BID RESPONSE FORM

Bid Item	CHILLER REPLACEMENT		
Bid Number	2016-033	Due Date & Time	3:00PM, THURSDAY, SEPTEMBER 14, 2016

The offeror agrees to furnish the following items or services to the City of Fort Pierce at the place specified, in accordance with specifications herein at the prices quoted below:

DESCRIPTION	LUMP SUM
CHILLER, MODEL #CGAM100A2 or comparable	$_____
MAKE/MODEL: Trane, Model No. CGAM100A2	$96,285.00
TOTAL	$ 96,285.00
***Total should include all labor, materials, equipment, tools and supervision to complete this project.**	

45-60 # OF CALENDAR DAYS FOR DELEIVERY AFTER NOTIFICATION OF AWARD

Vendor Gibson Air Conditioning & Refrigeration, LLC

Address 316 Commerce Court

City, State, Zip Code Winter Haven, Florida 33880

Email Address gibsonaircondition@aol.com

Typed Name, Title, Michael G. Windham / Owner / President

Signature Michael G Windham **Date** 13 September 2016

Telephone # 863-679-8256 **Fax #** 862-299-9600

Proposal

Prepared For:

Date: September 1, 2016

Proposal Number: H6-43679-2

Job Name:
Sunrise Theatre Ft Pierce – Chiller Repl

Delivery Terms:
Freight Allowed and Prepaid - F.O.B. Factory

Payment Terms:
Net 30 Days

Trane U.S. Inc. is pleased to provide the following proposal for your review and approval.

Tag Data - Air-Cooled Scroll (Qty: 1)

Item	Tag(s)	Qty	Description	Model Number
A1	CGAM-1	1	Air-Cooled Chiller, Scroll Compressors	CGAM100A2

Product Data - Air-Cooled Scroll

Item: A1 Qty: 1 Tag(s): CGAM-1

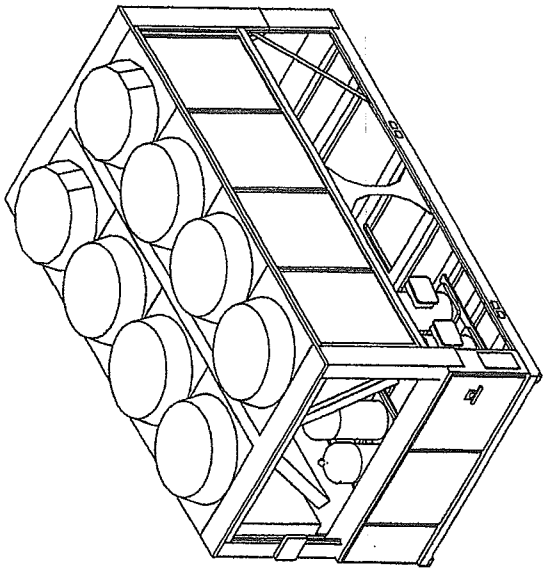
Air-Cooled Scroll Packaged Chiller
100 nominal tons
208 volt 3 phases 60 hertz (MCA=443.9A & MOP=500A)
High efficiency/performance
Full factory refrigerant charge (HFC-410A)
With freeze protection (External T-STAT control)
Refrigerant isolation valves (discharge valve)
UL listed to US and Canadian safety standard
ASHRAE 90.1, AHRI certified
Factory installed flow switch - set point 60 cm/sec
Std cooling (42 to 65F/5.5 to 18C)
Grooved pipe connection
Insulation high humidity/low evap temp (Thicker insulation option)
Performance based on water
High ambient (up to 125F/up to 52C)
Factory CompleteCoat Coating (Factory dipped & baked coil coating option)
Across the line starter/direct on line
Single point connection main line unit power-ancillary items require other power
Factory Circuit breaker (means of local disconnect & over-current protection)
Default Amp SCR rating (5k A)
Enclosure type UL 1995 rated for outdoor applications
External chilled/hot water and demand limit setpoint - 4-20mA
Elastomeric isolators (Fld)
With water strainer factory installed
Factory Start-up and 1st year parts & labor warranty
2nd-5th year compressor parts

NOT INCLUDED: Installation, Rigging, Power Wiring, Piping and Piping Specialties, Control wiring, Control Valves, Labor for Controls tie-into existing BAS system (if one is present), High Amp SCR Rating, Performance Testing, Condenser coil hail/vandal guards, Convenience Outlet, any material or labor not mentioned above.

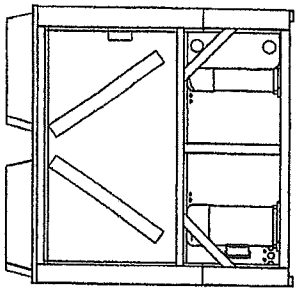
Voluntary ADD Alternates:

- High Amp (65k A) SCR Rating: **+ $1,050.00**
- Condenser coil hail/vandal guards: **+ $1,040.00**

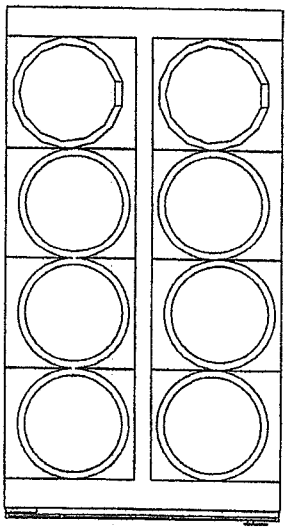
Unit Dimensions - Air-Cooled Scroll
Item: A1 Qty: 1 Tag(s): CGAM-1



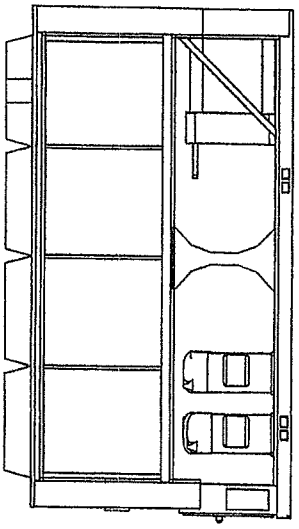
ISOMETRIC VIEW



BACK VIEW



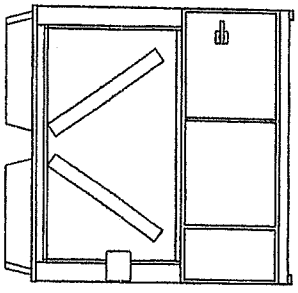
TOP VIEW



RIGHT SIDE VIEW

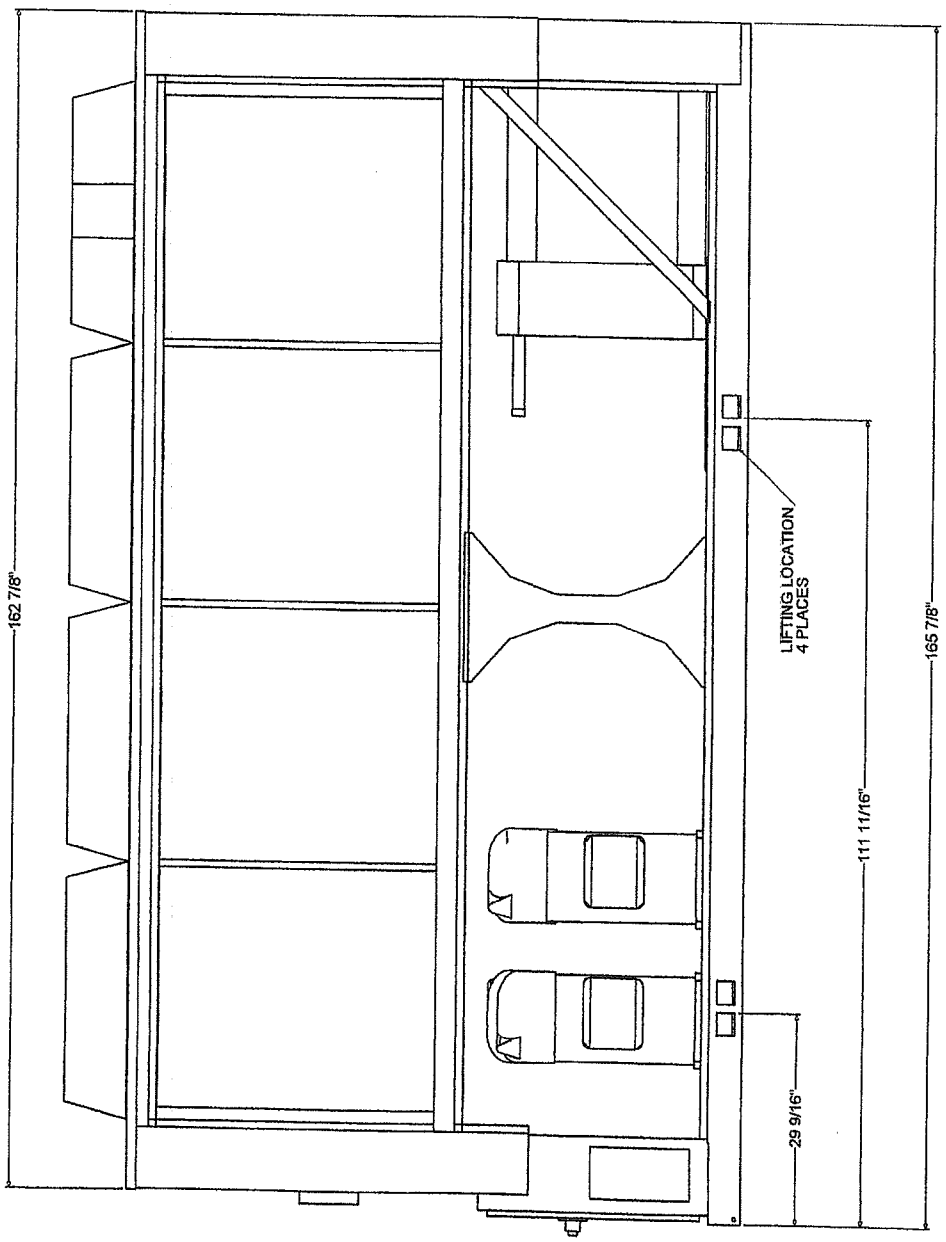
INLET/OUTLET WATER CONNECTION SIZE 4" (100mm)

BRAZE PLATE WATER VOLUME/STORAGE 10.3 GAL (40.0 LITERS)



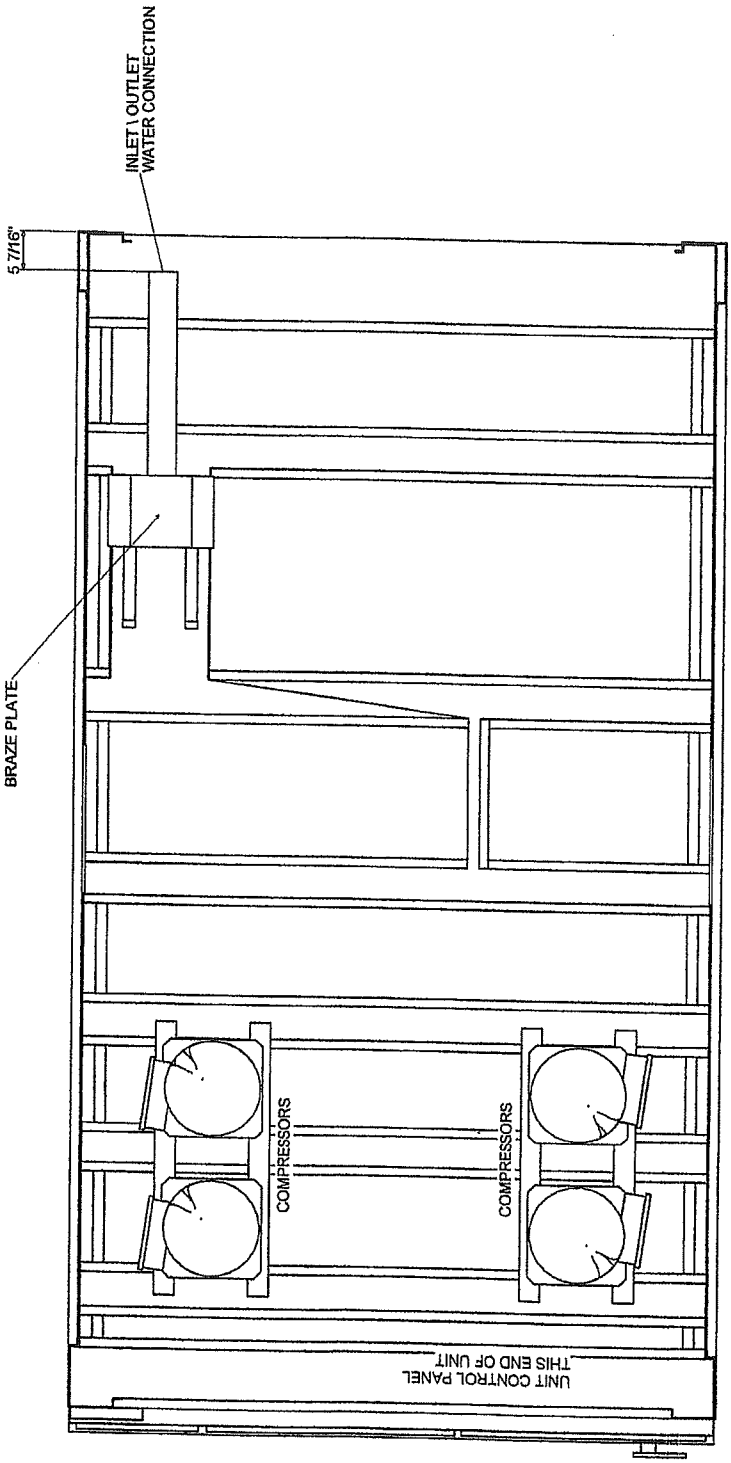
FRONT VIEW

Unit Dimensions - Air-Cooled Scroll
Item: A1 Qty: 1 Tag(s): CGAM-1



RIGHT SIDE VIEW

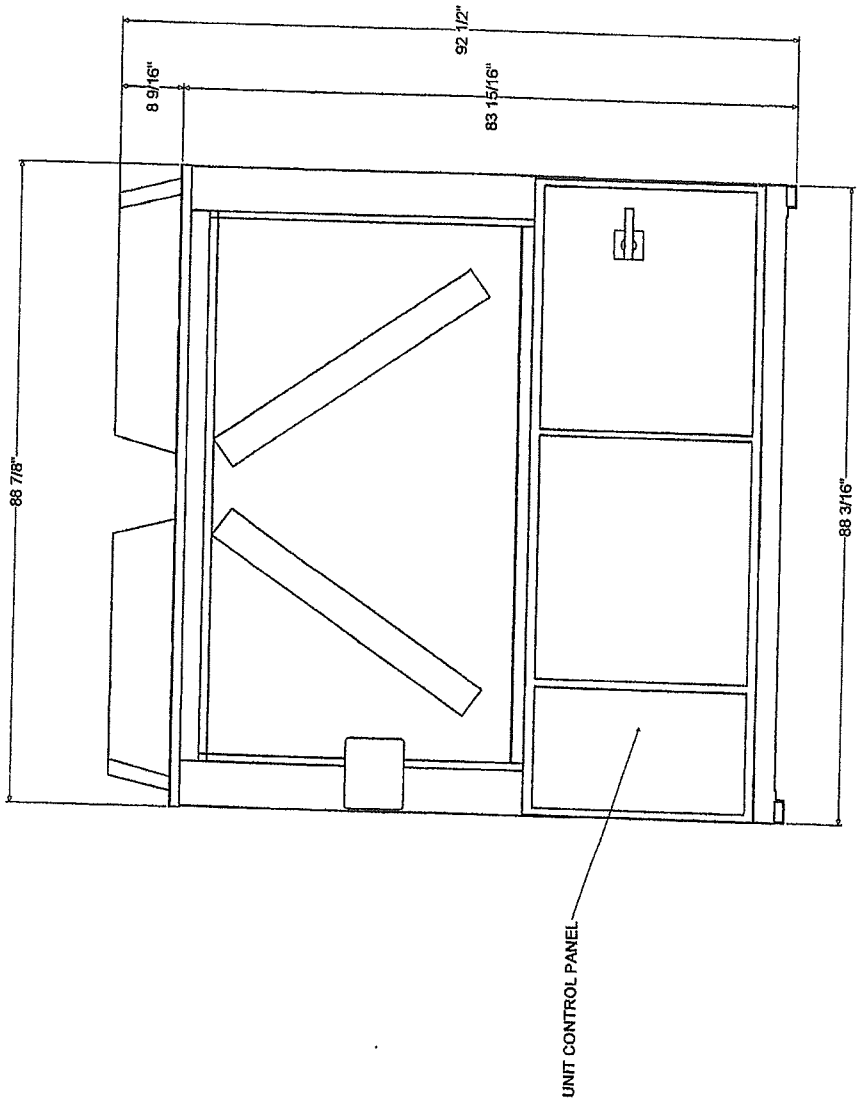
Unit Dimensions - Air-Cooled Scroll
Item: A1 Qty: 1 Tag(s): CGAM-1



TOP VIEW

CONDENSER, CONTROL PANEL AND
VSD (WHEN ORDERED) REMOVED FOR CLARITY

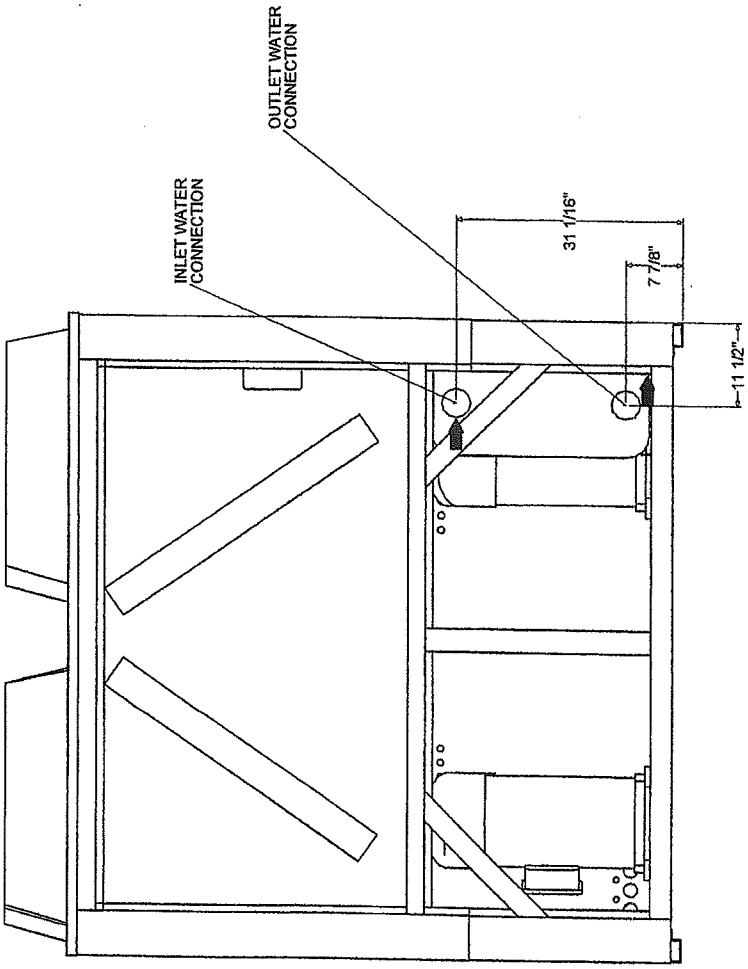
Unit Dimensions - Air-Cooled Scroll
Item: A1 Qty: 1 Tag(s): CGAM-1



FRONT VIEW

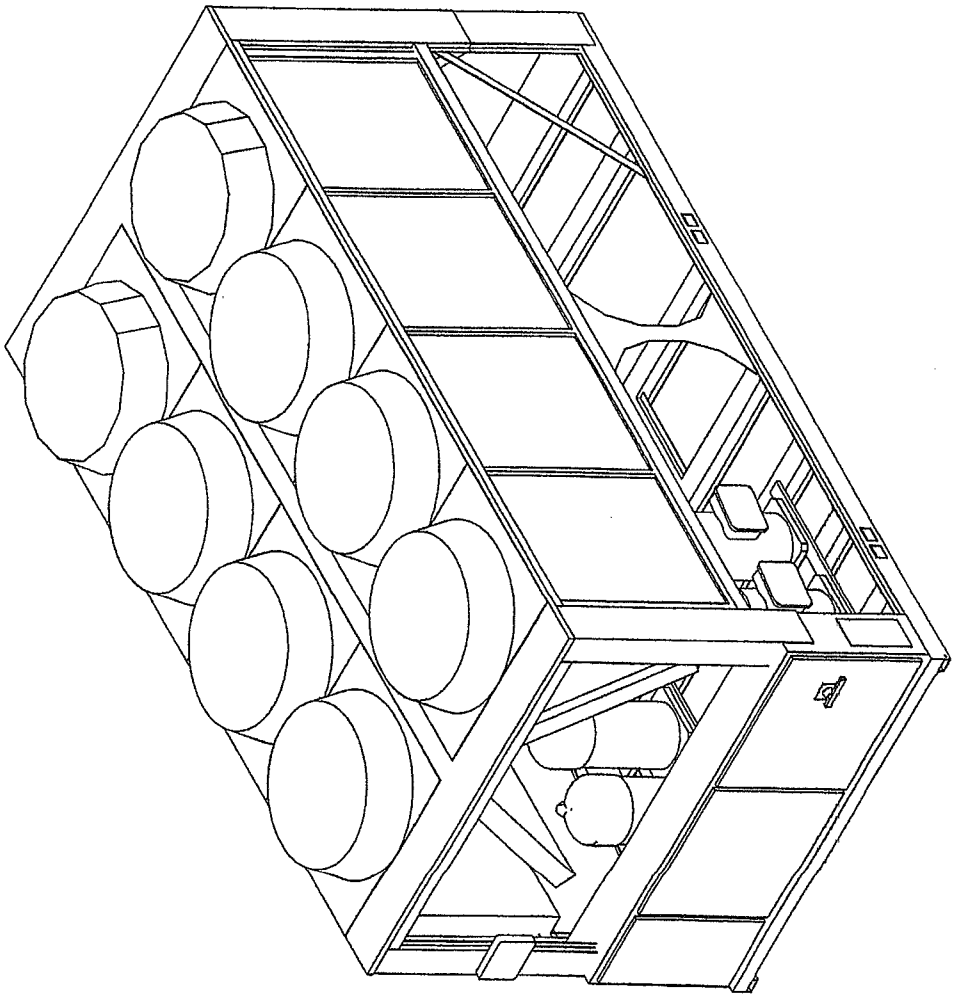
LOUVERED PANELS NOT SHOWN
OVER CONTROL PANEL FOR CLARITY

Unit Dimensions - Air-Cooled Scroll
Item: A1 Qty: 1 Tag(s): CGAM-1



BACK VIEW

Unit Dimensions - Air-Cooled Scroll
Item: A1 Qty: 1 Tag(s): CGAM-1



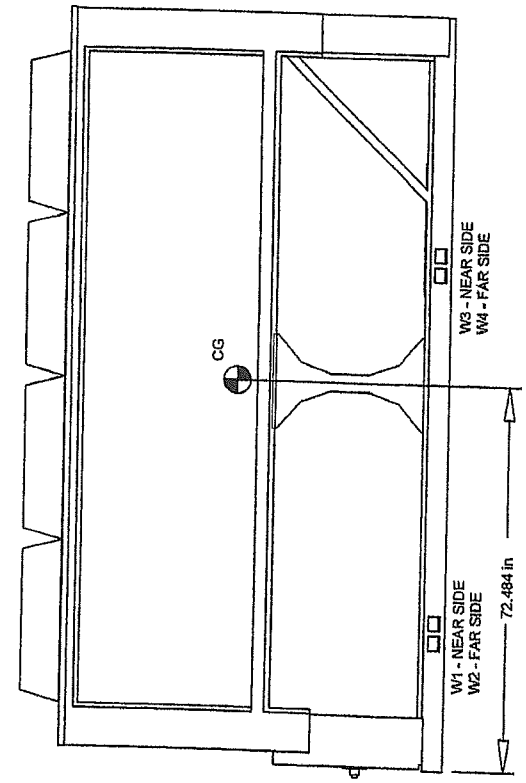
ISOMETRIC VIEW

LOUVERED PANELS NOT SHOWN
OVER CONTROL PANEL FOR CLARITY

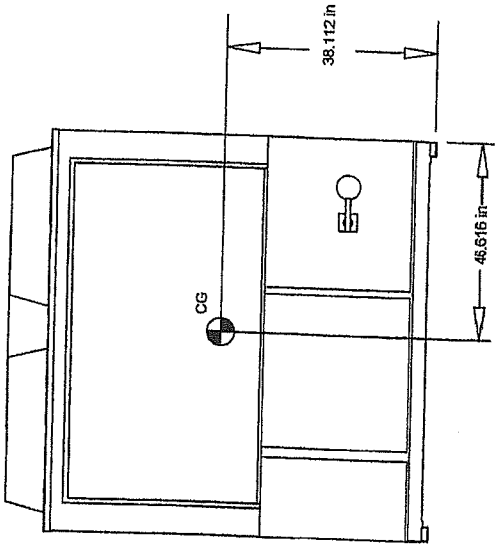
Weight, Clearance & Rigging Diagram - Air-Cooled Scroll
Item: A1 Qty: 1 Tag(s): CGAM-1

UNIT CENTER OF GRAVITY

LIFTING WEIGHTS				SHIPPING WEIGHT
W1	W2	W3	W4	
1498.0 lb	1629.8 lb	1641.5 lb	1786.0 lb	6646.4 lb

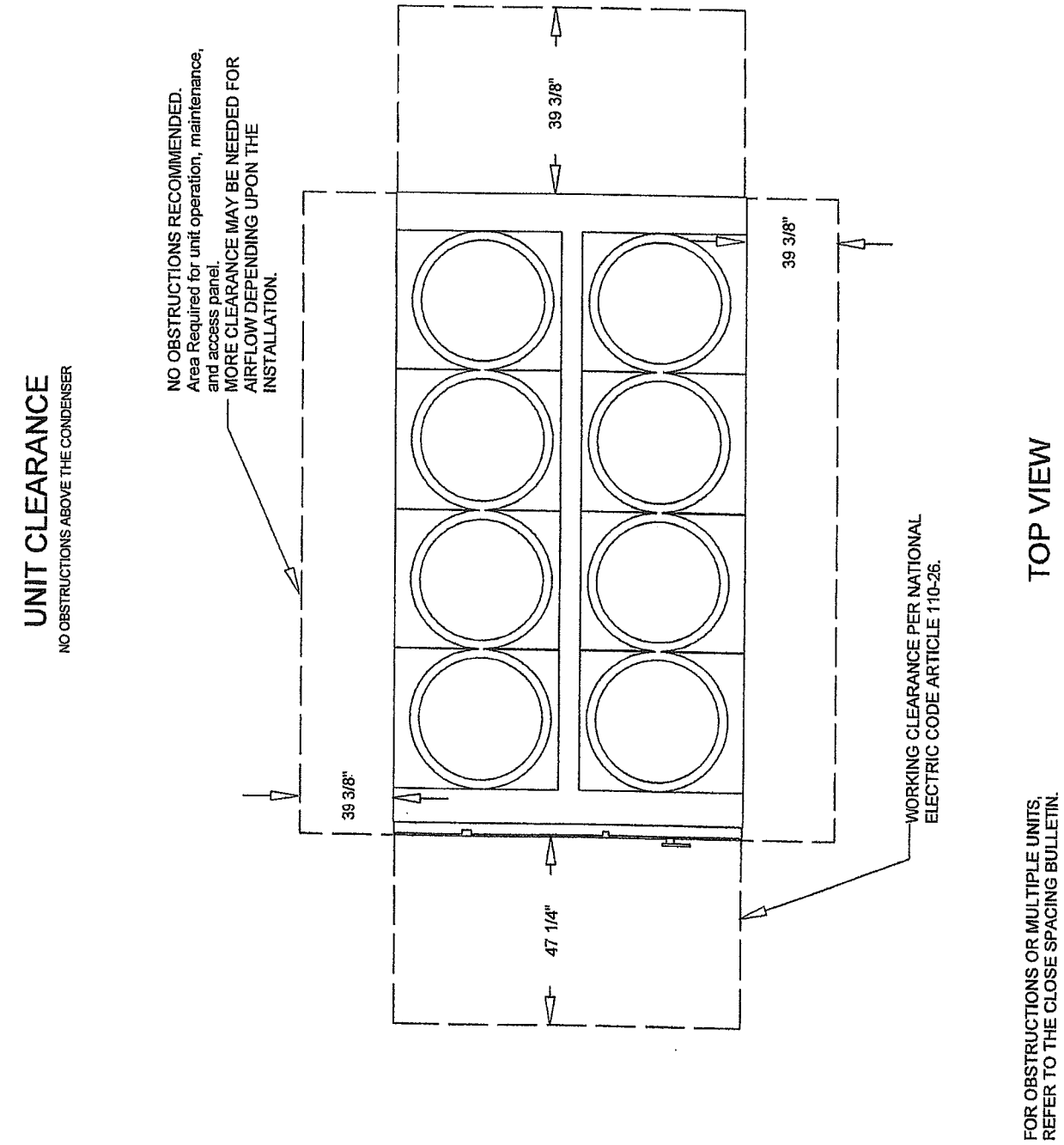


SIDE VIEW



FRONT VIEW
CONTROL PANEL END

Weight, Clearance & Rigging Diagram - Air-Cooled Scroll
Item: A1 Qty: 1 Tag(s): CGAM-1



UNIT RIGGING

LIFTING A UNIT WITH EQUAL LENGTH STRAPS WILL NOT PRODUCE A LEVEL UNIT DURING THE LIFT BECAUSE THE CG WILL NOT BE AT THE MIDPOINT BETWEEN THE BASE LIFTING HOLES. THE FOLLOWING ADJUSTMENTS MUST BE MADE TO PRODUCE A LEVEL LIFT:

- SINGLE SPREADER BAR LIFTING METHOD
IF THE UNIT CG IS CLOSER TO THE CONTROL PANEL, THE STRAPS ON THE CONTROL PANEL SIDE OF THE SPREADER BAR MUST BE ADJUSTED TO BE SHORTER THAN THOSE ON THE OPPOSITE SIDE OF THE SPREADER BAR, ALLOWING THE SPREADER BAR TO MOVE TOWARD THE CONTROL PANEL AND OVER THE UNIT CG. SEVERAL ADJUSTMENTS OF THE STRAP LENGTH MAY BE REQUIRED TO PRODUCE A LEVEL UNIT DURING LIFT.

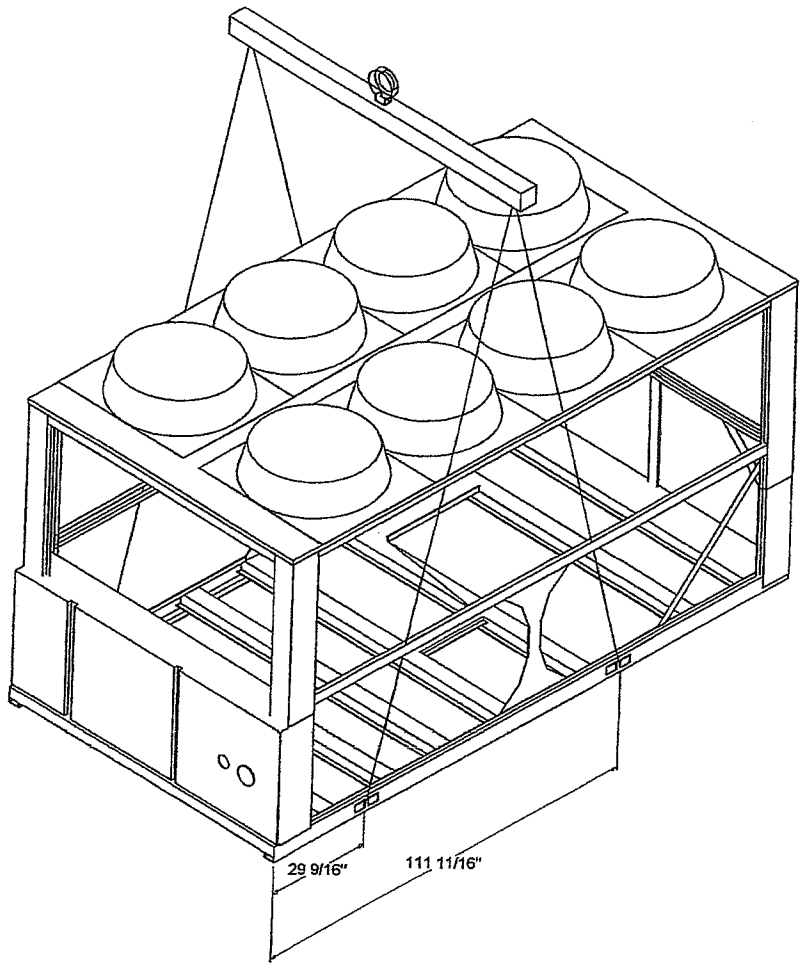
- H-TYPE SPREADER BAR LIFTING METHOD
IF THE STRAPS FROM THE H BAR TO THE UNIT BASE ARE THE SAME LENGTH, THE CRANE LIFTING POINT ON THE CENTER WEB OF THE H BAR MUST BE ADJUSTED TO PRODUCE A LEVEL UNIT LIFT.

⚠ WARNING

IMPROPER LIFTING AND MOVING!

USE SPREADER BAR AS SHOWN IN DIAGRAM. REFER TO INSTALLATION MANUAL OR NAMEPLATE FOR UNIT WEIGHT. REFER TO INSTALLATION INSTRUCTIONS LOCATED INSIDE CONTROL PANEL FOR FURTHER RIGGING INFORMATION.

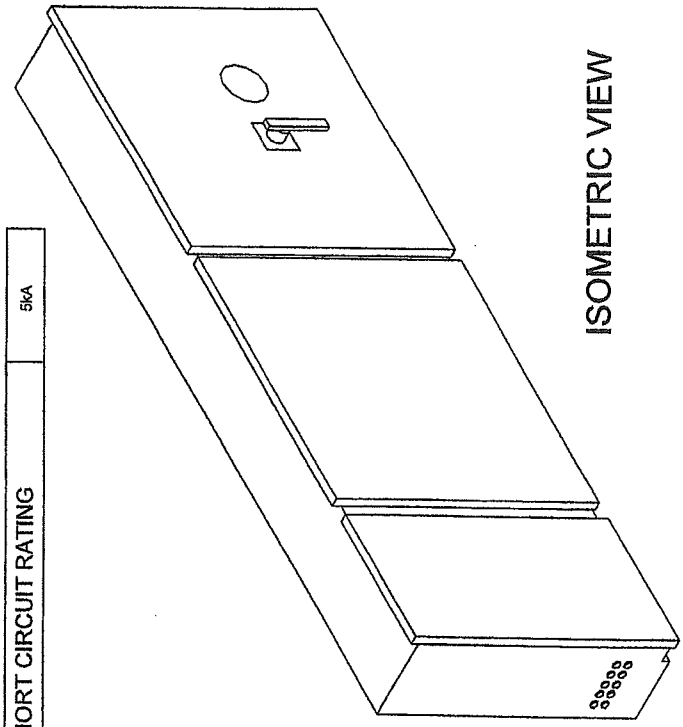
OTHER LIFTING ARRANGEMENTS COULD RESULT IN DEATH, SERIOUS INJURY OR EQUIPMENT DAMAGE.



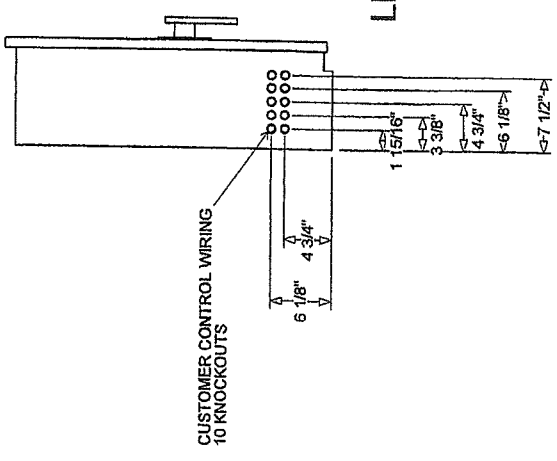
ISOMETRIC VIEW

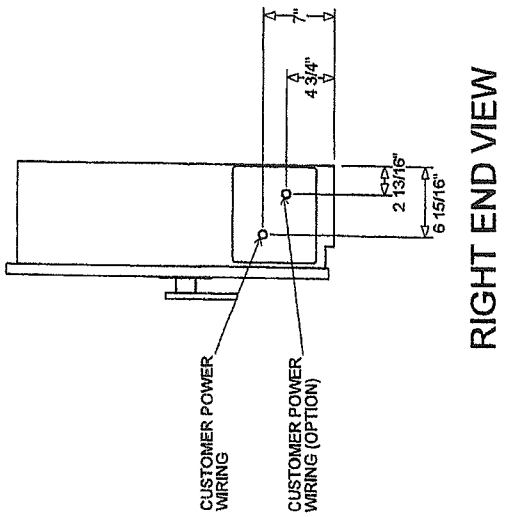
Accessory - Air-Cooled Scroll
Item: A1 Qty: 1 Tag(s): CGAM-1

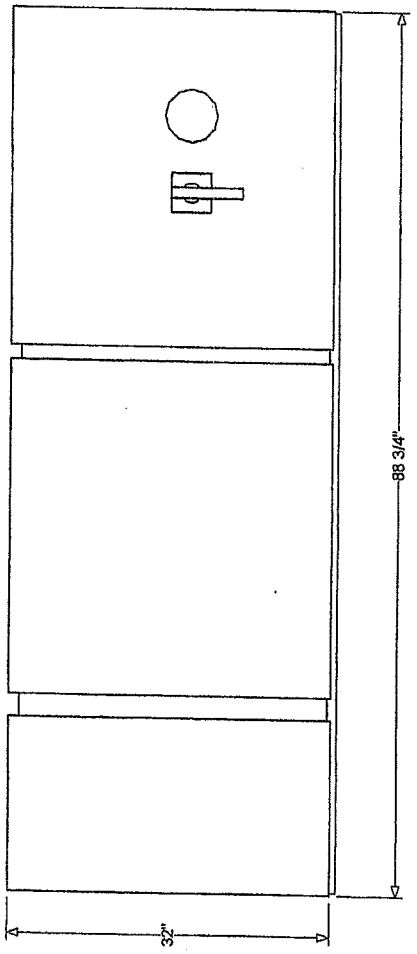
SHORT CIRCUIT RATING	5kA



CUSTOMER WIRE SELECTION TABLE			
POWER WIRE CONNECTION TO CIRCUIT BREAKER (1Q1)			
UNIT SIZE	UNIT EFF	VOLTAGE	CIR 1 & 2 (SINGLE POINT POWER) LUG WIRE SIZE RANGE (PER PHASE)
100	HIGH	200	(2 MAX Conductors per phase) 2/0-500MCM



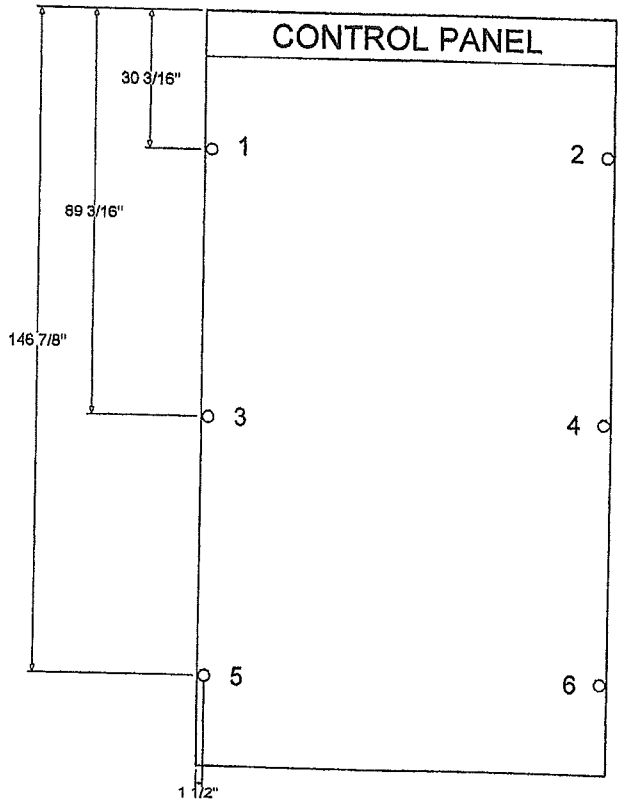




Accessory - Air-Cooled Scroll
Item: A1 Qty: 1 Tag(s): CGAM-1

UNIT SIZE	MOUNTING LOCATIONS & POINT LOAD WEIGHTS								TOTAL OPERATING WEIGHT
	1	2	3	4	5	6	7	8	
100	1639.9 lb	1587.2 lb	847.2 lb	1120.1 lb	607.9 lb	865.8 lb	N/A	N/A	6759.1 lb

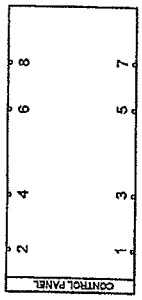
MOUNTING HOLE DIAMETER 9/16"
DIMENSIONS ARE REFERENCED FROM
THE END AND SIDE OF THE UNIT BASE



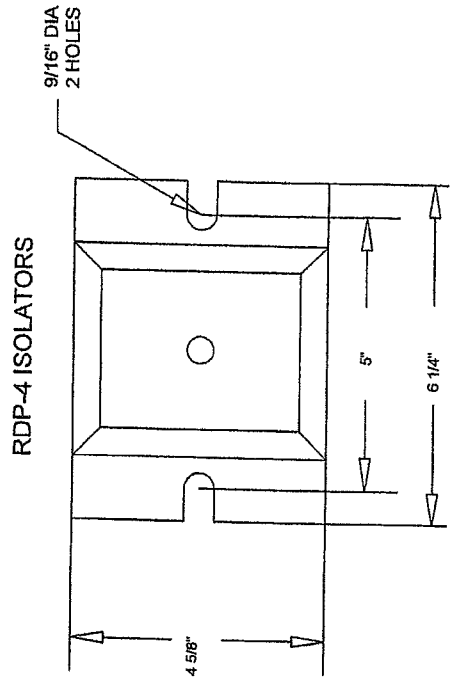
TOP VIEW

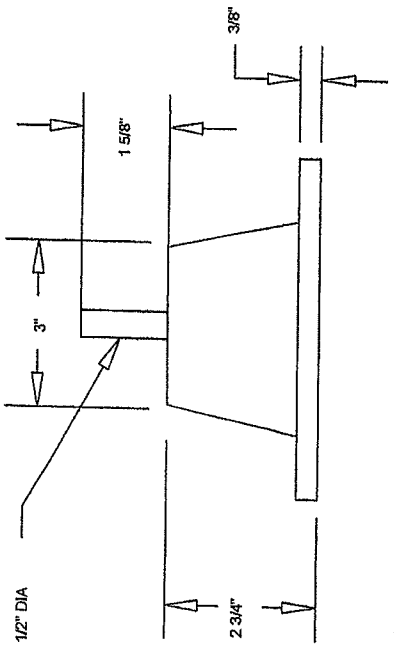
Accessory - Air-Cooled Scroll
Item: A1 Qty: 1 Tag(s): CGAM-1

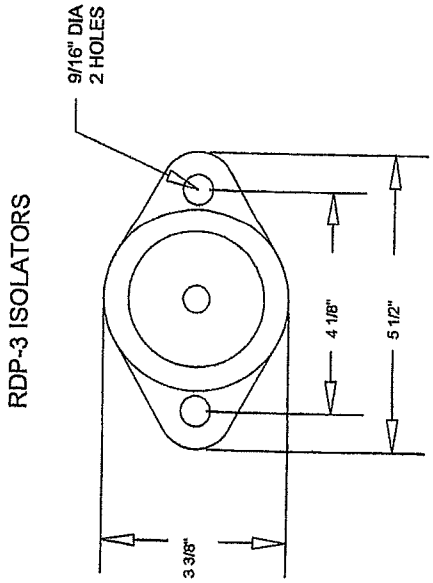
UNIT SIZE	MOUNTING LOCATIONS AND ISOLATOR NUMBER							
	1	2	3	4	5	6	7	8
100	RDP-4 BRICK RED	RDP-4 LIME	RDP-4 BRICK RED	RDP-4 BRICK RED	RDP-3 CHARCOAL	RDP-3 CHARCOAL	N/A	N/A

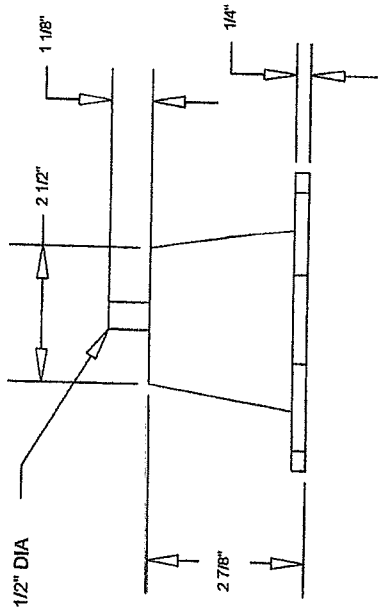


SEE ISOLATOR POINT LOADS FOR DETAILED INFORMATION ON ISOLATOR LOCATIONS.

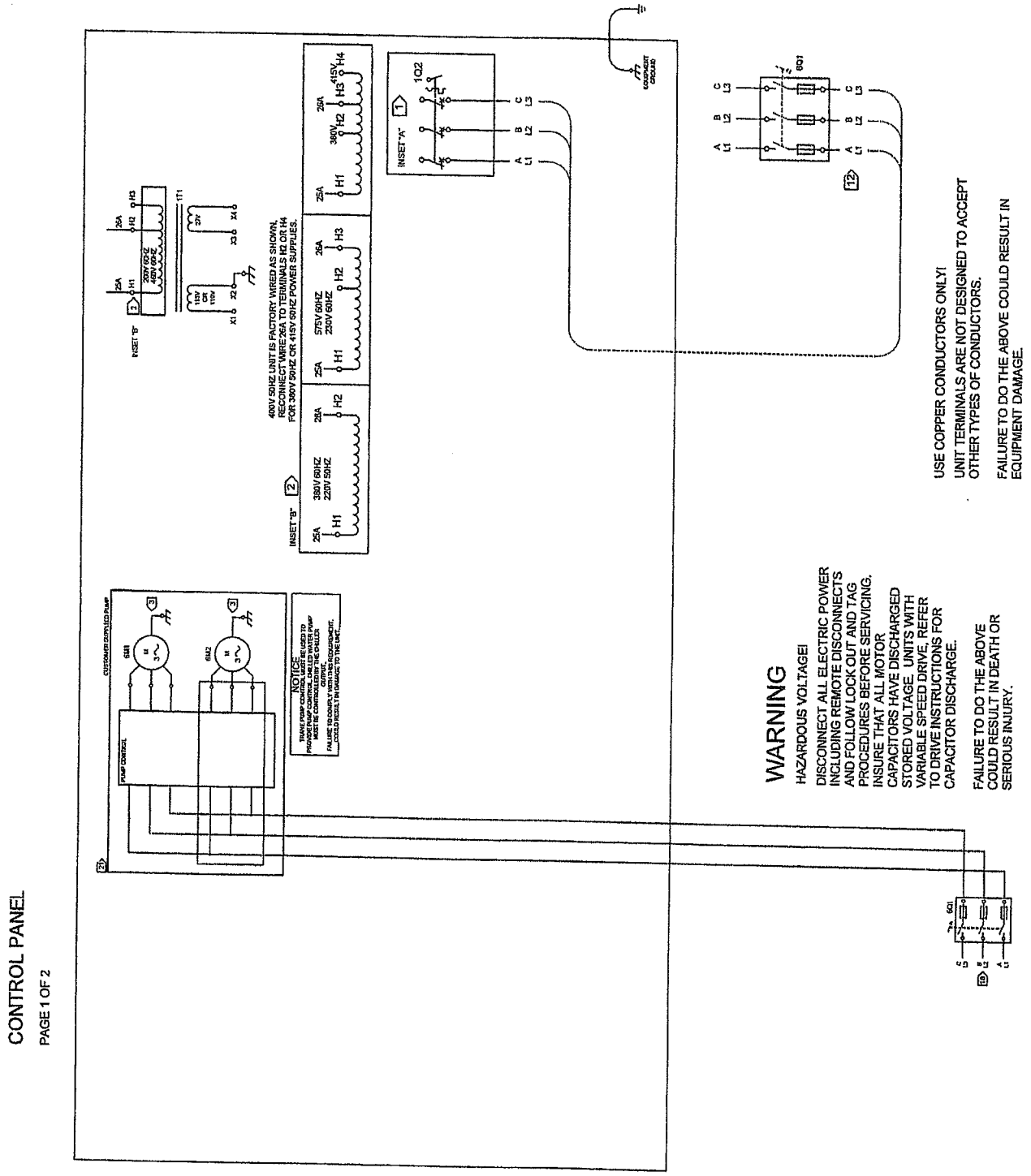




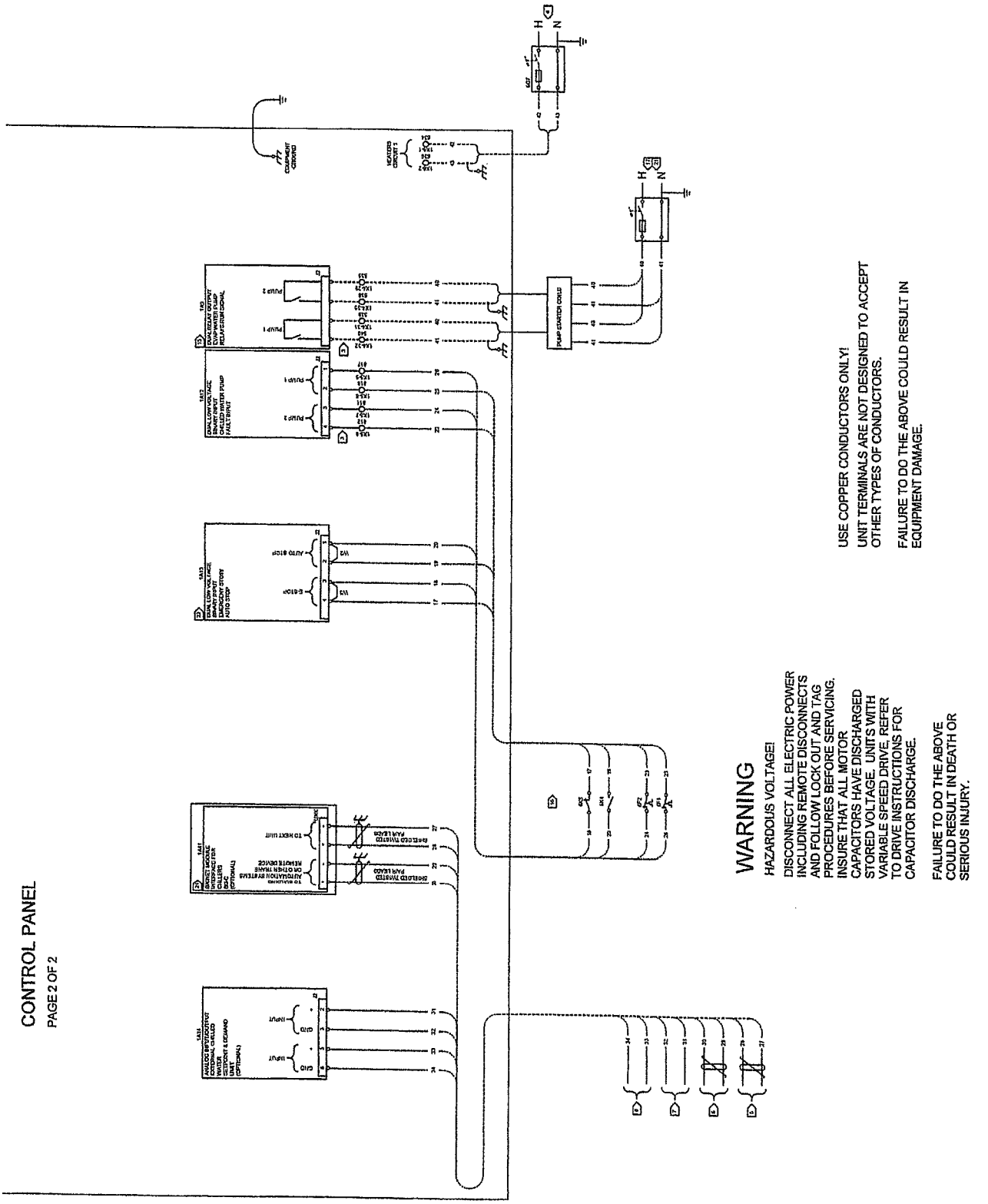




Field Wiring - Air-Cooled Scroll
Item: A1 Qty: 1 Tag(s): CGAM-1



Field Wiring - Air-Cooled Scroll
Item: A1 Qty: 1 Tag(s): CGAM-1



Field Wiring - Air-Cooled Scroll
Item: A1 Qty: 1 Tag(s): CGAM-1

1. SINGLE SOURCE POWER IS PROVIDED AS STANDARD ON THESE PRODUCTS, FIELD CONNECTIONS ARE MADE TO 1X1, OR 1Q2.
2. FOR VOLTAGES 200V/60HZ, 220V/50HZ, 380V/60HZ, 460V/60HZ, WIRE 26A SHALL BE CONNECTED TO H2. FOR VOLTAGES 230V/60HZ & 575V/60HZ, WIRE 26A SHALL BE CONNECT TO H3. 400V/50HZ UNIT IS FACTORY WIRED WITH 26A CONNECTED TO H3 - RECONNECT WIRE 26A TO H2 FOR 380V/50HZ, OR H4 FOR 415V/50HZ. H4 IS ONLY AVAILABLE WITH 400V/50HZ PANELS.
3. FIELD CONNECTIONS ARE ONLY MADE IN A CUSTOMER PROVIDED PUMP (PTYP=NONE). THESE CONNECTIONS WILL BE MADE BY THE FACTORY WHEN THE PUMP IS PROVIDED BY THE FACTORY (PTYP=DHHP).
4. CUSTOMER SUPPLIED POWER 115/60/1 OR 220/50/1 TO POWER RELAYS. MAX. FUSE SIZE IS 20 AMPS. GROUND ALL CUSTOMER SUPPLIED POWER SUPPLIES AS REQUIRED BY APPLICABLE CODES. GREEN GROUND SCREWS ARE PROVIDED IN UNIT CONTROL PANEL.
5. WIRED TO NEXT UNIT. 22 AWG SHIELDED COMMUNICATION WIRE EQUIVALENT TO HELIX LF22P0014216 RECOMMENDED. THE SUM TOTAL OF ALL INTERCONNECTED CABLE SEGMENTS NOT TO EXCEED 4500 FEET. CONNECTION TOPOLOGY SHOULD BE DAISY CHAIN. REFER TO BUILDING AUTOMATION SYSTEM (BAS) COMMUNICATION INSTALLATION LITERATURE FOR END OF LINE TERMINATION RESISTOR REQUIREMENTS.
6. WIRED TO TRACER OR OTHER TRANE REMOTE DEVICE. 22 AWG SHIELDED COMMUNICATION WIRE EQUIVALENT TO HELIX LF22P0014216 RECOMMENDED. THE SUM TOTAL OF ALL INTERCONNECTED CABLE SEGMENTS NOT TO EXCEED 4500 FEET. CONNECTION TOPOLOGY SHOULD BE DAISY CHAIN. REFER TO BUILDING AUTOMATION SYSTEM (BAS) COMMUNICATION INSTALLATION LITERATURE FOR END OF LINE TERMINATION RESISTOR REQUIREMENTS.
7. WIRED TO CUSTOMER CHILLED WATER SET POINT 2-10V OR 4-20mA.
8. WIRED TO CUSTOMER EXTERNAL DEMAND LIMIT 2-10V OR 4-20mA.
9. WIRED TO CUSTOMER 2-10V OR 4-20mA % CAPACITY ANNUNICIATOR.
10. WIRED TO TRACER OR OTHER REMOTE DEVICE.
11. REFER TO CGAM ELECTRICAL SCHEMATIC FOR SPECIFIC ELECTRICAL CONNECTION INFORMATION AND NOTES PERTAINING TO WIRING INSTALLATION.
12. ALL UNIT POWER WIRING MUST BE 600 VOLT COPPER CONDUCTORS ONLY AND HAVE A MINIMUM TEMPERATURE INSULATION RATING OF 90 DEGREE C. REFER TO UNIT NAMEPLATE FOR MINIMUM CIRCUIT AMPACITY AND MAXIMUM OVERCURRENT PROTECTION DEVICE. PROVIDE AN EQUIPMENT GROUND IN ACCORDANCE WITH APPLICABLE ELECTRIC CODES. REFER TO WIRE RANGE TABLE FOR LUG SIZES.
13. ALL FIELD WIRING MUST BE IN ACCORDANCE WITH NATIONAL ELECTRIC CODE AND LOCAL REQUIREMENTS.
14. ALL CUSTOMER CONTROL CIRCUIT WIRING MUST BE COPPER CONDUCTORS ONLY AND HAVE A MINIMUM INSULATION RATING OF 300 VOLTS. EXCEPT AS NOTED, ALL CUSTOMER WIRING CONNECTIONS ARE MADE TO CIRCUIT BOARD MOUNTED BOX LUGS WITH A WIRE RANGE OF 14 TO 18 AWG OR DIN RAIL MOUNTED SPRING FORCE TERMINALS.
15. UNIT PROVIDED DRY CONTACTS FOR THE CONDENSER/CHILLED WATER PUMP CONTROL. RELAYS ARE RATED FOR 7.2 AMPS RESISTIVE, 2.88 AMPS PILOT DUTY, OR ½ HP, 7.2 FLA AT 120 VOLTS 60 HZ, CONTACTS ARE RATED FOR 5 AMPS GENERAL PURPOSE DUTY 240 VOLTS.
16. CUSTOMER SUPPLIED CONTACTS FOR ALL LOW VOLTAGE CONNECTIONS MUST BE COMPATABLE WITH DRY CIRCUIT 24 VOLTS DC FOR A 12 mA RESISTIVE LOAD. SILVER OR GOLD PLATED CONTACTS RECOMMENDED.
17. FIELD CONNECTIONS ARE ONLY MADE IN A CUSTOMER PROVIDED PUMP. THESE CONNECTIONS WILL BE MADE BY THE FACTORY WHEN THE PUMP IS PROVIDED BY THE FACTORY. CUSTOMER SUPPLIED POWER 115V, 60Hz, 1PH.
18. CUSTOMER SUPPLIED 3 PHASE POWER.
19. OPTIONAL FIELD ASSIGNED PROGRAMMABLE RELAYS (STAT=PRLY). CLASS 1 FIELD WIRED MODULE, RELAY AT 120V: 7.2A RESISTIVE 2.88A PILOT DUTY, 1/2 HP 7.2FLA; AT 240VAC: 5 AMPS GENERAL PURPOSE.
20. WIRED TO CUSTOMER 0-10 VDC PUMP SPEED SIGNAL.
21. WHEN FACTORY PROVIDED PUMP IS NOT SELECTED. CUSTOMER MUST SUPPLY SUITABLE PUMP SYSTEM. REFER TO PUMP MANUFACTURER FOR WIRING REQUIREMENTS.
22. THE CONTACTS FOR AUTO STOP AND EMERGENCY STOP SWITCHES ARE JUMPERED AT THE FACTORY BY JUMPERS W2 & W3 TO ENABLE UNIT OPERATION. IF REMOTE CONTROL IS DESIRED, REMOVED THE JUMPERS AND CONNECT TO THE DESIRED CONTROL CIRCUIT.
23. 1A15, LCI MODULE USED WHEN (COMM = LCI).
24. 1A41, BACNET INTERFACE MODULE USED WHEN (COMM = BCNT).

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
GIBSON AIR CONDITIONING & REFRIGERATION

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☑ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ S
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
316 COMMERCE COURT

Requester's name and address (optional)

6 City, state, and ZIP code
WINTER HAVEN, FLORIDA 33880

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
2 0 - 3 1 6 3 1 9 2

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 01/01/2016

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

RICK SCOTT, GOVERNOR

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER	
CAC1814712	

The CLASS A AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

WINDHAM, MICHAEL GIBSON JR
GIBSON AIR CONDITIONING & REFRIGERATION LLC
223 E LAWSON DR
AUBURNDALE FL 33823

ISSUED: 06/17/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406170000687

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER
CMC1250395

The MECHANICAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

WINDHAM, MICHAEL GIBSON JR
GIBSON AIR CONDITIONING & REFRIGERATION LLC
301 COMMERCE CT SUITE M
WINTER HAVEN FL 33880

ISSUED: 06/17/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406170001103

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Sunbiz

Detail by FEI/EIN Number

Florida Limited Liability Company

GIBSON AIR CONDITIONING & REFRIGERATION LLC

Filing Information

Document Number	L05000070551
FEI/EIN Number	20-3163192
Date Filed	07/19/2005
State	FL
Status	ACTIVE

Principal Address

316 Commerce Court
Winter Haven, FL 33880

Changed: 09/01/2015

Mailing Address

PO Box 7214
Winter Haven, FL 33883

Changed: 04/17/2013

Registered Agent Name & Address

WINDHAM, MICHAEL GJR
223 EAST LAWSON DRIVE
AUBURNDALE, FL 33823

Address Changed: 01/05/2010

Authorized Person(s) Detail

Name & Address

Title PRES

WINDHAM, MICHAEL G
223 EAST LAWSON DRIVE
AUBURNDALE, FL 33823 \

Annual Reports

Report Year	Filed Date
2013	04/17/2013

2014	01/14/2014
2015	01/13/2015

Document Images

01/13/2015 -- ANNUAL REPORT	View image in PDF format
01/14/2014 -- ANNUAL REPORT	View image in PDF format
04/17/2013 -- ANNUAL REPORT	View image in PDF format
01/04/2012 -- ANNUAL REPORT	View image in PDF format
01/04/2011 -- ANNUAL REPORT	View image in PDF format
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03/26/2006 -- ANNUAL REPORT	View image in PDF format
07/19/2005 -- Florida Limited Liability	View image in PDF format

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State of Florida, Department of State

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY): 3/3/2016

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
DICK LINDLEY INC
211 E Central Ave
Winter Haven, FL 33880

CONTACT NAME: Marsha Heins
PHONE (A/C, No, Ext): (863)299-7755 FAX (A/C, No): (863)293-0881
E-MAIL ADDRESS: heinsm2@tampabay.rr.com

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A: ALLIED P&C INSURANCE	01772
INSURER B: NATIONWIDE MUTUAL INS CO	02357
INSURER C: TECHNOLOGY INS CO	011234
INSURER D: ALLIED INS CO OF AMERICA	10127
INSURER E:	
INSURER F:	

INSURED
GIBSON AIR CONDITIONING AND REFRIGERATION LLC
P O Box 7214
Winter Haven, FL 33883
863-679-8256

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [ ] LOC OTHER:	X		ACP5954341255	01/25/2016	01/25/2017	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 $ 2,000,000 $ 2,000,000
D	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS [X] SCHEDULED AUTOS [X] NON-OWNED AUTOS			ACPBAL3007439346	11/04/2015	11/04/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $			ACPCAP59554341255	01/25/2016	01/25/2017	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000
C	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 [Y] N/A		TWC3306617	03/05/2016	3/05/2017	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 100,000 $ 100,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
AIR CONDITIONING SERVICE AND SALES STATE OF FLORIDA
For all work performed for Polk County, a political subdivision of the State of Florida, is named as an additional insured with respect to General and Auto Liability. General Liability and Workers' Compensation shall contain a waiver of subrogation in favor of Polk County.

CERTIFICATE HOLDER

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

AUTHORIZED REPRESENTATIVE
FL-A11560
Marsha Heins

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DRUG-FREE WORK PLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that

Gibson Air Conditioning & Refrigeration, LLC does:

(Name of Business)

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 proposed a copy of the statement specified in subsection (1).

4. In the statement specified in subsection (1), notify the 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 or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee=s community, by any employee who is so convicted.

6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Proposer's Signature

13 September 2016

Date

August 23, 2016

THE SUNRISE CITY
FORT PIERCE
Florida
PURCHASING
DEPARTMENT

CHILLER REPLACEMENT

BID NO. 2016-033

ADDENDUM NO. 1

The purpose of this addendum is to schedule a **Pre-Bid Meeting and Site-Visit. Interested bidders are encouraged to attend this meeting to address any questions in order to establish a common basis for understanding all of the requirements of the solicitation.**

The meeting will take place:

2:00 PM, TUESDAY, AUGUST 30, 2016
Sunrise Theatre
117 South 2nd Street
Fort Pierce, FL 34950
(772) 461-4884

PARKING OPTIONS:

- **Behind the Theatre on South Depot Drive**
- **Available spaces along South 2nd Street and Atlantic Avenue**
- **2nd St. County Parking Garage, heading south on 2nd Street on the right side (directly in front of the Old Court House).**

All other conditions of this bid remain the same.

Please acknowledge receipt of this addendum and include it with your submittal.

Signature: _____
Manual

Signature: Michael G. Windham
Typed or Printed

Company Name: Gibson Air Conditioning & Refrigeration, LLC

Address: 316 Commerce Court, Winter Haven, Florida 33880

Date: 08/24/2016

/gc

September 1, 2016

CHILLER REPLACEMENT

BID NO. 2016-033

ADDENDUM NO. 2

The purpose of this addendum is to provide modifications and clarifications to the specification as follows:

1. **Question:** Is there a Performance / Payment Bond going to be required for this project?
   Answer: Yes, a Performance Bond

2. **Question:** Is a Test & Balance going to be required?
   Answer: Yes a test & balance will be required

3. **Question:** Do we need to provide references of similar size and scope of work for this project with the Bid Documents?
   Answer: No

4. **Question:** Can we provide cost for 3 different manufactures of equipment and let the City of Fort Pierce decide what equipment is best for this project?
   Answer: You may provide a bid in accordance with the bid response form and two alternate bids

5. **Question:** Is a class A Air Conditioning Contractor License required for this project?
   Answer: Yes

6. **Question:** Is the lowest bidder going to be guaranteed this project?
   Answer: No, see page 14, Section IV, Instruction to Bidders, item numbered 7 Evaluation Criteria

All other conditions of this bid remain the same.

Please acknowledge receipt of this addendum and include it with your submittal.

Signature: Michael G Windham
Manual

Signature: Michael G. Windham
Typed or Printed

Company Name: Gibson Air Conditioning & Refrigeration, LLC

Address: 316 Commerce Court, Winter Haven, Florida 33880

Date: 09/07/2016

/gc

CITY OF FORT PIERCE BIDDER'S CHECKLIST

This checklist is provided to assist each Bidder in the preparation of their bid response. Included in this checklist are important requirements, which is the responsibility of each Bidder to submit with their response in order to make their response fully compliant. This checklist is only a guideline, it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

Check "Yes" or "No" to each of the following:

	YES	NO
Is Invitation to Bid cover page (page 1) completed, signed and attached?	X	
Is Bid Response Form completed, signed and attached?	X	
W-9 Form completed, signed and attached?	X	
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	X	
Include proof of proper licensing as stated in bid documents.	X	
Include proof of proper insurance as stated in bid documents.	X	
Bid envelope is marked accordingly.	X	
Is Drug-Free Work Place form signed and enclosed?	X	
Are three (3) complete bid packages included (one original and two copies)?	X	
Is each Bid Addendum (when issued) signed and included?	X	

PLEASE SIGN AND RETURN WITH BID Michael A. Lincoln