



RFP No. 09-17-19-10

Maveric United Elevator, LLC

Supplier Response

Event Information

Number: RFP No. 09-17-19-10
Title: Elevator Preventative Maintenance & Repair Services
Type: Request for Proposals
Issue Date: 8/25/2019
Deadline: 9/17/2019 10:00 AM (ET)
Notes: The City of Coconut Creek, Florida is actively seeking proposals from qualified Proposers to provide Elevator Preventative Maintenance and Repair Services to the City in full accordance with the scope of services, terms and conditions contained in this Request for Proposals (RFP)

Contact Information

Contact: Lorie Messer Purchasing Analyst
Address: 4800 West Copans Road
A/P - Finance & Administrative Services
Government Center
Coconut Creek, FL 33063
Phone: 1 (954) 956-1584
Fax: 1 (954) 973-6754
Email: lmesser@coconutcreek.net

Maveric United Elevator, LLC Information

Address: 10639 NW 122nd Street
Medley, FL 33178
Phone: (305) 888-7599
Email: kevin.reardon@mavelevator.com

By submitting your response, you certify that you are authorized to represent and bind your company.

Kevin Reardon

Signature

Submitted at 9/17/2019 8:13:30 AM

kevin.reardon@mavelevator.com

Email

Response Attachments

Maverick United Elevator Certificate of Liability Insurance.pdf

Certificate of Liability Insurance

Maverick United Elevator 2019 State of Florida Elevator License.PDF

State of Florida Elevator License

Maverick United Elevator Safety & Technical Training Program Letter.pdf

Maverick United Elevator Safety and Technical Training Letter

Maverick United Elevator Management & Supervisor List.pdf

Management and Supervisor List

Maverick United Elevator Techincians Submitted for Scope of Work Approval.pdf

Maverick United Elevator Technicians

Bonding Letter City of Coconut Creek.pdf

Bonding Letter

Maverick United Elevator Maintenance & Modernization References.pdf

Maverick United Elevator Maintenance References

Maverick United Elevator Preventative Maintenance Program.pdf

Preventative Elevator Maintenance Program

Maveric United Elevator W-9.pdf

W-9 form

David Alvarez CC Card.jpg

David Alvarez CC Card

Hollman Marenco CC Card.jpg

Hollman Marenco CC Card

Iran Gutierrez CC Card.jpg

Iran Gutierrez CC Card

Omar Tinico CC Card.jpg

Omar Tinico CC Card

Maverick United Elevator Qualifications Letter.pdf

Maverick United Elevator Qualifications Letter

City of Coconut Creek Elevator Maintenance Bid.pdf

City of Coconut Creek Maintenance Bid Forms

Bid Attributes

1	Section I - General Terms and Conditions I acknowledge reading and understanding the General Terms and Conditions. <input type="text" value="Yes"/>
2	Section II - Special Terms and Conditions I acknowledge reading and understanding the Special Terms and Conditions. <input type="text" value="Yes"/>
3	Section III - Detailed Requirements - Scope of Services I acknowledge reading and understanding the Detailed Requirements - Scope of Services. <input type="text" value="Yes"/>
4	Section IV - Required Documents I acknowledge and understand that all forms shall be completed and notarized (if applicable) and submitted as a requirement of this solicitation. <input type="text" value="Yes"/>
5	Insurance Requirements I acknowledge reading and understanding the Insurance Requirements and shall upload with my response a copy of a current Certificate of Insurance as a requirement of this solicitation. <input type="text" value="Yes"/>
6	Visa Credit Card - Preferred Method of Payment The City of Coconut Creek has implemented a Visa Procurement Card (P-Card) Program through SunTrust Bank. The City's preference is to pay for goods/services with the P-Card. This program allows the City to expedite payment to our vendors. Some of the benefits of the P-Card Program to the vendor are: payment received within 72 hours of receipt and acceptance of goods, reduced paperwork, issue receipts instead of generating invoices, resulting in fewer invoice problems, deal directly with the cardholder (in most cases). Vendors accepting payment by the P-Card may not require the City (Cardholder) to pay a separate or additional convenience fee, surcharge or any part of any contemporaneous finance charge in connection with a transaction. Such charges are allowable, however must be included in the total cost of their response. Vendors are not to add notations such as "+3% service fee" in their response. All responses shall be inclusive of any and all fees associated with the acceptance of the P-Card. Vendors agreeing to accept payment by P-Card must presently have the capability to accept Visa or take whatever steps necessary to implement the ability before the start of the agreement term. <input type="text" value="Yes"/>
7	Purchase by other Governmental Agencies Please indicate if you will permit other governmental entities to purchase from your agreement with the City of Coconut Creek. <input type="text" value="Yes"/>

Bid Lines

1	Package Header Proposed Pricing for the Following Elevators
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Total:

Package Items

1.1 Community Center Elevator

Quantity: 1 UOM: quarter Maintenance cost per Price: Total:

1.2 Community Center Elevator

Quantity: 1 UOM: year Maintenance cost per Price: Total:

1.3 Fire Station #50

Quantity: 1 UOM: quarter Maintenance cost per Price: Total:

Supplier Notes:

1.4 Fire Station #50

Quantity: 1 UOM: year Maintenance cost per Price: Total:

Supplier Notes:

1.5 Public Works South

Quantity: 1 UOM: quarter Maintenance cost per Price: Total:

1.6 Public Works South

Quantity: 1 UOM: year Maintenance cost per Price: Total:

1.7 Public Works North

Quantity: 1 UOM: quarter Maintenance cost per Price: Total:

1.8 Public Works North

Quantity: 1 UOM: year Maintenance cost per Price: Total:

1.9 Sabal Pines Bldg. West (Wheelchair Lift)

Quantity: 1 UOM: quarter Maintenance cost per Price: Total:

1.10 Sabal Pines Bldg. West (Wheelchair Lift)

Quantity: 1 UOM: year Maintenance cost per Price: Total:

1.11 Sabal Pines Code Bldg. (Wheelchair Lift)

Quantity: 1 UOM: quarter Maintenance cost per Price: Total:

1.12 Sabal Pines Code Bldg. (Wheelchair Lift)

Quantity: 1 UOM: year Maintenance cost per Price: Total:

1.13 Utilities & Engineering Bldg.

Quantity: 1 UOM: quarter Maintenance cost per Price: Total:

1.14 Utilities & Engineering Bldg.

Quantity: 1 UOM: Maintenance cost per year Price: Total:

1.15 Windmill Park (Wheelchair Lift)

Quantity: 1 UOM: Maintenance cost per quarter Price: Total:

1.16 Windmill Park (Wheelchair Lift)

Quantity: 1 UOM: Maintenance cost per year Price: Total:

2 Package Header

Rate Schedule Based on Estimated Quantity

Total:

Item Notes: Rates are for services not included in the preventative quarterly maintenance

Package Items

2.1 Hourly Rate for services not included in the preventative quarterly maintenance during regular business hours

Quantity: 1 UOM: Hour Price: Total:

2.2 Hourly Rate for services not included in the preventative quarterly maintenance outside of regular business hours, weekends, holidays.

Quantity: 1 UOM: Hour Price: Total:

2.3 Percentage Discount of MSRP for OEM Parts

UOM: % Total:

Supplier Notes:

Response Total: \$12,190.00

PROPOSER INFORMATION

Communications concerning this proposal shall be addressed to:

Company Name: Maverick's United Elevator

Social Security/Federal Tax I.D. No.: 45-1536546

Proposer's Name (Print): Kevin Reardon Title: Account Manager

Address: 10039 NW 72nd Street

City/State/Zip: Medley, FL 33178

Phone: 954-850-9139 Fax: _____

Email: Kevin.Reardon@mavelevator.com

ACKNOWLEDGEMENT OF ADDENDA

Instructions: Complete Part I or Part II, Whichever Applies

Part I:

Proposer has examined copies of all the Contract Documents and of the following Addenda (receipt of all which is hereby acknowledged).

Addendum No: _____	Dated: _____
Addendum No: _____	Dated: _____
Addendum No: _____	Dated: _____
Addendum No: _____	Dated: _____
Addendum No: _____	Dated: _____

Part II:

No Addendum was received in connection with this RFP.

It is understood and agreed by Proposer that the City reserves the right to reject any and all proposals, to make awards on all items or any items according to the best interest of the City, and to waive any irregularities in the proposal or in the proposals received as a result of the RFP. It is also understood and agreed by the Proposer that by submitting a proposal, Proposer shall be deemed to understand and agree that no property interest or legal right of any kind shall be created at any point during the aforesaid evaluation/selection process until and unless a contract has been agreed to and signed by both parties.

Kevin Reardon
Proposer's Authorized Signature

9/10/2019
Date

Kevin Reardon
Proposer's Printed Name

**CITY OF COCONUT CREEK
ELEVATOR PREVENTATIVE MAINTENANCE & REPAIR SERVICES
RFP NO. 09-17-19-10
EXHIBIT "A"
SCHEDULE OF PROPOSAL PRICES**

**PROPOSER SHALL SUBMIT PRICES ELECTRONICALLY
THROUGH THE EBID SYSTEM "LINE ITEMS" TAB**

WWW.COCONUTCREEK.NET/PURCHASING

PROPOSED PRICING

BUILDING	ADDRESS	START DATE	QUARTERLY COST	ANNUAL COST
Community Center	1100 Lyons Rd.	Immediately	\$ 300.00	\$ 1,200.00
*Fire Station #50	4500 Coconut Creek Pkwy	Immediately	\$ 300.00	\$ 1,200.00
Public Works South	4900 W. Copans Rd.	Immediately	\$ 300.00	\$ 1,200.00
Public Works North	4900 W. Copans Rd.	Immediately	\$ 300.00	\$ 1,200.00
Sabal Pines Bldg. West - Wheelchair Lift	5005 NW 39 th Ave.	Immediately	\$ 300.00	\$ 1,200.00
Sabal Pines Code Bldg. - Wheelchair Lift	5005 NW 39 th Ave.	Immediately	\$ 300.00	\$ 1,200.00
Utilities & Engineering Bldg.	5295 Johnson Rd.	Immediately	\$ 300.00	\$ 1,200.00
Windmill Park- Wheelchair Lift	700 Lyons Rd.	Immediately	\$ 300.00	\$ 1,200.00
Total Maintenance Cost Per Year				\$ 9,600.00 \$ 9,600.00

*Note: The elevator at Fire Station #50 is a Schindler 3300 Passenger elevator. Vendor should explain their capabilities to service this elevator.

RATE SCHEDULE

ESTIMATED QTY	DESCRIPTION	RATE	TOTAL
16	Hourly Rate for services not included in the preventative quarterly maintenance during regular business hours 7am – 6PM, Monday through Friday	\$ 95.00	\$ 1,520.00
16	Hourly Rate for service not included in the preventative quarterly maintenance outside of regular business hours, weekends, holidays	\$ 95.00	\$ 1,520.00
\$ 1500	Percentage discount of MSRP for OEM parts	20 %	\$ 1,200.00
Hourly Rate and Material Total			\$

Annual Total (Total Maintenance Cost Per year + Hourly Rate & Material Total): \$ 13,840.00

PROPOSER'S QUALIFICATION STATEMENT

In order to properly evaluate the proposal submittals, Proposers are expected to complete the questionnaire and include the following documentation. By attesting to this submittal, Proposer guarantees the truth and accuracy of all statements and answers herein contained.

SUBMITTED TO: City of Coconut Creek
Purchasing and Contracts Division
4800 West Copans Road
Coconut Creek, FL 33063

Submitted By: Maverick United Elevator
Name: Kevin Pearson
Address: 10639 NW 122nd Street
City, State, Zip: Medley, FL 33178
Telephone No. 954-850-9139
Fax No. _____

- Check One
 Corporation
 Partnership
 Individual
 Other

1. State the true, exact, correct and complete name of the partnership, corporation, trade or fictitious name under which you do business and the address of the place of business.

The correct name of the Proposer is: Maverick United Elevator

The address of the principal place of business is: 10639 NW 122nd Street Medley, FL 33178

2. If Proposer is a corporation, answer the following:

- a. Date of Incorporation: 3/24/2011
- b. State of Incorporation: Florida
- c. President's Name: Miguel Garcia
- d. Vice President's Name: David Alvarez
- e. Secretary's Name: _____
- f. Treasurer's Name: _____
- g. Name and Address of Resident Agent: Miguel Garcia 10639 NW 122nd Street Medley, FL 33178

3. If Proposer is an individual or a partnership, answer the following:

- a. Date of Organization: _____
- b. Name, Address and Ownership Units of all Partners: Maverick United Elevator
10639 NW 122nd Street Medley, FL 33178
- c. State whether general or limited partnership: LLC S Corporation

4. If Proposer is other than an individual, corporation or partnership, describe the organization and give the name and address of principals:

5. If Proposer is operating under a fictitious name, submit evidence of compliance with the Florida Fictitious Name Statute.

6. How many years has your organization been in business under its present business name? 9

a. Under what other former name has your organization operated?

N/A

7. Indicate registration, license numbers or certificate numbers for the businesses or professions, which are the subject of this proposal. Please attach certificate of competency and/or state registration.

ELC 614

8. Litigation/Judgments/Settlements/Debarments/Suspensions:
Submit information on any pending litigation and any judgments and settlements of court cases relative to providing the Elevator Preventative Maintenance & Repair Services that have occurred within the last three (3) years. Also indicate if your firm has been debarred or suspended from bidding or proposing on a procurement project by any government during the last five (5) years.

N/A

9. Have you ever failed to complete any work awarded to you? If so, state when, where and why?

NO

10. List the pertinent experience of the key individuals of your organization (continue on insert sheet, if necessary).

Miguel Garcia 15 years

David Alvarez 15 years

11. State the name of the individual(s) and titles who will personally supervise the work:

12. State the name and address of the attorney, if any, for the business of the Proposer:

13. State the names and addresses of all businesses and/or individuals who own an interest of more than five percent (5%) of the Proposer's business and indicate the percentage owned of each such business and/or individual:

14. State the names, addresses and the type of business of all firms that are partially or wholly owned by Proposer:

15. State the name of Surety Company which will be providing the bond, and the name and address of agent:

Nelson, Hoover and Company, Inc.
8000 Governors Square Blvd
Miami Lakes, FL 33016 Jarrett Merlucci - Agent

16. List the following information concerning all Proposer's contracts in progress as of the date of submission and completed projects over the last five (5) years. (In case of any co-venture, list the information for all co-ventures.)

<u>Name of Project</u>	<u>Owner</u>	<u>Total Contract Value</u>	<u>Contracted Date of Completion</u>	<u>% of Completion to Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

17. Have you personally inspected the site of the proposed work?

Yes No

18. Do you have a complete set of documents, including drawings and addenda, if applicable?

Yes No

19. Did you attend the pre-proposal conference if any such conference was held?

Yes No No Conference Held

20. Bank References:

Bank	Address/City/State/Zip	Telephone
Bank of America	Po Box 25118 Tampa, FL 33622	888-287-4037

The Proposer acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by City in awarding the contract and such information is warranted by Proposer to be true. The discovery of any omission or misstatement that materially affects the Proposer's qualifications to perform under the contract shall cause the City to reject the proposal, and if after the award, to cancel and terminate the award and /or contract.



Proposer's Signature



Date

DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Section 287.087, Florida Statutes as may be amended from time to time, hereby certifies that maverick United Elevator 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 under bid 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 *Florida Statutes*, 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

maverick United Elevator
Company Name

9/16/2019
Date

EXCEPTIONS TO THE RFP

NOTE: Proposals that are exceptions to that which are specified and outlined below. (Additional sheets may be attached.) However, all alterations or omissions of required information or any change in proposal requirements is done at the risk of the Proposer presenting the proposal and may result in the rejection thereof.

N/A

SCRUTINIZED COMPANIES
CERTIFICATION PURSUANT TO
FLORIDA STATUTE § 215.4725 AND § 215.473

I, Kevin Pearson, on behalf of Maverick United Elevator,
Print Name Company Name

certifies that Maverick United Elevator does not:
Company Name

- 1. Participate in a boycott of Israel; and
- 2. Is not on the Scrutinized Companies that Boycott Israel list; and
- 3. Is not on the Scrutinized Companies with Activities in Sudan List; and
- 4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
- 5. Has not engaged in business operations in Cuba or Syria.

Kevin Pearson
Signature

Account Manager
Title

954-850-9139
Phone

9/16/2019
Date

**SWORN STATEMENT
ON PUBLIC ENTITY CRIMES
UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).**

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

1. This sworn statement is submitted with RFP No. 09-17-19-10 for Elevator Preventative Maintenance & Repair Services.

2. This sworn statement is submitted by Kevin Reardon (name of entity submitting sworn statement) whose business address is 10639 NW 122nd St Medley, FL 33178 and (if applicable) its Federal Employer Identification Number (FEIN) is . (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: 123-00-9413.)

3. My name is Kevin Reardon and my
(Please print name of individual signing)

relationship to the entity named above is Maverick United Elevator

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

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

6. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, includes but is not limited to:

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

7. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal

power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, who are active, or who have been active, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity within the last five (5) years of this sworn statement.

8. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **Please check all statements that are applicable.**
- Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
- The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND (Please indicate which additional statement applies.)
- There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)
- The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)
9. Based on information and belief, the statement that I have marked below is true in relation to the entity submitting this sworn statement. **Please check if statement is applicable.**
- The person or affiliate has not been placed on the convicted vendor list.
(If the box is not checked, please describe any action taken by or pending with the Department of General Services.)
10. The herein sworn statement shall be subject to and incorporate all the terms and conditions contained in Section 287.133 of the Florida Statutes.
11. Conviction of a public entity crime shall be cause for disqualification.

Kevin Reardon
Proposer's Name

[Signature]
Signature

Date: 9/17/2019

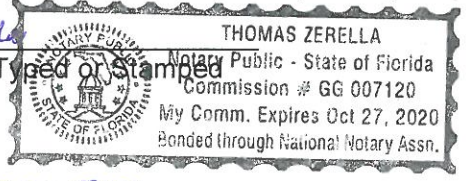
State of: FLORIDA

County of: BROWARD

The foregoing instrument was acknowledged before me this 17 day of Sept, 2019, by Kevin Reardon, who is (who are) personally known to me or who has produced FL DRIVERS LICENSE as identification and who did (did not) take an oath.

[Signature]
Notary Public Signature

Thomas Zerella
Notary Name, Printed, Typed or Stamped



Commission Number: GG-007120

My Commission Expires: 10/27/20

INDEMNIFICATION CLAUSE
(Page 1 of 1)

The parties agree that one percent (1%) of the total compensation paid to Contractor for the work of the contract shall constitute specific consideration to Contractor for the indemnification to be provided under the Contract. The Contractor shall indemnify and hold harmless the City Commission, the City of Coconut Creek, and its agents and employees from and against all claims, damages, losses and expenses including attorney's fees arising out of or resulting from the performance of the work provided that any such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property (other than the work itself) including the loss of use resulting therefrom, and (2) is caused in whole or in part by any negligent act or omission of the Contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder.

In any and all claims against the City, or any of their agents or employees by any employee of the Contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, the indemnification obligation under this Paragraph shall not be limited in any way by any limitation on this amount or type of damages compensation or benefits payable by or for the Contractor or any subcontractor under Workers' Compensation Acts, Disability Benefit Acts or other Employee Benefit Acts. Nothing in this section shall affect the immunities of the City pursuant to Chapter 768, Florida Statutes, as amended from time to time, nor shall it constitute an agreement by the City to indemnify Contractor, its officers, employers, subcontractors or agents against any claim or cause of action. This section shall not be construed as consent to be sued by any third parties in any matter arising out of this Agreement. The foregoing indemnification and release shall survive the termination of this Agreement.

Maverick United Elevator *Tom Zerella* 9/17/2019
Contractor's Name Signature Date

State of: FLORIDA

County of: BROWARD

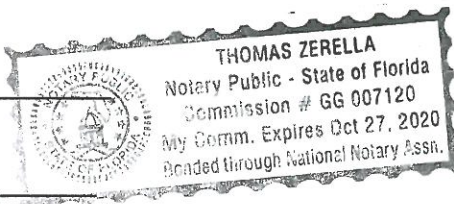
The foregoing instrument was acknowledged before me this 17 day of Sept, 2019, by Kevin Reardon, who is (who are) personally known to me or who has produced FL DR license as identification and who did (did not) take an oath.

Thomas Zerella
Notary Public Signature

Thomas Zerella
Notary Name, Printed, Typed or Stamped

Commission Number: GG 007120

My Commission Expires: 10/27/20



ACKNOWLEDGEMENT
PROPOSER'S QUALIFICATION STATEMENT

State of Florida

County of Broward

On this the 17 day of Sept, 2019, before me, the undersigned Notary Public of the State of Florida, Personally appeared

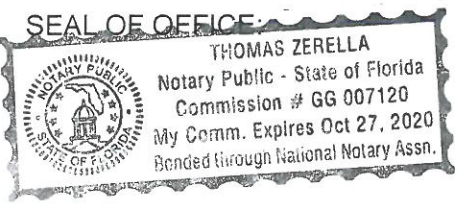
Kevin Reardon And
(Name(s) of individual(s) who appeared before notary)

whose name(s) is/are Subscribed to within the instrument, and he/she/they acknowledge that he/she/they executed it.

WITNESS my hand and official seal.

Thomas Zerella
NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC



(Name of Notary Public: Print, Stamp, or Type as Commissioned)

- Personally known to me, or
- Produced identification

FL Drivers License
(Type of Identification Produced)

- DID take an oath, or
- DID NOT take an oath

PROPOSAL CONFIRMATION

In accordance with the requirements to provide Elevator Preventative Maintenance & Repair Services pursuant to RFP No. 09-17-19-10, the undersigned submits the attached proposal.

Proposer accepts and hereby incorporates by reference in this proposal all of the terms and conditions of the scope of work, including EPA Standards, Motor Vehicle Safety Standards and required warranty and guarantee certificates.

Proposer is fully aware of the scope of work based on these requirements, the legal requirements (federal, state, county and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the work and has made such independent investigation as Proposer deems necessary.

This proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham proposal; Proposer has not solicited or induced any person; firm or a corporation to refrain from proposing and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over City.

The Proposer shall acknowledge this Proposal by signing and completing the spaces provided. I hereby submit this Proposal Package for Elevator Preventative Maintenance & Repair Services, RFP No. 09-17-19-10 to the City of Coconut Creek with the full understanding of the Request for Proposal, General Terms and Conditions, Special Terms and Conditions, Detailed Requirements, and the entire Proposal Package.

Kevin Reardon _____ Signature _____ Date 9/16/2019
Proposer's Name

State of: FLORIDA
County of: BROWARD

The foregoing instrument was acknowledged before me this 17 day of Sept, 2019, by Kevin Reardon, who is (who are) personally known to me or who has produced FL DRIVERS LICENSE as identification and who did (did not) take an oath.

Notary Public Signature _____
THOMAS ZERELLA
Notary Public - State of Florida
Commission # GG 007120
My Comm. Expires Oct 27, 2020
Notary Name Printed, Typed or Stamped

Commission Number: GG 007120
My Commission Expires: 10/27/20

NON-COLLUSIVE AFFIDAVIT

State of FLORIDA)

County of BROWARD)

)ss.

Kevin Reardon being first duly sworn, deposes and says that:

(1) He/she is the Kevin Reardon
(Owner, Partner, Officer, Representative or Agent)
of Maverick United Elevator the Proposer that has submitted the attached proposal;

(2) He/she is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such proposal;

(3) Such proposal is genuine and is not a collusive or sham proposal;

(4) Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Proposer, firm, or person to submit a collusive or sham proposal in connection with the work for which the attached proposal has been submitted; or to refrain from bidding in connection with such work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Proposer, firm or person to fix the price or prices in the attached proposal of any other Proposer, or to fix an overhead, profit, or cost elements of the proposal price or the proposal price of any other Proposer, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed work;

(5) The price or prices quoted in the attached proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Proposer or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.



NIELSON, HOOVER & COMPANY, INC.

September 10, 2019

TO: City of Coconut Creek

RE: MAVERICK UNITED ELEVATOR, LLC
Project: Elevator Maintenance

To Whom It May Concern:

This is to advise you that our office provides suretyship for Maverick United Elevator, LLC. Their Surety is Ohio Casualty Insurance Company, which carries an A.M. Best Rating of A XV and is listed in the department of the Treasury's Federal Register.

Based upon normal and standard underwriting criteria at the time of the request, we should be in a position to provide Performance and Payment Bonds in the amount of \$1,000,000 for single projects and \$2,000,000 total aggregate. It must be understood; however, that we reserve the right to review all contractual documents prior to final commitment to issue any bonds.

Maverick United Elevator, LLC is an excellent contractor and we hold them in high regard. We feel extremely confident in them and encourage you to offer them an opportunity to execute any upcoming projects.

This letter is not an assumption of liability, nor is it a bid or performance and payment bond. It is issued only as a bonding reference requested by our respected client.

Sincerely,

Jarrett Merlucci
Resident Agent



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

BUREAU OF ELEVATOR SAFETY
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1013

850-487-1395

MAVERICK UNITED ELEVATOR LLC
10639 NW 122 ST
MEDLEY FL 33178

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
BUREAU OF ELEVATOR SAFETY

LICENSE NUMBER
ELC614

The ELEVATOR COMPANY
Named below IS REGISTERED
Under the provisions of Chapter 399 FS.
Expiration date: DEC 31, 2019

REQUIRED TO CARRY OR BE COVERED
BY GENERAL LIABILITY INSURANCE

MAVERICK UNITED ELEVATOR LLC
10639 NW 122 ST
MEDLEY FL 33178



NON-TRANSFERABLE



ISSUED: 11/29/2018

DISPLAY AS REQUIRED BY LAW

SEQ # L181129000005



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/25/2019

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 Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd # 130 P.O. Box 5727 Ft. Lauderdale, FL 33310-5727 Nicholas A. Leto		954-776-2222		CONTACT NAME: Nicholas A. Leto PHONE (A/C, No, Ext): 954-776-2222 FAX (A/C, No): 954-776-4446 E-MAIL ADDRESS:																						
INSURED Maverick United Elevator LLC Attn: David Alvarez 10639 NW 122nd Street Medley, FL 33178				<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td>Burlington Insurance Company+</td> <td>23620</td> </tr> <tr> <td>INSURER B :</td> <td>Carolina Casualty Ins. Co.+</td> <td>10510</td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Burlington Insurance Company+	23620	INSURER B :	Carolina Casualty Ins. Co.+	10510	INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			940BW51267	04/20/2019	04/20/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$																
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$																
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			HFF0009286	04/20/2019	04/20/2020	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$																
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	BNUWC0116886	05/11/2018	05/11/2019	<table border="1"> <thead> <tr> <th></th> <th>PER STATUTE</th> <th>OTH-ER</th> <th>LIMITS</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td>\$ 1,000,000</td> </tr> </tbody> </table>		PER STATUTE	OTH-ER	LIMITS	E.L. EACH ACCIDENT			\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE			\$ 1,000,000	E.L. DISEASE - POLICY LIMIT			\$ 1,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof Of Insurance

CERTIFICATE HOLDER

MAVERIC

Maverick United Elevator
10639 NW 122nd Street
Medley, FL 33179

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

Recent Modernization and Service References

1 CITY OF MIAMI

34 Elevators varying between high traffic traction to low use hydraulic

Nancy Dorta

(305) 416-1467

NDorta@miamigov.com



2 MONROE COUNTY

County Wide maintenance and modernizations

(34 elevators)

Alice Steryou

(305) 292-4549

Steryou-alice@monroecounty-fl.gov



3 Aventura Chabad



4)
Temple
Judea

We have

maintained elevators here since early 2016,
Building Address: 5500 Granada Blvd Coral Gables FL 33146



5 BANK OF AMERICA FINANCIAL CENTER

2600 Douglas Road, Coral Gables, FL 33134

5 Midrise Geared elevators

Marcos

(786) 510-1736

marcos@dresi.com



6 FOUR FREEDOM HOUSE

3800 Collins Avenue, Miami Beach, FL 33140

2 - 16 stop elevators

Roberto

(786)286-6468



7 DESOTO PARK

751 Three Islands Blvd. Hallandale beach, FL 33009

12 elevators

Gloria

(954) 456-0642

desotoparksouth@yahoo.com





Maverick United Elevator
10639 NW 122ND ST
Medley, FL 33178

Date: 5/10/2019

Re: Supervisors and Management List

The following is Maverick United Elevator's management structure.

Miguel Garcia-Managing Partner
954-822-1070
Miguel.garcia@mavelevator.com

David Alvarez- Managing Partner
561-961-9149
David.alvarez@mavelevator.com

Omar Tinoco- Field Supervisor
305-399-6224
Omar.tinoco@mavelevator.com

Iran Gutierrez- Field Supervisor
786-759-3978
Iran.gutierrez@mavelevator.com

Best Regards

Kevin Reardon

Senior Account Manager
Cell: 954-850-9139
Office: 305-888-7599
Kevin.Reardon@mavelevator.com

Preventative Maintenance Program

Examine your elevator equipment for optimum operation on a monthly basis.

- Control and landing position systems
- Signal Fixtures
- Machines, drives, motors, governors, sheaves, and ropes
- Power units, pumps, valves, and mufflers
- Car and hoistway door operating devices and door protection equipment
- Loadweighers, car frames, and counterweights
- Safety Mechanisms
- Lubricate equipment for smooth and efficient performance.
- Adjust elevator parts and components to maximize performance and safe operation.
- Document all work performed on Maintenance Tasks & Records logs provided with each elevator.

Limited Coverage Parts Replacement

Repair or replace components worn due to normal wear, including any plug in relays, resistors, rectifiers, glass or mini fuses, door gibs, release roller only, door contacts (both moveable and stationary) selector guides, call button lights.

After Hours Service Requests

On service requests outside of normal business hours for services covered under this Agreement, you will be responsible for overtime costs of labor. Labor costs include travel time, travel expenses, and time spent on the job. Current rates will be provided Via phone call

Annual Safety Testing

Test equipment as outlined in the American National Safety Code for Elevators and Escalators, ANSI A17.1, current edition as of the date this agreement begins. We will perform governor and safety tests on traction elevators once per year and relief pressure tests on hydraulic elevators once per year. You agree to pay for any costs associated for these tests and for the inspector or inspection fees. There is no additional cost in Broward County.



9/16/2019

Maverick United Elevator is a full service 24/7 maintenance, repair and modernization company who can work on any make or model piece of OEM elevator equipment. Our average mechanic has 15 years of elevator trade experience and we draw on 65 employees to tend to our account base concentrated in South Florida. Currently, we have the follow municipalities on maintenance, City of Fort Lauderdale, City of Miami, Town of Davie, City of Hallandale, City of Coral Springs Parks Department and Monroe County.

Maverick's core belief is to provide excellent preventative maintenance, customer service and have a complement of Field Adjuster's should the need arise for higher level troubleshooting repairs. All of your elevators will have a dedicated route and have a selected field adjuster assigned to the account. We have the necessary too, hand held OEM diagnostic software, prints and a warehouse with a full array of various new parts in stock.

Maverick United Elevator is also a highly rated company with the Better Business Bureau.

We look forward to earning the City of Coconut Creek's elevator maintenance business.

Best Regards,

Kevin Reardon

Senior Account Manager

954-809-9139

Kevin.reardon@mavelevator.com



**MAVERICK
UNITED**

ELEVATOR



Maverick United Elevator
10639 NW 122ND ST
Medley, FL 33178

Date: 5/10/2019

Re: Technician Safety and Technical training

Dear Shenel and David,

At Maverick United Elevator, our core belief is to provide the highest level of safety and technical training for our technicians. We embrace instilling best practices for elevator maintenance, repairs and modernizations to our technicians training them both in a classroom setting and real world application in the field. It is mandatory that all of our technicians complete this training regimen on an annual basis in order to be employed by Maverick United Elevator.

Best Regards

Kevin Reardon

Senior Account Manager
Cell: 954-850-9139
Office: 305-888-7599
Kevin.Reardon@mavelevator.com



Maverick United Elevator
10639 NW 122ND ST
Medley, FL 33178

Date: 5/10/2019

Re: Technicians Submitted for Approval

The following are Maverick United Elevator's technicians being proposed for the scope of work in the RFP.

Hollman Marengo
17 years elevator industry experience

David Alvarez
15 years elevator industry experience

Adhaly Feliciano
21 years elevator industry experience

Omar Tinoco
9 years elevator industry experience

Iran Gutierrez
11 years elevator industry experience

Best Regards

Kevin Reardon

Senior Account Manager
Cell: 954-850-9139
Office: 305-888-7599
Kevin.Reardon@mavelevator.com

10639 NW 122 ST, MEDLEY FL 33178
P.954.822.1070 F.305.888.7599

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