
- b. State of Incorporation: Florida
- c. President's name: James Nardi
- d. Vice President's name: James Nardi
- e. Secretary's name: James Nardi
- f. Treasurer's name: James Nardi
- g. Name and address of Resident Agent: 5909 Margate Boulevard
Margate, Florida 33063

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

Corporation

a. Date of organization: December 9, 2003

b. Name, address and ownership units of all partners:

100% ownership – James Nardi

5909 Margate Boulevard

Margate, Florida 33063

c. State whether general or limited partnership:

Neither

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

Not Applicable

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

Not Applicable

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

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

None

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

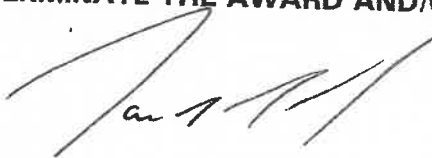
State of Florida Corporation FEIN 59-3773512 City of Margate Business Tax Receipt 17-8814
State of Florida Real Estate Broker BK616505 - Florida Real Estate Corporation CQ1018732
Greater Fort Lauderdale Multiple Listing Service Member 136237

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

No

THE OFFEROR ACKNOWLEDGES AND UNDERSTANDS THAT THE INFORMATION CONTAINED IN RESPONSE TO THIS QUALIFICATIONS 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.

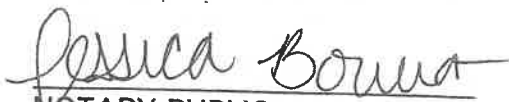
(Signature)



State of Florida
County of Broward

The foregoing instrument was acknowledged before me
this 14th day of February, 20¹⁷,
by James Nardi, who is personally known to me or who has
produced Florida Driver's License as identification and who
did (did not) take an oath.

WITNESS my hand and official seal.


NOTARY PUBLIC

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



JESSICA BORRERO
MY COMMISSION # FF 044133
EXPIRES: August 11, 2017
Bonded Thru Budget Notary Services

NON-COLLUSIVE AFFIDAVIT

State of Florida)
County of Broward) ss.

James Nardi being first duly sworn, deposes and says that:

- (1) He/she is the President, (Owner, Partner, Officer, Representative or Agent) of the Bidder that has submitted the attached Bid;
- (2) He/she is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;
- (3) Such Bid is genuine and is not a collusive or sham Bid;
- (4) Neither the said Bidder 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 Bidder, firm, or person to submit a collusive or sham Bid in connection with the Work for which the attached Bid 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 Bidder, firm, or person to fix the price or prices in the attached Bid or of any other Bidder, or to fix any overhead, profit, or cost elements of the Bid price or the Bid price of any other Bidder, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Work;
- (5) The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Bidder or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed and delivered
in the presence of:

Jessica Borrero
(Printed Name)

(Title)

By:



JESSICA BORRERO
MY COMMISSION # FF 044133
EXPIRES: August 11, 2017
Bonded Thru Budget Notary Services

Jessica Borrero

OFFEROR'S CERTIFICATION

WHEN OFFEROR IS A CORPORATION

IN WITNESS WHEREOF, the Offeror hereto has executed this Proposal Form this
14th day of February, 2017

Advanced Asset Management, Inc.

Printed Name of Corporation

Florida

Printed State of Incorporation

By: [Signature]
Signature of President or other authorized officer

James Nardi

Printed Name of President or other authorized officer

5909 Margate Boulevard

Address of Corporation
Margate, Florida 33063

City/State/Zip
(954) 817-1041

Business Phone Number

(CORPORATE SEAL)

ATTEST:

By James Nardi
Secretary

I. State of Florida

County of Broward

The foregoing instrument was acknowledged before me this 14th day of February, 2017, by James Nardi, President (Name),
(Title) of Advanced Asset Management, Inc. (Company Name) on
behalf of the corporation, who is personally known to me or who has produced
Florida Driver's License

as identification and who did (did not) take an oath.
WITNESS my hand and official seal.

[Signature]
NOTARY PUBLIC
JESSICA BORRERO
MY COMMISSION # FF 044133
EXPIRES: August 11, 2017
Bonded Thru Budget Notary Services

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

ACKNOWLEDGMENT

State of Florida
County of Broward

The foregoing instrument was acknowledged before me this 14th day of February, 2017, by James Nardi, who is personally known to me or who has produced Florida Driver's License as identification and who did (did not) take an oath.

WITNESS my hand and official seal.

NOTARY PUBLIC



JESSICA BORRERO
MY COMMISSION # FF 044133
EXPIRES: August 11, 2017
Bonded Thru Budget Notary Service



JESSICA BORRERO
MY COMMISSION # FF 044133
EXPIRES: August 11, 2017
Bonded Thru Budget Notary Service

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

Jessica Borrero

DRUG-FREE WORKPLACE PROGRAM FORM – MCRA RFP 2017-01

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 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: 2/14/17