REQUEST FOR QUOTE
Port and Marine Services

201 William Street
Key West, FL 33040

January 26, 2016

Port and Marine Services is requesting quotes for **Construction Services Contract** for general maintenance and repairs of buildings located at the Key West Historic Seaport.

MOB/DEMOB	percent of work	10.00 %
SUPERINTENANT	per hour	$ 55.00
FORMAN	per hour	$ 55.00
LABORER	per hour	$ 38.00
CLERICAL	per hour	$ 35.00
ELECTRICIAN	per hour	$ 130.00
PLUMBER	per hour	$ 130.00
HVAC/MECHANICAL	per hour	$ 130.00
ROOFER	per hour	$ 60.00
CARPENTER	per hour	$ 45.00
MASON	per hour	$ 45.00
MATERIALS AT INVOICE	plus	10.00 %
APPROVED SUBCONTRACTOR AT INVOICE	plus	10 %
PERMITS		AT COST

This Contract is an indefinite quantities contract for needed maintenance and repairs. The projects contemplated consist of general maintenance and repairs for buildings located at the Key West Historic Seaport for a contract duration of one year. The Key West Historic Seaport will establish the locations and scope of work, as maintenance and repair work becomes necessary. Task Orders will identify the scope of each specific project. Payment will be based on the above unit prices and the bidder agrees that the unit prices are a true measure of the labor costs, including all allowances for overhead and profit.

Please fax or email quotes to Karen Olson by Friday, February 5, 2016, 4:00 P.M. at 305-293-6438 or kolson@cityofkeywest-fl.gov.

For information concerning the proposed work please contact Karen Olson, Deputy Port and Marine Services Director by email at kolson@cityofkeywest-fl.gov. Verbal communications, per the City's "Cone of Silence" ordinance are not allowed.

Bidder shall complete and submit the following forms with his bid:

1. Anti-Kickback Affidavit
2. Public Entity Crimes Form
3. City of Key West Indemnification Form
4. Equal Benefits for Domestic Partners Affidavit
5. Cone of Silence Affidavit
6. Local Vender Certification
7. All Required Insurance Forms

BIDDER'S INFORMATION

Company Name: HOLTKAMP CONSTRUCTION

Address: 5607 3rd AV
KEY WEST FL

Contact Name: JORDAN HOLTKAMP

Email: JSHOLTKAMP@COMCAST.NET

Telephone: 305 294 5399

Fax: 305 294 7399

Signature: _____ *Date:* FEB 5 2016

SURETY

ISLAND INSURANCE whose address is

3229 Flagler Ave, Key West, FL, 33040
Street City State Zip

305 294 6666 Ayden Phillips
Phone Resident Agent

BIDDER

The name of the Bidder submitting this Bid is JORDAN HOLTKAMP

HOLTKAMP CONSTRUCTION doing business at

5607 3rd AV, KEY WEST, FL, 33040
Street City State Zip

JSHOLTKAMP@COMCAST.NET
email address

which is the address to which all communications concerned with this Bid and with the Contract shall be sent.

The names of the principal officers of the corporation submitting this Bid, or of the partnership, or of all persons interested in this Bid as principals are as follows:

Name	Title
JORDAN HOLTKAMP	OWNER/PRESIDENT

If Sole Proprietor or Partnership

IN WITNESS hereto the undersigned has set his (its) hand this _____ day of _____ 20___.

_____
Signature of Bidder

_____
Title

If Corporation

IN WITNESS WHEREOF the undersigned corporation has caused this instrument to be executed and its seal affixed by its duly authorized officers this 5 day of FEB 2016.

(SEAL)

HOLTKAMP CONSTRUCTION
Name of Corporation

By JORDAN HOLTKAMP

Title PRESIDENT

Attest _____
Secretary

copies of the requested endorsements (additional insured, cancellation notice, and waiver of subrogation) in order for the City to issue payments to the contractor or subcontractor.

Additional Information:

Bidders must hold and furnish documentation of all State of Florida licenses, certifications, registrations or competency cards required in order to Bid and perform the work specified herein.

The successful Bidder will be required to show that he/she is in compliance with the provisions of Chapter 66 of the Code of Ordinances of the City of Key West within 10-days of Notice of Award.

The successful Bidder must demonstrate that he/she holds, as a minimum, the following licenses and certificates:

- City of Key West License as defined in the Code of Ordinances, Chapter 66, enabling the Contractor to perform the work stated herein.
- A valid Business Tax Receipt issued by the City of Key West.

The CITY OF KEY WEST may reject bids: (1) for budgetary reasons, (2) if the bidder misstates or conceals a material fact in its Bid, (3) if the bidder does not strictly conform to the law or is non-responsive to Bid requirements, (4) if the bid is conditional, (5) if a change of circumstances occurs making the purpose of the bid unnecessary or (6) if such rejection is in the best interest of the CITY OF KEY WEST. The CITY OF KEY WEST may also waive any minor informalities or irregularities in any bid.

All bidders are required to submit the following:

- Anti-Kickback Affidavit
- Public Entity Crimes Form
- City of Key West Indemnification Form
- Equal Benefits for Domestic Partners Affidavit
- Cone of Silence Affidavit
- Local Vender Certification
- All Required Insurance Forms

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/05/2016

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).

PRODUCER
Island Insurance Agency, Inc.
3229 Flagler Ave #112
Key West FL 33040

CONTACT NAME: Ayden Phillips
PHONE A/C, No, (305) 294-6666 **FAX A/C, No):** (305) 294-6668
E-MAIL ADDRESS islandinsurance@comcast.net
PRODUCER CUSTOMER ID:

INSURED
Holtkamp Construction, Inc.
5607 3rd Ave #4
Key West FL. 33040

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Accident Insurance Co.	
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 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	
A	GENERAL LIABILITY ☑ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☑ POLICY ☐ PROJECT ☐ LOC			CPP0002011 03	04/15/2015	04/15/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 1,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DEDUCTIBLE ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS ☐ OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA E.L. DISEASE - POLICY LIMIT	$ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Building Contractor.
License #: CBC059212

CERTIFICATE HOLDER
CITY OF KEY WEST
BUILDING DEPARTMENT
P. O. BOX 1409
KEY WEST FL 33040

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE TH EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITI THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
02/05/2016

SWORN STATEMENT UNDER SECTION 287.133(3)(A)
FLORIDA STATUTES, ON **PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with Bid or Proposal for CITY OF KEY WEST

2. This sworn statement is submitted by HOLTKAMP CONSTRUCTION
(name of entity submitting sworn statement)

whose business address is 5607 3RD AV, KEY WEST FL 33040

and (if applicable) its Federal Employer Identification Number (FEIN) is 52-2372638

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement _____

3. My name is JORDAN HOLTKAMP
(please print name of individual signing)

and my relationship to the entity named above is PRESIDENT

4. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including but not limited to, any bid or contract for goods or services to be provided to any public or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, material misrepresentation.

5. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication guilt, in any federal or state trial court of record relating to charges brought by indictment information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

6. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means
   a. A predecessor or successor of a person convicted of a public entity crime; or

   b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

7. I understand that a "person" as defined in Paragraph 287.133(1)(8), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

8. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies).

   ✓ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND (Please indicate which additional statement applies.)

   _____ There has been a proceeding concerning the conviction before a hearing of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

   _____ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of

   Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

   _____ The person or affiliate has not been put on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

(signature)

FEB/5/2016
(date)

STATE OF Florida

COUNTY OF Monroe

PERSONALLY APPEARED BEFORE ME, the undersigned authority,

Jordan HoltKamp who, after first being sworn by me, affixed his/her
(name of individual signing)

signature in the space provided above on this 5 day of February, 2016.

My commission expires: 7/8/2019

Brenda Hannah
NOTARY PUBLIC

Brenda L. Hannah
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF897266
Expires 7/8/2019

ANTI – KICKBACK AFFIDAVIT

STATE OF FL)
: SS
COUNTY OF MONROE)

I, the undersigned hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employees of the City of Key West as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

By: JORDAN HOLTKAMP

Sworn and subscribed before me this 5th day of February, ~~2015~~ 2016

NOTARY PUBLIC, State of Florida at Large

Brenda Hannah

My Commission Expires: 7/8/2019

Brenda L. Hannah
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF897266
Expires 7/8/2019

INDEMNIFICATION

To the fullest extent permitted by law, the CONTRACTOR expressly agrees to indemnify and hold harmless the City of Key West, their officers, directors, agents, and employees (herein called the "indemnitees") from liabilities, damages, losses and costs, including, but not limited to, reasonable attorney's fees and court costs, such legal expenses to include costs incurred in establishing the indemnification and other rights agreed to in this Paragraph, to persons or property, to the extent caused by the negligence, recklessness, or intentional wrongful misconduct of the CONTRACTOR, its Subcontractors or persons employed or utilized by them in the performance of the Contract. Claims by indemnitees for indemnification shall be limited to the amount of CONTRACTOR's insurance or $1 million per occurrence, whichever is greater. The parties acknowledge that the amount of the indemnity required hereunder bears a reasonable commercial relationship to the Contract and it is part of the project specifications or the bid documents, if any.

The indemnification obligations under the Contract shall not be restricted in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for the CONTRACTOR under workers' compensation acts, disability benefits acts, or other employee benefits acts, and shall extend to and include any actions brought by or in the name of any employee of the CONTRACTOR or of any third party to whom CONTRACTOR may subcontract a part or all of the Work. This indemnification shall continue beyond the date of completion of the work.

CONTRACTOR: HOLTKAMP CONSTRUCTION SEAL:

5607 3rd AV KW FL 33040
Address

Signature

JORDAN HOLTKAMP
Print Name

PRESIDENT
Title

DATE: FEB 5 /2016

EQUAL BENEFITS FOR DOMESTIC PARTNERS AFFIDAVIT

STATE OF FLORIDA)

: SS

COUNTY OF MONROE)

I, the undersigned hereby duly sworn, depose and say that the firm of _____

HOLTKAMP CONSTRUCTION

provides benefits to domestic partners of its employees on the same basis as it provides benefits to employees' spouses, per City of Key West Code of Ordinances Sec. 2-799.

By: JORDAN HOLTKAMP

Sworn and subscribed before me this 5th day of February 20 16.

Brenda Hannah

NOTARY PUBLIC, State of Florida at Large

My Commission Expires: 7/8/2019

Brenda L. Hannah
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF897266
Expires 7/8/2019

* * * * * *

CONE OF SILENCE AFFIDAVIT

STATE OF FLORIDA)

: SS

COUNTY OF MONROE)

I, the undersigned hereby duly sworn, depose and say that all owner(s), partners, officers, directors, employees and agents representing the firm of HOLTKAMP CONSTRUCTION have read and understand the limitations and procedures regarding communications concerning City of Key West Code of Ordinances Sec. 2-773 Cone of Silence.

By: JORDAN HOLTKAMP

Sworn and subscribed before me this

5th day of February 2016.

Brenda L. Hannah
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF897266
Expires 7/8/2019

Brenda L. Hannah

NOTARY PUBLIC, State of Florida at Large

My Commission Expires: July 8, 2019

* * * * * *

LOCAL VENDOR CERTIFICATION
PURSUANT TO CITY OF KEY WEST CODE OF ORDINANCES SECTION 2-798

The undersigned, as a duly authorized representative of the vendor listed herein, certifies to the best of his/her knowledge and belief, that the vendor meets the definition of a "Local Business." For purposes of this section, "local business" shall mean a business which:

A. a. Principle address as registered with the FL Department of State located within 30 miles of the boundaries of the city, listed with the chief licensing official as having a business tax receipt with its principle address within 30 miles of the boundaries of the city for at least one year immediately prior to the issuance of the solicitation.

B. b. Maintains a workforce of at least 50 percent of its employees from the city or within 30 miles of its boundaries.

c. Having paid all current license taxes and any other fees due the city at least 24 hours prior to the publication of the call for bids or request for proposals.

- Not a local vendor pursuant to Code od Ordinances Section 2-798
- Qualifies as a local vendor pursuant to Code od Ordinances Section 2-798

If you qualify, please complete the following in support of the self-certification & submit copies of your County and City business licenses. Failure to provide the information requested will result in denial of certification as a local business.

Business Name HOLTKAMP CONSTRUCTION Phone: 3052945399

Current Local Address: 5607 3rd AV KW FL Fax: 3052947399
(P.O Box numbers may not be used to establish status)

Length of time at this address 8 YEARS

Signature of Authorized Representative

FEB/5/2016
Date

STATE OF Florida
COUNTY OF Monroe

The foregoing instrument was acknowledged before me this 5th day of Feb, 2016.
By Jordan HoltKamp, of HoltKamp Construction
(Name of officer or agent, title of officer or agent) Name of corporation acknowledging)
or has produced personaly known as identification
(type of identification)

Brenda Hannah
Signature of Notary
Brenda Hannah
Print, Type or Stamp Name of Notary
Office manager
Title or Rank

Return Completed form with
Supporting documents to:
City of Key West Purchasing

Brenda L. Hannah
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF897266
Expires 7/8/2019