

Bazin Corporation d/b/a A&B Towing Service

Bid Contact **Rodrigo Ospina**
Rod@abtowingservice.com
Ph 954-635-0541

Address **2313 SW 59th Avenue**
West Park, FL 33023

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch.	Docs
PD-17-07--01-01	The Contractor proposes to pay an annual Franchise Fee	Supplier Product Code:	First Offer - \$205,000.00	1 / year	\$205,000.00	Y Y

Supplier Total **\$205,000.00**

Bazin Corporation d/b/a A&B Towing Service**Item: The Contractor proposes to pay an annual Franchise Fee****Attachments**

RFPPD-17-07 Citywide Towing Services - Bazin Corporation dba AB Towing Service.pdf

CITYWIDE TOWING SERVICES
RFP #PD-17-07 Citywide Towing Services

January 30th, 2018



Bazin Corporation d/b/a A&B Towing Service

Rodrigo Ospina, President

(954) 635-0541

rod@abtowingservice.com

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1. Tab 2 - Letter of Interest:

Bazin Corporation d/b/a/ A&B Towing Services has been a full-service towing, recovery and road service company in business since 1990, being the foremost towing and recovery provider in the area. We currently hold the Towing Franchise with the City of Pembroke Pines and we have towed for the City for over 20 years. We currently service other neighboring cities located in Broward County, including The City of Cooper City for approximately 23 years, and The City of Miramar for over 12 years.

A&B Towing's staff is well trained, professional, courteous and experienced in handling the demands of the Towing Agreement, which we currently hold for the City of Pembroke Pines. Our vast experience also includes recovery of vehicles from canals, rollover vehicles including tractor and trailers, and towing disabled city vehicles; which makes us exceedingly qualified to continue performing the Towing Agreement for the City. Our equipment fleet is top of the line and well maintained meeting all the required codes.

We are one of the top AAA Motor Club provider in Broward County, and we are one of the company zoned in the City of Pembroke Pines to tow for them, therefore, A&B Towing is better suited to service the City than any other towing company in the area, as we strategically have tow trucks positioned within the City and/or its surrounding at all times, thus keeping estimated arrival times to a minimum.

A&B Towing has maintained an outstanding professional relationship with the City, Police Department, Fire Department, City Garage, members and managers of the City Hall, as well as city residents. We have never been investigated or questioned by any local police department, county agency or government agency, nor do we have any pending litigations.

We hold an **A+ ranking with the Better Business Bureau**, which demonstrates our standards for trust and best practices on treating the public in a fair and honest manner.

Since 2012, we are a proud member of Miramar-Pembroke Pines Regional Chamber of Commerce, we have participate in their events, and had the opportunity of being one of the sponsors of some events.

We are committed to the community we serve. We have supported and sponsor the Pembroke Pines Police Department for their Back the Badge Program. This is a large nationwide campaign with law enforcement

agencies across the country designed to give honor to our men and women in blue who serve and protect our homes and businesses each day. As well, Back the Badge represents those officers who have fallen in the line of duty.

We have participated as a sponsor at the Mayor's Annual Pembroke Pines Charter School Foundation Golf Tournament for several years, and we will like to continue making part of such a great event.

We have been and will continue to be a corporate citizen, willing to offer a helping hand in charitable causes when requested by the City. We have participated in the Pines Lakes Elementary School Vehicle Day, showing the students our trucks and how they operate. Also, over the years, we have donated many crashed vehicles to the D.A.R.E. program, schools, cities' youth organizations and fire departments throughout Broward County to assist in demonstrations and they can practice extrication. We would be honored to continue lending a helping hand for such causes.

A&B Towing Service's goal is to provide quality towing and recovery services in a timely, professional, courteous, team-like manner to fulfill the needs and desires of its clients and the community; which describes our customer service policy. Every day, we work on improving our services listening to our customers and clients' suggestions and compliments, guiding all our staff and our work to a direction of excellence. We also work on improving our estimated times of arrivals to each call, keeping vehicles in strategic areas to make sure we are near to the most recurring places where service calls are required.

Our services for the City will include the towing and storage of vehicles; the removal, impounding, and storage of junk vehicles, recreational vehicles, vessels, abandoned vehicles, illegally parked vehicles, non-drivable vehicles at accident scenes, the vehicles of prisoners arrested by the City of Pembroke Pine's Police Department, or vehicles, vessels, trailers, or types of derelict property that are required to be removed or impounded for any reason that arises, from the public rights-of-way or other areas within the City, or from other locations as directed by the City.

A&B Towing have had a flourishing relationship with the City an our record is exemplary. We are committed to continue providing wrecker services to The City Pembroke Pines and its residents, as we have done for over 20 years. Our past performance with the City speaks for itself, and we hope we are granted the opportunity to continue servicing this great City.

2. Tab 3 - Qualifications and Capability to Provide Services:

a. Facilities:

Our storage facility is located at 2313 SW 59th Avenue. West Park, FL 33023.

A&B Towing owns the property where is located. We have been headquartered at this location for over 27 years. We are located approximately within one mile from the City's boundaries and under 3 miles from the Pembroke Pines Police Department.

Our property is easily accessible from State Road 441, between Hallandale Beach Boulevard and Pembroke Road.

Our compound sits in approximately 1.5 acres of land with over 5,600 square feet building.

Our facility is capable of providing storage for over 200 vehicles and a customer parking lot of 20 cars and handicap parking. We also provide special covered areas for investigation purposes with access to jacks, car lifts and other automotive equipment to assist in investigations.

We have a 6-foot chain link fence surrounding and securing our facility. We provide security camera system that records 24/7.

Inside our building, we have a covered customer area and a counter with stools for our customers to utilize while their vehicles are recovered. A restroom and beverage-snacks vending machine stand are also provided. The office and facilities are also wheelchair accessible.

b. Equipment:

A&B Towing Service operates 24-hours a day and employs dispatchers who work and remain on the premises and answer our telephones 24-hours a day. As for our communication equipment, each tow truck is equipped with a state-of-the-art two-way communication system, and we have our own frequency.

A&B also uses a sophisticated GPS vehicle tracking system in our trucks which provide our dispatchers and tow truck drivers real-time tracking to assist manage and dispatch incoming calls expeditiously and appropriately. All of our drivers are also equipped with wireless telephones.

A&B Towing maintains all of the necessary equipment required in the City's specifications, including equipment needed for water recoveries. We also employ three certified divers who can perform the services requested and have two certified mechanics to aid in traffic homicide.

Our equipment fleet is top of the line and well maintained meeting all required codes. All of our drivers are well trained and are experienced in providing a multitude of towing services.

FLEET INFORMATION

All the vehicles listed below are property of Bazin Corporation d/b/a A&B Towing Service:

All trucks listed below are our Flatbed Fleet. They are all capable of carrying two vehicles at any time.

YEAR	MAKE	MODEL
2007	International	Flatbed
2007	International	Flatbed
2007	International	Flatbed
2007	International	Flatbed
2004	International	Flatbed
2015	Hino 258	Flatbed
2017	Hino 258	Flatbed
2018	Hino 258	Flatbed

Our Kenworth Unit is capable of towing all tractor trailers, buses, fire trucks, and ambulance units.

YEAR	MAKE	MODEL
1999	Kenworth	Tractor

All trucks listed below are our wrecker fleet. They are capable of towing one vehicle and are also capable of doing simple to heavy recoveries.

YEAR	MAKE	MODEL
2002	International	Wrecker
2006	Ford F450	Wrecker
2008	Dodge 5500	Wrecker
2005	Caterpillar	Forklift
2018	Dodge 5500	Wrecker

Vehicles listed below are our Management, light service, and on scene support vehicles.

YEAR	MAKE	MODEL	TYPE OF VEHICLE
2017	Ford	F350	Support Vehicles
2010	Chevrolet	Silverado	Support Vehicles

In the event when/if multiple class D tow trucks are needed, or special equipment is required, A&B Towing has immediately access to equipment listed below, owned by J&J Towing. We have been doing business with the Firm for 15 years.

J&J Towing will provide their services of class D tow trucks and rotators just when A&B Towing asked them for.

They have been in business for 30 years; they provide towing services for Florida Highway Patrol (FHP) and currently hold the Towing Franchise Fee with the City of Margate.

YEAR	MAKE	MODEL
2007	Peterbuilt 75 TON	Rotator
2007	Peterbuilt	Tractor
2007	Fontaine	Lowboy
2007	Peterbuilt	Tractor
2004	Traileze	Trailer
1998	Peterbuilt 55 TON	Tractor
2003	Bobcat S240	Loader

c. Customer Service Policies:

A&B Towing Service has been running as a towing and recovery company since 1990; providing quality services in a timely, professional and courteous manner to fulfill the needs and desires of its clients and the community.

Services are performed honestly, efficiently, effectively, safely, and within legal limits with a focus on liability reduction for the client and all agencies involved.

The office staff has experience managing the release of vehicles and the different process required by the contract. We follow proper protocols that are conducted when a vehicle is recovered and we required proper documentation. Valid registration and/or title as well as a photo ID, are necessary to recover a vehicle. Copies of such documentation are kept with the vehicle storage receipt and filed according to the required retention period.

Customers are escorted to their vehicles to recover proper documentation and/or personal belongings. Any valuables left in a towed vehicle are kept in the office for safekeeping.

Customers are attended in an open atmosphere outside our administrative offices. A counter and stools are provided while they are on the process of releasing or picking up their vehicle.

We offer towing services 24 hours, 7 days a week.

d. Driver Training and Accreditation:

A&B Towing's staff is well trained, professional, courteous and experienced in handling the demands of the Towing Agreement, which we currently hold for the City.

Our drivers are well trained and some of them have been with the company for over 12 years, which provide our crew with an excellent experience in towing and recovering services.

Our office staff has been involved with municipal contracts, knowing perfectly good the filing process, releases, and handling of police hold vehicles

All our truck operators are Wreckmaster trained and certified in towing and recovery, and are certified Fork-lift Operators. We have drivers that are level 2-3 certified and drivers that are level 4-5 certified. We have 3 certified divers with a combined 20 years of experience.

All the operators are required to be in uniforms at all times as required and in accordance with the law. This provides not only a professional appearance, but also addresses our concern for safety at all times on roadways and highways; meeting the requirements for MUTCD (Manual of Uniform Traffic Control Devices).

A&B Towing Service is a drug-free workplace and we do not tolerate, condone nor promote the use of illegal drugs or the misuse of prescription drugs. Employees are not to consume any alcoholic beverages prior to or during working hours not operate any machinery/vehicles while under the influence of drugs. Employees who are suspected of using drugs are subject to drug-testing and possible termination.

e. Record Keeping:

A&B Towing Service has always maintained extensive records of tows and financial transactions. We utilize a sophisticated computer system called Tracker which keeps track of all of our tows, stored vehicles on our property, billing, accounts receivable and inventory. We also maintain a hard cover log book in which we log all calls requesting towing service, and we keep all tow receipts as financial support.

Our records are kept in an orderly fashion and at a safe place. Records are kept for five years. Supporting documents include sales slips, paid bills, invoices, and receipts.

Proper protocols are conducted when a vehicle is recovered and proper documentation is required. Valid registration and/or title as well as photo ID are necessary to recover a vehicle. Copies of such documentation are kept with the vehicle storage receipt and filed according to the required retention period.

f. License:

See attached Broward County Vehicle Towing - Consent and Non-Consent Regulatory License.

3. Tab 4 – Previous Experience:

3.1. Evidence that the Contractor has a minimum of three (3) years' experience:

Bazin Corporation d/b/a A&B Towing Service has been providing towing and recovery services to multiple municipalities with similar contracts as this one.

We currently hold towing contracts with The City of Cooper City for approximately 23 years, with The City of Pembroke Pines for approximately 20 years and The City of Miramar for over 12 years.

3.2. Attachment K: References Form:

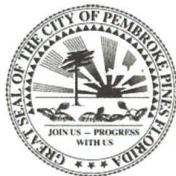
See attached References Form submitted in BidSync.com as requested.

3.3. List of ongoing contracts/projects with their current status and projected termination dates:

- We currently hold Towing Services contract with The City of Pembroke Pines.
- We currently hold Towing Services contract with The City of Miramar.
- We currently hold Towing Services contract with The City of Cooper City.

4. Tab 6 - Other Completed Documents (5 points for Vendor Preference - Local/VOSB):

4.1. Attachment B: Vendor Information Form and IRS Form W-9.

(OFFICE USE ONLY) Vendor number:

Please complete this vendor information form entirely along with the

IRS Form W-9, scan and upload it to the www.bidsync.com**Vendor Information Form**

Operating Name (Payee)	A&B TOWING SERVICE		
Legal Name (as filed with IRS)	BAZIN CORPORATION		
Remit-to Address (For Payments)	2313 SW 59TH AVENUE		
	WEST PARK, FL 33023		
Remit-to Contact Name:	RODRIGO OSPINA	Title:	PRESIDENT
Email Address:	rod@ab towing service.com		
Phone #:	(954)963-3225	Fax #	(954)967-9739
Order-from Address (For purchase orders)			
Order-from Contact Name:		Title:	
Email Address:			
Phone #:		Fax #	
Return-to Address (For product returns)			
Return-to Contact Name		Title:	
Email Address:			
Phone #:		Fax #	
Payment Terms:			

Type of Business (please check one and provide Federal Tax identification or social security Number)

<input checked="" type="checkbox"/> Corporation	Federal ID Number:	65-0194898
<input type="checkbox"/> Sole Proprietorship/Individual	Social Security No.:	
<input type="checkbox"/> Partnership		
<input type="checkbox"/> Health Care Service Provider		
<input type="checkbox"/> LLC - C (C corporation) - S (S corporation) - P (partnership)		
<input type="checkbox"/> Other (Specify):		

Name of Applicant / Signature Rodrigo Ospina / Rg-a. Date 01/29/2018

Title of Applicant President.

Form W-9 (Rev. December 2014) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. BAZIN CORPORATION		
2 Business name/disregarded entity name, if different from above A&B TOWING SERVICE		
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)		
5 Address (number, street, and apt. or suite no.) 2313 SW 59th Avenue		Requester's name and address (optional)
6 City, state, and ZIP code West Park, FL, 33023		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)
 Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

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

Part II Certification
 Under penalties of perjury, I certify that:
 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 3. I am a U.S. citizen or other U.S. person (defined below); and
 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <i>Melissa Genza</i>	Date ▶ 01/20/2018
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/irw9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

By signing the filled-out form, you:

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

Cat. No. 10231X

Form **W-9** (Rev. 12-2014)

Page 2 of 5

Attachment B: Vendor Information Form and a W-9

4.2. Attachment E: Local Vendor Preference Certification.

If claiming Local Broward County Vendor Preference, business must attach a current business tax receipt from Broward County or the city within Broward County where the business resides.

- a. Broward County Local Business Tax Receipt.
- b. City of West Park Local Business Tax Receipt.

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

VALID OCTOBER 1, 2017 THROUGH SEPTEMBER 30, 2018

DBA:
Business Name: A & B TOWING

Receipt #: 322C-279
Business Type: GARAGE/AUTO REPAIR (GARAGE/AUTO REPAIR)

Owner Name: A & B TOWING C/O ROBERT R BAZIN
Business Location: 2313 SW 59 AVE
 WEST PARK

Business Opened: 02/05/1991
State/County/Cert/Reg: AR347/MV12817
Exemption Code:

Business Phone: 954-963-3225

Rooms

Seats

Employees

25

Machines

Professionals

For Vending Business Only						
Number of Machines:			Vending Type:			
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
150.00	0.00	0.00	0.00	0.00	0.00	150.00

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:

A & B TOWING C/O ROBERT R BAZIN
 2313 SW 59 AVENUE
 WEST PARK, FL 33023

Receipt # 032-16-00001091
Paid 09/22/2017 150.00

2017 - 2018

CITY OF WEST PARK		LOCAL BUSINESS TAX RECEIPT		No: 7	
FOR PERIOD OF OCT 1, 2017 THRU SEPT 30, 2018					
(954)989-2688					
Address:	2313 SW 59 AVE WEST PARK, FL 33023			LICENSE	84.00
Activity:	2520 TOWING SERVICE			PENALTY	
				TRANSFER	
Issued to:	A & B TOWING SERVICE ROBERT R BAZIN SR, 2313 SW 59 AVE WEST PARK, FL 33023			Total Paid	84.00
				OCTOBER	0.00
				NOVEMBER	0.00
				DECEMBER	0.00
				JANUARY	0.00

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED TO PUBLIC VIEW

4.3. Attachment M: Vendor Drug-Free Workplace Certification Form.

Attachment M



City of Pembroke Pines

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.

[Signature]
Authorized Signature

Rodrigo Ospina
Authorized Signer Name

Bazin Corp / A&B Towing
Company Name

5. Tab 7 - Additional Information:

Attached are some licenses we considered important for the proposal.

- 5.1.** State of Florida, Articles of Bazin Corporation.
- 5.2.** A&B Towing Service Fictitious Name Detail.
- 5.3.** Hazardous Material Management Facility License.
- 5.4.** Certificate of Liability Insurance.
- 5.5.** Certificate of Liability Insurance – Workers Compensation Policy.

State of Florida



Department of State

I certify from the records of this office that BAZIN CORPORATION is a corporation organized under the laws of the State of Florida, filed on April 24, 1990.

The document number of this corporation is L68348.

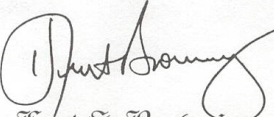
I further certify that said corporation has paid all fees due this office through December 31, 2008, that its most recent annual report/uniform business report was filed on February 11, 2008, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twenty-first day of February, 2008



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State



DIVISION of
CORPORATIONS
an official State of Florida website

[Previous on List](#) [Next on List](#) [Return to List](#)

Fictitious Name Search

No Filing History

Submit

Fictitious Name Detail

Fictitious Name

A&B TOWING SERVICE

Filing Information

Registration Number G14000039639
Status ACTIVE
Filed Date 04/22/2014
Expiration Date 12/31/2019
Current Owners 1
County BROWARD
Total Pages 1
Events Filed NONE
FEI/EIN Number 65-0194898

Mailing Address

2313 SW 59TH AVENUE
WEST PARK, FL 33023

Owner Information

BAZIN CORPORATION
2313 SW 59TH AVENUE
WEST PARK, FL 33023
FEI/EIN Number: 65-0194898
Document Number: L68348

Document Images

[04/22/2014 -- CANCELLATION/RE-REGISTRATION](#)

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Fictitious Name Search

No Filing History

Submit



Environmental Protection and Growth Management Department
ENVIRONMENTAL AND CONSUMER PROTECTION DIVISION
 One North University Drive, Suite A102, Plantation, Florida 33324
 Phone: 954-519-1260 - Fax: 954-519-1494

HAZARDOUS MATERIAL MANAGEMENT FACILITY LICENSE

License Number: HM-03188-17

Applicant:

Melissa Sierra, VPD
 Bazin Corporation
 2313 SW 59 AVE
 Hollywood, FL 33023

Facility Number: 03188

A & B Towing & Automotive
 2313 SW 59TH AVE
 Hollywood, FL 33023

This license is issued under the provisions of Chapter 27 of the Broward County Code of Ordinances hereinafter called the Code. The above-named applicant, hereinafter called Licensee, is hereby authorized to perform the work or operate the facility shown on the approved drawings, plans, documents, and specifications submitted by the Licensee and made a part hereof and described specifically below. The issuance of this license is a final agency determination. A person with a substantial interest may file a petition to request review of or to intervene in a review of a final administrative determination, subject to the provisions of Section 27-14, Broward County Code of Ordinances. If no objection to this license is received within 14 days, the Licensee will be deemed to have accepted it and all the attached terms and conditions.

ALL GENERAL CONDITIONS and SPECIFIC CONDITIONS, on the back of the license or as attached, are considered to constitute the requirements of this license. The Licensee is required to fully comply with all these conditions. Any failure to comply with conditions or requirements as set forth may result in revocation or suspension of this license and may subject the Licensee to enforcement action in accordance with the provisions of Article 1, Division 4 of the Code.

Nature of Business: Towing And Automotive Repair Shop

Hazardous Waste Stream: Petroleum Products, Solvents, Batteries, Rags, Fluorescent Bulbs

Well Field: N/A

Septic: No

**IMPORTANT: THIS LICENSE IS ISSUED ONLY TO THE LICENSEE FOR THE FACILITY ADDRESS IDENTIFIED ABOVE.
 IF THE FACILITY MOVES, CLOSES, OR HAS A CHANGE IN LICENSEE OR ACTIVITY, THE LICENSEE MUST:**

- Transfer license to a new owner or operator
- Submit written notification thirty (30) days prior to closing the facility
- Properly remove and/or dispose of all hazardous materials when closing a facility
- Submit application for each hazardous material management facility location(s) in Broward County
- Submit application, secure approval, and call (954) 519-1260 for inspection, prior to installing or modifying storage tanks
- Submit application, secure approval, and call (954) 519-1260 for inspection, prior to removing or moving storage tanks
- Properly maintain storage tanks and the associated license until all tanks are properly closed

The issuance of this license is a final agency determination. A person with a substantial interest may file a petition to request review of or to intervene in a review of a final administrative determination, subject to the provisions of Section 27-14, Broward County Code of Ordinances.

Application Received: Nov 09, 2017

Effective Date: Dec 01, 2017

Expiration Date: Nov 30, 2019

Issued By: Natasha Herne

NATASHA HERNE, NATURAL RESOURCES SPECIALIST

Phone: 954-519-1203 - Email: nherne@broward.org

ENVIRONMENTAL AND CONSUMER PROTECTION DIVISION

www.broward.org/PollutionPrevention

Renewal Application Due: October 01, 2019

(PLEASE SEE LICENSE CONDITIONS ON THE BACK)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/29/2018

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

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

PRODUCER Chase Insurance Agency, Inc 333 N W 70 Ave; #108 Plantation FL 33317		CONTACT NAME: Angela Crow PHONE (A/C, No, Ext): 954-792-4300 FAX (A/C, No): 954-791-9344 E-MAIL ADDRESS: Angela@chaseinsurance.net	
		INSURER(S) AFFORDING COVERAGE INSURER A: Plaza Insurance Company	NAIC # 30945
INSURED A&BTO-1 Bazin Corp. DBA A&B Towing Services 2313 SW 59th Ave West Park FL 33023		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1103761821

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	ADDITIONAL INSURED	SUBROGATION	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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		PTOWK010324-00	8/24/2017	8/24/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PTOWK010324-00	8/24/2017	8/24/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Garagekeepers Legal Liability			PTOWK010324-00	8/24/2017	8/24/2018	\$500 Ded \$500,000
A	On Hook & Cargo			PTOWK010324-00	8/24/2017	8/24/2018	\$1000 Ded \$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is Additional Insured for General Liability.

CERTIFICATE HOLDER

CANCELLATION

City of Pembroke Pines 601 City Center Way Pembroke Pines FL 33025	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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ACORD 25 (2014/01)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2018

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	SUNZ Insurance Solutions, LLC. ID:(Lightsource PEO) C/O Lightsource Holdings LLC 707 Mendham Blvd, Suite 250 Orlando, FL 32825	CONTACT NAME:	Amanda Santiago	
		PHONE (A/C, No. Ext):	877-257-6662 ext 114	FAX (A/C, No): 877-758-6522
		E-MAIL ADDRESS:	certs@countrywidehr.com	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : SUNZ Insurance Company		34762
INSURED	Lightsource Holdings LLC 707 Mendham Blvd Suite 201 Orlando FL 32825	INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 40100891

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	ADOL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> 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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCPEO0000306 04	7/2/2017	7/2/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

Coverage provided for all leased employees but not subcontractors of: Bazin Corporation dba A & B Towing
Effective date: 1/1/2016

CERTIFICATE HOLDER

000244
City of Pembroke Pines
601 City Center Way
Pembroke Pines FL 33025

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

Glen J Distefano

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ACORD 25 (2016/03)

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40100891 | Lightsource Holdings LLC PEO 306 MASTER CERT | Arturo Cardenas | 1/29/2018 3:45:43 PM (EST) | Page 1 of 1

Supplier: **Bazin Corporation d/b/a A&B Towing Service**

CONTACT INFORMATION FORM

IN ACCORDANCE WITH “RFP # PD-17-07” dated **December 26, 2017** titled “**Citywide Towing Services**” attached hereto as a part hereof, the undersigned submits the following:

A) Contact Information

The Contact information form shall be electronically signed by one duly authorized to do so, and in case signed by a deputy or subordinate, the principal's properly written authority to such deputy or subordinate must accompany the proposal. This form must be completed and submitted through www.bidsync.com as part of the bidder's submittal. The vendor must provide their pricing through the designated lines items listed on the BidSync website.

COMPANY INFORMATION:

COMPANY: **Bazin Corporation d/b/a A&B Towing Service**

STREET ADDRESS: **2313 SW 59th Avenue**

CITY, STATE & ZIP CODE: **West Park, FL 33023**

PRIMARY CONTACT FOR THE PROJECT:

NAME: **Rodrigo Ospina** TITLE: **President**

E-MAIL: **rod@abtowingservice.com**

TELEPHONE: **954-635-0541** FAX: **954-967-9739**

AUTHORIZED APPROVER:

NAME: **Rodrigo Ospina** TITLE: **President**

E-MAIL: **rod@abtowingservice.com**

TELEPHONE: **954-635-0541** FAX: **954-967-9739**

SIGNATURE: **Rodrigo Ospina**

B) Sample Proposal Form

The following sample price proposal is for information only. The vendor must provide their pricing through the designated lines items listed on the BidSync website.

Item	Description	Total Cost
1	The Contractor proposes to pay an annual Franchise Fee for the term of the Contract in the amount of	Price to be Submitted Via BidSync

Supplier: **Bazin Corporation d/b/a A&B Towing Service**



City of Pembroke Pines

Attachment C

NON-COLLUSIVE AFFIDAVIT

BIDDER is the **Owner**,

(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 **Rodrigo Ospina**

Title **President**

Name of Company **rod@abtowingservice.com**

Supplier: **Bazin Corporation d/b/a A&B Towing Service**



City of Pembroke Pines

Attachment D

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

1. This sworn statement is submitted **Bazin Corporation d/b/a A&B Towing Service** (name of entity submitting sworn statement) whose business address is **2313 SW 59th Avenue. West Park, FL 33023** and (if applicable) its Federal Employer Identification Number (FEIN) is **65-0194898**. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: .)
2. My name is **Rodrigo Ospina** and my
(Please print name of individual signing)

relationship to the entity named above is **President**.
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.)**

Rodrigo Ospina

Bazin Corporation d/b/a 01/29/2018
A&B Towing Service

Bidder's Name/Signature

Company

Date

Supplier: Bazin Corporation d/b/a A&B Towing Service



City of Pembroke Pines

Attachment E

LOCAL VENDOR PREFERENCE CERTIFICATION

SECTION 1 GENERAL TERM

LOCAL PREFERENCE

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 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 or 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.

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)**.

COMPARISON OF QUALIFICATIONS

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the city from giving any other preference permitted by law instead of the preferences granted, nor prohibit the city to select the bid or proposal which is the most responsible and in the best interests of the city.

SECTION 2 AFFIRMATION

LOCAL PREFERENCE CERTIFICATION:

- ☐ Place a check mark here only if affirming bidder meets requirements above as a Local Pembroke Pines Vendor.
In addition, the business must attach a current business tax receipt from the City of Pembroke Pines along with 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.
- ☒ Place a check mark here only if affirming bidder meets requirements above as a Local Broward County Vendor.
In addition, the business must attach a current business tax receipt from the Broward County or the city within Broward County where the business resides along with 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.
- ☐ Place a check mark here only if affirming bidder does not meet the requirements above as a Local Vendor.

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

COMPANY NAME: **Bazin Corporation d/b/a A&B Towing Service**

PRINTED NAME / AUTHORIZED SIGNATURE: **Rodrigo Ospina**

Supplier: Bazin Corporation d/b/a A&B Towing Service



City of Pembroke Pines

Attachment F

VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE CERTIFICATION

SECTION 1 GENERAL TERM

VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE

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. A veteran owned small business shall be defined as:

1. "Veteran Owned Small Business" shall mean a business entity which has received a "Determination Letter" from the United States Department of Veteran Affairs Center for Verification and Evaluation notifying the business that they have been approved as a Veteran Owned Small Business (VOSB).

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)**. This shall mean that if a **VOSB** submits a bid/quote that is within 2.5% of the lowest price submitted by any vendor, the **VOSB** shall have an option to submit another bid which is at least 1% lower than the lowest responsive bid/quote. If the **VOSB** submits a bid which is at least 1% lower than that lowest responsive bid/quote, then the award will go to the **VOSB**. If not, the award will be made to the vendor that submits the lowest responsive bid/quote. If the lowest responsive and responsible bidder is a "**Local Pembroke Pines Vendor**" (**LPPV**) or a "**Local Broward County Vendor**" (**LBCV**) as established in Section 35.36 of the City's Code of Ordinances, entitled "Local Vendor Preference", then the award will be made to that vendor and no other bidders will be given an opportunity to submit additional bids as described herein.

If there is a **LPPV**, a **LBCV**, and a **VOSB** participating in the same bid solicitation and all three vendors qualify to submit a second bid, the **LPPV** will be given first option. If the **LPPV** cannot beat the lowest bid received by at least 1%, an opportunity will be given to the **LBCV**. If the **LBCV** cannot beat the lowest bid by at least 1%, an opportunity will be given to the **VOSB**. If the **VOSB** cannot beat the lowest bid by at least 1%, then the bid will be awarded to the lowest bidder.

If multiple **VOSBs** submit bids/quotes which are within 2.5% of the lowest bid/quote and there are no **LPPV** or **LBCV** as described in Section 35.36 of the City's Code of Ordinance, entitled "Local Vendor Preference", then all **VOSBs** will be asked to submit a **Best and Final Offer (BAFO)**. The award will be made to the **VOSB** submitting the lowest **BAFO** providing that that **BAFO** is at least 1% lower than the lowest bid/quote received in the original solicitation. If no **VOSB** can beat the lowest bid/quote by at least 1%, then the award will be made to the lowest responsive bidder.

COMPARISON OF QUALIFICATIONS

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the city from giving any other preference permitted by law instead of the preferences granted, nor prohibit the city to select the bid or proposal which is the most responsible and in the best interests of the city.

SECTION 2 AFFIRMATION

VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE CERTIFICATION:

☐ Place a check mark here only if affirming bidder meets requirements above as a Veteran Owned Small Business.
In addition, the bidder must attach the "Determination Letter" from the U.S. Dept. of Veteran Affairs Center.

☒ Place a check mark here only if affirming bidder does not meet the requirements above as a VOSB.

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

COMPANY NAME: **Bazin Corporation d/b/a A&B Towing Service**

PRINTED NAME / AUTHORIZED SIGNATURE: **Rodrigo Ospina**

Supplier: **Bazin Corporation d/b/a A&B Towing Service**



City of Pembroke Pines

Attachment G

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;
- ☐ 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: **Bazin Corporation d/b/a A&B Towing Service**

AUTHORIZED OFFICER NAME / SIGNATURE: **rod@abtowingservice.com**

Supplier: **Bazin Corporation d/b/a A&B Towing Service**



City of Pembroke Pines

Attachment H

PROPOSER'S QUALIFICATIONS STATEMENT

PROPOSER shall furnish the following information. Failure to comply with this requirement will render Bid non-responsive and shall cause its rejection. Additional sheets shall be attached as required.

PROPOSER'S Name and Principal Address:

BAZIN CORPORATION D/B/A A&B TOWING SERVICE
2313 SW 59th Avenue
West Park, FL 33023

Contact Person's Name and Title: **Rodrigo Ospina, President**

Contact Person's E-mail Address: **rod@abtowingservice.com**

PROPOSER'S Telephone and Fax Number: **(954)635-0541, (954)967-9739**

PROPOSER'S License Number: **TI-00005**
(Please attach certificate of status, competency, and/or state registration.)

PROPOSER'S Federal Identification Number: **65-0194898**

Number of years your organization has been in business **28 years**

State the number of years your firm has been in business under your present business name **28 years**

State the number of years your firm has been in business in the work specific to this solicitation: **28 years**

Names and titles of all officers, partners or individuals doing business under trade name:

Rodrigo Ospina, President.
Melissa Sierra, Vicepresident.
Carlos M. Sierra, Vicepresident.

The business is a: Sole Proprietorship ☐ Partnership ☐ Corporation ☒

IF USING A FICTITIOUS NAME, SUBMIT EVIDENCE OF COMPLIANCE WITH FLORIDA FICTITIOUS NAME STATUTE. (ATTACH IN PROPOSER EXHIBIT SECTION)

Under what former name has your business operated? Include a description of the business. Failure to include such information shall be deemed to be intentional misrepresentation by the City and shall render the proposer RFP submittals non-responsive.

Bazin Corporation operates under the name of A&B Towing Service.

A&B Towing Service has been a professionally operated full service towing, recovery and road service company in business since 1990.

At what address was that business located?

2313 SW 59th Avenue

West Park, FL 33023

Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract:

N/A

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

Never.

Have you personally inspected the proposed WORK and do you have a complete plan for its performance?

Yes, we have personally inspected the proposed work.

Yes, we do have a complete plan.

Will you subcontract any part of this WORK? If so, give 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).

Eventually, does not reach 5% of the work.

The foregoing 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.

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.

N/A

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).

N/A

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.

N/A

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.

N/A

Has the Proposer, its principals, officers or predecessor organization(s) been CONVICTED OF A Public Entity Crime, debarred or suspended from bidding by any government entity? If so, provide details.

No.

Are you an ☒ Original provider ☐ sales representative ☐ distributor, ☐ broker, ☐ manufacturer ☐ other, of the commodities/services proposed upon? If other than the original provider, explain below.

Original Provider.

Have you ever been debarred or suspended from doing business with any governmental agency? If yes, please explain:

Never.

Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years:

Bazin Corporation d/b/a A&B Towing Service has been providing towing and recovery services to multiple municipalities with similar contracts as this one.

We currently hold towing contracts with The City of Cooper City for approximately 23 years, with The City of Pembroke Pines for approximately 20 years and The City of Miramar for over 12 years.

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 Bid, and if after the award, to cancel and terminate the award and/or contract.

Bazin Corporation d/b/a A&B Towing Service

(Company Name)

Rodrigo Ospina

(Printed Name/Signature)

Supplier: Bazin Corporation d/b/a A&B Towing Service

REFERENCES FORM

Provide specific examples of similar contracts. References should be should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

Reference Contact Information:

Name of Firm, City, County or Agency: **City of Cooper City**

Address: **9090 SW 50th Place**

City/State/Zip: **Cooper City, FL 33328**

Contact Name: **Kerri Anne Fisher** Title: **Purchasing Agent**

E-Mail Address: **kerrif@coopercityfl.org**

Telephone: **(954)434-4300** Fax: **(954)434-5099**

Project Information:

Name and location of the project: **Agreement for Towing Services. City of Cooper City, FL**

Nature of the firm's responsibility on the project: **Towing and storage of vehicles; removal, impounding, and storage of junk vehicles, recreational vehicles, vessels, abandoned vehicles, illegally parked vehicles, non-drivable vehicles at accident scenes, the vehicles of prisoners arrested by the City's Police Department, or vehicles, vessels, trailers, or types of derelict property that are required to be removed or impounded for any reason that arises, from the public rights-of-way or other areas within the City, or from other locations as directed by the City.**

Project duration: **23 years** Completion (Anticipated) Date: **8 years**

Size of project: **Towing Services** Cost of project: **37,500**

Work for which staff was responsible: **Towing Services for the City**

Contract Type: **Towing Services**

The results/deliverables of the project: **Providing towing services to the City for 23 years**

REFERENCES FORM

Provide specific examples of similar contracts. References should be should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

Reference Contact Information:

Name of Firm, City, County or Agency: **City of Miramar**

Address: **2300 Civic Center Place**

City/State/Zip: **Miramar, FL 33025**

Contact Name: **Natalie Richmond** Title: **Procurement Analyst**

E-Mail Address: **narichmond@miramarfl.gov**

Telephone: **(954)602-3196** Fax: **(954)602-4357**

Project Information:

Name and location of the project: **Agreement for Towing Services. City of Miramar, FL**

Nature of the firm's responsibility on the project: **Towing and storage of vehicles; removal, impounding, and storage of junk vehicles, recreational vehicles, vessels, abandoned vehicles, illegally parked vehicles, non-drivable vehicles at accident scenes, the vehicles of prisoners arrested by the City's Police Department, or vehicles, vessels, trailers, or types of derelict property that are required to be removed or impounded for any reason that arises, from the public rights-of-way or other areas within the City, or from other locations as directed by the City.**

Project duration: **12 years** Completion (Anticipated) Date: **5 years**

Size of project: **Towing Services** Cost of project: **105,000**

Work for which staff was responsible: **Towing Services for the City**

Contract Type: **Towing Services**

The results/deliverables of the project: **Providing towing services to the City for 12 years**

REFERENCES FORM

Provide specific examples of similar contracts. References should be should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

Reference Contact Information:

Name of Firm, City, County or Agency: **City of Pembroke Pines**

Address: **601 City Center Way**

City/State/Zip: **Pembroke Pines, FL 33025**

Contact Name: **Mark Gomes** Title: **Division Director of Purchasing**

E-Mail Address: **mgomes@ppines.com**

Telephone: **(954)518-9020** Fax: **(954)450-1060**

Project Information:

Name and location of the project: **Agreement for Towing Services. City of Pembroke Pines, FL**

Nature of the firm's responsibility on the project: **Towing and storage of vehicles; removal, impounding, and storage of junk vehicles, recreational vehicles, vessels, abandoned vehicles, illegally parked vehicles, non-drivable vehicles at accident scenes, the vehicles of prisoners arrested by the City's Police Department, or vehicles, vessels, trailers, or types of derelict property that are required to be removed or impounded for any reason that arises, from the public rights-of-way or other areas within the City, or from other locations as directed by the City.**

Project duration: **20 years** Completion (Anticipated) Date: **2018**

Size of project: **Towing Services** Cost of project: **250,000**

Work for which staff was responsible: **Towing Services for the City**

Contract Type: **Towing Services**

The results/deliverables of the project: **Providing towing services to the City for 20 years**

REFERENCES FORM

Provide specific examples of similar contracts. References should be should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

Reference Contact Information:

Name of Firm, City, County or Agency: **AAA of South Florida**

Address: **9123 North Military Trail S-110**

City/State/Zip: **Palm Beach Gardens, FL 33410**

Contact Name: **Daniel Rivas** Title: **Account Manager**

E-Mail Address: **drivas@aaasouth.com**

Telephone: **(954)658-0302**Fax:

Project Information:

Name and location of the project: **Road Side Assistance for AAA members in Broward County Area**

Nature of the firm's responsibility on the project: **Provide road side assistance, towing and recovery services to AAA members.**

Project duration: **18 years**Completion (Anticipated) Date: **actual contract**

Size of project: Cost of project:

Work for which staff was responsible: **Road side assistance, towing and recovery services**

Contract Type:

The results/deliverables of the project: **road side assistance, towing and recovery services for AAA members**

REFERENCES FORM

Provide specific examples of similar contracts. References should be should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

Reference Contact Information:

Name of Firm, City, County or Agency:

Address:

City/State/Zip:

Contact Name: Title:

E-Mail Address:

Telephone: Fax:

Project Information:

Name and location of the project:

Nature of the firm's responsibility on the project:

Project duration: Completion (Anticipated) Date:

Size of project: Cost of project:

Work for which staff was responsible:

Contract Type:

The results/deliverables of the project: