

## Exhibit "B"

SUMMARY		
LOCATION	MONTHLY TOTAL	YEARLY TOTAL
Pines Place	\$1,890.60	\$19,087.20
Pines Point	\$782.00	\$6,784.00
Southwest	\$179.50	\$2,154.00
Howard C Forman	\$131.00	\$1,572.00
R&R	\$25.00	\$100.00
Health Park	\$10.00	\$120.00
<b>Total</b>	<b>\$3,018.10</b>	<b>\$29,817.20</b>

\*\*\*Summary totals do not  
include optional services\*\*\*

Exhibit "B"

PINES PLACE						
Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Yearly Cost
Pest Control Tower I - 8103 S. Palm Drive, Pembroke Pines 33025						
1	1 Bedroom (small) (575 SQ FT)	138	Monthly	\$2.20	\$303.60	\$3,643.20
2	1-Bedroom (large) (750 SQ FT)	70	Monthly	\$2.20	\$154.00	\$1,848.00
3	Spray Garbage Chute - 2 per floor, 4 floors	8	Monthly	\$3.00	\$24.00	\$288.00
4	Spray Garbage room on 1st floor - 2 per bldg.	2	Monthly	\$3.00	\$6.00	\$72.00
5	Spray lawn for ants (around the bldg.)	1	Quarterly	\$150.00	\$150.00	\$600.00
Pest Control Tower II - 8210 Florida Drive, Pembroke Pines 33025						
1	1 Bedroom (small) (575 SQ FT)	78	Monthly	\$2.20	\$171.60	\$2,059.20
2	1-Bedroom (large) (750 SQ FT)	1	Monthly	\$2.00	\$2.00	\$24.00
3	1-Bedroom (2 bed) (750 SQ FT)	107	Monthly	\$2.20	\$235.40	\$2,824.80
4	Spray Garbage Chute - 2 per floor, 4 floors	8	Monthly	\$3.00	\$24.00	\$288.00
5	Spray Leasing Office	1	Monthly	\$2.00	\$2.00	\$24.00
6	Spray Garbage room on 1st floor - 2 per bldg.	2	Monthly	\$3.00	\$6.00	\$72.00
7	Spray lawn for ants (around the bldg.)	1	Quarterly	\$150.00	\$150.00	\$600.00
1						
1	1 Bedroom (small) (575 SQ FT)	210	Monthly	\$2.20	\$462.00	\$5,544.00
2	1-Bedroom (large) (750 SQ FT)	10	Monthly	\$2.00	\$20.00	\$240.00
3	Spray Garbage Chute - 2 per floor, 4 floors	8	Monthly	\$3.00	\$24.00	\$288.00
4	Spray Garbage room on 1st floor - 2 per bldg.	2	Monthly	\$3.00	\$6.00	\$72.00
5	Spray lawn for ants (around the bldg.)	1	Quarterly	\$150.00	\$150.00	\$600.00
TOTAL (EXCLUDING OPTIONAL SERVICES)					\$1,890.60	\$19,087.20

Line Item	Description	Unit of Measure	Unit Cost	Yearly Cost
Optional Services				
1	Roach infestation treatment (bomb)	As needed	\$30.00	\$360.00
2	Bedbug treatment	As needed	\$275.00	\$3,300.00
3	Subterranean termites treatment	As needed	\$5.00	\$60.00
4	Termites treatment	As needed	\$200.00	\$2,400.00
TOTAL (OPTIONAL SERVICES)				\$6,120.00

Totals are calculated as below:
Yearly cost = total x 12
Quarterly cost = total ÷ 4

Exhibit "B"

Pines Point						
Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Yearly Cost
Pest Control 401 Building - 401 NW 103rd Avenue, Pembroke Pines 33026						
1	Studio (554 SQ FT)	5	Monthly	\$2.20	\$11.00	\$132.00
2	1-Bedroom Small (580 SQ FT)	30	Monthly	\$2.20	\$66.00	\$792.00
3	1-Bedroom Large (750 SQ FT)	60	Monthly	\$2.20	\$132.00	\$1,584.00
4	Spray Garbage Chute - 1 per floor, 5 floors	5	Monthly	\$3.00	\$15.00	\$180.00
5	Spray Garbage room on 1st floor	1	Monthly	\$3.00	\$3.00	\$36.00
6	Spray lawn for ants (around the bldg.)	1	Quarterly	\$175.00	\$175.00	\$700.00
Pest Control 601 Building - 601 NW 103rd Avenue, Pembroke Pines 33026						
1	Studio (554 SQ FT)	5	Monthly	\$2.20	\$11.00	\$132.00
2	1-Bedroom Small (580 SQ FT)	30	Monthly	\$2.20	\$66.00	\$792.00
3	1-Bedroom Large (750 SQ FT)	60	Monthly	\$2.20	\$132.00	\$1,584.00
4	Spray Garbage Chute - 1 per floor, 5 floors	5	Monthly	\$3.00	\$15.00	\$180.00
5	Spray Garbage room on 1st floor	1	Monthly	\$3.00	\$3.00	\$36.00
6	Spray lawn for ants (around the bldg.)	1	Quarterly	\$150.00	\$150.00	\$600.00
501 NW 103rd Avenue, Pembroke Pines, FL 33026						
1	Spray Leasing Office	1	Monthly	\$3.00	\$3.00	\$36.00
TOTAL (EXCLUDING 'OPTIONAL SERVICES')					\$782.00	\$6,784.00

Line Item	Description	Quantity	Unit Cost	Yearly Cost
Optional Services				
1	Roach infestation treatment (bomb)	As needed	\$30.00	\$360.00
2	Bedbug treatment	As needed	\$275.00	\$3,300.00
3	Subterranean termites treatment	As needed	\$5.00	\$60.00
4	Termites treatment	As needed	\$200.00	\$2,400.00
TOTAL				\$6,120.00

Totals are calculated as below:
Yearly cost = total x 12
Quarterly cost = total x 4

## SOUTHWEST

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Yearly Cost
Pest Control 301 Building (Senior Center) - 301 NW 103rd Avenue, Pembroke Pines 33026						
1	Administrative Offices	1	Monthly	\$70.00	\$70.00	\$840.00
2	Lobby / Rotunda	1	Monthly	\$8.00	\$8.00	\$96.00
3	Common Areas	1	Monthly	\$8.00	\$8.00	\$96.00
4	Kitchen	1	Monthly	\$30.00	\$30.00	\$360.00
5	Pool Deck / Furniture	1	Monthly	\$3.50	\$3.50	\$42.00
6	Lounge Areas	1	Monthly	\$3.50	\$3.50	\$42.00
7	Restrooms	1	Monthly	\$3.50	\$3.50	\$42.00
8	Conference Rooms / Activity Rooms	1	Monthly	\$3.50	\$3.50	\$42.00
9	Loading Dock Area	1	Monthly	\$3.50	\$3.50	\$42.00
10	Restaurant	1	Monthly	\$25.00	\$25.00	\$300.00
11	Classrooms	1	Monthly	\$3.50	\$3.50	\$42.00
12	Gym / Exercise Rooms	1	Monthly	\$3.50	\$3.50	\$42.00
13	Stage Area / Rear Stage	1	Monthly	\$3.50	\$3.50	\$42.00
14	Card Rooms / Pool Room	1	Monthly	\$3.50	\$3.50	\$42.00
15	Alzheimer's Center	1	Monthly	\$3.50	\$3.50	\$42.00
16	Daycare	1	Monthly	\$3.50	\$3.50	\$42.00
1					\$179.50	\$2,154.00

Totals are calculated as below:
Yearly cost = total * 12
Quarterly cost = total * 4

HOWARD C. FOREMAN

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Yearly Cost
Bus Transportation - 901 Ponciana Drive, Pembroke Pines, FL 33025						
1	Office	1	Monthly	\$2.00	\$2.00	\$24.00
2	Maintenance Area	1	Monthly	\$3.00	\$3.00	\$36.00
Office - 911 Ponciana Drive, Pembroke Pines, FL 33025						
1	Office Area - Inside & Out	1	Monthly	\$3.00	\$3.00	\$36.00
Warehouse - 851 Ponciana Drive, Pembroke Pines, FL 33025						
1	Office Area	1	Monthly	\$3.00	\$3.00	\$36.00
Chartwells Kitchen - 8400 West Cypress Drive, Pembroke Pines, FL 33025						
1	Kitchen Area - Inside & Out / Roach Control & Outdoor Rodent Prevention	1	Monthly	\$120.00	\$120.00	\$1,440.00
TOTAL					\$131.00	\$1,572.00

Totals are calculated as below:
Yearly cost = total * 12
Quarterly cost = total * 4

R & R

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Yearly Cost
1401 SW 81st Avenue, Pembroke Pines, FL 33025						
1	Lawn Services - Outside Perimeter of Houses	1	Quarterly	\$5.00	\$5.00	\$20.00
1421 SW 81st Avenue, Pembroke Pines, FL 33025						
1	Lawn Services - Outside Perimeter of Houses	1	Quarterly	\$5.00	\$5.00	\$20.00
1441 SW 81st Avenue, Pembroke Pines, FL 33025						
1	Lawn Services - Outside Perimeter of Houses	1	Quarterly	\$5.00	\$5.00	\$20.00
1461 SW 81st Avenue, Pembroke Pines, FL 33025						
1	Lawn Services - Outside Perimeter of Houses	1	Quarterly	\$5.00	\$5.00	\$20.00
1481 SW 81st Avenue, Pembroke Pines, FL 33025						
1	Lawn Services - Outside Perimeter of Houses	1	Quarterly	\$5.00	\$5.00	\$20.00
TOTAL					\$25.00	\$100.00

Totals are calculated as below:
Yearly cost = total × 12
Quarterly cost = total × 4

Exhibit "B"

HEALTH PARK						
Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Yearly Cost
1003 Poinciana Drive, Pembroke Pines, FL 33025						
1	Perimeter	1	Monthly	\$5.00	\$5.00	\$60.00
1001 Poinciana Drive, Pembroke Pines, FL 33025						
1	Perimeter and Office area	1	Monthly	\$5.00	\$5.00	\$60.00
TOTAL					\$10.00	\$120.00

Totals are calculated as below:
Yearly cost = total x 12
Quarterly cost = total x 4



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/23/2024

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).

<b>PRODUCER</b> Willis Towers Watson Southeast, Inc. Five Concourse Corporate Center, 18th Floor Atlanta, GA 30328	<b>CONTACT</b> <b>NAME:</b> WTW Certificate Center <b>PHONE</b> (A/C No. Ext): 1-877-945-7378 <b>FAX</b> (A/C No): 1-888-467-2378 <b>E-MAIL</b> ADDRESS: certificates@wtwco.com																					
<b>INSURED</b> McCall Service NW LLC 2861 College Street Jacksonville, FL 32205	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Old Republic Insurance Company</td><td>24147</td></tr><tr><td>INSURER B:</td><td>ACE Property &amp; Casualty Insurance Company</td><td>20699</td></tr><tr><td>INSURER C:</td><td>ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER D:</td><td>Allied World Assurance Company US Inc</td><td>19489</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Old Republic Insurance Company	24147	INSURER B:	ACE Property & Casualty Insurance Company	20699	INSURER C:	ACE American Insurance Company	22667	INSURER D:	Allied World Assurance Company US Inc	19489	INSURER E:			INSURER F:		
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INSURER F:																						

## COVERAGES

CERTIFICATE NUMBER: W36863340

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 <input checked="" type="checkbox"/> Pesticide/Herbicide Coverage <input checked="" type="checkbox"/> Pest Control Professional GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	MWZY 312034 25	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 3,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000	
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	MWTB 312033 25	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XEU G27927683 010	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000	
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N No	N/A	Y	WLR C72625006	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
C	Excess Workers Comp			WCU C72624968	01/01/2025	01/01/2026	EL Each Accident \$2,000,000 EL Disease-Pol Limit \$2,000,000 EL Disease-Each Empl \$2,000,000	

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

The Umbrella Policy is follow form to the scheduled underlying policies and scheduled retained limits, subject to policy exclusions.

SEE ATTACHED

## CERTIFICATE HOLDER

## CANCELLATION

Evidence Certificate of Insurance	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 

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



# **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

<b>AGENCY</b> Willis Towers Watson Southeast, Inc.		<b>NAMED INSURED</b> McCall Service NW LLC 2861 College Street Jacksonville, FL 32205	
<b>POLICY NUMBER</b> See Page 1		<b>EFFECTIVE DATE:</b> See Page 1	
<b>CARRIER</b> See Page 1	<b>NAIC CODE</b> See Page 1		

## **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

Deductibles range from \$100,000 to \$3,000,000 based on parent company (Rollins, Inc.) financial size and strength.

Blanket Additional Insured status is provided on the General Liability and Auto Liability policies as required by written contract.

General Liability, Auto Liability shall be Primary and Non-contributory with any other insurance in force for or which may be purchased by Additional Insured, as required by written contract.

Waiver of Subrogation applies in favor of Additional Insureds with respects to General Liability, Auto Liability and Workers Compensation as required by written contract and as permitted by law.

**INSURER AFFORDING COVERAGE:** Allied World Assurance Company US Inc

**NAIC#:** 19489

**POLICY NUMBER:** 0306-2978 **EFF DATE:** 01/01/2025 **EXP DATE:** 01/01/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Contractors Pollution	Each Occurrence	\$5,000,000
	Policy Limit	\$5,000,000
	Retention	\$500,000

## Proposer's Background Information Form

#	Question	Response	Comment	Status
<b>Contact Information</b>				
1.1.1	Primary Contact: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Primary Contact for this project.	Daniel Vido Branch Manager 561-397-4073 dvido@callnorthwest.com		Complete
1.1.2	Authorized Approver: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Authorized Approver for this project.	David Cogan Regional Manager dcogan@callnorthwest.com 305-613-8562		Complete
<b>Organization Background</b>				
1.2.1	Please state the year that you company started its business.	1951		Complete
1.2.2	Please state the year that your company started providing service under your current business name.	1951		Complete
1.2.3	What State is your Company Registered In?	Ga		Complete
<b>Former Business</b>				
1.3.1	Under what former name has your business operated? Include a description of the business.	N/A		Complete
1.3.2	At what address was that business located?	5580 N Pine Island RdLauderhill FL 33351		Complete
<b>Past Failure</b>				
1.4.1	Have you ever failed to complete work awarded to you. If so, when, where and why?	No		Complete
<b>Inspected</b>				
1.5.1	Have you personally inspected the proposed WORK and do you have a complete plan for its performance?	Yes		Complete
<b>Subcontracting</b>				
1.6.1	Will you subcontract any part of this WORK? If you will be subcontracting any part of this work, provide details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s). (Note: The proposed list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.)	No		Complete
<b>Bankruptcy Petitions</b>				
1.7.1	List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.	NO		Complete
<b>Bond Claims</b>				
1.8.1	List and describe all successful Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).	No		Complete
<b>Claims, Arbitrations, Administrative Hearings and Lawsuits</b>				
1.9.1	List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.	No		Complete
<b>Criminal Proceedings or Hearings</b>				

1.10.1	List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.	No		Complete
<b>Company Classification</b>				
1.11.1	In regards to the commodities/services proposed, which of the following best classifies your firm? If you selected any options besides \"Original Provider\" please explain.	Original Provider		Complete
<b>Debarment/Suspension</b>				
1.12.1	Have you ever been debarred or suspended from doing business with any governmental agency? If you have been debarred or suspended from doing business with any governmental agency, please explain.	No		Complete
<b>Similar Experience &amp; Contracts</b>				
1.13.1	Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years.		Our firm has extensive experience providing services within the local market, having successfully managed multiple contracts comparable in both size and complexity to the one being requested. Over the past 15 years, we have partnered with organizations such as Miami Dade county, City of Ft Lauderdale —multiple municipalities, school districts, property management companies, or private enterprises, delivering services that required the same level of scale, coordination, and performance standards outlined in this contract.	Complete
<b>Professional License Information</b>				
1.14.1	Are professional licenses required to perform the services requested in this solicitation? If so, please list any applicable professional licenses that your company has that are required to provide these services.	Applicable	All team members are fully licensed by the State of Florida and the Florida Department of Agriculture and Consumer Services (FDACS) to perform pest control services. Our technicians maintain current certifications, complete ongoing training, and adhere to all regulatory requirements to ensure compliance, safety, and the highest standard of service delivery.	Complete
<b>Conflict of Interest</b>				
1.15.1	Do you need to disclose any conflicts of interest? The award of any contract hereunder is subject to the provisions of Chapter 112, Florida Statutes. Proposers must disclose with their Proposal the name of any officer, director, partner, proprietor, associate or agent who is also an officer or employee of CITY or any of its agencies. Further, all Proposers must disclose the name of any officer or employee of CITY who owns, directly or indirectly, an interest of five percent (5%) or more in the Proposer 's firm or any of its branches or affiliate companies.	No		Complete
<b>19 Questions</b>			<b>100.00% Complete</b>	



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

1. This sworn statement is submitted \_\_\_\_\_  
(name of entity submitting sworn statement) whose business address is \_\_\_\_\_  
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: \_\_\_\_\_.)
2. My name is \_\_\_\_\_ and my  
(Please print name of individual signing)  
relationship to the entity named above is \_\_\_\_\_.
3. 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, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
4. 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.
5. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
  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 Cityship 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 36 months shall be considered an affiliate.

6. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any 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 let by a public entity, or which otherwise transacts or applies to transact business with a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
7. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**
- ☐ A) 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.
- ☐ B) 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.)**
- ☐ B1) 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.)**
- ☐ B2) 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.)**
- ☐ B3) The person or affiliate has not been placed on the convicted vendor list. **(Please describe any action taken by or pending with the Department of General Services.)**

*David Cogan*

Bidder's Name/Signature

Company

Date



## **EQUAL BENEFITS CERTIFICATION FORM FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES**

Except where federal or state law mandates to the contrary, a Contractor awarded a Contract pursuant to a competitive solicitation shall provide benefits to Domestic Partners and spouses of its employees, irrespective of gender, on the same basis as it provides benefits to employees' spouses in traditional marriages.

The Contractor shall provide the City and/or the City Manager or his/her designee, access to its records for the purpose of audits and/or investigations to ascertain compliance with the provisions of this section, and upon request shall provide evidence that the Contractor is in compliance with the provisions of this section upon each new bid, contract renewal, or when the City Manager has received a complaint or has reason to believe the Contractor may not be in compliance with the provisions of this section. Records shall include but not be limited to providing the City and/or the City Manager or his/her designee with certified copies of the Contractor's records pertaining to its benefits policies and its employment policies and practices.

The Contractor must conspicuously make available to all employees and applicants for employment the following statement:

**"During the performance of a contract with the City of Pembroke Pines, Florida, the Contractor will provide Equal Benefits to its employees with spouses, as defined by Section 35.39 of the City's Code of Ordinances, and its employees with Domestic Partners and all Married Couples".**

The posted statement must also include a City contact telephone number and email address which will be provided to each contractor when a covered contract is executed.

### **SECTION 1 DEFINITIONS**

- 1. Benefits** means the following plan, program or policy provided or offered by a contractor to its employees as part of the employer's total compensation package which may include but is not limited to sick leave, bereavement leave, family medical leave, and health benefits.
- 2. Cash Equivalent** mean the amount of money paid to an employee with a domestic partner or spouse in lieu of providing benefits to the employee's domestic partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee for his or her spouse from a traditional marriage.
- 3. Covered Contract** means a contract between the City and a contractor awarded subsequent to the date when this section becomes effective valued at over \$25,000 or the threshold amount required for competitive bids as required in section 35.18(A) of the Procurement Code.
- 4. Domestic Partner** shall mean any two (2) adults of the same or different sex who have registered as domestic partners with a governmental body pursuant to state or local law authorizing such registration, or with an internal registry maintained by the employer of at



least one of the domestic partners. A contractor may institute an internal registry to allow for the provision of equal benefits to employees with domestic partners who do not register their partnerships pursuant to a governmental body authorizing such registration, or who are located in a jurisdiction where no such governmental domestic partnership registry exists. A contractor that institutes such registry shall not impose criteria for registration that are more stringent than those required for domestic partnership registration by the City of Pembroke Pines.

5. **Equal benefits** means the equality of benefits between employees with spouses and/or dependents of spouses and employees with domestic partners and/or dependents of domestic partners, and/or between spouses of employees and/or dependents of spouses and domestic partners of employees and/or dependents of domestic partners.
6. **Spouse** means one member of a married pair legally married under the laws of any state within the United States of America or any other jurisdiction under which such marriage is legally recognized, irrespective of gender.
7. **Traditional marriage** means a marriage between one man and one woman.

## SECTION 2 CERTIFICATION OF CONTRACTOR

The firm providing a response, by virtue of the signature below, certifies that it is aware of the requirements of Section 35.39 "City Contractors providing Equal Benefits for Domestic Partners and all Married Couples" of the City's Code of Ordinances, and certifies the following (**Check only one box below**):

- ☐ A. Contractor currently complies with the requirements of this section; or
- ☐ B. Contractor will comply with the conditions of this section at the time of contract award; or
- ☐ C. Contractor will not comply with the conditions of this section at the time of contract award: or
- ☐ D. Contractor does not comply with the conditions of this section because of the following allowable exemption (**Check only one box below**):
- ☐ 1. The Contractor does not provide benefits to employees' spouses in traditional marriages;
- ☐ 2. The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;



*City of Pembroke Pines*

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☐ 3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;

☐ 4. The Contractor is a governmental agency;

**The certification shall be signed by an authorized officer of the Contractor. Failure to provide such certification (by checking the appropriate boxes above along with completing the information below) shall result in a Contractor being deemed non-responsive.**

COMPANY NAME: \_\_\_\_\_

AUTHORIZED OFFICER NAME / SIGNATURE: Jamil H Stone





## VENDOR DRUG-FREE WORKPLACE CERTIFICATION FORM

### SECTION 1 GENERAL TERM

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

**IDENTICAL TIE BIDS** - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids that are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drugfree workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

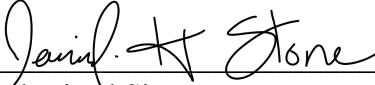
1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about 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 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 each 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.

### SECTION 2 AFFIRMATION

☐ Place a check mark here only if affirming bidder **complies fully** with the above requirements for a Drug-Free Workplace.

☐ Place a check mark here only if affirming bidder **does not** meet the requirements for a Drug-Free Workplace.

**Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for Drug-Free Workplace Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for Drug-Free Workplace Preference based on their sub-contractors' qualifications.**

  
Authorized Signature

\_\_\_\_\_  
Authorized Signer Name

\_\_\_\_\_  
Company Name



**NON-COLLUSIVE AFFIDAVIT**

BIDDER is the

\_\_\_\_\_,  
(Owner, Partner, Officer, Representative or Agent)

BIDDER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

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

The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

Printed Name/Signature David Cogan

Title \_\_\_\_\_

Name of Company \_\_\_\_\_



**SCRUTINIZED COMPANY CERTIFICATION  
PURSUANT TO FLORIDA STATUTE § 287.135.**

I, \_\_\_\_\_, on behalf of \_\_\_\_\_,  
 Print Name and Title Company Name

certify that \_\_\_\_\_:  
Company Name

1. Does not 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 Syria.

Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and 2) Contracting with companies, for goods or services over \$1,000,000.00 that are on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector list, created pursuant to s. 215.473, or are engaged in business operations in Syria.

As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled “Contractor Name” does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

\_\_\_\_\_  
 Company Name                      Print Name / Signature *David Cogan*                      Title



City of Pembroke Pines

## E-VERIFY SYSTEM CERTIFICATION STATEMENT (UNDER SECTION 448.095, FLORIDA STATUTES)

1. Definitions:
  - a. **“Contractor”** means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration. “Contractor” includes, but is not limited to, a vendor or consultant.
  - b. **“Subcontractor”** means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.
  - c. **“E-Verify system”** means an Internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees.
2. Effective January 1, 2021, Contractors, shall register with and use the E-verify system in order to verify the work authorization status of all newly hired employees. Contractor shall register for and utilize the U.S. Department of Homeland Security’s E-Verify System to verify the employment eligibility of:
  - a. All persons employed by a Contractor to perform employment duties within Florida during the term of the contract; and
  - b. All persons (including subvendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with the City of Pembroke Pines. The Contractor acknowledges and agrees that registration and use of the U.S. Department of Homeland Security’s E-Verify System during the term of the contract is a condition of the contract with the City of Pembroke Pines; and
  - c. Should vendor become the successful Contractor awarded for the above-named project, by entering into the contract, the Contractor shall comply with the provisions of Section 448.095, Fla. Stat., “Employment Eligibility,” as amended from time to time. This includes, but is not limited to registration and utilization of the E-Verify System to verify the work authorization status of all newly hired employees. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.
3. Contract Termination
  - a. If the City has a good faith belief that a person or entity with which it is contracting has knowingly violated s. 448.09 (1) Fla. Stat., the contract shall be terminated.
  - b. If the City has a good faith belief that a subcontractor knowingly violated s. 448.095 (2), but the Contractor otherwise complied with s. 448.095 (2) Fla. Stat., shall promptly notify the Contractor and order the Contractor to immediately terminate the contract with the subcontractor.
  - c. A contract terminated under subparagraph a) or b) is not a breach of contract and may not be considered as such.
  - d. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination.
  - e. If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

COMPANY NAME: \_\_\_\_\_

*David Cogan*

PRINTED NAME / AUTHORIZED SIGNATURE: \_\_\_\_\_



**AFFIDAVIT OF COMPLIANCE WITH HUMAN TRAFFICKING LAWS**

In accordance with section 787.06 (13), Florida Statutes, the undersigned, on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury that:

1. The Affiant is an officer or representative of the Entity entering into an agreement with the City of Pembroke Pines.
2. The Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes, entitled "Human Trafficking".
3. The Affiant is authorized to execute this Affidavit on behalf of the Entity.
4. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.
5. Pursuant to Sec. 92.525(2), Fla. Stat., under penalties of perjury, I declare that I have read the foregoing affidavit of compliance with Human Trafficking Laws and that the facts stated in it are true.

FURTHER AFFIANT SAYETH NAUGHT.

DATE: \_\_\_\_\_

SIGNATURE: Jainil H Stone

ENTITY: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_



City of Pembroke Pines

(OFFICE USE ONLY) Vendor # \_\_\_\_\_

**VENDOR INFORMATION FORM**

<b>MAIN CONTACT INFORMATION</b>			
<b>Company Name (Legal Name as filed with IRS)</b>			
<b>Doing Business As (DBA)</b>			
<b>Primary Business Address</b>			
		<b>City:</b>	
		<b>State:</b>	<b>Zip:</b>
		<b>Country:</b>	
<b>Remit To Address</b>			
		<b>City:</b>	
		<b>State:</b>	<b>Zip:</b>
		<b>Country:</b>	
<b>Order From Address</b>			
		<b>City:</b>	
		<b>State:</b>	<b>Zip:</b>
		<b>Country:</b>	
<b>Foreign Entity (Yes/No)</b>			
<b>Telephone Number</b>			
<b>Primary Company E-mail</b>			
<b>Fax</b>			
<b>Website</b>			
<b>DUNS</b>			
<b>Independent Contractor (Yes/No)</b>			
<b>Identification Number</b>	<b>SSN:</b>	<b>FID:</b>	

<b>GENERAL PAYMENT TERMS</b>		
<b>Discount Percent</b> Defines the discount percentage the vendor extends to your organization.	<b>Days to Discount</b> Number of days which payment must be received to claim the discount percent.	<b>Days to Net</b> Number of days that the vendor allows before requiring net payment.

<b>CONTACT # 1</b>	
<b>Contact Name (First &amp; Last Name)</b>	
<b>Description/Title/Position</b>	
<b>Phone (Voice)</b>	
<b>Phone (Text)</b>	<b>Opt In (Y/N):</b>
<b>Fax</b>	
<b>E-mail</b>	

<b>STATE REGISTRATION</b>	
<b>Is your company registered with the State of Florida? (Y/N)</b>	
<b>If not, what state is your company registered in?</b>	

Please attach the print out from <https://dos.myflorida.com/sunbiz/> or the appropriate state showing your active registration and any applicable fictitious names that are registered.

**Form W-9**  
(Rev. March 2024)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	ROLLINS, INC.	
	2 Business name/disregarded entity name, if different from above.	
	NORTHWEST EXTERMINATING CO, LLC	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	
<input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____		
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>		
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):		
Exempt payee code (if any) <u>5</u>		
Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) <u>D</u>		
(Applies to accounts maintained outside the United States.)		
5 Address (number, street, and apt. or suite no.). See instructions.		
830 KENNESAW AVE		
6 City, state, and ZIP code		
MARIETTA, GA 30060-1006		
7 List account number(s) here (optional)		
Requester's name and address (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 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

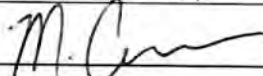
Social security number										
			-				-			
or										
Employer identification number										
5	1	-	0	0	6	8	4	7	9	

## 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	Date
	 Michael Cannon	4-10-2024

## 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](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000005195

**Entity Name:** NORTHWEST EXTERMINATING CO., LLC**Current Principal Place of Business:**2861 COLLEGE STREET  
JACKSONVILLE, FL 32205**Current Mailing Address:**830 KENNESAW AVE NW  
MARIETTA, GA 30060-1006 US**FEI Number:** 51-0068479

Exhibit "B"

Exhibit "B"

**FILED****Apr 23, 2025****Secretary of State****0350402750CC****Name and Address of Current Registered Agent:**UNITED AGENT GROUP INC.  
801 US HWY 1  
NORTH PALM BEACH, FL 33408 US**Certificate of Status Desired:** No*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JON-MICHAEL SANCHEZ, SPECIAL SECRETARY

04/23/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name ROLLINS, INC  
Address 2170 PIEDMONT ROAD NE  
City-State-Zip: ATLANTA GA 30324

Title CO-PRESIDENT  
Name DUNN, JEFF  
Address 2170 PIEDMONT ROAD NE  
City-State-Zip: ATLANTA GA 30324

Title CO-PRESIDENT  
Name PHILLIPS, STEPHEN M  
Address 2170 PIEDMONT ROAD NE  
City-State-Zip: ATLANTA GA 30324

Title VP&TREASURER  
Name LIGHT, ANDREW  
Address 2170 PIEDMONT ROAD NE  
City-State-Zip: ATLANTA GA 30324

Title VP  
Name BRETZ, MARK  
Address 2170 PIEDMONT ROAD NE  
City-State-Zip: ATLANTA GA 30324

Title VP  
Name PHILLIPS, STANFORD C  
Address 2170 PIEDMONT ROAD NE  
City-State-Zip: ATLANTA GA 30324

Title SECRETARY  
Name DOUGLASS, AMY  
Address 2170 PIEDMONT ROAD NE  
City-State-Zip: ATLANTA GA 30324

Title ASST. SECRETARY  
Name WILLIAMS, RYAN  
Address 2170 PIEDMONT ROAD NE  
City-State-Zip: ATLANTA GA 30324

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROLLINS, INC.MEMBER, BY JON-  
MICHAEL SANCHEZ,  
ATTORNEY-IN-FACT

04/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date



**Authorized Person(s) Detail Continued :**

Title	ASST. SECRETARY
Name	CHANDLER, ELIZABETH
Address	2170 PIEDMONT ROAD NE
City-State-Zip:	ATLANTA GA 30324

**BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

**VALID OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026****Business Name:** NORTHWEST EXTERMINATING CO**Receipt #:** 324C-291  
**Business Type:** PEST CONTROL (PEST CONTROL)**Owner Name:** NORTHWEST EXTERMINATING CO  
**Business Location:** 5580 N PINE ISLAND RD  
LAUDERHILL**Business Opened:** 07/28/1995  
**State/County/Cert/Reg:** JB319960  
**Exemption Code:****Business Phone:****Rooms****Seats****Employees**

5

**Machines****Professionals**

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	0.00	0.00	0.00	33.00

Receipt Fee	33.00
Packing/Processing/Canning Employees	0.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS****THIS BECOMES A TAX RECEIPT****WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

**Mailing Address:**HULETT ENVIRONMENTAL SERVICES INC  
5580 N PINE ISLAND RD  
LAUDERHILL, FL 33351**Receipt #** 13B-24-00006043  
**Paid** 07/10/2025 33.00**2025 - 2026**

# Northwest Exterminating Response

*Pricing unsealed at Sep 16, 2025 2:33 PM*

## CONTACT INFORMATION

Company

Northwest Exterminating

Email

dcogan@callnorthwest.com

Contact

David Cogan

Address

17401 NW 2nd Ave

#1

MIAMI, FL 33169

Phone

(305) 613-8562

Website

[www.callnorthwestsfl.com](http://www.callnorthwestsfl.com)

Submission Date

Sep 15, 2025 5:43 PM (Eastern Time)

## ADDENDA CONFIRMATION

*No addenda issued*

## QUESTIONNAIRE

### 1. CONFIRMATION TO BIND

**1.1. I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.\***

☒ Confirmed

☒ Pass ☐ Fail

### 2. CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE

NOTE: Vendors are not required to purchase any additional insurance in order to submit a bid. However, they must certify that they either currently hold, or are able and willing to obtain, all required insurance coverages, endorsements, and limits prior to award and execution of the contract.

**2.1. I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.\***

☒ Confirmed

☒ Pass ☐ Fail

**2.2. Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?\***

Yes

☒ Pass ☐ Fail


**2.3. Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?\***

Yes

☒ Pass ☐ Fail

**2.3.1. Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.\***

☒ Pass ☐ Fail

 [COI\\_2025.pdf](#)

**2.4. Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?\***

No

☒ Pass ☐ Fail

**2.5. Do you plan on using subcontractors for this project?\***

No

☒ Pass ☐ Fail


### 3. PRICE PROPOSAL

#### 3.1. PRICING/BID TABLE(S)\*

☒ Pass ☐ Fail

1. The Vendor must provide their pricing through the designated line items listed on the attached Excel Sheet.
2. Please download the attached document, complete all required fields, and upload the completed form here.

 [CS-25-04 - Price Proposals .xlsx](#)

 [CS-25-04 - Price Proposals\\_\\_\(2\).xlsx](#)

### 4. REFERENCE # 1

The minimum experience for this project is **five (5) years**. Provide specific examples of similar experience conducting licensed work of equal or similar scope of work, preferably delivered by the proposed team members. A **minimum of 5** references should be from the last **five years** and should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. As part of the proposal evaluation process, the City may conduct an investigation of references, including a record check or consumer affairs complaints.

Proposers' submission of a proposal constitutes acknowledgment of the process and consent to investigate. The City is the sole judge in determining Proposers qualifications. In this section you will have the ability to enter information for 5 different references including their contact details and specific project information.

Please note that the City prefers references who are not current employees of the City of Pembroke Pines, as we generally do not contact our own employees for reference checks.

Proposers are advised to confirm that:

1. Each reference provided by the Respondent has up to date contact persons and contact information;
2. The contact person provided for each reference is someone who has personal knowledge of the Proposer's performance during the referenced project; and
3. The contact person for each reference has been contacted by the Proposer regarding this specific bid submittal and such person confirmed their willingness to serve as a reference.

**4.1. Reference Contact Information - Name of Firm, City, County or Agency\***

☒ Pass ☐ Fail

City of Oakland Park

**4.2. Reference Contact Information - Reference's Business Address\***

☒ Pass ☐ Fail

5100 NE 12th Terrace

**4.3. Reference Contact Information - Reference's Contact Name & Title\***

☒ Pass ☐ Fail

Oscar Torres Public Works Manager and Facilities

**4.4. Reference Contact Information - Reference's E-mail Address\***

☒ Pass ☐ Fail

oscart@oaklandparkfl.gov

**4.5. Reference Contact Information - Reference's Phone Number\***

☒ Pass ☐ Fail

954-630-4518

**4.6. Project Information - Was your firm the prime contractor for the listed project?\***

☒ Pass ☐ Fail

Yes

**4.7. Project Information - Name of Contactor Performing the Work\***

☒ Pass ☐ Fail

Northwest Exterminating

**4.8. Project Information - Name and location of the project\***

☒ Pass ☐ Fail

City of Oakland Park, treat 21 buildings for pest and rodents

**4.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for\***

Service all the properties for pest control and rodent control

☒ Pass ☐ Fail

**4.10. Project Information - Project Duration\***

☒ Pass ☐ Fail

Currently the 10th year

**4.11. Project Information - Completion (Anticipated) Date\***☒ Pass ☐ Fail

N/A

**4.12. Project Information - Size of Project\***☒ Pass ☐ Fail

21 Locations inside and outside service

**4.13. Project Information - Cost of Project\***☒ Pass ☐ Fail

\$13,000 per year

**5. REFERENCE # 2****5.1. Reference Contact Information - Name of Firm, City, County or Agency\***☒ Pass ☐ Fail

Fort Lauderdale Airport 3400 SW 2n Ave Ft Lauderdale Fl

**5.2. Reference Contact Information - Reference's Business Address\***☒ Pass ☐ Fail

3400 SW 2n Ave Ft Lauderdale Fl

**5.3. Reference Contact Information - Reference's Contact Name & Title\***☒ Pass ☐ Fail

Lori Vassello Contract Administrator

**5.4. Reference Contact Information - Reference's E-mail Address\***☒ Pass ☐ Fail

lvassello@broward.org

**5.5. Reference Contact Information - Reference's Phone Number\***☒ Pass ☐ Fail

954-359-1269

**5.6. Project Information - Was your firm the prime contractor for the listed project?\***☒ Pass ☐ Fail

Yes

**5.7. Project Information - Name of Contactor Performing the Work\***☒ Pass ☐ Fail

Northwest Exterminating

**5.8. Project Information - Name and location of the project\***☒ Pass ☐ Fail

Fort Lauderdale Airport....All terminals interior and exterior service.

**5.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for\***

Performed general pest control service, rodent monitoring and termite services. All restrooms, offices, ☒ Pass ☐ Fail corridors, break rooms, locker rooms and garages are treated.

**5.10. Project Information - Project Duration\***☒ Pass ☐ Fail

5 years

**5.11. Project Information - Completion (Anticipated) Date\***☒ Pass ☐ Fail

2027

**5.12. Project Information - Size of Project\***☒ Pass ☐ Fail

almost 8 million square feet

**5.13. Project Information - Cost of Project\***☒ Pass ☐ Fail

\$12,000 per month

**6. REFERENCE # 3****6.1. Reference Contact Information - Name of Firm, City, County or Agency\***☒ Pass ☐ Fail

City of Miami Beach

**6.2. Reference Contact Information - Reference's Business Address\***☒ Pass ☐ Fail

17011 NE 19th Ave North Miami Beach Fl

**6.3. Reference Contact Information - Reference's Contact Name & Title\***☒ Pass ☐ Fail

Yesenia Diaz Public Works

**6.4. Reference Contact Information - Reference's E-mail Address\***☒ Pass ☐ Fail

yesenia.diaz@citynmb.com

**6.5. Reference Contact Information - Reference's Phone Number\***☒ Pass ☐ Fail

305-948-9482

**6.6. Project Information - Was your firm the prime contractor for the listed project?\***☒ Pass ☐ Fail

Yes

**6.7. Project Information - Name of Contactor Performing the Work\***☒ Pass ☐ Fail

Northwest Exterminating

**6.8. Project Information - Name and location of the project\***☒ Pass ☐ Fail

City of North Miami Beach

**6.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for\***

Treat all 25 locations for General pest control and rodent control. Treatment of city hall, police station, ☒ Pass ☐ Fail  
fire station and all other city managed properties.

**6.10. Project Information - Project Duration\***☒ Pass ☐ Fail

5

**6.11. Project Information - Completion (Anticipated) Date\***☒ Pass ☐ Fail

2029

**6.12. Project Information - Size of Project\***☒ Pass ☐ Fail

25 Locations

**6.13. Project Information - Cost of Project\***☒ Pass ☐ Fail

\$1100 per month

**7. REFERENCE # 4****7.1. Reference Contact Information - Name of Firm, City, County or Agency***No response submitted***7.2. Reference Contact Information - Reference's Business Address***No response submitted***7.3. Reference Contact Information - Reference's Contact Name & Title***No response submitted***7.4. Reference Contact Information - Reference's E-mail Address***No response submitted***7.5. Reference Contact Information - Reference's Phone Number***No response submitted***7.6. Project Information - Was your firm the prime contractor for the listed project?***No response submitted***7.7. Project Information - Name of Contactor Performing the Work***No response submitted***7.8. Project Information - Name and location of the project***No response submitted***7.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for***No response submitted***7.10. Project Information - Project Duration***No response submitted*



**7.11. Project Information - Completion (Anticipated) Date**

*No response submitted*

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**7.12. Project Information - Size of Project**

*No response submitted*

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**7.13. Project Information - Cost of Project**

*No response submitted*

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**8. REFERENCE # 5****8.1. Reference Contact Information - Name of Firm, City, County or Agency**

*No response submitted*

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**8.2. Reference Contact Information - Reference's Business Address**

*No response submitted*

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**8.3. Reference Contact Information - Reference's Contact Name & Title**

*No response submitted*

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**8.4. Reference Contact Information - Reference's E-mail Address**

*No response submitted*

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**8.5. Reference Contact Information - Reference's Phone Number**

*No response submitted*

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**8.6. Project Information - Was your firm the prime contractor for the listed project?**

*No response submitted*

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**8.7. Project Information - Name of Contactor Performing the Work**

*No response submitted*

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**8.8. Project Information - Name and location of the project**

*No response submitted*

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**8.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for**

*No response submitted*


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**8.10. Project Information - Project Duration***No response submitted***8.11. Project Information - Completion (Anticipated) Date***No response submitted***8.12. Project Information - Size of Project***No response submitted***8.13. Project Information - Cost of Project***No response submitted***9. PROJECT DOCUMENTS****9.1. PROPOSERS BACKGROUND INFORMATION FORM\***☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Proposers Background Information Form \(1\).xlsx](#)
 [Proposers Background Information Form \(1\) \(5\).xlsx](#)
**10. SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3) (a)****10.1. SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM\***☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Sworn Statement on Public Entity Crimes.pdf](#)
 [Sworn Statement on Public Entity Crimes.pdf](#)
**10.2. Public Entity Crimes Status\***☒ Pass ☐ Fail

- Which option did you select on the Sworn Statement on Public Entity Crimes Form:
  - A) 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.
  - B1) 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 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.)

- B2) 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 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.)
- B3) 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 The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

A) No convictions.

**10.3. Did you select option B1 or B2 above?\***

☒ Pass ☐ Fail

No

**10.4. Did you select option B3 above?\***

☒ Pass ☐ Fail

No

## **11. EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES**

**11.1. EQUAL BENEFITS CERTIFICATION FORM\***

☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Equal\\_Benefits\\_Certification\\_Form.pdf](#)

 [Equal\\_Benefits\\_Certification\\_Form.pdf](#)

**11.2. Equal Benefits Status\***

☒ Pass ☐ Fail

- Which option did you select on the Equal Benefits Certification Form:
  - A. Contractor currently complies with the requirements of this section; or
  - B. Contractor will comply with the conditions of this section at the time of contract award; or
  - C. Contractor will not comply with the conditions of this section at the time of contract award; or
  - D. Contractor does not comply with the conditions of this section because of the following allowable exemption (Check only one box below):
    - 1. The Contractor does not provide benefits to employees' spouses in traditional marriages;
    - 2. The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such

benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;

- 3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;
- 4. The Contractor is a governmental agency;

A) Contractor currently complies.

**11.3. Did you select option D2 above?\***

☒ Pass ☐ Fail

No

## 12. DRUG-FREE WORKPLACE CERTIFICATION

**12.1. VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM\***

☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Vendor\\_Drug-Free\\_Workplace\\_Certification\\_Form.pdf](#)

 [Vendor\\_Drug-Free\\_Workplace\\_Certification\\_Form.pdf](#)

**12.2. Drug-Free Status\***

☒ Pass ☐ Fail

Complies fully.

## 13. STANDARD DOCUMENTS

The following documents are standard documents that the City generally requires for every solicitation. As a result, we recommend vendors to keep these documents updated and readily available so that they can be easily uploaded for each project that the vendor would like to participate in. In the event that the City does not have one of the forms or documents listed below for your company, the City may reach out to your company after the bid has closed to obtain the document(s).

**13.1. NON-COLLUSIVE AFFIDAVIT\***

☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Non-Collusive\\_Affidavit.pdf](#)

 [Non-Collusive\\_Affidavit.pdf](#)

**13.2. SCRUTINIZED COMPANY CERTIFICATION\***

☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Scrutinized\\_Company\\_Certification.pdf](#)

 [Scrutinized\\_Company\\_Certification.pdf](#)

**13.3. E-VERIFY SYSTEM CERTIFICATION\***☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.
2. Effective January 1, 2021, pursuant to Section 448.095, Florida Statutes, the City may not enter into a contract with a vendor/contractor/subcontractor unless that vendor/contractor/subcontractor is registered with and uses the E-Verify system administered by the U.S. Department of Homeland Security ("DHS").
3. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.

 [E-Verify\\_System\\_Certification\\_Statement.pdf](#) [E-Verify\\_System\\_Certification\\_Statement.pdf](#)**13.4. HUMAN TRAFFICKING AFFIDAVIT\***☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Human\\_Trafficking\\_Affidavit.pdf](#) [Human\\_Trafficking\\_Affidavit.pdf](#)**14. VENDOR REGISTRATION****14.1. Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?\***


- The City of Pembroke Pines utilizes OpenGov as its e-Procurement platform for ☒ Pass ☐ Fail solicitation and bid submission purposes. However, please be advised that **vendor registration for onboarding and processing payments is handled separately** through the City's Accounts Payable Division using **PaymentWorks**, a secure online vendor management platform.
- All vendors that will be submitting invoices and requiring payments from the City are required to register on the PaymentWorks platform. If the vendor is not currently registered with the City via PaymentWorks and does not have a Vendor Number, the City will have to invite the vendor to register.
- For formal solicitations such as this project, the Procurement Department will send PaymentWorks registration invitations to vendor(s) who are under active consideration for award. Please be aware that not all vendors who submit proposals will receive an invitation, in order to manage system usage and avoid onboarding vendors who are unlikely to receive payments from the City.
- Invitations will typically be sent to the contact listed on the submitted Vendor Information Form.


No

**14.2. VENDOR INFORMATION FORM\***☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Vendor\\_Information\\_Form.pdf](#)

 [Vendor\\_Information\\_Form.pdf](#)


 [Sunbiz.pdf](#)

### 14.3. FORM W-9 (REVISED MARCH 2024)\*

☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.
2. Note - Please use the March 2024 version of the form as previously dated versions of this form may delay the processing of any payments to the selected vendor.

 [Form\\_W-9\\_\(Rev\\_March\\_2024\).pdf](#)

 [W-9\\_NW\\_Exterminating\\_LLC,\\_2024\\_\(17\).pdf](#)

## 15. OPTIONAL DOCUMENTATION

### 15.1. TRADE SECRETS

1. The Proposer's response to this solicitation is a public record pursuant to Florida law, which is subject to disclosure by the City under the State of Florida Public Records Law, Florida Statutes Chapter 119.07 ("Public Records Law"). The City shall permit public access to all documents, papers, letters or other material submitted in connection with this solicitation and the Contract to be executed for this solicitation, subject to the provisions of Chapter 119.07 of the Florida Statutes.
2. Any language contained in the Proposer's response to the solicitation purporting to require confidentiality of any portion of the Proposer's response to the solicitation, except to the extent that certain information is in the City's opinion a Trade Secret pursuant to Florida law, shall be void. If a Proposer submits any documents or other information to the City which the Proposer claims is Trade Secret information and exempt from Florida Statutes Chapter 119.07 ("Public Records Laws"), the Proposer shall clearly designate that it is a Trade Secret and that it is asserting that the document or information is exempt. The Proposer must specifically identify the exemption being claimed under Florida Statutes 119.07. The City shall be the final arbiter of whether any information contained in the Proposer's response to the solicitation constitutes a Trade Secret.
3. EXCEPT FOR CLEARLY MARKED PORTIONS THAT ARE BONA FIDE TRADE SECRETS PURSUANT TO FLORIDA LAW, DO NOT MARK YOUR RESPONSE TO THE SOLICITATION AS PROPRIETARY OR CONFIDENTIAL. DO NOT MARK YOUR RESPONSE TO THE SOLICITATION OR ANY PART THEREOF AS COPYRIGHTED. ALL DOCUMENTS THAT THE FIRM PURPORTS TO BE CONFIDENTIAL, PROPRIETARY OR A TRADE SECRET SHALL BE UPLOADED TO THE OPENGOV WEBSITE AS A SEPARATE ATTACHMENT, IN THIS SECTION, CLEARLY IDENTIFYING THE EXEMPTION BEING CLAIMED UNDER FLORIDA STATUTES 119.07.
4. The city's determination of whether an exemption applies shall be final, and the proposer agrees to defend, indemnify, and hold harmless the city and the city's officers, employees, and agent, against any loss or damages incurred by any person or entity as a result of the city's treatment of records as public records.

*No response submitted*

### 15.2. FINANCIAL STATEMENTS

1. The City is **NOT** requesting the vendor to submit any financial statements for this project and prefers if the vendor does not submit financial statements. In addition, if the City needs a copy of

the vendor's financial statements, the City can contact the vendor after the bid due date to request those documents. However, if the vendor does submit the financial statements, they should be uploaded in this section.

2. Any claim of confidentiality on financial statements must be asserted at the time of submittal. The firm must identify the specific statute that authorizes the exemption from the Public Records Law. Please note that the financial statement exemption provided for in Section 119.071(1)c, Florida Statutes only applies to submittals in response to a solicitation for a "public works" project.

*No response submitted*

### 15.3. ALTERNATIVES

1. If you are submitting an alternative product, please upload any related information in this section (such as specification sheets, etc.).
2. In addition, pursuant to the "**Brand Names**" Section included in the GENERAL TERMS AND CONDITIONS Section if and wherever in the specifications a brand name, make, name of manufacturer, trade name, or vendor catalog number is mentioned, it is for the purpose of establishing a grade or quality of material only. Since the City does not wish to rule out other competition and equal brands or makes, the phrase "OR EQUAL" is added. However, if a product other than that specified is bid, Proposers shall indicate on their proposal and clearly state the proposed substitution and deviation. It is the vendor's responsibility to provide any necessary documentation and samples within their bid submittal to prove that the product is equal to that specified. Such samples are to be furnished before the date of bid opening, unless otherwise specified. Additional evidence in the form of documentation and samples may be requested if the proposed brand is other than that specified. The City retains the right to determine if the proposed brand shall be considered as an approved equivalent or not.

*No response submitted*

### 15.4. ADDITIONAL INFORMATION

1. Please provide any additional information that you deem necessary to complete your proposal in this section, if it has not been requested in another section.

*No response submitted*

### 15.5. PROFESSIONAL LICENSES

1. If applicable, please upload any professional licenses that may be required to perform the services outlined in the solicitation.

*No response submitted*

## 16. VENDOR CLASSIFICATION

### 16.1. Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?\*

1. The evaluation of competitive bids is subject to section 35.36 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with either of the following ☒ Pass ☐ Fail

objective criteria as of the bid or proposal submission date stated in the solicitation. A local business shall be defined as:

1. **"Local Pembroke Pines Vendor"** shall mean a business entity which has maintained a permanent place of business with full-time employees within the City limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the City of Pembroke Pines, **OR**;
  2. **"Local Broward County Vendor"** shall mean a business entity which has maintained a permanent place of business with full-time employees within the Broward County limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the Broward County or the city within Broward County where the business resides.
2. A preference of five percent (5%) of the total evaluation point, or five percent (5%) of the total price, shall be given to the Local Pembroke Pines Vendor(s); A preference of two and a half percent (2.5%) of the total evaluation point for local, or two and a half percent (2.5%) of the total price, shall be given to the Local Broward County Vendor(s).

Yes

#### 16.1.1. Please indicate your Local Vendor Status\*


☒ Pass ☐ Fail

Local Broward County Vendor (LBCV)

#### 16.1.2. Local Vendor Preference Certification\*

☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Local\\_Vendor\\_Preference\\_Certification.pdf](#)

 [Local\\_Vendor\\_Preference\\_Certification\\_\(1\).pdf](#)

#### 16.1.3. Local Business Tax Receipts\*

☒ Pass ☐ Fail

1. If claiming Local Vendor Preference, please upload any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.

 [Broward\\_Tax\\_2025.pdf](#)

#### 16.2. Is your firm a Veteran Owned Small Business (VOSB)?\*

☒ Pass ☐ Fail

1. The evaluation of competitive bids is subject to section 35.37 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to veteran owned small businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with the following objective criteria as of the bid or proposal submission date stated in the solicitation.
2. A preference of two and a half percent (2.5%) of the total evaluation point, or two and a half percent (2.5%) of the total price, shall be given to the Veteran Owned Small Business (VOSB).



No

**16.3. Is your firm a Minority-Owned Business Enterprise (MBE)?\***

☒ Pass ☐ Fail

No

**16.4. Is your firm a Woman-Owned Business Enterprise (WBE)?\***

☒ Pass ☐ Fail

No

**16.5. Is your firm a HubZone Business / Labor Surplus Area Firm?\***

☒ Pass ☐ Fail

No

**16.6. Is your firm a Broward County Small Business Enterprise (SBE)?\***

☒ Pass ☐ Fail

No

**16.7. Is your firm a Broward County Business Enterprise (CBE)?\***

☒ Pass ☐ Fail

No

**16.8. Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?\***

☒ Pass ☐ Fail

No

**16.9. Does your firm have a Vendor Classification that was not listed above?\***

☒ Pass ☐ Fail

No

**16.10. Are you currently registered as an active entity on SAM.gov (System for Award Management)?\***

1. All vendors submitting bids for this project must be registered and active in the System for Award Management (SAM.gov) at the time of bid award. This is a federal requirement for entities receiving federal funds, including contracts, grants, or other financial assistance. Registration on SAM.gov ensures that vendors are eligible to do business with the U.S. government and are not suspended, debarred, or otherwise excluded from participation in federal programs. SAM registration is free and can be completed at <https://sam.gov>. Bidders must provide their Unique Entity ID (UEI) and proof of active registration as part of their proposal.

☒ Pass ☐ Fail

No

**16.11. Debarment Status - Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?\***

No

☒ Pass ☐ Fail

**16.12. I certify that the information provided above is true and correct to the best of my knowledge. I understand that false or misleading statements may disqualify this bid and subject the entity to federal penalties.\***

☒ Confirmed

☒ Pass ☐ Fail