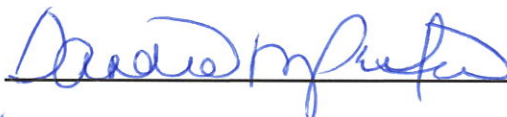





CITY OF FORT PIERCE BIDDER'S CHECKLIST

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Include proof of proper insurance as stated in bid documents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you include a list of all materials and equipment to be used in providing the service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Drug-Free Workplace form signed and enclosed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Bid Response Form completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W-9 Form completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are one (1) complete reference form included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hard Copy Submissions Only:		
Are two (2) complete bid packages included (one original and one copy)	<input type="checkbox"/>	<input checked="" type="checkbox"/> *Submitted Electronically
Is each Bid Addendum (when issued) signed and included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bid envelope is marked accordingly.	<input type="checkbox"/>	<input checked="" type="checkbox"/> *Submitted Electronically

PLEASE SIGN AND RETURN WITH BID 

<p>DELIVER TO: City of Fort Pierce, Purchasing Division Room 101 100 North U.S. #1 Fort Pierce, FL 34950</p> <p>MAIL TO: City of Fort Pierce Purchasing Division, Room 101 P.O. Box 1480 Fort Pierce, FL 34954-1480</p>	<p style="text-align: center;">CITY OF FORT PIERCE</p>  <p style="text-align: center;">INVITATION TO BID and BIDDER ACKNOWLEDGMENT</p>
<p>Bid Writer: Gelencia Carter, 772-467-3102</p>	<p>Bid No: 2023-034</p>
<p>Mandatory Pre- Bid Conference & Site -Visit: N/A</p>	<p>Bid Title: ELECTRICAL SERVICES – INSTALLATION OF BUILDING DEPARTMENT EMERGENCY GENERATOR</p>
<p>Mandatory Site – Visit Location: N/A</p>	<p>Bid Opening Location: Purchasing Division Conference Room, Room 101 100 North U.S. #1, 1st Floor Ft. Pierce, Florida 34950</p>
<p>Bid Due Date & Time: 3:00PM, THURSDAY, MAY 4, 2023</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>Bidder Name: Zabatt Engine Services, Inc.</p> <hr/> <p>Mailing Address: 4612 Highway Avenue</p> <hr/>	<p><i>I hereby certify that this bid 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 bid for the bidder.</i></p> <p>X  _____ Authorized Signature (Manual)</p>
<p>City, State, Zip Code: Jacksonville, FL 32254</p>	<p>Typed or Printed Name: Sandra M. Sabatier</p>
<p>Type of Entity (Select one): Corporation <input checked="" type="checkbox"/>  Partnership _____ Proprietorship _____</p>	<p>Title: Secretary</p>
<p>Incorporated in the State of: Florida Year: 1979</p>	<p>Delivery in _____ days, After Receipt Order</p>
<p>Phone Number: 904-384-4505</p>	<p>Payment Terms: Net 30 Days</p>
<p>Fax Number: 904-394-7446</p>	<p>FEIN or SS Number: 59-1889271</p>
<p>E-Mail Address: bids@zabatt.com</p>	<p>Local Business: __Y <input checked="" type="checkbox"/> N MWBE: __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>	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 501 Riverside Ave Suite 1000 Jacksonville FL 32202	CONTACT NAME: Kim Bass PHONE (A/C, No, Ext): 904-354-3785 E-MAIL ADDRESS: Kimberly_Bass@ajg.com FAX (A/C, No): 904-634-1302												
INSURER(S) AFFORDING COVERAGE													
INSURED Zabatt Engine Services, Inc. 4612 Highway Avenue Jacksonville FL 32254 ZABAENG-01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>INSURER A: BusinessFirst Insurance Company</td> <td style="text-align: right;">NAIC #</td> </tr> <tr> <td>INSURER B: Continental Insurance Company</td> <td style="text-align: right;">11697</td> </tr> <tr> <td>INSURER C: National Fire Insurance Co of Hartford</td> <td style="text-align: right;">35289</td> </tr> <tr> <td>INSURER D: Travelers Casualty and Surety Company</td> <td style="text-align: right;">20478</td> </tr> <tr> <td>INSURER E:</td> <td style="text-align: right;">19038</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: BusinessFirst Insurance Company	NAIC #	INSURER B: Continental Insurance Company	11697	INSURER C: National Fire Insurance Co of Hartford	35289	INSURER D: Travelers Casualty and Surety Company	20478	INSURER E:	19038	INSURER F:	
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INSURER E:	19038												
INSURER F:													

COVERAGES **CERTIFICATE NUMBER:** 929662607 **REVISION NUMBER:**

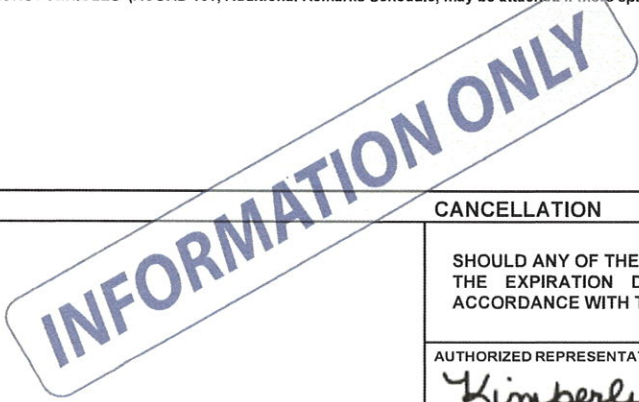
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6080613017	5/1/2022	5/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			6080613020	5/1/2022	5/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
B	<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			6080613048	5/1/2022	5/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$
A	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 <input type="checkbox"/> N/A	52120264	1/1/2022	1/1/2023	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Client Fidelity			106321109	5/1/2022	5/1/2023	1,000,000

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

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



City of Fort Pierce – Bid #: 034-0-2023/LH

List of Materials & Equipment

- Rigid pipe and wire
- GFI outlet and weather proof box with lockable cover
- Stainless steel strut
- Stainless steel all thread rod
- Trystar Manual Transfer Switch (TMTS-1_
- Trystar Generator Docking Station (GDS-1)



THE SUNRISE CITY
PURCHASING
DEPARTMENT

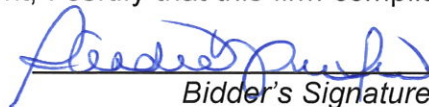
FORT PIERCE
Florida

DRUG~FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that
Zabatt Engine Services, Inc. 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 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 employees 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.


Bidder's Signature

5/17/2023

Date



BID RESPONSE FORM

Bid Item	ELECTRICAL SERVICES – INSTALLATION OF BUILDING DEPARTMENT EMERGENCY GENERATOR		
Bid Number	2023-034	Due Date & Time	3:00PM, WEDNESDAY, MAY 4, 2023

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 TOTAL
Labor, material, equipment, and installation of furnished owned generator	\$ <u>56,254.16</u>

Please respond to the following questions:

This project will be completed within how many calendar days after the notice to proceed is issued?	85 Business days
Work is guaranteed for how many years?	1
Material are guaranteed for how many years?	1

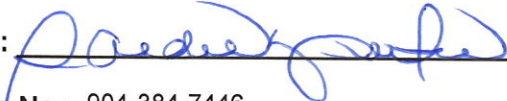
Vendor: Zabatt Engine Services, Inc.

Address: 4612 Highway Avenue

City, State, Zip Code: Jacksonville, FL 32254

Email Address: bids@zabatt.com

Typed Name & Title: Sandra M. Sabatier - Secretary

Signature:  Date: 5/17/2023

Telephone No.: 904-384-7446 Fax No.: 904-394-7446

(*Please include Remit to address if different than address stated above)

Remit To: Same as above

Check below for applicable minority indicator:

- | | | | |
|--------------------------|-----------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | Asian Indian | <input type="checkbox"/> | Small Business |
| <input type="checkbox"/> | Asian Pacific | <input type="checkbox"/> | Women Owned |
| <input type="checkbox"/> | Black | <input type="checkbox"/> | Small Disadvantage Business |
| <input type="checkbox"/> | Hispanic | | |
| <input type="checkbox"/> | Native American | | |

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Zabatt Engine Services, Inc.

2 Business name/disregarded entity name, if different from above
dba Zabatt Power Systems, inc.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) 5
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
4612 Highway Avenue

6 City, state, and ZIP code
Jacksonville, FL 32254

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

5	9	-	1	8	8	9	2	7	1
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Sign Here Signature of U.S. person *Kimberly Bern* Date ▶ 8/18/2022

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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-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, later.



REFERENCES

BID NO. 2023-034

ELECTRICAL SERVICES – INSTALLATION OF BUILDING DEPARTMENT EMERGENCY GENERATOR

Bidder shall submit as a part of the bid package, four (4) Customer references with name of the customer, address, contact person, and telephone number.

Name JEA		Name City of Jacksonville - Fire & Rescue	
Contact: William Breadon		Contact: Gene Klingbell	
Address: 21 West Church Street Jacksonville, FL 32202		Address: 515 North Julia Street Jacksonville, FL 32202	
Telephone: 904-545-7810		Telephone: 904-568-6028	
Email: breawa@jea.com		Email: genek@coj.net	
Name Seminole County		Name School Board of Manatee County	
Contact: Mike Boggs		Contact: Steve Gill	
Address: 500 West Lake Mary Boulevard Sanford, FL 32773		Address: 215 Manatee Avenue West Bradenton, FL 34205	
Telephone: 813-992-5836		Telephone: 941-708-8698	
Email: mboggs@seminolecountyfl.gov		Email: gils@manateeschools.net	

April 26, 2023



CITY OF FORT PIERCE

**ELECTRICAL SERVICES – INSTALLATION OF
BUILDING DEPARTMENT EMERGENCY GENERATOR**

BID NO. 2023-004

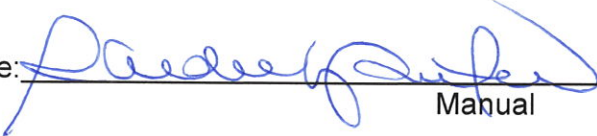
ADDENDUM NO. 1

The purpose of this addendum is to include the **plans associated with this project which were inadvertently omitted when the bid was originally posted** and to extend the bid due date from 3:00 P.M., May 4, 2023, to:

3:00 P.M., THURSDAY, MAY 18, 2023

All other conditions of this bid remain the same.

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

Signature:  Manual

Signature: Sandra M. Sabatier Typed or Printed

Company Name: Zabatt Engine Services, Inc.

Address: 4612 Highway Avenue, Jacksonville, FL 32254

Date: 5/17/2023

/lh