PART 4
PROPOSAL DOCUMENTS

INVITATION TO BID COVER PAGE

Name of Firm, Entity or Organization:
Furlong Tree Service Inc.

Federal Employer Identification Number (FEIN):300015290

State of Florida License Number (If Applicable):

Name of Contact Person: Greg Furlong

Title: President

E-Mail Address: furlongtree@centurylink.net

Mailing Address: 14262 Cr 719

Street Address (if different):

City, State, Zip: Webster, FL 33597

Telephone: 352-793-3751 **Fax: Same**

Organizational Structure – Please Check One:

Corporation x☒ Partnership ☐ Proprietorship ☐ Joint Venture ☐ Other ☐

If Corporation:
Date of Incorporation: 9/27/2001 **State of Incorporation: FL**

States Registered in as Foreign Corporation:

Authorized Signature:

Print Name: Greg Furlong

Signature: Greg Furlong

Title: President

Phone: 352-793-3751

This document must be completed and returned with your Submittal.

PROPOSAL DOCUMENTS CHECKLIST OF ITEMS REQUIRED TO BE SUMBITTED

The following documents and forms in the following arrangement must accompany each proposal or alternate proposal submitted:

- Proposal Cover Page. This is to be used as the first page of the ITB. This form must be fully completed and signed by an authorized officer of the vendor.
- Proposal Document Checklist of Items Required to be Submitted.
- A separate sheet or sheets, clearly identified and numbered, of Exceptions or Deviations from the minimum specifications, must be attached to the Proposal Form (if applicable).
- Proposer Certification / Addenda Acknowledgement Form.
- Statement of General Terms and Conditions.
- Disclosure of Subcontractors, Sub-consultants and Suppliers
- A sworn, notarized Statement of Contractor's Experience and Personnel.
- A sworn, notarized Drug Free Work Place Certificate must accompany each proposal or alternate proposal.
- One original proposal, clearly labeled "Original"; three printed copies of the proposal in its entirety; and one electronic version not password protected of the original submitted proposal in its entirety.
- A Certificate of Insurability, acceptable to the County, shall accompany each proposal or alternate proposal, in the amounts as prescribed by State and Sumter County BOCC
    - Liability Insurance: The submitter shall purchase and maintain such insurance as will protect him/her from claims which may arise out of or result from the vendor's operations under the terms and conditions of the Proposal. Liability insurance shall be obtained at the vendor's expense and in his/her name as the insured, which Certificate shall show Sumter County Board of County Commissioners as additional name insured. Liability insurance shall be provided on a form approved by Sumter County Board of County Commissioners and shall include endorsements for contractual liability and such other endorsements appropriate for the work required by this Proposal as may be required by the Sumter County BOCC. The limit of liability for this coverage shall not be less than $1,000,000 single event limit.
    - Automobile Liability Insurance covering all automobiles and trucks the vendor may use in connection with this Proposal. The limit of liability for this coverage shall not be less than $500,000 CSL per occurrence for bodily injury and property damage. This is to include owned, hired, and non-owned vehicles.
    - Workers' Compensation Insurance, as required by the State of Florida.

All insurance policies shall be written on companies authorized to do business in the State of Florida and satisfactory to the Sumter County BOCC. Prior to commencing

services pursuant to the award of this proposal, the Contractor shall furnish to the Sumter County BOCC certificates of insurance showing the required coverage has been procured and paid for in advance. Within thirty (30) days prior to expiration, the Contractor shall provide the Sumter County BOCC with proof that required coverage has been extended.

Date: 9-13-11

I, Greg Furlong (name), an authorized officer of Furlong Tree Service Inc. (company/vendor), confirm that the above listed documents are provided in our company's proposal being submitted to Sumter County and confirm I have read and understand the ITB document in its entirety.

PROPOSER'S CERTIFICATION

Submit To: Sumter County Board of County Commissioners 7375 Powell Road Wildwood, FL 34785 Phone 352-689-4435 Fax 352-689-4436	SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS INVITATION TO BID (ITB) CERTIFICATION AND ADDENDA ACKNOWLEDGMENT

DUE DATE: September 16, 2011	**DUE TIME: 10:00am**	**ITB # 018-0-2011/AT**

TITLE: Sumter County Routine Tree Services

VENDOR NAME: Furlong Tree Service Inc.	**PHONE NUMBER: 352-793-3751**
VENDOR MAILING ADDRESS: 14262 CR 719	**FAX NUMBER: 352-793-3751**
CITY/STATE/ZIP: Webster, FL 33597	**E-MAIL ADDRESS: furlongtree@centurylink.net**

"I, the undersigned, certify that I have reviewed the addenda listed below (list all addenda received to date). I understand that timely commencement will be considered in award of this ITB and that cancellation of award will be considered if commencement time is not met, and that untimely commencement may be cause for assessment of liquidated damages claims. I further certify that the services will meet or exceed the ITB requirements. I, the undersigned, declare that I have carefully examined the ITB, specifications, terms and conditions as applicable for this Request, and that I am thoroughly familiar with all provisions and the quality and type of coverage and services specified. I further declare that I have not divulged, discussed, or compared this ITB with any other Offeror and have not colluded with any Offerors or parties to an ITB whatsoever for any fraudulent purpose."

ITB01802011_____	AGR515 83____	SRV 968 88_____	SRV 988 88_____	_____
Addendum #	Addendum #	Addendum #	Addendum #	Addendum #

"I certify that this quote is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting an ITB for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this ITB and certify that I am authorized to sign this response and that the offer is in compliance with all requirements of the ITB, including but not limited to certification requirements. In conducting offers with an agency for Sumter County Board of County Commissioners (BOCC), respondent agrees that if this proposal is accepted, the respondent will convey, sell, assign, or transfer to the Sumter County BOCC all rights, title and interest in and to all causes of action it may now or hereafter acquire under the anti-trust laws of the United States for price fixing relating to the particular commodities or services purchased or acquired by the COUNTY. At the Sumter County BOCC discretion, such assignment shall be made and become effective at the time the purchasing agency renders final payment to the respondent."

Greg Furlong President	Greg Furlong	9-13-11
Authorized Agent Name, Title (Print)	Authorized Signature	Date

This form must be completed and returned with your Submittal

STATEMENT OF TERMS AND CONDITIONS

PUBLIC ENTITY CRIME: A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a Proposal/Bid on a contract to provide any goods or services to a public entity, for the construction or repair of a public building or public work, may not submit Proposals/Bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

INDEMNIFICATION : The Contractor agrees to indemnify and hold harmless Board of Sumter County Commissioners, and their elected officials, employees and volunteers from and against all claims, losses and expenses, including legal costs, arising out of or resulting from, the performance of this contract, provided that any such claims, damage, loss of expenses is attributed to bodily injury, sickness, disease, personal injury or death, or to injury to or destruction of tangible property including the loss or loss of use resulting there from and is caused in whole or in part by any negligent act or omission of the tenant.

PROHIBITION OF LOBBYING: During the black out period which is, the period between the time the submittals for Invitation to Bid or the Request for Proposal, or Qualifications, or information, as applicable, are received at Contracts / Purchasing and the time the Board awards the contract, no proposer, no lobbyist, principal, or other person may lobby, on behalf of a competing party in a particular procurement matter, any member of the Board, or any Board employee other than the Financial Services Manager. Violation of this provision may result in disqualification of violating party. All questions regarding this Request for Proposal (RFP) or Invitation to Bid (BID) must be submitted in writing to the Board's Financial Services Manager.

ANTI TRUST LAWS: By submission of a signed RFP or BID, the successful Vendor acknowledges compliance with all antitrust laws of the United States and the State of Florida, in order to protect the public from restraint of trade, which illegally increases prices.

CONFLICT OF INTEREST: The award of the contract hereunder is subject to the provisions of Chapter 112 of the Florida Statutes. Vendors shall disclose the name of any Officer, Director, Partner, Associate, or Agent who is also an Officer, Appointee, or Employee of any of the Boards at the time of the RFP or BID, or at the time of occurrence of the Conflict of Interest thereafter.

INTERPRETATION, CLARIFICATIONS AND ADDENDA: No oral interpretations will be made to any vendor as to the meaning of the RFP/BID Contract Documents. Any inquiry or request for interpretation received by the Financial Services Manager before the date listed herein will be given consideration. All such changes or interpretations will be made in writing in the form of an addendum and, if issued, will be distributed at or after the Pre-Proposal/Pre-Bid Conference, mailed or sent by available or electronic means to all attending prospective Submitters prior to the established RFP/BID opening date. Each Vendor shall acknowledge receipt of such addenda in the space provided. In case any Proposer/Bidder fails to acknowledge receipt of such addenda or addendum, his offer will nevertheless be construed as though it had been received and acknowledged and the submission of his bid will constitute acknowledgment of the receipt of same. All addenda are a part of the RFP/BID FORMS and each Proposer/Bidder will be bound by such addenda, whether or not received by him. It is the responsibility of each proposer/bidder to verify that he has received all addenda issued before RFP's/BID's are opened. In the case of unit price items, the quantities of work to be done and materials to be furnished under this RFP/BID Contract are to be considered as approximate only and are to be used solely for the comparison of RFP's/BID's received. The Board and/or his CONSULTANT do not expressly or by implication represent that the actual quantities involved will correspond exactly therewith; nor shall the Vendor plead misunderstanding or deception because of such estimate or quantities of work performed or material furnished in accordance with the Specifications and/or Drawings and other Proposal/Bid Documents, and it is understood that the quantities may be increased or diminished as provided herein without in any way invalidating any of the unit or lump sum prices bid.

GOVERNING LAWS AND REGULATIONS: The vendor is required to be familiar with and shall be responsible for complying with all federal, state and local laws, ordinances, rules and regulations that in any manner affect the work.

PROPRIETARY/CONFIDENTIAL INFORMATION: Vendors are herby notified that all information submitted as part of, or in support of RFP's/BID's, will be available for public inspection ten days after opening of the RFP's/BID's or until a short list is recommended whichever comes first, in compliance with Chapter 119, and 287 of the Florida Statutes. Any person wishing to view the RFP's/BID's must make an appointment by calling the Financial Services Manager at (352) 689-4400. All RFP's/BID's submitted in response to this solicitation become the property of the Board. Unless information submitted is proprietary, copy written, trademarked, or patented, the Board reserves the right to utilize any or all information, ideas, conceptions, or portions of any RFP/BID, in its best interest.

TAXES: The Board of Sumter County Commissioners is exempt from any taxes imposed by the State and/or Federal Government. Exemption certificates will be provided upon request.

NON-COLLUSION DECLARATION: By signing this RFP/BID, all Vendors shall affirm that they shall not collude, conspire, connive or agree, directly or indirectly, with any other Proposer, firm, or person to submit a collusive or sham Proposal in connection with the work for which their RFP/BID has been submitted; or to refrain from Bidding in connection with such work; or have in any manner, directly or indirectly, sought by person to fix the price or prices in the RFP/BID or of any other Bidder, or to fix any overhead, profit, or cost elements of the RFP/BID price or the RFP/BID price of any other Bidder, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against any other Bidder, or any person interested in the proposed work.

PROPOSER RESPONSIBILITY: Invitation by the Boards to vendors is based on the recipient's specific request and application to DemandStar by Onvia at www.DemandStar.com [(800) 711-1712] or as the result of response by the public to the legal advertisements required by State law. Firms or individuals submit their responses on a voluntary basis, and therefore are not entitled to compensation of any kind.

OWNERSHIP OF SUBMITTALS: All responses, inquiries or correspondence relating to or in reference to this RFP/BID, and all other reports, charts, displays, schedules, exhibits and other documentation submitted by the vendors will become the property of the Board. Reference to literature submitted with a previous RFP/BID will not relieve the Bidder from including any required documents with this RFP/BID.

EXAMINATION OF BID DOCUMENTS: Each Bidder shall carefully examine the RFP/BID Document to ensure all pages have been received, all drawings and/or Specifications and other applicable documents are included, and shall inform himself thoroughly regarding any and all conditions and requirements that may in any manner affect cost, progress or performance of the work to be performed under the Contract. Ignorance on the part of the CONTRACTOR will in no way relieve him of the obligations and responsibilities assumed under the Contract.

VENDOR RESPONSIBILITY: Vendors are fully and completely responsible for the labeling, identification and delivery of their submittals. The Financial Services Manager will not be responsible for any mislabeled or misdirected submissions, nor those handled by delivery persons, couriers, or the US Postal Service.

DRUG FREE WORKPLACE: **All Proposers/Bidders shall submit the enclosed, duly signed and notarized form entitled "Drug Free Workplace Certificate". The Drug Free Workplace Vendor shall have the burden of demonstrating that his program complies with Section 287.087 of the Florida Statutes, and any other applicable state law.**

BOARD OF SUMTER COUNTY COMMISSIONERS, are political subdivisions of the State of Florida, and reserve the right to reject any and/or all submittals, reserve the right to waive any informalities or irregularities in the examination process, and reserve the right to award contracts and/or in the best interest of the Boards. Submittals not meeting stated minimum terms and qualifications may be rejected by the Boards as non-responsive. The Boards reserve the right to reject any or all submittals without cause. The Boards reserves the right to reject the submission of any Vendor in arrears or in default upon any debt or contract to the Boards, or who has failed to perform faithfully any previous contract with the Boards or with other governmental agencies.

PUBLIC RECORDS LAW: Correspondence, materials and documents received pursuant to this RFP/BID become public records subject to the provisions of Chapter 119, Florida Statutes.

VERIFICATION OF TIME: Nextel time is hereby established as the Official Time of the Boards.

PREPARATION OF PROPOSALS/BIDS:

Signature of the Bidder: The Bidder must sign the RFP/BID FORMS in the space provided for the signature. If the Proposer/Bidder is an individual, the words "doing business as _____," must appear beneath such signature. In the case of a partnership, the signature of at least one of the partners must follow the firm name and the words, "Member of the Firm" should be written beneath such signature. If the Proposer/Bidder is a corporation, the title of the officer signing the RFP/BID on behalf of the corporation must be stated and evidence of his authority to sign the RFP/BID must be submitted. The Proposer/Bidder shall state in the RFP/BID FORMS the name and address of each person interested therein.

Basis for Bidding: The price proposed for each item shall be on a lump sum or unit price basis according to specifications on the RFP/BID FORM. The proposed prices shall remain unchanged for the duration of the Contract and no claims for cost escalation during the progress of the work will be considered, unless otherwise provided herein.

Total Proposed Price/Total Contract Sum Proposed: If applicable, the total price bid for the work shall be the aggregate of the lump sum prices proposed and/or unit prices multiplied by the appropriate estimated quantities for the individual items and shall be stated in figures in the appropriate place on the RFP/BID FORM. In the event that there is a discrepancy on the RFP/BID FORM due to unit price extensions or additions, the corrected extensions and additions shall be used to determine the project bid amount.

TABULATION: Those wishing to receive an official tabulation of the results of the opening of this RFP/BID are to submit a self-addressed, stamped business size (No. 10) envelope, prominently marked on the front lower left side, with the RFP identification. Tabulation requested by telephone, fax or electronic media will not be accepted.

OBLIGATION OF WINNING BIDDER: The contents of the RFP/BID of the successful proposer/bidder will become contractual obligations if acquisition action ensues. Failure of the successful Proposer/Bidder to accept these obligations in a contract may result in cancellation of the award and such vendor may be removed from future participation.

AWARD OF BID: It is the Boards' intent to select a vendor within **sixty (60) calendar days** of the deadline for receipt of Proposals/Bids. However, Proposals/Bids must be firm and valid for award for at least **ninety (90) calendar days** after the deadline for receipt of the RFP/BID.

ADDITIONAL REQUIREMENTS: The firms shall furnish such additional information as the Boards may reasonably require. This includes information which indicates financial resources as well as ability to provide the services. The Boards reserve the right to make investigations of the qualifications of the firm as it deems appropriate.

PREPARATION COSTS: The Boards shall not be obligated or be liable for any costs incurred by Proposers/Bidders prior to issuance of a contract. All costs to prepare and submit a response to this RFP/BID shall be borne by the Proposer/Bidder.

TIMELINESS: All work will commence upon authorization from the Boards' representative (Financial Services Manager). All work will proceed in a timely manner without delays. The Contractor shall commence the work UPON RECEIPT OF NOTICE TO PROCEED and/or ORDER PLACED (PURCHASE ORDER PRESENTED), and shall deliver in accordance to the terms and conditions outlined and agreed upon herein.

DELIVERY: All prices shall be FOB Destination, Sumter County, Florida, inside delivery unless otherwise specified.

ADDITIONAL SERVICES/PURCHASES BY OTHER PUBLIC AGENCIES ("PIGGY-BACK"):
The Vendor by submitting a Bid acknowledges that other Public Agencies may seek to "Piggy-Back" under the same terms and conditions, during the effective period of any resulting contract – services and/or purchases being offered in this Bid, for the same prices and/or terms proposed. Vendor has the option to agree or disagree to allow contract Piggy-Backs on a case-by-case basis. Before a Public Agency is allowed to Piggy-Back any contract, the Agency must first obtain the vendor's approval – without the vendor's approval, the seeking Agency cannot Piggy-Back.

PLANS, FORMS & SPECIFICATIONS: Bid Packages are available from the Financial Services Manager. These packages are available for pickup or by mail. If requested to mail, the Proposer/Bidder must supply a courier account number (UPS, FedEx, etc). Proposers/Bidders are required to use the official RFP/BID FORMS, and all attachments itemized herein, are to be submitted as a single document. Any variation from the minimum specifications must be clearly stated on the RFP/BID FORM and/or Exceptions/Deviations Sheet(s). Only one set of plans, forms, and specifications will be furnished each company or corporation interested in submitting a proposal/bid. RFP/BID FORM documents for this project are free of charge and are available on-line and are downloadable (vendor must pay any DemandStar fees or any shipping).

MANUFACTURER'S NAME AND APPROVED EQUIVALENTS: Any manufacturer's names, trade names, brand names, information and/or catalog numbers listed in a specification are for information and not intended to limit competition unless otherwise indicated. The Proposer/Bidder may offer any brand for which he is an authorized representative, which meets or exceeds the RFP/BID specification for any item(s). If RFP's/BID's are based on equivalent products, indicate on the RFP/BID FORM the manufacturer's product name and literature, and/or complete specifications. Reference to literature submitted with a previous RFP/BID will not satisfy this provision. The Proposer/Bidder shall explain in detail the reason(s) why the proposed equivalent will meet the specifications and not be considered an exception thereto. RFP's/BID's which do not comply with these requirements are subject to rejection. RFP's/BID's lacking any written indication of intent to quote an alternate brand will be received and considered in complete compliance with the specifications as listed on the RFP/BID FORM. The Financial Services Manager is to be notified, in writing, of any proposed changes in materials used, manufacturing process, or construction. However, changes shall not be binding upon the Boards unless evidenced by a Change Notice issued and signed by the Financial Services Manager, or designated representative.

QUANTITIES: The quantities as specified in this RFP/BID are estimates only and are not to be construed as guaranteed minimums.

SAMPLES: Samples of items, when called for, shall be furnished free of expense, and if not destroyed may, upon request, be returned at the Proposer's/Bidder's expense. Each sample shall be labeled with the Proposer's/Bidder's name, manufacturer brand name and number, RFP/BID number and item reference. Samples of successful Proposer's/Bidder's items may remain on file for the term of the contract. Request for return of samples shall be accompanied by instructions which include shipping authorization and must be received at time of opening. Samples not returned may be disposed of by the Boards within a reasonable time as deemed appropriate.

DOCUMENT RE-CREATION: Vendor may choose to re-create any document(s) required for this solicitation, but must do so at his own risk. All required information in the original Board format must be included in any re-created document. Submittals may be deemed non-responsive if required information is not included in any re-created document.

ACKNOWLEDGED:

Greg Turley 9-13-11

(Signature and Date)

This document must be completed and returned with your Submittal

DISCLOSURE OF SUBCONTRACTORS, SUBCONSULTANTS AND SUPPLIERS

SUBCONTRACTOR LICENSE INFORMATION MUST BE SUBMITTED WITH THE ITB, IN ORDER FOR SUMTER COUNTY TO VERIFY THAT THE SUBCONTRACTOR ARE IN FACT LICENSE PERFORM THEIR TRADE SCOPE OF WORK.

Name of Firm Submitting Proposal:

Furlong Tree Service Inc.
(Print or Type)

Name of Person Submitting Proposal:

Greg Furlong
(Print or Type)

Please list *all Subcontractors*, or Material \ Equipment Suppliers to be used in connection with performance of this contract. Attach additional sheets as necessary.

Name of Firm or Agency: LaPerles Crane Service Inc.
Address: PO Box 447 Inverness FL 34451
Telephone: 352-726-2483
Contractor's License number 59-3125832
Contact Name / Title: Travis LaPerle Owner

Name of Firm or Agency: All Sunshine Crane Service Inc
Address: 2093 Apopka Boulevard Apopka FL 32703
Telephone:
Contractor's License number 59-3105182
Contact Name / Title: Dan Reeves / Supervisor

Name of Firm or Agency:
Address:
Telephone:
Contractor's License number
Contact Name / Title:

Name of Firm or Agency:
Address:
Telephone:
Contractor's License number
Contact Name / Title:

Name of Firm or Agency:
Address:
Telephone:
Contractor's License number

Contact Name / Title:

Name of Firm or Agency:

Address:

Telephone:

Contractor's License number

This document must be completed and returned with your Submittal

ADDED / STATEMENT OF CONTRACTOR'S EXPERIENCE AND PERSONNEL

FURLONG TREE SERVICE INC.

I would like to thank the leadership of Sumter County for having the confidence to use my Tree Service for the past two years.

I have preformed tree services for Sumter County Board of County Commission and the residences and businesses in Sumter County and Lake County for the past thirteen years.

My goal as owner of Furlong Tree Service is to provide the best service available in the tree care industry.

I have and use up-to-date devices for communications such as email and electronic invoices or work orders.

I also have 21 years of experience from Sprint Telephone Company as a Lineman, Service Technician, I use the skills learned from this company to communicate with our customers in the field so they better understand our purpose of working near or on their property doing tree work.

To my knowledge I am the only tree service in central Florida that has access to the largest crane service. (ALL SUNSHINE CRANE RENTAL) All Sunshine Crane Rental has cranes from 18 ton to over 100 tons if needed; I have a long time relationship with this company.

I also use LaPerles crane service so that I have access to more than one company.

I have demonstrated in the past how important it is to have access to a crane when removing trees or tree limbs of danger.

I specialize in hazardest tree removal from over roads, power lines, houses and buildings.

For the past several years I have done tree work for Sumter County School Board, Lake County School Board and the Cities of Webster, Coleman, Bushnell Utilities.

STATEMENT OF CONTRACTOR'S EXPERIENCE AND PERSONNEL

(Contractor may also provide any supplemental company or personnel information that will assist the Selection Committee in evaluating your proposal).

CONTRACTOR: Furlong Tree Service Inc.

DATE:09/12/2011

1. How many years has your organization been in business as a general contractor under your present business name? 10 Years

2. List all previous business names of your organization: Furlong Tree Service
3.

4. How many years experience in general contracting? _13

   Prime Contractor: 13 years Subcontractor: 13 years

5. List all officers and directors of your organization:

NAME	POSITION/TITLE
Greg Furlong	Operator / President
Debora Furlong (In process of being removed)	Secretary

6. Have you ever failed to complete any work awarded to you in the last 3 years?
   Yes _____ No __x___. If yes, where and why?

EXPERIENCE

1. Describe any experience of the principal individuals (Foremen, Superintendents, etc.) who are responsible for the actual general contracting work of your organization?

Greg Furlong	**Operator**
Name	Position

Arborist, Bucket Truck operator	**30**	**13**
Type of Work	Yrs. Experience	Yrs. With Firm

Name **Jarrett Furlong**		Position **Operator**
Type of Work	Yrs. Experience	Yrs. With Firm
Arborist, Bucket Truck Operator	**8**	**5**

Name		Position
Type of Work	Yrs. Experience	Yrs. With Firm
Name		Position
Type of Work	Yrs. Experience	Yrs. With Firm
Name		Position
Type of Work	Yrs. Experience	Yrs. With Firm

2. List/describe five (5) construction contracts that you currently have.

_____Tree Services for Sumter County Board of County Commissioners _____
Sumter County

Project Location

July 28th 2009 to Sept 30th 2011

Date Contract Amount
Mark Wilson 352-569-6700

Project Architect Contact Name and Phone Number
Sumter County BOCC

Owner's Contact Name and Phone Number

Emergency Tree Services Sumter County Board of Sumter County Board of County Commissioners
Sumter

Project Location
July 28th 2009 to September 30th 2011

Date Contract Amount

Project Architect Contact Name and Phone Number

Mark Wilson 352-569-6700

Contact Name and Phone Number

Project Location

Date Contract Amount

Project Architect Contact Name and Phone Number

Contact Name and Phone Number

Project Location

Date Contract Amount

Project Architect Contact Name and Phone Number

Contact Name and Phone Number

Project Location

Date Contract Amount

Project Architect Contact Name and Phone Number

Contact Name and Phone Number

CONTRACTOR'S AFFIDAVIT

State of Florida
County of Sumter

Before me personally appeared Greg Furlong who is *(title)* President of *(the company described herein)* Furlong Tree Service Inc. being duly sworn, deposes and say that the foregoing statements are a true and accurate statement of the position of said organization as of the date thereof, and, that the statements and answers to the foregoing experience questionnaire are correct and true as of the date of this affidavit; and, that he/she understands that intentional inclusion of false, deceptive, or fraudulent statements of this application constitutes fraud; and, agrees to furnish any

pertinent information requested by The Sumter County Board of County Commissioner deemed necessary to verify the statements made in this application or regarding the ability, standing and general reputation of the applicant.

Personally Known X or Produced Identification _____

Sworn to and subscribed before me this 13th day of Sept., 2011

Laura Trotman
NOTARY PUBLIC - STATE OF FLORIDA
(Signature of Notary Public)

Laura Trotman
(Print Name of Notary Public)

(seal)

LAURA TROTMAN
MY COMMISSION # DD 838167
EXPIRES: March 13, 2013
Bonded Thru Notary Public Underwriters

DRUG FREE WORKPLACE CERTIFICATE

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that,

Furlong Tree Service Inc
(print or type name of firm)

- Publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions that will be taken against violations of such prohibition.
- Informs employees about the dangers of drug abuse in the work place, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that my be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under proposal or bid, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under proposal or bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, please or guilty or nolo contendere to, any violation of Chapter 1893, or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the work place, no later than five (5) days after such conviction, and requires employees to sign copies of such written (*) statement to acknowledge their receipt.
- Imposes a sanction on, or requires 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 so convicted.
- Makes a good faith effort to continue to maintain a drug free work place through the implementation of the drug free workplace program.
- "As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein".

Authorized Signature

9-13-11
Date Signed

State of: Florida

County of: Sumter

Sworn to and subscribed before me this 13th day of Sept., 2011

Personally known X or Produced Identification _____
(Specify Type of Identification)

Laura Trotman
Signature of Notary

My Commission Expires 3/13/2013

(seal)

LAURA TROTMAN
MY COMMISSION # DD 838167
EXPIRES: March 13, 2013
Bonded Thru Notary Public Underwriters

PART 5
SCOPE OF SERVICES

Scope of Work for Routine Tree Services

Bid Price:

A. The county will order services by issuance of a Sumter County Purchase Order number
B. The contractor will agree to perform Tree Removal and Trimming Services to the Board of Sumter County Commissioners, Sumter County, FL
C. The contractor will agree to work for a daily hourly rate of **_$133.00__** per hour utilizing a regular work day as an eight (8) hour day
D. The contractor will agree on a night time call out rate of **$198.00_** per hour
E. The contractor will agree on a non-business hours call out rate of **_$150.00_** per hour with a three (3) hour minimum
F. The contractor will agree on rate of **_$125.00_**per hour to grind stumps with a three hour minimum
G. In the event the tree contractor requires the use of a crane to assist with the tree removal it must be pre-approved by The Road and Bridge Superintendent or the Assistant Director of Public Works at a rate of **All Sunshine Crane 40Ton $141.75 - 4 hour min, 18 Ton $105.00 – 3 Hour min / LaPerles Crane Small $105.00 – 3 hour min Large $177.00 3 Hour min** per hour

Scope of Services:

A. The contractor shall supply all necessary Labor, Equipment, Tools and Materials required; and perform the services at the location set forth by the County
B. Equipment required to perform services must be kept in good repair and shall be maintained during contract terms

Safety:

A. The contractor shall be responsible for the provision of adequate and proper safety precaution in conjunction with all services provided under the contract

Disposal Requirements:

A. Public Works shall supply equipment and work force to dispose of all tree debris
B. Work shall be performed within seven to ten (7-10) days after release of the purchase order. NOTE: Work must be invoiced within five (5) working days after completion.

Payment:

A. Payment for services received will be accomplished by submission of an invoice, in duplicate, with the correct purchase order number
B. Payment will be made in no less than thirty (30) days after receipt of the invoice by the Sumter County Finance Department of Sumter County.

Contract Period:

Furlong Tree Service
14262 CR 719
Webster, FL 33597
(352) 793-3751

A. The period of this contract shall be for twenty-four (24) months from the day of award with the option to renew for three (3) one year extensions. The contract will not exceed a five year period.

CERTIFICATE OF LIABILITY INSURANCE

Date 9/12/2011

Producer: Lion Insurance Company
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insured: South East Employee Leasing Services, Inc.
2739 U.S. Highway 19 N.
Holiday, FL 34691

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	11075
Insurer B:		
Insurer C:		
Insurer D:		
Insurer E:		

Coverages

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		GENERAL LIABILITY ☐ Commercial General Liability ☐ Claims Made ☐ Occur ☐ ☐ General aggregate limit applies per: ☐ Policy ☐ Project ☐ LOC				Each Occurrence	$
						Damage to rented premises (EA occurrence)	$
						Med Exp	$
						Personal Adv Injury	$
						General Aggregate	$
						Products - Comp/Op Agg	$
		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)	$
		EXCESS/UMBRELLA LIABILITY ☐ Occur ☐ Claims Made ☐ Deductible				Each Occurrence	
						Aggregate	
A		**Workers Compensation and Employers' Liability** Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2011	01/01/2012	X WC Statutory Limits ☐ OTHER	
						E.L. Each Accident	$1,000,000
						E.L. Disease - Ea Employee	$1,000,000
						E.L. Disease - Policy Limits	$1,000,000
		Other	**Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616**				

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: Client ID: 07-65-208

Coverage only applies to active employee(s) of South East Employee Leasing Services, Inc. that are leased to the following "Client Company":

Furlong Tree Service, Inc.

Coverage only applies to injuries incurred by South East Employee Leasing Services, Inc. active employee(s) , while working in Florida.

Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.

Project Name:

ISSUE 07-29-11 (TD) / REISSUE 08-01-11 (TD) / REISSUE 09-12-11 (SD)

Begin Date: 7/18/2011

CERTIFICATE HOLDER	CANCELLATION
SUMTER COUNTY BOARD OF COUNTY COMMISIONERS 910 N. MAIN STREET BUSHNELL, FL 33513	Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. John A. Powers

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/9/2011

PRODUCER

WESTGATE-JONES INSURANCE AGENCY,
PO BOX 490449
LEESBURG, FL 34749
352-787-7548

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Furlong Tree Service Inc.

14262 CR 719
Webster, FL 33597
352-793-3751

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Burlington Ins Co	
INSURER B: Progressive Ins Co	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC	626B005233	8-25-11	8-25-12	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ INCLUDED
B		AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [X] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS	04390523-1	10-9-10	10-9-11	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
		GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS/UMBRELLA LIABILITY [ ] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [ ] RETENTION $				EACH OCCURRENCE AGGREGATE	$ $ $ $ $
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				[ ] WC STATUTORY LIMITS [ ] OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Sumter County Board of County Commissioners is listed as additional insured with regards to the general liability.

CERTIFICATE HOLDER

Sumter Co Building Dept
7375 Powell Road STE 115
Wildwood, FL 34785
FAX: 569-1501
FAX: 689-4461

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 010 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

NOTICE OF ELECTION TO BE EXEMPT

Please thoroughly review the information contained in this application. If the application contains incomplete or inaccurate information, it may cause a delay in the issuance of your exemption.

Section 1

Applicant's First & Last Name: Gregory W Furlong

Applicant's Social Security Number: 264-61-3808

Applicant's Email Address: gfurlong@centurylink.net

Section 2

Officer of a Corporation (Construction)

Corporate Title: PRESIDENT

An Officer electing an exemption under Chapter 440, Florida Statutes is not entitled to benefits under this Chapter.

Section 3

The corporation of which you are an officer or limited liability company of which you are a member must be registered and in an active status with the Florida Division of Corporations. Applicants applying as an officer of a corporation must be listed as an officer of the corporation with the Florida Division of Corporations. List the document number on file with the Florida Division of Corporations.

Florida

Section 4

This exemption application applies only to the person signing the application, the Corporation/ LLC that is listed below, and the scope of business or trade listed:

Name of Corporation or LLC: Furlong Tree Service Inc FEIN: 30-0015290

Business Name (DBA): Furlong Tree Service Phone: (352)793-3751

Applicant's Address of Record: 14262 CR 719

City Webster State: FL Zip 33597 County: Florida

Scope 1: Tree Trimming Scope 2: Tree Removal Scope 3: Scope 4:

Section 5

List all certified or registered licenses issued pursuant to Chapter 489, F.S., held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or LLC listed on this application of which the applicant is a corporate officer:

No DBPR License Listed

Section 6

If you have submitted an electronic payment for this application, the transaction confirmation number is listed in the following space:

Confirmation Number: 89105408 Application Number: E00001897

Section 7 N/A

Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies?

Name: FEIN Name: Greg Furlong FEIN

Name: Greg Furlong FEIN

Section 8 If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC.

A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED.

B. To be eligible for a construction industry exemption as a member of a limited liability company, the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY PRODUCTION OF DOCUMENTATION REFLECTING THE REQUIRED OWNERSHIP OR BY SUBMITTING A STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP.

THIS APPLICATION IS CONTINUED ON PAGE 2

Section 9 **FRAUD NOTICE**

A. ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE THE DEPARTMENT OR ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY OR ANY OTHER PERSON, FILES A NOTICE OF ELECTION TO BE EXEMPT CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

B. ATTESTATION OF APPLICANT - BY SIGNING BELOW, I ATTEST THAT I HAVE READ, UNDERSTAND AND ACKNOWLEDGE THE FOREGOING NOTICE.

Gregory L Furlong

SIGNATURE OF APPLICANT

Section 10 You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business.

Carrier Name: I do not have any non exempt employees

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers, including any affiliated corporations as provided in Ch. 440.02, Florida Statutes.

Greg Furlong — APPLICANT'S SIGNATURE

9-13-11 — DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF Sumter

Sworn to and subscribed before me this 13th day of Sept., 2011, by Greg Furlong

Personally Known ✓ OR Produced Identification _____ Type of Identification Produced _____

NOTARY SIGNATURE Laura Trotman My Commission Expires

LAURA TROTMAN
MY COMMISSION # DD 838167
EXPIRES: March 13, 2013
Bonded Thru Notary Public Underwriters

Please mail or submit your completed application and any required attachments to The Division of Workers' Compensation at the district office nearest your place of business

2295 Victoria Avenue
Suite 163
Ft. Myers, FL 33901
Telephone (239) 461-4006

921 North Davis Street
Building B, Suite 250
Jacksonville, FL 32209
Telephone (904)798-5806

TALLAHASSEE SUBMITTERS
Walk-in submissions:
2012 Capital Circle SE
Suite 102, Hartman Bldg
Tallahassee, FL 32399
Telephone (850) 413-1609

610 E. Burgess Road
Pensacola, FL 32504-6320
Telephone (850) 453-7804

400 West Robinson Street
Room 512, North Tower
Orlando, FL 32801
Telephone (407) 835-4406

Mail in submissions:
200 East Gaines Street
Tallahassee, FL 32399-4228
Telephone (850) 413-1609

3111 S. Dixie Hwy
Suite 123
West Palm Beach, FL 33405
Telephone (561) 837-5716

499 Northwest 70th Ave.
Suite 116
Plantation, FL 33317
Telephone (954) 321-2906

1313 N. Tampa Street
Suite 503
Tampa, FL 33602
Telephone (813) 221-6506

Live Oak Business Center
5969 Cattlemen Lane
Sarasota, FL 34232
Telephone (941) 329-1120

1111 NE 25th Ave.
Suite 403
Ocala, FL 34470
Telephone (352) 401-5350

401 NW 2nd Ave.
Suite 321, South Tower
Miami, FL 33128
Telephone (305) 536-0306

STATE USE ONLY

Effective/Issue Date: _____

Control Number: _____

PostMark Date: _____

Payment Number: _____

Received Date: _____

*The collection of the social security number on this form is specifically authorized by Section 440.05(3), Florida Statutes. The social security number will be used as a unique identifier in Division of Workers' Compensation database systems for individuals who have applied for and/or been issued a certificate of election to be exempt for internal agency tracking purposes and for purposes of responding to both public records requests and subpoenas that require production of specified documents.The social security number may also be used for any other purpose specifically required or authorized by state or federal law.

08-12-2009

ALEX SINK
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

* * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW * *

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 09/30/2009 **EXPIRATION DATE:** 09/30/2011

PERSON: FURLONG GREGORY W

FEIN: 300015290

BUSINESS NAME AND ADDRESS:

FURLONG TREE SERVICE INC
14262 CR 719
WEBSTER FL 33597

SCOPES OF BUSINESS OR TRADE:

1- TREE SERVICE

IMPORTANT: Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

QUESTIONS? (850) 413-1609

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 09-06