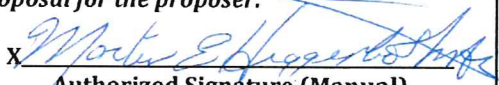


<p>DELIVER TO: City of Fort Pierce 100 North U.S. #1 Fort Pierce, FL 34950</p> <p>MAIL TO: City of Fort Pierce Procurement Dept. P.O. Box 1480 Fort Pierce, FL 34954-1480</p>	<p>REQUEST FOR PROPOSALS and PROPOSER ACKNOWLEDGMENT</p>
<p>Contact: Gelencia Carter, 772-467-3748</p>	<p>RFP No: 2016-012</p>
<p>Mandatory Pre-Bid Conference Date: N/A</p>	<p>RFP Title: REAL ESTATE BROKER SERVICES</p>
<p>Mandatory Pre-Bid Location: N/A</p>	<p>RFP Opening Location: City of Ft. Pierce Procurement Dept. 100 North U.S. #1, 1st Floor Ft. Pierce, Florida 34950</p>
<p>RFP Due Date & Time: 3:00 PM, TUESDAY, JANUARY 12, 2016</p>	<p>If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this department as soon as possible.</p>
<p>Proposer Name: Higgenbotham Auctioneers International Limited, Inc. -----</p> <p>Mailing Address: 5900 Imperial Lakes Blvd. ----- ----- -----</p>	<p><i>I hereby certify that this proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this proposal for the proposer.</i></p> <p style="text-align: center;">  X _____ Authorized Signature (Manual) </p>
<p>City, State, Zip Code: Mulberry, FL 33860</p>	<p>Typed or Printed Name: Martin E. Higgenbotham</p>
<p>Type of Entity (Circle One): <input checked="" type="radio"/> Corporation <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Proprietorship</p>	<p>Title: President</p>
<p>Incorporated in the State of: Florida Year: 1991</p>	<p>Delivery in _____ days, ARO</p>
<p>Phone Number: (863)-644-6681</p>	<p>Payment Terms: Net 30 Days</p>
<p>Fax Number: (863) 644-6686</p>	<p>FEIN or SS Number: 59-3072547</p>
<p>E-Mail Address: marty@higgenbotham.com</p>	<p>Local Business: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N MWBE: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p>
<p>Bid Security is attached, when required, in the amount of \$ _____ F.O.B. DESTINATION</p>	<p>If returning as a "No Bid" state reason:</p>
<p>THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID</p>	

January 5, 2016



CITY OF FORT PIERCE
REAL ESTATE BROKER SERVICES

RFP NO. 2016-012

ADDENDUM NO. 1

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

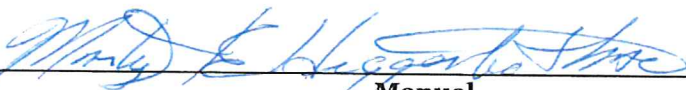
Section V – *Statement of Work, Proposer’s Questionnaire*, item numbered 7. , has been modified and should read:

7. Proposer sale & lease history of commercial properties? Include the following information:

Date	Commercial Sq. ft.	Location	Sale Price	Annual Lease	Listing Date

All other conditions of this bid remain the same.

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

Signature: 
Manual

Signature: MARTIN E. HIGGENBOTHAM, PRESIDENT
Typed or Printed

Company Name: Higgenbotham Auctioneers International Limited, Inc.

Address: 5900 Imperial Lakes Boulevard
Mulberry, FL 33860

Date: 1/8/2016

/gc



PROPOSER'S QUESTIONNAIRE
RFP #2016-012
Real Estate Broker Services

It is understood and agreed that the following information is to be used by the City of Fort Pierce to determine the qualifications of Proposers to perform the work required. The Proposer waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Proposer.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, person, firm or corporation to furnish the City of Fort Pierce any pertinent information requested by the City deemed necessary to vary the information on this questionnaire.

Dated this 8th day of January, 2016.

Higgenbotham Auctioneers International Limited, Inc.

Name of Organization / Proposer

By: _____


Martin E. Higgenbotham, President

(If more space is needed, please attach additional sheets.)

1. Corporation, Partnership, Joint Venture, Individual or other?

Corporation

2. Firm's name and main office address, telephone and fax number, e-mail:

Higgenbotham Auctioneers International Limited, Inc.
5900 Imperial Lakes Boulevard
Mulberry, FL 33860
(863) 644-6681
(863) 644-6686
marty@higgenbotham.com

3. Give the names of the persons who will be authorized to make decisions and speak as a representative of the Proposer, their titles, addresses and telephone and facsimile numbers.

Martin E. Higgenbotham, President
Higgenbotham Auctioneers International Limited, Inc.
5900 Imperial Lakes Boulevard
Mulberry, FL 33860
(863) 644-6681
(863) 644-6686 FAX
marty@higgenbotham.com

Brett A. Vogeler, Broker
 Higgenbotham Real Estate
 3616 Harden Boulevard, Suite 358
 Lakeland, FL 33803
 (863) 644-6681
 (863) 583-0685 FAX
 (863) 255-1613 CELL

4. Firm's previous names (if any): None
5. How many years has your organization or individual been in commercial real estate business and locations?

Years: 59 Location(s): Lakeland, FL, Mulberry, FL

Licenses: FL Real Estate Broker and Auctioneers Licenses

Certifications: Member, Certified Auctioneers Institute
 Member, National Auctioneers Association and Hall of Fame
 Member, Florida Auctioneers Association
 Accredited Auctioneer of Real Estate
 Certified Estate Specialist
 Member, National and Florida Association of Realtors

6. Names of personnel (if other than Proposer) that will be performing requested realtor services/work:

Brett Vogeler, MBA, Broker
 Chris Vaughan, MBA, AARE, Regional Director, Broker, Auctioneer and Field Manager
 Don Gabriel, CCIM, Regional Director & Broker

7. Proposer sale & lease history for properties of 115,000 SQ and above?

Sale Date	Commercial SF	Location	Sale Price	Annual Lease	Listing Date
5/23/2002	720,000	Winter Haven, FL	\$5,100,000	NA	3/1/2002
3/1/2005	264,111	Elizabethton, TN	\$1,500,000	NA	1/6/2005
3/1/2005	257,530	Princeville, IL	\$579,000	NA	1/6/2005
10/11/2005	121,267	Kannapolis, NC	\$1,320,000	NA	8/5/2005
6/1/2006	132,974	Midland, TX	\$1,072,500	NA	3/15/2006
6/1/2006	153,364	Midland, TX	\$1,100,000	NA	3/15/2006
6/16/11	375,000	Hernando, MS	\$473,000	NA	4/21/2011
10/18/2011	134,557	Camillus, NY	\$231,000	NA	8/18/2011

There are many more, but above are several examples of our work to sell large commercial/industrial buildings.

8. List training/education of Proposer and Proposer staff that will be assigned to this project:

Certified Auctioneers Institute, National Auctioneers Association
 Certified Commercial-Investment Member, National Association of Realtors
 Accredited Auctioneer of Real Estate, National Auctioneers Association
 Auction Marketing Management, National Auctioneers Association
 B.S. Finance, M.B.A., Real Estate & Urban Development with Honors

9. Provide market and advertising methods.

Social Media, Direct Mail, Email, Digital, Print, Press Releases, Signage, etc. among others. Please see the marketing section of our proposal. We have our own in-house advertising agency, Brenmar Advertising.

10. List knowledge of public real estate records that will be used by your firm.

We have utilized hundreds of recorded public documents in our firm, including deeds, mortgages, trust deeds, foreclosures, easements, rights-of-way, leases, etc.

11. List method(s) use for rent/lease assessment

Discounted cash flow analysis including IRR and NPV. Lease versus sell/lease analysis. Lease abstracts. Use CCIM analytical tools including REI-Wise.

12. Method used for background checks.

We have utilized several services for this specific item.

13. List marketing strategies used for lease properties

Social Media, Direct Mail, Email, Digital, Print, Press Releases, Signage, etc. We have our own in-house advertising agency, Brenmar Advertising which handles all of this in addition to direct contact by our broker.

14. List marketing strategies used for properties for sale

Primarily the auction method of marketing because it is time-defined, transparent, no contingencies, no representations or warranties of any kind other than marketable title. It also achieves the highest present value cash value. However, we can also conduct traditional list/sell real estate marketing through our in-house real estate firm, Higgenbotham Real Estate.

15. List current and past litigation of your firm within the past five (5) years.

NONE.

16. Provide a list of three (3) past clients for this size and type of property

Client Name	Telephone	Email	Property Title
Missouri Dept. of Transportation	(417) 829-8037	stephen.shelton@modot.mo.gov	Joplin, MO office building
Century Retail	(863) 802-1005	bobm@maddeninc.com	25 Commercial Bldgs.
State of Kansas	(785) 296-5909	linda.thomas@da.ks.gov	Office & Industrial Bldgs.

17. Is your firm a member of Multiple Listing Service (MLS)? Yes

18. Broker agrees to abide by the terms and conditions of the City Contract.


Signature

President
Title

19. ADDENDUM ACKNOWLEDGMENT - Proposer acknowledges that the following addenda have been received and are included in his/her proposal:

Addendum Number	Date Issued
1	1/5/2016

20. Please enter below the percentage of the NET value (after all expenses) of the lease or sale that your firm will charge for the services that you will be providing. The City will not enter into an open-ended contract. This would be a one-time fee percentage of the new value of the lease or value of the net sale to the City.

Service	Fee
Sale - Traditional	5.99% Net Value; Split 50/50 with Cooperating Broker
Sale – Auction	7.99% of High Bid Price assuming a 10% Buyer’s Premium (the Buyer, rather than the Seller, pays our commission; the remaining 2.01% the Buyer pays accrues to the City). 20% of Net Commission paid to properly registered buyer broker.
Lease	5.99% Net Value Split 50/50 with Cooperating Broker
Additional Services	Rate
Marketing & Auction Expenses	Direct Reimbursement based on pre-approved budget.

POLK COUNTY LOCAL BUSINESS TAX RECEIPT
ACCOUNT NO. 2234

CLASS: B

EXPIRES: 9/30/2016

OWNER NAME
HIGGENBOTHAM, MARTIN

LOCATION
5900 IMPERIAL LAKES BLVD
MULBERRY

BUSINESS NAME AND MAILING ADDRESS

MARTIN HIGGENBOTHAM
5900 IMPERIAL LAKES BLVD
MULBERRY, FL 33811

CODE	ACTIVITY TYPE
440012	NON-PREPARED FOODSALE-MOBILE
530080	REAL ESTATE BROKER
540040	AUCTIONEER

PROFESSIONAL LICENSE (IF APPLICABLE)
AB158



OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR

THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE
CONSPICUOUSLY DISPLAYED AT THE BUSINESS LOCATION

PAID-1504500.0001-0002 12/23/2015 12/23/2015 PAW 158 11.56 HIGGENBOTHAM AUCTIONEERS

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA BOARD OF AUCTIONEERS

LICENSE NUMBER	
AU305	

The AUCTIONEER
Named below IS LICENSED
Under the provisions of Chapter 468 FS.
Expiration date: NOV 30, 2017

HIGGENBOTHAM, MARTIN E
3816 INDUSTRY BLVD
LAKELAND FL 33811



ISSUED: 09/06/2015

DISPLAY AS REQUIRED BY LAW

SEQ # L1509060002291

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF REAL ESTATE

LICENSE NUMBER	
CQ270438	

The CORPORATION
Named below HAS REGISTERED
Under the provisions of Chapter 475 FS.
Expiration date: SEP 30, 2016

HIGGENBOTHAM AUCTIONEERS INTRNATL LTD INC
3816 INDUSTRY BLVD
LAKELAND FL 33811



ISSUED: 08/26/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1408260002768

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA BOARD OF AUCTIONEERS

LICENSE NUMBER	
AB158	

The AUCTION BUSINESS
Named below IS LICENSED
Under the provisions of Chapter 468 FS.
Expiration date: NOV 30, 2017

HIGGENBOTHAM AUCT. INTER, LTD.
MARTIN E HIGGENBOTHAM
3816 INDUSTRY BLVD
LAKELAND FL 33811



ISSUED: 09/06/2015

DISPLAY AS REQUIRED BY LAW

SEQ # L1509060002325

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF REAL ESTATE

LICENSE NUMBER

BK39329

The BROKER

Named below IS LICENSED

Under the provisions of Chapter 475 FS.

Expiration date: SEP 30, 2016

HIGGENBOTHAM, MARTIN
3816 INDUSTRY BLVD
LAKELAND FL 33811



ISSUED: 08/21/2014

DISPLAY AS REQUIRED BY LAW

SEQ. # L1408210002329

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF REAL ESTATE

LICENSE NUMBER

BK3154683

The BROKER

Named below IS LICENSED
Under the provisions of Chapter 475 FS.
Expiration date: MAR 31, 2016

VOGELER, BRETT ALAN
3616 HARDEN BLVD # 358
LAKELAND FL 33803-5938



ISSUED: 03/13/2014 SEQ # L1403130002049
DISPLAY AS REQUIRED BY LAW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/11/2016

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 Lanier Upshaw, Inc. 1115 US Hwy 98 South P.O. Box 468 Lakeland, FL 33802	CONTACT NAME: Ann King
	PHONE (A/C, No, Ext): 863 686-2113 FAX (A/C, No): 863 682-6292 E-MAIL ADDRESS: ann.king@lanierupshaw.com
INSURED Higgenbotham Auctioneer's Int'l LTD, Inc 5900 Imperial Lakes Blvd Mulberry, FL 33860	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Essex Insurance Company 39020
	INSURER B: Liberty Mutual Fire Insurance C 23035
	INSURER C:
	INSURER D:
	INSURER E:

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			3EC2622	10/18/2015	10/18/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			EUO1654256692	10/18/2015	10/18/2016	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$ PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Fort Pierce and its board members, officials, officers and employees included as additional insured with respect to general liability as required by written contract.

CERTIFICATE HOLDER City of Fort Pierce Procurement Department 100 North U.S. Hwy 1 Fort Pierce, FL 34950	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 

Y INSURANCE	Date 1/11/2016
--------------------	-------------------

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.

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

indicated. Notwithstanding any requirement, term or condition of any contract or other document described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate

Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		Each Occurrence	\$
		Damage to rented premises (EA occurrence)	\$
		Med Exp	\$
		Personal Adv Injury	\$
		General Aggregate	\$
		Products - Comp/Op Agg	\$
		Combined Single Limit (EA Accident)	\$
		Bodily Injury (Per Person)	\$
		Bodily Injury (Per Accident)	\$
		Property Damage (Per Accident)	\$
		Each Occurrence	
		Aggregate	
1/2016	01/01/2017	<input checked="" type="checkbox"/> WC Statutory Limits	
		<input type="checkbox"/> OTHER	
		E.L. Each Accident	\$1,000,000
		E.L. Disease - Ea Employee	\$1,000,000
		E.L. Disease - Policy Limits	\$1,000,000

Company is A.M. Best Company rated A- (Excellent). AMB # 12616

Assignment/Special Provisions: Client ID: 84-65-988
 Parties that are leased to the following "Client Company":
International Limited, Inc.
 Employees active employee(s), while working in: FL.
 : Company or any other entity.
 Request to (727) 937-2138 or by calling (727) 938-5562.

Begin Date 10/1/2012

TERMINATION
 Any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so will impose no obligation or liability of any kind upon the insurer, its agents or representatives.

John A. Bonura

CUSTOMER NUMBER: 688931

RUN DATE: 01-11-16

THE ETTENSOHN AGENCY INC
3504 S FLORIDA AVE
LAKELAND, FL 33803

ALLSTATE BUSINESS INSURANCE
2775 SANDERS RD
SUITE E1W
NORTHBROOK, IL 60062

Policy Number
648189230

**THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.
COMMON POLICY CHANGE ENDORSEMENT**

Endorsement No. 002

Allstate Insurance Company

Named Insured HIGGENBOTHAM AUCTIONEERS
(SEE NAMED INSURED ENDORSEMENT)

Effective Date: 01-11-16
12:01 A.M., Standard Time

Agent Name THE ETTENSOHN AGENCY INC

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
- COMMERCIAL AUTOMOBILE NO CHARGE
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read {See Additional Page(s)}

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

No Changes To be Adjusted at Audit

Additional NO CHARGE Return NO CHARGE

Tax and Surcharge Changes

Additional Return

Countersigned By: _____ THE ETTENSOHN AGENCY INC
AUTHORIZED AGENT

Policy Number
648189230

SCHEDULE OF NAMED INSURED(S)
Allstate Insurance Company

Named Insured HIGGENBOTHAM AUCTIONEERS

Effective Date: 01-11-16
12:01 A.M., Standard Time

Agent Name THE ETTENSOHN AGENCY INC

DM CW 30 (cont.)

THE NAMED INSURED ON FORM DM CW 30 IS AMENDED TO READ:

HIGGENBOTHAM AUCTIONEERS
INTERNATIONAL LIMITED, INC.

Policy Number
648189230

SCHEDULE OF FORMS AND ENDORSEMENTS

Allstate Insurance Company

Named Insured HIGGENBOTHAM AUCTIONEERS

Effective Date: 01-11-16
12:01 A.M., Standard Time

Agent Name THE ETTENSOHN AGENCY INC

COMMON POLICY FORMS AND ENDORSEMENTS

DM CW 30	01-10	COMMON POLICY CHANGE ENDORSEMENT
DM CW 03	01-10	SCHEDULE OF NAMED INSURED(S)
DM CW 12	01-10	SCHEDULE OF FORMS AND ENDORSEMENTS

AUTOMOBILE FORMS AND ENDORSEMENTS

CA 20 48	02-99	DESIGNATED INSURED
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form. This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 01-11-2016	Countersigned By:
Named Insured: HIGGENBOTHAM AUCTIONEERS	(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s):

CITY OF FORT PIERCE
100 NORTH U.S.
#1
FORT PIERCE, FL USA 34950

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

NAMED INSURED: HIGGENBOTHAM AUCTIONEERS INTER Allstate Business Insurance DATE : 01/11/16
SPECIAL NOTES: 05/07/15 Allstate Insurance Company TRANS TYPE: ENDORSEMENT #2
INSURANCE CO : ALLSTATE INSURANCE COMPAN 51 W Higgins Rd Ste R1A
BUSINESS TYPE: CORPORATION South Barrington, IL 60010-9300

POLICY NUMBER: 648189230 AGY/PROD NUMBER: 66321 AUD FREQ: NON-AUDITABLE
CUSTOMER ID : 688931 PROD NAME : THE ETTENSOHN AGENCY INC OPERATOR: SFL1060B66321
SYSTEM ASSIGN: 41521040000000

LOB: AUTO (BAP) EFFECTIVE DATE: 09/01/15 EXPIRE DATE: 09/01/16 ANNIV. DATE :
LOB (AU) SYS RATING VERS : 74.891

POLICY INFORMATION: PRD STATE : FL POL. TERM : 1 YEAR
MUL/STATE : NO PKG PROGRAM :

* * * * POLICY PREMIUM TOTALS * * * *

LIAB COVERAGES	PREMIUM	PHY DMG COVERAGES	PREMIUM
LIABILITY	5,045.00	COMPREHENSIVE	559.00
NO-FAULT/PIP	393.00	COLLISION	1,095.00
UM/UIM (BI/CSL)	826.00	AUTO LOAN/LEASE GAP	INCL
WAIVER OF SUB	INCL		
FELLOW EMPLOYEE	INCL		
FED TERRORISM - CAT	INCL		
<hr/> LIABILITY TOTAL PREMIUM	<hr/> 6,264.00	<hr/> PHY DMG TOTAL PREMIUM	<hr/> 1,654.00

GRAND TOTAL POLICY PREMIUM 7,918.00

EXPERIENCE RATING - LIABILITY: 2,636.00 EXPERIENCE RATING - PHYS DAM: 1,654.00

AUTOMOBILE POLICY LEVEL INFORMATION

POLICY TYPE :	PKG DESC :		
LIABILITY SYMBOL : 7	COMP SYMBOL : 7		
PIP SYMBOL : 5	S/P SYMBOL :		
ADDITIONAL PIP :	COLL SYMBOL : 7		
MED PAY SYMBOL :	TOW SYMBOL :		
UM/UIM SYMBOL : 7/7	TRLR INTER COMP :		
TRLR INTER COLL :	TRLR INTER SCOL :		
FLEET/NONFLEET : NON-FLEET	PHYS DMG ONLY : NO		MULTI-LINE CREDIT : NO
LIABILITY TYPE : COMB SINGLE	LIABILITY LIMIT : 1,000,000		AVG MILE OPT :
LIABILITY DEDUCT :	DEDUCT AMOUNT :		LIAB ILF OVRD :
DEDUCT TYPE :	LIAB DED OVRD :		COMP DED OVRD :
RISK RETENTION : N	RISK RET AMOUNT :		COLL DED OVRD :
PRED MP LIMIT :	PRED COMP DED : 500		PRED COLL DED : 500
FELLOW EMPLOYEE : NO	FELLOW EMP PERCT :		FELLOW EMP MIN :
PER OCCR DED : NO	AGGR DED :		AVG. DRIVER FCTR :
LIAB PD ILF OVRD :	EXCELLERATOR ENDT :		POLL DESC :
TERRORISM : YES	BUSINESS INC ENDT :		NCRF CEDED CD : N
OLD TRANSITION FCT:	NEW TRANSITION FCT:		MOMENTUM FACTOR :

POLICY DRIVER INFORMATION

LICENSE NO : G416176652810	LICENSE STATE : FL
FIRST NAME : DAVID RANDAL	LAST NAME : GILBERT
DATE OF BIRTH : 08/01/1965	INCIDENTS IN THE LAST 3 YRS (QUICK QUOTE) : 0
YEAR LICENSED : 1981	CDL DATE LICENSE :
RELATIONSHIP : EMPLOYEE	
<hr/>	
LICENSE NO : H251012579430	LICENSE STATE : FL
FIRST NAME : ANGELA	LAST NAME : HIGGENBOTHAM
DATE OF BIRTH : 12/03/1957	INCIDENTS IN THE LAST 3 YRS (QUICK QUOTE) : 0
YEAR LICENSED : 1975	CDL DATE LICENSE :
RELATIONSHIP : SPOUSE OF CORPORATE OFFICER	
<hr/>	
LICENSE NO : H251153901220	LICENSE STATE : FL
FIRST NAME : CHARLES	LAST NAME : HIGGENBOTHAM
DATE OF BIRTH : 04/02/1990	INCIDENTS IN THE LAST 3 YRS (QUICK QUOTE) : 0
YEAR LICENSED : 2006	CDL DATE LICENSE :
RELATIONSHIP : EMPLOYEE	
<hr/>	
LICENSE NO : H251565393110	LICENSE STATE : FL
FIRST NAME : MARTIN	LAST NAME : HIGGENBOTHAM
DATE OF BIRTH : 08/31/1939	INCIDENTS IN THE LAST 3 YRS (QUICK QUOTE) : 0
YEAR LICENSED : 1965	CDL DATE LICENSE :
RELATIONSHIP : CORPORATE OFFICER	
<hr/>	
LICENSE NO : K624185473210	LICENSE STATE : FL
FIRST NAME : DONALD	LAST NAME : KIRKLAND
DATE OF BIRTH : 09/01/1947	INCIDENTS IN THE LAST 3 YRS (QUICK QUOTE) : 0
YEAR LICENSED : 1963	CDL DATE LICENSE :
RELATIONSHIP : EMPLOYEE	
<hr/>	
LICENSE NO : P400017678270	LICENSE STATE : FL
FIRST NAME : ANGELA	LAST NAME : POOLE
DATE OF BIRTH : 09/07/1967	INCIDENTS IN THE LAST 3 YRS (QUICK QUOTE) : 0
YEAR LICENSED : 1985	CDL DATE LICENSE :
RELATIONSHIP : EMPLOYEE	
<hr/>	
LICENSE NO : S426539628270	LICENSE STATE : FL
FIRST NAME : LAURA	LAST NAME : SLOCUMB
DATE OF BIRTH : 09/07/1962	INCIDENTS IN THE LAST 3 YRS (QUICK QUOTE) : 0
YEAR LICENSED : 1978	CDL DATE LICENSE :
RELATIONSHIP : EMPLOYEE	

POLICY AUTOMOBILE RATING FORMULAS

WAIVER OF SUB	Base Rate = 0		Final Premium INCL.
	ADDL FACTORS:	BASE LCM 1.00000	
FELLOW EMPLOYEE COV	Base Rate = 0		Final Premium INCL.
	ADDL FACTORS:	BASE LCM 1.00000	

STATE (FL) LEVEL INFORMATION

RATE REV DT : 10/14/14	LIAB EXP : 2,636.00	PHYS DAM EXP: 1,654.00
DEV REV DT : 07/21/15	CMPST PCENT :	
STATE : FL	TAX DIST :	STATE TERR : 110
NON-OWNED :	EMPL ADD'L : NO	PNOL :
SOC. SERVICE :	SOC SERV VOL:	EXT BLKT IND :
POL TYPE : AUTO		
LIAB DED :	DED AMOUNT :	ILF OVRD :
XS HIRED :	PRIM HIRED :	
HIRED COMP :	HIRED SCL :	HIRED COLL :
HI COMP DED :	HI SCL DED :	HI COLL DED :
		PRIMARY : NO
RENTAL COMP :	RENTAL SCOL :	RENTAL COLL :
RNTL COMP DED:	RNTL SCL DED:	RNTL COLL DED:
MED PAY :		
PIP LIMIT : 10,000	ADD'L PIP :	
WORK LOSS : NO	MED EX :	
PIP DED :		
PIP MISC 1 : NO	PIP MISC 2 :	PIP MISC 3 :
PIP MISC 4 :	BRD/PIP :	BRD ADD'L : NO
UM/UIM TYPE : CSL		
UM CSL : 300,000	UM BI :	UM PD :
UIM CSL : 300,000	UIM BI :	UIM PD :
INDIVIDUAL : NO	UIM REJECT : NO	UM MISC : YES
		UM ADD-On :
DOC TOT INDIV:	DOC MED LIM :	DOC NO-FLT : NO
DOC LIAB CSL :	DOC LIAB BI :	DOC LIAB PD :
DOC UM CSL :	DOC UM BI :	DOC UM PD :
DOC UIM CSL :	DOC UIM BI :	DOC UIM PD :
DOC UIM REJCT: NO	DOC UM MISC : NO	DOWNTIME LIM:
POLL DESC :		
POLL CHARGE :	POLL SURCHG :	
ATTY FEES :	POWER UNITS :	
DEATH BEN COV:	MISC :	RENTAL COVG :
DISAB/INCOME :	# PERSONS :	TX WAIVER :
PREM DISCOUNT:	NY MUNICIPAL :	SIR TYPE :
VOL LIAB :	VOL PHYS DAM:	VOL BDS EDUC:
WC APPLY :	WAIVER TRANS:	
GKL TYPE :		GKLL ALL PERILS :
GKL COMP LIM :	GKL COMP DED:	GKL SCL LIM :
GKL SCL DED :	GKL COLL LIM:	GKL COLL DED:
TI COMP VAL :	TI SCOL VAL :	TI COLL VAL :
TI COMP DED :	TI SCOL DED :	TI COLL DED :
TI RADIUS :	TI ZONE TERR:	
AVG DRVR LIAB:	AVG DRVR PHY:	

PAGE: 2
NAMED INSURED : HIGGENBOTHAM AUCTIONEERS INTER
CUSTOMER ID : 688931
POLICY NUMBER : 648189230
TRANSACTION TYPE : ENDORSEMENT #2 EFFECTIVE: 01/11/16

STATE (FL) AUTOMOBILE RATING FORMULAS

**** AUTOMOBILE VEHICLE (1) INFORMATION ****

STATE/VEH# : FL/1 RATE REV DT: 10/14/14 LIAB EXP RATING : 1,003.00
 REG STATE : FL DEV REV DT : 07/21/15 PHYS DAM EXP RATING: 512.00
 CITY/CNTY : LAKELAND AUTO TERR : 110
 TOWN CODE : COUNTY CODE: 105
 ZIP CODE : 33803 TAX DIST :

CLASS CODE : 032990 VEH TYPE : 03 TRUCKS (INCL P/U & PANELS)
 POLICY TYPE: PKG DESC : PORTFOLIO : ALLSTATE INSURANCE COMPAN
 SEQ ID : 1

VEH DESC : FORD
 F-250
 SECONDARY DES: ALL OTHERS
 VEH YEAR : 2008 VEH ACT. AGE : 8 VEH ID NO : 1FTSW21R08EA64053
 VEH SIZE : LIGHT 9400 VEHICLE USE : COMMERCIAL DUMP OPER : NO
 VEH RADIUS : INTERMEDIATE/51-200 MILES ZONE TERR : DRIVER CLASS :
 SEAT CAP : VAN POOL : EXTRA INFO :
 PPT USE : PPT EXPR : MAKE CODE :
 MISC INFO 1 : MISC INFO 2 : MISC INFO 3 : N
 PASSIVE REST.: MANUAL BELTS W/DUAL AIR BAGS ANTI-LOCK : ABS W/4 WHEEL DISC
 CAR SERVICE : OWNER-OPER : MECH LIFT :

-----AUTOMOBILE VEHICLE (1) COVERAGE INFORMATION-----

LIABILITY : YES	PIP COV : YES	ADDED PIP : NO	OPER : NO
MED PAY : NO	MED LIM OVRD : NO	BOBTAIL OPERS: NO	NY SPOUSAL : NO
DEATH BENE : NO	DISAB/EXT MP : NO	PASS REST : NO	
UM COV : YES	UIM REJCT OVR: NO	INDV/CPLE : NO	UM MISC : NO
UM CSL OVR :	UM BI OVR :	UM PD OVR :	
UIM CSL OVR :	UIM BI OVR :	UIM PD OVR :	
LIAB OVRD :	LIAB LIM OVR :		LIAB PD OVRD :
COMP : YES	VALUATION : ACV	VEH VALUE : 28,840	SYMBOL :
COMP DED : 500	MISC COMP 1 :	MISC COMP 2 :	
SPEC PERIL :	VALUATION :	VEH VALUE :	SYMBOL :
SP DED :	MISC SP :		
COLLISION : YES	VALUATION : ACV	VEH VALUE : 28,840	SYMBOL :
COLL DED : 500	MISC COLL 1 :	MISC COLL 2 :	IN-TOW LIMIT :
TOWING : NO	TOW LIMIT :	LEASE AUTO :	IN-TOW COMP DED:
RENTAL COV :	MAX AMT :	MAX DAYS :	IN-TOW COLL DED:
SOUND LIM :	TAPES/RECS :		COMB DED COV :
MOBILE HOME :	PERILS :	CONT LMTS :	COMB DED :
VEH EFF DATE : 09/01/15	VEH EXP DATE :		LEASE/GAP : YES
CONTINGENT LIAB :	PRIM FAC OVRD:		CARGO COV :
VOL BUYBACK COV :	DEF DRIVE DT :		SPEC EQUIP COST:
ACCD PREV : NO			

-----VEH # 1 AUTOMOBILE RATING FORMULAS-----

COVERAGE

Liability	Loss Cost * Increased Limit * Primary Fct * Early Signing Discount *	
	466 1.880 1.283 .93	
	Exp Group Rating Fct EGR * Policy Tier * Preferred Policy Discount * SIC Rating Factor *	
	1.031 1.09 .80 1.044	
	Veh or Driver Rating Fct * Years in Business Disc * Billing Tier Factor *	
	1.15 .95 .95	
	AntiLock Brake Discount * Driver Profile Rating Fct * LCM = Base Rate =	Final Premium
	.90 1.116 1.843 1885	1885.00
No-Fault/PIP	Loss Cost * Primary Fct * Early Signing Discount * Exp Group Rating Fct EGR * Policy Tier *	
	20 .90 .93 .782 1.09	
	Preferred Policy Discount * SIC Rating Factor * Veh or Driver Rating Fct *	
	.80 1.322 1.15	
	Passive Restraint Disc * Years in Business Disc * Billing Tier Factor *	
	.70 .95 .95	
	Driver Profile Rating Fct * LCM = Base Rate =	Final Premium
	.96 9.653 102	102.00
UM/UIM (BI/CSL)	Loss Cost * LCM = Base Rate =	Final Premium
	142.47 1.805 257	257.00
Comprehensive	Loss Cost * Orig Cost New * Age Factor = Final Base Rate * Primary Fct *	
	113 1.30 .65 95.49 1.30	
	Early Signing Discount * Exp Group Rating Fct EGR * Policy Tier *	
	.93 .967 1.05	
	Preferred Policy Discount * SIC Rating Factor * Veh or Driver Rating Fct *	
	.80 1.083 1.15	
	Years in Business Disc * Billing Tier Factor * Driver Profile Rating Fct * LCM = Base Rate =	Final Premium
	.95 .95 .959 1.988 201	201.00

-----VEH # 1 RATING FORMULAS (CONTINUED)-----

COVERAGE

Collision	$ \begin{aligned} & \text{Loss Cost} * \text{Orig Cost New} * \text{Age Factor} = \text{Final Base Rate} * \text{Primary Fct} * \\ & 143 \quad 1.35 \quad .56 \quad 108.11 \quad 1.20 \\ & \text{Early Signing Discount} * \text{Exp Group Rating Fct} \quad \text{EGR} * \text{Policy Tier} * \\ & .93 \quad .882 \quad 1.08 \\ & \text{Preferred Policy Discount} * \text{SIC Rating Factor} * \text{Veh or Driver Rating Fct} * \\ & .80 \quad 1.299 \quad 1.12 \\ & \text{Years in Business Disc} * \text{Billing Tier Factor} * \text{Driver Profile Rating Fct} * \\ & .95 \quad .95 \quad 1.086 \\ & \text{AntiLock Brake Discount} * \text{LCM} = \text{Base Rate} = \\ & .90 \quad 2.635 \quad 311 \end{aligned} $	Final Premium 311.00
Loan/Lease Gap Comp	$ \begin{aligned} & \text{Base Rate} * \text{Misc Adj} = \\ & 201 \quad .000 \end{aligned} $	Final Premium INCL.
Loan/Lease Gap Coll	$ \begin{aligned} & \text{Base Rate} * \text{Misc Adj} = \\ & 311 \quad .000 \end{aligned} $	Final Premium INCL.

-----VEH (1) LIAB TOTAL = 2,244.00 VEH (1) PHY DMG TOTAL = 512.00-----
 -----VEHICLE (1) TOTAL PREMIUM = 2,756.00-----

NAMED INSURED : HIGGENBOTHAM AUCTIONEERS INTER
 CUSTOMER ID : 688931
 POLICY NUMBER : 648189230
 TRANSACTION TYPE : ENDORSEMENT #2 EFFECTIVE: 01/11/16

**** AUTOMOBILE VEHICLE (2) INFORMATION ****

STATE/VEH# : FL/2 RATE REV DT: 10/14/14 LIAB EXP RATING : 878.00
 REG STATE : FL DEV REV DT : 07/21/15 PHYS DAM EXP RATING: 437.00
 CITY/CNTY : LAKELAND AUTO TERR : 110
 TOWN CODE : COUNTY CODE: 105
 ZIP CODE : 33803 TAX DIST :

CLASS CODE : 031990 VEH TYPE : 03 TRUCKS (INCL P/U & PANELS)
 POLICY TYPE: PKG DESC : PORTFOLIO : ALLSTATE INSURANCE COMPAN
 SEQ ID : 2

VEH DESC : FORD EXPEDITION
 SECONDARY DES: ALL OTHERS
 VEH YEAR : 2006 VEH ACT. AGE : 10 VEH ID NO : 1FMPU18516LA12380
 VEH SIZE : LIGHT 7300 VEHICLE USE : COMMERCIAL DUMP OPER : NO
 VEH RADIUS : LOCAL/0-50 MILES ZONE TERR : DRIVER CLASS :
 SEAT CAP : VAN POOL : EXTRA INFO :
 PPT USE : PPT EXPR : MAKE CODE :
 MISC INFO 1 : MISC INFO 2 : MISC INFO 3 : N
 PASSIVE REST.: MANUAL BELTS W/DUAL AIR BAGS ANTI-LOCK : ABS W/4 WHEEL DISC
 CAR SERVICE : OWNER-OPER : MECH LIFT :

-----AUTOMOBILE VEHICLE (2) COVERAGE INFORMATION-----

LIABILITY : YES	PIP COV : YES	ADDED PIP : NO	OPER : NO
MED PAY : NO	MED LIM OVRD : NO	BOBTAIL OPERS: NO	NY SPOUSAL : NO
DEATH BENE : NO	DISAB/EXT MP : NO	PASS REST : NO	
UM COV : YES	UIM REJECT OVR: :	INDV/CPLD : NO	UM MISC : NO
UM CSL OVR :	UM BI OVR :	UM PD OVR :	
UIM CSL OVR :	UIM BI OVR :	UIM PD OVR :	
LIAB OVRD :	LIAB LIM OVR :		LIAB PD OVRD :
COMP : YES	VALUATION : ACV	VEH VALUE : 42,905	SYMBOL :
COMP DED : 500	MISC COMP 1 :	MISC COMP 2 :	
SPEC PERIL :	VALUATION :	VEH VALUE :	SYMBOL :
SP DED :	MISC SP :		
COLLISION : YES	VALUATION : ACV	VEH VALUE : 42,905	SYMBOL :
COLL DED : 500	MISC COLL 1 :	MISC COLL 2 :	IN-TOW LIMIT :
TOWING : NO	TOW LIMIT :	LEASE AUTO :	IN-TOW COMP DED:
RENTAL COV :	MAX AMT :	MAX DAYS :	IN-TOW COLL DED:
SOUND LIM :	TAPES/RECS :		COMB DED COV :
MOBILE HOME :	PERILS :	CONT LMTS :	COMB DED :
VEH EFF DATE : 09/01/15	VEH EXP DATE :		LEASE/GAP : YES
CONTINGENT LIAB :	PRIM FAC OVRD:		CARGO COV :
VOL BUYBACK COV :	DEF DRIVE DT :		SPEC EQUIP COST:
ACCD PREV : NO			

-----VEH # 2 AUTOMOBILE RATING FORMULAS-----

COVERAGE

Liability	Loss Cost * Increased Limit * Primary Fct * Early Signing Discount *	
	466 1.880 1.05 .93	
	Exp Group Rating Fct EGR * Policy Tier * Preferred Policy Discount * SIC Rating Factor *	
	1.103 1.09 .80 1.044	
	Veh or Driver Rating Fct * Years in Business Disc * Billing Tier Factor *	
	1.15 .95 .95	
	AntiLock Brake Discount * Driver Profile Rating Fct * LCM = Base Rate =	Final Premium
	.90 1.116 1.843 1650	1650.00
No-Fault/PIP	Loss Cost * Primary Fct * Early Signing Discount * Exp Group Rating Fct EGR * Policy Tier *	
	20 .95 .93 1.109 1.09	
	Preferred Policy Discount * SIC Rating Factor * Veh or Driver Rating Fct *	
	.80 1.322 1.15	
	Passive Restraint Disc * Years in Business Disc * Billing Tier Factor *	
	.70 .95 .95	
	Driver Profile Rating Fct * LCM = Base Rate =	Final Premium
	.96 9.653 152	152.00
UM/UIM (BI/CSL)	Loss Cost * LCM = Base Rate =	Final Premium
	142.47 1.805 257	257.00
Comprehensive	Loss Cost * Orig Cost New * Age Factor = Final Base Rate * Primary Fct *	
	113 1.55 .57 99.84 .95	
	Early Signing Discount * Exp Group Rating Fct EGR * Policy Tier *	
	.93 .848 1.05	
	Preferred Policy Discount * SIC Rating Factor * Veh or Driver Rating Fct *	
	.80 1.083 1.15	
	Years in Business Disc * Billing Tier Factor * Driver Profile Rating Fct * LCM = Base Rate =	Final Premium
	.95 .95 .959 1.988 135	135.00

**** AUTOMOBILE VEHICLE (3) INFORMATION ****

STATE/VEH# : FL/3 RATE REV DT: 10/14/14 LIAB EXP RATING : 755.00
 REG STATE : FL DEV REV DT : 07/21/15 PHYS DAM EXP RATING: 593.00
 CITY/CNTY : LAKELAND AUTO TERR : 110
 TOWN CODE : COUNTY CODE: 105
 ZIP CODE : 33803 TAX DIST :

CLASS CODE : 739100 VEH TYPE : 02 PRIVATE PASS. NON-FLEET
 POLICY TYPE: PKG DESC : PORTFOLIO : ALLSTATE INSURANCE COMPAN
 SEQ ID : 4

VEH DESC : VOLKSWAGEN
 PASSAT
 VEH YEAR : 2012 VEH ACT. AGE : 4 VEH ID NO : 1VWCN7A32CC098433
 VEH SIZE : VEHICLE USE : DUMP OPER :
 VEH RADIUS : ZONE TERR : DRIVER CLASS :
 SEAT CAP : VAN POOL : EXTRA INFO :
 PPT USE : PPT EXPER : MAKE CODE :
 MISC INFO 1 : MISC INFO 2 : MISC INFO 3 :
 PASSIVE REST.: MAN.BELTS W/DUAL & SIDE AIR BAGS ANTI-LOCK : ABS W/4 WHEEL DISC
 CAR SERVICE : OWNER-OPER : MECH LIFT :

-----AUTOMOBILE VEHICLE (3) COVERAGE INFORMATION-----

LIABILITY : YES PIP COV : YES ADDED PIP : NO OPER : NO
 MED PAY : NO MED LIM OVRD : BOBTAIL OPERS: NO NY SPOUSAL : NO
 DEATH BENE : NO DISAB/EXT MP : NO PASS REST :
 UM COV : YES UIM REJCT OVR: INDV/CPL : NO UM MISC : NO
 UM CSL OVR : UM BI OVR : UM PD OVR :
 UIM CSL OVR : UIM BI OVR : UIM PD OVR :
 LIAB OVRD : LIAB LIM OVR : LIAB PD OVRD :
 COMP : YES VALUATION : ACV VEH VALUE : 32,195 SYMBOL :
 COMP DED : 500 MISC COMP 1 : MISC COMP 2 :
 SPEC PERIL : VALUATION : VEH VALUE : SYMBOL :
 SP DED : MISC SP : VEH VALUE : 32,195 SYMBOL :
 COLLISION : YES VALUATION : ACV MISC COLL 2 : IN-TOW LIMIT :
 COLL DED : 500 MISC COLL 1 : LEASE AUTO : IN-TOW COMP DED:
 TOWING : TOW LIMIT : MAX DAYS : IN-TOW COLL DED:
 RENTAL COV : MAX AMT : CONT LMTS : COMB DED COV :
 SOUND LIM : TAPES/RECS : PERILS : COMB DED :
 MOBILE HOME : PERILS : VEH EXP DATE : LEASE/GAP : YES
 VEH EFF DATE : 09/01/15 VEH EXP DATE : PRIM FAC OVRD: CARGO COV :
 CONTINGENT LIAB : DEF DRIVE DT : DEF DRIVE DT : SPEC EQUIP COST:
 VOL BUYBACK COV : ACCD PREV : NO

-----VEH # 3 AUTOMOBILE RATING FORMULAS-----

COVERAGE

Liability Loss Cost * Increased Limit * Early Signing Discount * Exp Group Rating Fct EGR *
 500 2.000 .93 1.039
 Policy Tier * Preferred Policy Discount * SIC Rating Factor * Veh or Driver Rating Fct *
 1.09 .80 1.044 1.15
 Years in Business Disc * Billing Tier Factor * AntiLock Brake Discount *
 .95 .95 .90
 Driver Profile Rating Fct * LCM = Base Rate = Final Premium
 1.116 1.647 1510 1510.00

No-Fault/PIP Loss Cost * Early Signing Discount * Policy Tier * Preferred Policy Discount *
 30 .93 1.09 .80
 SIC Rating Factor * Veh or Driver Rating Fct * Passive Restraint Disc *
 1.322 1.15 .70
 Years in Business Disc * Billing Tier Factor * Driver Profile Rating Fct * LCM = Base Rate = Final Premium
 .95 .95 .96 6.199 139 139.00

UM/UIM (BI/CSL) Loss Cost * LCM = Base Rate = Final Premium
 214.42 1.456 312 312.00

Comprehensive Loss Cost * Orig Cost New * Age Factor = Final Base Rate * Early Signing Discount *
 49 1.25 .76 46.55 .93
 Exp Group Rating Fct EGR * Policy Tier * Preferred Policy Discount * SIC Rating Factor *
 1.024 1.05 .80 1.083
 Veh or Driver Rating Fct * Years in Business Disc * Billing Tier Factor *
 1.15 .95 .95
 Driver Profile Rating Fct * LCM = Base Rate = Final Premium
 .959 3.723 149 149.00

VEH # 3 RATING FORMULAS (CONTINUED)

COVERAGE

Collision	Loss Cost * Orig Cost New * Age Factor = Final Base Rate * Early Signing Discount * 209 1.10 .74 170.13 .93 Exp Group Rating Fct EGR * Policy Tier * Preferred Policy Discount * SIC Rating Factor * 1.312 1.08 .80 1.299 Veh or Driver Rating Fct * Years in Business Disc * Billing Tier Factor * 1.12 .95 .95 Driver Profile Rating Fct * AntiLock Brake Discount * LCM = Base Rate = 1.086 .90 1.929 444	Final Premium 444.00
Loan/Lease Gap Comp	Base Rate * Misc Adj = 149 .000	Final Premium INCL.
Loan/Lease Gap Coll	Base Rate * Misc Adj = 444 .000	Final Premium INCL.

VEH (3) LIAB TOTAL = 1,961.00 VEH (3) PHY DMG TOTAL = 593.00
 VEHICLE (3) TOTAL PREMIUM = 2,554.00

**** AUTOMOBILE VEHICLE (4) INFORMATION ****

STATE/VEH# : FL/4 RATE REV DT: 10/14/14 LIAB EXP RATING :
 REG STATE : FL DEV REV DT : 07/21/15 PHYS DAM EXP RATING: 58.00
 CITY/CNTY : LAKELAND AUTO TERR : 110
 TOWN CODE : COUNTY CODE: 105
 ZIP CODE : 33803 TAX DIST :
 CLASS CODE : 692990 VEH TYPE : 07 SERVICE/UTILITY TRAILER
 POLICY TYPE: PKG DESC : PORTFOLIO : ALLSTATE INSURANCE COMPAN
 SEQ ID : 5
 VEH DESC : PAGE
 TRAILER
 SECONDARY DES: ALL OTHERS
 VEH YEAR : 2006 VEH ACT. AGE : 10 VEH ID NO : 4FPWB242X6G113167
 VEH SIZE : VEHICLE USE : DUMP OPER : NO
 VEH RADIUS : INTERMEDIATE/51-200 MILES ZONE TERR : DRIVER CLASS :
 SEAT CAP : VAN POOL : EXTRA INFO :
 PPT USE : PPT EXPER : MAKE CODE :
 MISC INFO 1 : MISC INFO 2 : MISC INFO 3 :
 PASSIVE REST.: ANTI-LOCK :
 CAR SERVICE : OWNER-OPER : MECH LIFT :

-----AUTOMOBILE VEHICLE (4) COVERAGE INFORMATION-----

LIABILITY : YES PIP COV : YES ADDED PIP : NO OPER : NO
 MED PAY : NO MED LIM OVRD : BOBTAIL OPERS: NO NY SPOUSAL : NO
 DEATH BENE : NO DISAB/EXT MP : NO PASS REST : UM MISC : NO
 UM COV : YES UIM REJCT OVR: INDV/CPL : NO
 UM CSL OVR : UM BI OVR : UM PD OVR :
 UIM CSL OVR : UIM BI OVR : UIM PD OVR :
 LIAB OVRD : LIAB LIM OVR : LIAB PD OVRD :
 COMP : YES VALUATION : ACV VEH VALUE : 6,000 SYMBOL :
 COMP DED : 500 MISC COMP 1 : MISC COMP 2 : VEH VALUE :
 SPEC PERIL : VALUATION : VEH VALUE : SYMBOL :
 SP DED : MISC SP : VEH VALUE : 6,000 SYMBOL :
 COLLISION : YES VALUATION : ACV MISC COLL 2 : IN-TOW LIMIT :
 COLL DED : 500 MISC COLL 1 : LEASE AUTO : IN-TOW COMP DED:
 TOWING : NO TOW LIMIT : MAX DAYS : IN-TOW COLL DED:
 RENTAL COV : MAX AMT : CONT LMTS : COMB DED COV :
 SOUND LIM : TAPES/RECS : VEH EXP DATE : COMB DED :
 MOBILE HOME : PERILS : PRIM FAC OVRD: LEASE/GAP : YES
 VEH EFF DATE : 09/01/15 DEF DRIVE DT : CARGO COV :
 CONTINGENT LIAB : LEASE/GAP : YES SPEC EQUIP COST:
 VOL BUYBACK COV : CARGO COV :
 ACCD PREV : NO SPEC EQUIP COST:

-----VEH # 4 AUTOMOBILE RATING FORMULAS-----

COVERAGE

Comprehensive	Loss Cost	* Orig Cost	New * Age Factor =	Final Base Rate	* Primary Fct	* LCM = Base Rate =	Final Premium
	113	.65	.57	41.87	.45	1.988 37	37.00
Collision	Loss Cost	* Orig Cost	New * Age Factor =	Final Base Rate	* Primary Fct	* LCM = Base Rate =	Final Premium
	143	.40	.47	26.88	.30	2.635 21	21.00
Loan/Lease Gap Comp	Base Rate	* Misc Adj =					Final Premium
	37	.000					INCL.
Loan/Lease Gap Coll	Base Rate	* Misc Adj =					Final Premium
	21	.000					INCL.

-----VEH (4) PHY DMG TOTAL = 58.00-----

-----VEHICLE (4) TOTAL PREMIUM = 58.00-----

NAMED INSURED : HIGGENBOTHAM AUCTIONEERS INTER
CUSTOMER ID : 688931
POLICY NUMBER : 648189230
TRANSACTION TYPE : ENDORSEMENT #2 EFFECTIVE: 01/11/16

(FL) LIAB TOTAL = 6,264.00 (FL) PHY DMG TOTAL = 1,654.00
(FL) TOTAL PREMIUM = 7,918.00

POLICY LIAB TOTAL = 6,264.00 POLICY PHY DMG TOTAL = 1,654.00
POLICY TOTAL PREMIUM = 7,918.00



HIGGENBOTHAM AUCTIONEERS

INTERNATIONAL, LTD., INC

The name that sells!

CERTIFICATIONS OF TRAINING

The following personnel hold the following certificates of training. These certificates are encased in wall plaques which hang on our office walls and therefore cannot be duplicated. If the City of Fort Pierce needs to verify these, we have given telephone numbers and web addresses of the training entities involved for verification.

Martin E. Higgenbotham: Certified Auctioneers Institute (CAI)
Accredited Auctioneer of Real Estate (AARE)
Member, Hall of Fame
National Auctioneers Association
Overland Park, KS
(913) 541-8084
www.auctioneers.org

Christopher M. Vaughan B.S. – Finance
California State University, Long Beach
Long Beach, CA
(562) 985-4121
www.csulb.edu

M.B.A. – Real Estate & Urban Development
Golden Gate University, San Francisco
San Francisco, CA
(415) 442-7800
www.ggu.edu

Accredited Auctioneer of Real Estate (AARE)
National Auctioneers Association
Overland Park, KS
(913) 541-8084
www.auctioneers.org

Professional Ringmen's Institute (PRI)
Springfield, MO
(417) 753-7653
www.proringmen.com

Donald G. Gabriel B.S. Marketing
University of California, Los Angeles
Los Angeles, CA
(310) 825-1091
www.ucla.edu

Donald G. Gabriel (Cont.)

Certified Commercial-Investment Member (CCIM)
National Association of Realtors
Chicago, IL
(312) 321-4460
www.ccim.com

Brett Vogeler

B.S. – Mechanical Engineering
Iowa State University
Ames, Iowa
(515) 294-4111
www.iastate.edu

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. Higgenbotham Auctioneers International Limited, Inc.		
	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: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ 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. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) 5900 Imperial Lakes Boulevard		Requester's name and address (optional)
	6 City, state, and ZIP code Mulberry, FL 33860		City of Fort Pierce P.O. Box 1480 Fort Pierce, FL 34954-1480
	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.

Social security number									

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.

or

Employer identification number										
5	9		-	3	0	7	2	5	4	7

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 ▶ <i>Martin E. Higgenbotham</i>	Date ▶ <i>1/11/16</i>
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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.