

Lanier Plans Inc. dba KorKat

Bid Contact **Shane Lanier**
shanel@korkat.com
Ph 770-214-9322

Address **221 Cable Industrial Way**
Carrollton, GA 30117

Qualifications **FED-LOBBY&DEBAR FL-EVERIFY PP-DRUGFREE PP-EQUAL PP-HUBZONE PP-LBTR PP-LOCAL PP-MBE PP-
 SCRUTINIZED PP-SWORN PP-VENDORINFO PP-VOSB PP-W9 PP-WBE**

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch. Docs
PSPW-20-10--01-01	Pines Charter School West EPDM Pour in Place Surface	Supplier Product Code:	First Offer - \$27,550.00	1 / project	\$27,550.00 Y Y

Supplier Total **\$27,550.00**

Lanier Plans Inc. dba KorKat

Item: **Pines Charter School West EPDM Pour in Place Surface**

Attachments

_Bid Final.pdf

Playgrounds & Site Amenities

Design. Supply. Install. Maintain.



IFB # PSPW-20-10

E Pines Charter West Elementary EPDM Pour in Place Surface

City of Pembroke Pines

Due: September 22, 2020 ~ 2:00 PM

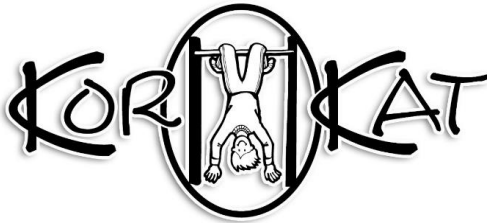
Lanier Plans, Inc. dba KorKat

Shane Lanier, CEO, CPSI

221 Cable Industrial Way, Carrollton, GA 30117

Office: 770-214-9322 | Fax: 770-214-9323

www.KorKat.com



PLAYGROUNDS & SITE AMENITIES

DESIGN. BUILD. PLAY.

YOUR SUPPORT TEAM IN PLAY

ABOUT YOUR KORKAT TEAM



Who is KORKAT? Named after our owner's daughters Korin and Katie, we have grown since 2003 to be one of the largest recreation distributors in the southeast. With access to over 8,000 recreation equipment components.

Your team includes:

- A full-time local design consultant
- An Estimator
- Shipping on our trucks when you are ready
- Dedicated installation teams

Whether you are a property manager, HOA member, childcare director, school, municipality, parks director, or pool operator, we are sure to have what you are looking for. We selectively choose our manufacturing partners for their high quality, innovation, and customer support.

PROJECT PLANNING

Your dedicated design consultant is responsible for working with you from start to finish. They will assist with budgeting, planning, and fulfillment. Your fulfillment team consists of your estimator, designer, and installation coordinator. They are responsible for job costing, laying out components, and interacting with our manufacturing partners. Once your order is placed, your shipping and installation coordinator works with your team and design consultant to ensure a smooth installation and turnover

INSTALLATION AND BEYOND

We have full-time installers that can install your equipment regardless of your location. Post installation, you will have access to service, parts, warranty, and customer support through not just our office administrators, but also our manufacturing partners.





NO: 000791

OCCUPATION TAX CERTIFICATE

DATE: 1/03/2020

RECEIVED OF: LANIER PLANS INC DBA KORKAT

IN CONSIDERATION OF WHICH IS REQUIRED BY THE CITY OF CARROLLTON
OCCUPATION TAX ORDINANCE, CODE OF ORDINANCES OF THE CITY.

NAME OF OWNER/MANAGER: SHANE LANIER

LOCATION AT: 221 CABLE INDUSTRIAL WAY 770-214-9322

TYPE CODE: CARPENTRY WORK, CONT

THIS CERTIFICATE EXPIRES ON: 12/31/2020

WITNESS MY HAND AND SEAL OF THE CITY
THE DAY AND YEAR ABOVE WRITTEN


CITY CLERK

OCCUPATION TAX CERTIFICATE IS NON-TRANSFERABLE
ORDINANCES NOW IN FORCE OR WHICH MAY BE ENACTED HEREAFTER

SHANE LANIER
LANIER PLANS INC DBA KORKAT
221 CABLE INDUSTRIAL WAY
CARROLLTON GA 30117

Control Number : 0308055

STATE OF GEORGIA**Secretary of State****Corporations Division****313 West Tower****2 Martin Luther King, Jr. Dr.****Atlanta, Georgia 30334-1530****CERTIFIED COPY**

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed with the Corporations Division of the Office of the Secretary of State of Georgia under the name of

LANIER PLANS, INC.
a Domestic Profit Corporation

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number : 18237098
Date Inc/Auth/Filed: 02/12/2003
Jurisdiction : Georgia
Print Date : 01/03/2020
Form Number : 215



Brad Raffensperger
Secretary of State



2019-2020 LOCAL BUSINESS TAX RECEIPT
JIM OVERTON, DUVAL COUNTY TAX COLLECTOR

PSPW-20-10

231 E. Forsyth Street, Suite 130, Jacksonville, FL 32202-3370
Phone: (904) 630-1916, option 3 Fax: (904) 630-1432
www.duvaltaxcollect.net taxcollector@coj.net

Note – A penalty is imposed for failure to keep this receipt exhibited conspicuously at your place of business. This business tax receipt is furnished pursuant to Municipal Ordinance Code, Chapters 770-772, for the period October 1, 2019 through September 30, 2020.

GUNTER, TITUS DANIEL
KORKAT
221 CABLE INDUSTRIAL BLVD
CARROLLTON, GA 30117-5290

ACCOUNT NUMBER: 248599
BUSINESS NAME: GUNTER, TITUS DANIEL
PHYSICAL ADDRESS: 2627 BELFORT RD
JACKSONVILLE, FL 32216
CLASSIFICATION CODE: 000005 - QUALIFYING AGENT, CONTRACTORS
STATE LICENSE NO: CGC1515875
COUNTY TAX: 0.00
MUNICIPAL TAX: 100.00
TOTAL TAX: 100.00

VALID UNTIL September 30, 2020

*****ATTENTION*****

THIS RECEIPT IS FOR BUSINESS TAX RECEIPT ONLY.
CERTAIN BUSINESSES MAY REQUIRE ADDITIONAL STATE LICENSING.

This is a business tax receipt only. It does not permit the receipt holder to violate any existing regulatory or zoning laws of the County or City. It does not exempt the receipt holder from any other license or permit required by law. This is not a certification of the receipt holder's qualifications.


JIM OVERTON, TAX COLLECTOR

THIS BECOMES A RECEIPT AFTER VALIDATION.
PAID-5505535.0001-0001 WEB 08/08/2019 100.00



Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

GUNTER, TITUS DANIEL

KORKAT
2627 BELFORT RD
JACKSONVILLE FL 32216

LICENSE NUMBER: CGC1515875

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

**Request for Taxpayer
Identification Number and Certification**

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

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Lanier Plans, Inc.	
	2 Business name/disregarded entity name, if different from above dba Korkat	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 221 Cable Industrial Way	Requester's name and address (optional)
	6 City, state, and ZIP code Carrollton, GA 30117	
	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

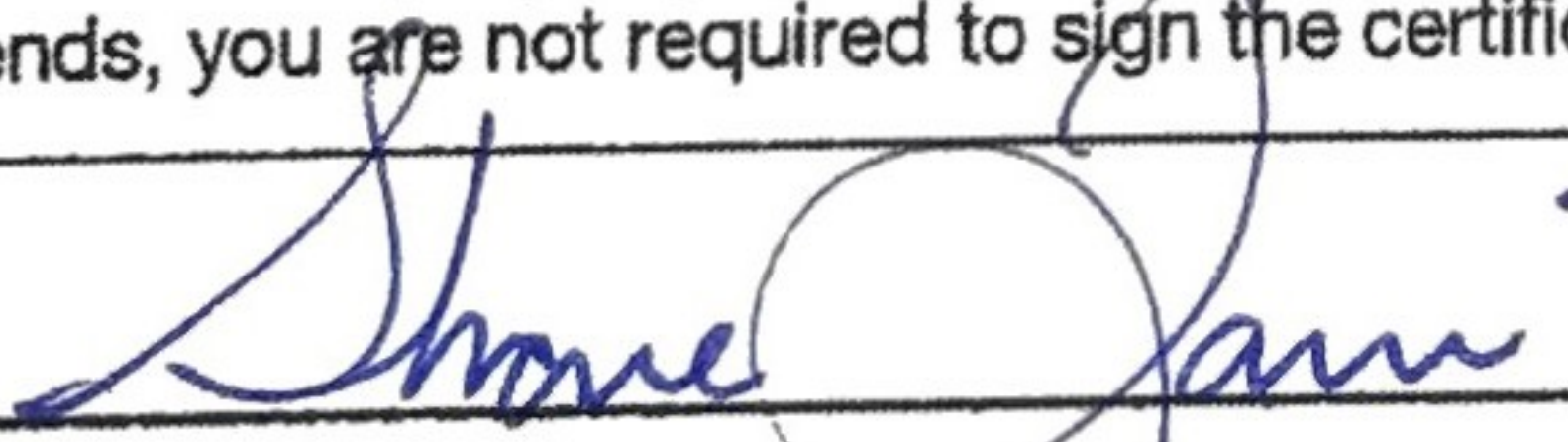
Social security number								
			-			-		
or								
Employer identification number								
8	6	-	1	0	6	3	6	1
								8

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 for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 1-17-20
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General Instructions

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

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

Purpose of Form

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

- Form 1099-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, later.*



OUTDOOR Safety Surfacing

PLAYGROUND SAFETY SURFACING MAINTENANCE AND CLEANING INSTRUCTIONS

Like many surfaces, such as concrete or asphalt, a good maintenance and cleaning program will enhance the longevity and appearance of your Outdoor Safety Surfacing Playground Safety Surfacing.

I. Routine Cleaning and Inspection

The frequency of routine cleaning and inspection of your Outdoor Safety Surfacing Playground Safety Surfacing depends on the environment and the amount of use. Over time, your surfacing may get covered with dirt, debris or loose pieces of rubber. Routinely remove any debris or other loose material and inspect the surfacing for any signs of damage, unusual wear or movement. Immediately contact Outdoor Safety Surfacing if you think the surfacing requires any type of repair or a more thorough inspection.

- Broom:
 - Sweeping the surfacing with a stiff bristle outdoor broom is the most common method of keeping it clean. However, because of the porosity and texture of the surface, it is difficult to remove all contaminants by sweeping alone.
- Water Hose:
 - Use a water hose with a spray nozzle attachment to remove contaminants from the surfacing. This is more thorough than just using a broom.
- Cleaning Agents:
 - Household or commercial cleaners that contain both odor suppressants and disinfectants can be used on your surfacing. Dilute the cleaning agent as recommended by the manufacturer. Apply to the surface using a mop or scrub brush. This will remove most light stains.

II. Annual Cleaning and Roll Coating

Your surfacing should be broom swept, vacuumed and roll coated at least once a year. This is required maintenance to your surface. Lack of maintenance will void the warranty. The roll coat process can be done by the customer or OSS. If you decide to roll coat your surface yourself, please take before and after pictures. If the roll coat is not done you may have black residue come off of the surface. The time period for this is determined by usage and UV exposure.

- Tools:
 - Broom (stiff bristle outdoor broom)
 - Vacuum (Shop Vac or equivalent)
 - Water hose with spray nozzle attachment
 - Household or commercial cleaning agent (heavy duty, high foaming detergent)
 - Bucket and scrub brush



OUTDOOR

Safety Surfacing

- Procedure:

- Remove any debris or other loose material.
- Broom surface.
- Vacuum surface.
- Dilute the cleaning agent as recommended by the manufacturer.
- Clean surface in 5' by 5' sections. Apply diluted cleaning agent to the surface until wet. Thoroughly scrub surface and work diluted cleaning agent to a thick foam. Hose thoroughly. No foam or evidence of residue should be apparent after hosing. After cleaning entire surface, re-wet with water to ensure complete flushing.

ROLL COAT INSTRUCTIONS

Depending on the usage of your playground you may need a roll coat every 6 months to 1 year. The application is just like painting an interior wall with a roller. Dip the roller into a tray with the binder and apply just like you would paint with a 3/8" nap roller. The conditions can not have any moisture what so ever. If there is dew early in the morning, wait till it dries. The moisture in the air we can't control so it usually does not have any effect. The only other rule is it can't be below 40 degrees.



OUTDOOR

Safety Surfacing

POURED-IN-PLACE (EPDM) PLAYGROUND SAFETY SURFACING

TEN YEAR LIMITED WARRANTY

Outdoor Safety Surfacing warrants the Poured-in-Place Safety Surfacing ("the Surfacing") installed for _____ ("the Owner"), located at _____ for a period of ten (10) years commencing from the date of substantial completion established on _____ and expiring on _____.

This limited warranty includes only Outdoor Safety Surfacing's obligation to repair, replace or issue a credit, at Outdoor Safety Surfacing's option, for defective material or workmanship in the Surfacing that has failed during the warranty period. A failure in the Surfacing includes edge raveling, bubbling, delamination, peeling or loss of integrity as a result of degradation. Outdoor Safety Surfacing is under no obligation or responsibility to repair and/or replace the Surfacing if damaged by vandalism (including cuts, burns, gouges, etc.), misuse, abuse or alteration, improper subsurface design or construction, improper drainage, improper or lack of maintenance, any foreign residue that may be deposited on the surface, normal wear and tear, damage from sharp objects (high heels, spikes, etc.) or acts of God.

All warranty claims shall be made in writing to Outdoor Safety Surfacing within ten (10) days after Owner has knowledge thereof, but in no event later than ten (10) days after expiration of the warranty. Written notice shall include the date of discovery of the failure, description of the failure, photos of the failure and a request for a warranty claim meeting with Outdoor Safety Surfacing at the location of the Surfacing for which the warranty claim is being made. Outdoor Safety Surfacing shall not be responsible for warranty claims if Owner fails to provide written notice within ten (10) days of discovery of the failure.

Outdoor Safety Surfacing shall determine the validity of all warranty claims after sufficient evidence has been gathered. Outdoor Safety Surfacing shall then repair, replace or issue a credit for any valid claims. Any credit issued to the Owner on a warranty claim shall be on a prorated basis and may only be used to purchase replacement and/or additional Surfacing. The prorated formula for issuing a credit shall be 100% of the original purchase price during year one, 80% during year two, 60% during year three, 40% during year four, and 20% of the original purchase price during year five.



OUTDOOR

Safety Surfacing

Any dispute as to whether and to what extent there is a Surfacing failure and a subsequent valid warranty claim within the meaning of this limited warranty shall be initially dealt with by joint investigation and discussion between Outdoor Safety Surfacing and the Owner in order to achieve a mutually agreeable solution. If such a solution cannot be reached within thirty (30) days, then either Outdoor Safety Surfacing or the Owner shall submit the matter to an arbitrator who shall make a determination in accordance with the rules and regulations of the American Arbitration Association. The decision of said arbitrator shall be binding on both parties.

This limited warranty does not include the subsurface (existing surface, existing or new aggregate, existing or new concrete or existing or new asphalt). If the subsurface fails for any reason whatsoever (including hydrostatic pressure, cracking, shifting, heaving or settling), this limited warranty shall be rendered invalid. If the subsurface is new concrete and a curing agent was used, this limited warranty shall be rendered invalid. In addition, there is no warranty against the Surfacing cracking along expansion joints or underlying cracks, or separating from an adjacent border, curb or walkway. This limited warranty does not include discoloration as a result of exposure to ultraviolet rays, unapproved cleaning materials or vandalism.

Note that surface temperature can rise significantly when exposed to direct sunlight. Shoes and/or socks must be worn.

Owner agrees that it will not, under any circumstances, make alterations to the Surfacing without the written authorization of Outdoor Safety Surfacing. Any unauthorized alterations by the Owner shall immediately void this limited warranty and shall give rise to the duty of the Owner to hold harmless, defend and indemnify Outdoor Safety Surfacing from any claim, suit or cause of action, personal injury, death or property damage arising out of or related to said alteration.

This limited warranty is expressly made in lieu of any other warranties and is exclusive to the original Owner. Owner acknowledges that this limited warranty shall be voided if the Owner fails to follow the maintenance guidelines provided by Outdoor Safety Surfacing. Owner agrees that in no event shall Outdoor Safety Surfacing have any liability to Owner for loss of use or loss of profits or any form of consequential damages. The following chemicals can damage the Surfacing and should be avoided: disinfectants, concentrated chlorine bleach, gasoline, diesel fuel, hydraulic and lubricating oils, acids and organic solvents.

Failure to pay for the Surfacing within the agreed upon terms shall void this limited warranty. Any damages to the Surfacing during the curing period are the responsibility of the Owner and shall be repaired at the Owner's expense. This limited warranty does not lessen or eliminate any other obligations of Owner to Outdoor Safety Surfacing.



OUTDOOR

Safety Surfacing

Why Outdoor Safety Surfacing Is the Right Choice for your Playground Needs!

- o We use only the highest quality materials, produced to our specifications, by the best vendors in the rubber industry.
- o Our prices are competitive!
- o We are committed to your satisfaction.
- o We honor our warranty commitments.
- o Overall, we provide the best quality services because of our dedication, experience, and commitment to our customers. We take pride in the safety and quality we provide for thousands of children, athletes, etc. who play on our surfaces daily. We embrace the fact that our success depends on our customers satisfaction.

Make Outdoor Safety Surfacing your number one choice for indoor/outdoor surfacing.

**TESTING SERVICES, INC.**

817 SHOWALTER AVE. • P.O. BOX 2041
DALTON, GEORGIA 30722-2041
PHONE: (706) 226-1400 • FAX: (706) 226-6118



TEST REPORT

CLIENT:	Outdoor Safety Surfacing	REPORT NUMBER:	49036-03
	221 Cable Industrial Way	LAB TEST NUMBER:	2211-4343
	Carrollton, GA 30117	DATE:	August 6, 2010
		PAGE:	1 of 2

Test Material: 2.0" Poured In Place (0.5" EPDM Cap over 1.5" SBR Base)

Tested Dimension: 18" x 18" x 2.0"

Sub Base: Concrete

Impact Location: Center of Test Material

Date of Receipt: July 30, 2010

Testing Period: August 5, 2010

Authorization: Shane Lanier

Test Procedure: The submitted sample was evaluated for Shock Absorbing Properties in Accordance with the procedures outlined in ASTM F 1292-09; Standard Specification for Impact Attenuation of Surface Systems Under and Around Playground Equipment.

Missile: Hemispherical (Triaxial Accelerometer): Total Drop Assembly Weight (46g) 10 lbs

Test Equipment: Triax 2000 Surface Impactor
Date of Last Calibration: 3/4/2010 by Alpha Automation

Sample Pre-Condition: 50±10 RH, 70F±5F for a minimum of 24 hrs prior to testing

Sample Conditioning: 8 hrs @ each reference temperatures prior to testing

Temperature: Maximum Drop Height That Gives a Gmax of 200 or Less and A HIC of 1000 or less

Ambient, 72°F (23°C)	5'
Hot, 120°F (49°C)	Not Tested
Cold, 25°F (-6°C)	Not Tested

Critical Fall Height (CFH):	5'
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Reference Gmax Curves Included

Prepared and signed by:

Erle Miles, Sr. President
Testing Services Inc.

**TESTING SERVICES, INC.**

817 SHOWALTER AVE. • P.O. BOX 2041
DALTON, GEORGIA 30722-2041
PHONE: (706) 226-1400 • FAX: (706) 226-611



TEST REPORT

CLIENT:	Outdoor Safety Surfacing	REPORT NUMBER:	49036-03
	221 Cable Industrial Way	LAB TEST NUMBER:	2211-4343
	Carrollton, GA 30117	DATE:	August 6, 2010
		PAGE:	Page 2 of 2

AMBIENT Sample Condition: Dry Temperature: 70°F (23°C)	Drop #	Velocity ft/sec	Angle	Drop Ht/Actual	Drop Ht/Theoretical	Gmax	HIC
	1	16.1	1	4'	4.03	120	524
	2	16.1	1	4'	4.03	117	509
	3	16.1	3	4'	4.03	123	551
	Average			Drops 2, 3		120	530
	Drop #	Velocity ft/sec	Angle	Drop Ht/Actual	Drop Ht/Theoretical	Gmax	HIC
	1	18.0	1	5'	5.04	158	809
	2	18.0	1	5'	5.04	158	882
	3	18.0	2	5'	5.04	156	855
	Average			Drops 2, 3		157	869
	Drop #	Velocity ft/sec	Angle	Drop Ht/Actual	Drop Ht/Theoretical	Gmax	HIC
	1	19.7	1	6'	6.03	174	1106
	2	19.7	3	6'	6.03	181	1169
	3	19.7	8	6'	6.03	185	1229
	Average			Drops 2, 3		183	1199

****End of Report****

OUR LETTERS AND REPORTS APPLY ONLY TO THE SAMPLE TESTED AND ARE NOT NECESSARILY INDICATIVE OF THE QUALITIES OF APPARENTLY IDENTICAL OR SIMILAR PRODUCTS, THESE LETTERS AND REPORTS ARE FOR THE USE ONLY OF THE CLIENT TO WHOM THEY ARE ADDRESSED AND THEIR COMMUNICATION TO ANY OTHERS OR THE USE OF THE NAME TESTING SERVICES, Inc. MUST RECEIVE OUR PRIOR WRITTEN APPROVAL. THE REPORTS AND LETTERS, AND OUR NAME, OUR SEALS, OR OUR INSIGNIA ARE NOT UNDER ANY CIRCUMSTANCES TO BE USED IN ADVERTISING TO THE GENERAL PUBLIC.



City of Pembroke Pines

IN WITNESS OF THE FOREGOING, the Parties have set their hands and seals the day and year first written above.

CITY:

CITY OF PEMBROKE PINES, FLORIDA

ATTEST:

By: _____
MARLENE D. GRAHAM, CITY CLERK CHARLES F. DODGE, CITY MANAGER

APPROVED AS TO FORM:

Name: _____
OFFICE OF THE CITY ATTORNEY

CONTRACTOR:

«Vendor_Name_Upper_Case»

By: _____
Name: Shane Lanier
Title: CEO

STATE OF Georgia)
COUNTY OF Carroll)

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgments, personally appeared Shane Lanier as CEO of **LANIER PLANS, INC DBA KORKAT** a company authorized to conduct business in the State of Florida, and acknowledged execution of the foregoing Agreement as the proper official of **LANIER PLANS, INC DBA KORKAT** for the use and purposes mentioned in it and affixed the official seal of the corporation, and that the instrument is the act and deed of that corporation.

IN WITNESS OF THE FOREGOING, I have set my hand and official seal at in the State and County aforesaid on this 22 day of SEPT, **2020**.

NOTARY PUBLIC

GINA SMITH
(Name of Notary Typed, Printed or Stamped)

REFERENCES FORM

Provide specific examples of similar contracts. References 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 of Contractor Performing the work:

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:

REFERENCES FORM

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Reference Contact Information:

Name of Firm, City, County or Agency: Buena Ventura Lakes

Address: 403 Buena Ventura Blvd.

City/State/Zip: Kissimmee, FL 34744

Contact Name: Robert Mindick- Title:

E-Mail Address: RobertMindick@osceola.org

Telephone: 407-908-0185 Fax:

Project Information:

Name of Contractor Performing the work: KorKat

Name and location of the project:

Buena Ventura Lakes
403 Buena Ventura Blvd.
Kissimmee, FL 34744

Nature of the firm's responsibility on the project:

Installed two Playground Structures, Swing, Climber, Orbit, Musical,
Site amenities, shelter, and safety surfacing.

Project duration: 2 months Completion (Anticipated) Date: January 2019

Size of project: Medium Scope Cost of project: 215,000.00

Work for which staff was responsible: Contract

Install new playground, site amenities, shelter
and EPDM design safety surfacing.

Type: Municipality Purchase Order

The results/deliverables of the project: On time completed project

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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:



City of Pembroke Pines

Attachment G

FINAL/PARTIAL RELEASE OF LIEN

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, for and in consideration of the payment of the sum of \$ [Payment Amount] and other valuable consideration, paid by **City of Pembroke Pines**, receipt of which is hereby acknowledge, hereby releases and quit claims to the said [Contractor Name] its successors and assigns, and

City of Pembroke Pines

The owner, all liens, lien rights, claims and demands of any kind whatsoever, which the undersigned now has or might have against the building on premises legally described as:

[Description]
PO #: [PO #]

Invoice #: [Invoice #]

On account of labor performed and/or material furnished for the construction of any improvements thereon. That all labor and materials used by the undersigned in the erection of said improvements have been fully paid for:

Witnesses:

CONTRACTOR
[NAME OF CONTRACTOR]

BY: _____

Print Name

Print Name: _____

Title: _____

Print Name

STATE OF FLORIDA)
) ss:
COUNTY OF BROWARD)

ON THIS _____ day of _____, 20____, before me, the undersigned notary public, personally appeared [Contractor's Representative] as [Job Title] of [Name of Contractor], personally known to me, or who has produced _____ as identification, and is the person who subscribed to the foregoing instrument and who acknowledged that (s)he executed the same and that (s)he was duly authorized to do so.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

NOTARY PUBLIC

Print or Type Name

My Commission Expires:



Lanier Plans, Inc. dba KorKat
221 Cable Industrial Way
Carrollton, GA 30117
770-214-9322

Estimate

Date 9/21/2020 Estimate # 43081

PLAYGROUNDS & SITE AMENITIES

Name & Address for Bill To:

City of Pembroke Pines
1680 SW 184th Ave
Pembroke Pines, FL 33029

Ship To

Pines Charter Elementary
1680 SW 184th Ave
Pembroke Pines, FL 33029

		Rep	Project or PO #	
		DH		
Item	Description	Qty	Cost	Total
EPDM	EPDM AS FOLLOWS: TOTAL SQUARE FOOTAGE @ 1,872 SF CRITICAL FALL HEIGHT @ UP TO 4' RUBBER TO BE A TOTAL HEIGHT OF 2" SBR BASE @ 1.5" EPDM CAP @ 1/2" SUB-BASE OF 4" COMPACTED STONE SUPPLIED AND INSTALLED BY KORKAT NOTE: INCLUDES 36' LONG AND 6" WIDE CONCRETE CURB WITH WEEP HOLES	1	29,000.00	29,000.00
DISCOUNT 5%	DISCOUNT 5%		-5.00%	-1,450.00
NOTE EPDM	PRICE INCLUDES RUBBER, BINDER AND INSTALLATION OF. ALL EPDM IS 50/50 COLOR BLEND WITH BLACK UNLESS NOTED. SOLID COLORS OR MULTIPLE COLORS WILL HAVE AN ADDITIONAL CHARGE APPLIED. PRICE ASSUMES FREE AND EASY ACCESS TO SITE (LIMITED ACCESS, RESTRICTED HOURS, ETC. ARE EXTRA). PRICE DOES NOT INCLUDE SURVEYING, PERMITS, INSPECTIONS OR LICENSES. PRICE DOES NOT INCLUDE DEMOLITION, SITE PREP, SOIL TESTING OR GRADING. PRICE DOES NOT INCLUDE DRAINAGE SYSTEMS, STONE			0.00T

Total

Phone #

Fax #

E-mail

770-214-9322

770-214-9323

KristinaH@KorKat.com

Signature _____



Lanier Plans, Inc. dba KorKat
221 Cable Industrial Way
Carrollton, GA 30117
770-214-9322

Estimate

Date 9/21/2020 Estimate # 43081

PLAYGROUNDS & SITE AMENITIES

Name & Address for Bill To:

City of Pembroke Pines
1680 SW 184th Ave
Pembroke Pines, FL 33029

Ship To

Pines Charter Elementary
1680 SW 184th Ave
Pembroke Pines, FL 33029

		Rep		Project or PO #	
		DH			
Item	Description	Qty	Cost	Total	
	<p>WORK OR CONCRETE WORK PRICE DOES NOT INCLUDE TEMPORARY FENCING OR SECURITY. ALL FOOTERS FOR EQUIPMENT MUST BE COMPLETELY FILLED AND COMPACTED. *IF STONE WORK IS INCLUDED IN SCOPE OF WORK THE ALLOWANCE IS SET AT 4 INCHES OF STONE, ANY ADDITIONAL STONE WILL HAVE ADDITIONAL CHARGES APPLIED. SITE CONDITIONS MUST BE WITHIN 2% OF GRADE FOR STONE OR CONCRETE WORK. SITE MUST CONSIST OF LEVEL COMPACTED SURFACE.</p> <p>ESTIMATE WILL REFLECT A SEPARATE LINE ITEM WITH A PRICE FOR ANY ITEMS THAT ARE IN ADDITION TO ITEMS NOT INCLUDED IN STANDARD PRICING.</p> <p>ANY AREA OVER 1200 SQUARE FEET WILL RESULT IN A VISIBLE SEAM IN THE SURFACING. IF SUB-BASE IS EXISTING; WARRANTY ON RUBBER IS IN EFFECT BUT WILL NOT COVER DEPRESSIONS, CRACKS, OR ANYTHING ELSE THAT SHORTENS THE LIFE OF THE RUBBER DUE TO EXISTING SUB BASE FAILURE.</p>				

Total

Phone #

Fax #

E-mail

770-214-9322

770-214-9323

KristinaH@KorKat.com

Signature _____



Lanier Plans, Inc. dba KorKat
221 Cable Industrial Way
Carrollton, GA 30117
770-214-9322

Estimate

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PLAYGROUNDS & SITE AMENITIES

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Ship To

Pines Charter Elementary
1680 SW 184th Ave
Pembroke Pines, FL 33029

		Rep		Project or PO #
		DH		
Item	Description	Qty	Cost	Total
	NOTE: PERMITTING IS NOT INCLUDED IN THIS ESTIMATE. NOTE: ENGINEERED DRAWINGS WITH A SEAL ARE NOT INCLUDED IN THIS ESTIMATE BUT CAN BE PURCHASED AT AN ADDITIONAL COST			
	KORKAT CONTACT DANA HAMMILL 561-516-0104 DanaH@KorKat.com			
	Total sales tax calculated by AvaTax		0.00	0.00
	Select this as a transaction's tax to use AvaTax			0.00

Prices quoted are good for 15 days and are subject to total purchase, except for shipping which is subject to market changes. Installation price assumes normal soil conditions and does not include rock excavation or replacement of bad soil conditions. Any additional work will be priced prior to the continuation of install.

Please note that a 50% deposit is required at time of order if installation is included. 100% payment is due at time of order for all equipment only purchases. Municipalities and schools are exempt from deposits with a valid purchase order.

Total

\$27,550.00

Phone #

Fax #

E-mail

770-214-9322

770-214-9323

KristinaH@KorKat.com

Signature _____

Page 3

BidSync



City of Pembroke Pines

IN WITNESS OF THE FOREGOING, the Parties have set their hands and seals the day and year first written above.

CITY:

CITY OF PEMBROKE PINES, FLORIDA

ATTEST:

By: _____
MARLENE D. GRAHAM, CITY CLERK CHARLES F. DODGE, CITY MANAGER

APPROVED AS TO FORM:

Name: _____
OFFICE OF THE CITY ATTORNEY

CONTRACTOR:

«Vendor_Name_Upper_Case»

By: _____
Name: Shane Lanier
Title: CEO

STATE OF Georgia)
COUNTY OF Carroll)

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgments, personally appeared Shane Lanier as CEO of **LANIER PLANS, INC DBA KORKAT** a company authorized to conduct business in the State of Florida, and acknowledged execution of the foregoing Agreement as the proper official of **LANIER PLANS, INC DBA KORKAT** for the use and purposes mentioned in it and affixed the official seal of the corporation, and that the instrument is the act and deed of that corporation.

IN WITNESS OF THE FOREGOING, I have set my hand and official seal at in the State and County aforesaid on this 22 day of SEPT, 2020.

NOTARY PUBLIC
GINA SMITH
(Name of Notary Typed, Printed or Stamped)





OUTDOOR Safety Surfacing

PLAYGROUND SAFETY SURFACING MAINTENANCE AND CLEANING INSTRUCTIONS

Like many surfaces, such as concrete or asphalt, a good maintenance and cleaning program will enhance the longevity and appearance of your Outdoor Safety Surfacing Playground Safety Surfacing.

I. Routine Cleaning and Inspection

The frequency of routine cleaning and inspection of your Outdoor Safety Surfacing Playground Safety Surfacing depends on the environment and the amount of use. Over time, your surfacing may get covered with dirt, debris or loose pieces of rubber. Routinely remove any debris or other loose material and inspect the surfacing for any signs of damage, unusual wear or movement. Immediately contact Outdoor Safety Surfacing if you think the surfacing requires any type of repair or a more thorough inspection.

- Broom:
 - Sweeping the surfacing with a stiff bristle outdoor broom is the most common method of keeping it clean. However, because of the porosity and texture of the surface, it is difficult to remove all contaminants by sweeping alone.
- Water Hose:
 - Use a water hose with a spray nozzle attachment to remove contaminants from the surfacing. This is more thorough than just using a broom.
- Cleaning Agents:
 - Household or commercial cleaners that contain both odor suppressants and disinfectants can be used on your surfacing. Dilute the cleaning agent as recommended by the manufacturer. Apply to the surface using a mop or scrub brush. This will remove most light stains.

II. Annual Cleaning and Roll Coating

Your surfacing should be broom swept, vacuumed and roll coated at least once a year. This is required maintenance to your surface. Lack of maintenance will void the warranty. The roll coat process can be done by the customer or OSS. If you decide to roll coat your surface yourself, please take before and after pictures. If the roll coat is not done you may have black residue come off of the surface. The time period for this is determined by usage and UV exposure.

- Tools:
 - Broom (stiff bristle outdoor broom)
 - Vacuum (Shop Vac or equivalent)
 - Water hose with spray nozzle attachment
 - Household or commercial cleaning agent (heavy duty, high foaming detergent)
 - Bucket and scrub brush



OUTDOOR

Safety Surfacing

- Procedure:

- Remove any debris or other loose material.
- Broom surface.
- Vacuum surface.
- Dilute the cleaning agent as recommended by the manufacturer.
- Clean surface in 5' by 5' sections. Apply diluted cleaning agent to the surface until wet. Thoroughly scrub surface and work diluted cleaning agent to a thick foam. Hose thoroughly. No foam or evidence of residue should be apparent after hosing. After cleaning entire surface, re-wet with water to ensure complete flushing.

ROLL COAT INSTRUCTIONS

Depending on the usage of your playground you may need a roll coat every 6 months to 1 year. The application is just like painting an interior wall with a roller. Dip the roller into a tray with the binder and apply just like you would paint with a 3/8" nap roller. The conditions can not have any moisture what so ever. If there is dew early in the morning, wait till it dries. The moisture in the air we can't control so it usually does not have any effect. The only other rule is it can't be below 40 degrees.



OUTDOOR

Safety Surfacing

POURED-IN-PLACE (EPDM) PLAYGROUND SAFETY SURFACING

TEN YEAR LIMITED WARRANTY

Outdoor Safety Surfacing warrants the Poured-in-Place Safety Surfacing ("the Surfacing") installed for _____ ("the Owner"), located at _____ for a period of ten (10) years commencing from the date of substantial completion established on _____ and expiring on _____.

This limited warranty includes only Outdoor Safety Surfacing's obligation to repair, replace or issue a credit, at Outdoor Safety Surfacing's option, for defective material or workmanship in the Surfacing that has failed during the warranty period. A failure in the Surfacing includes edge raveling, bubbling, delamination, peeling or loss of integrity as a result of degradation. Outdoor Safety Surfacing is under no obligation or responsibility to repair and/or replace the Surfacing if damaged by vandalism (including cuts, burns, gouges, etc.), misuse, abuse or alteration, improper subsurface design or construction, improper drainage, improper or lack of maintenance, any foreign residue that may be deposited on the surface, normal wear and tear, damage from sharp objects (high heels, spikes, etc.) or acts of God.

All warranty claims shall be made in writing to Outdoor Safety Surfacing within ten (10) days after Owner has knowledge thereof, but in no event later than ten (10) days after expiration of the warranty. Written notice shall include the date of discovery of the failure, description of the failure, photos of the failure and a request for a warranty claim meeting with Outdoor Safety Surfacing at the location of the Surfacing for which the warranty claim is being made. Outdoor Safety Surfacing shall not be responsible for warranty claims if Owner fails to provide written notice within ten (10) days of discovery of the failure.

Outdoor Safety Surfacing shall determine the validity of all warranty claims after sufficient evidence has been gathered. Outdoor Safety Surfacing shall then repair, replace or issue a credit for any valid claims. Any credit issued to the Owner on a warranty claim shall be on a prorated basis and may only be used to purchase replacement and/or additional Surfacing. The prorated formula for issuing a credit shall be 100% of the original purchase price during year one, 80% during year two, 60% during year three, 40% during year four, and 20% of the original purchase price during year five.



OUTDOOR

Safety Surfacing

Any dispute as to whether and to what extent there is a Surfacing failure and a subsequent valid warranty claim within the meaning of this limited warranty shall be initially dealt with by joint investigation and discussion between Outdoor Safety Surfacing and the Owner in order to achieve a mutually agreeable solution. If such a solution cannot be reached within thirty (30) days, then either Outdoor Safety Surfacing or the Owner shall submit the matter to an arbitrator who shall make a determination in accordance with the rules and regulations of the American Arbitration Association. The decision of said arbitrator shall be binding on both parties.

This limited warranty does not include the subsurface (existing surface, existing or new aggregate, existing or new concrete or existing or new asphalt). If the subsurface fails for any reason whatsoever (including hydrostatic pressure, cracking, shifting, heaving or settling), this limited warranty shall be rendered invalid. If the subsurface is new concrete and a curing agent was used, this limited warranty shall be rendered invalid. In addition, there is no warranty against the Surfacing cracking along expansion joints or underlying cracks, or separating from an adjacent border, curb or walkway. This limited warranty does not include discoloration as a result of exposure to ultraviolet rays, unapproved cleaning materials or vandalism.

Note that surface temperature can rise significantly when exposed to direct sunlight. Shoes and/or socks must be worn.

Owner agrees that it will not, under any circumstances, make alterations to the Surfacing without the written authorization of Outdoor Safety Surfacing. Any unauthorized alterations by the Owner shall immediately void this limited warranty and shall give rise to the duty of the Owner to hold harmless, defend and indemnify Outdoor Safety Surfacing from any claim, suit or cause of action, personal injury, death or property damage arising out of or related to said alteration.

This limited warranty is expressly made in lieu of any other warranties and is exclusive to the original Owner. Owner acknowledges that this limited warranty shall be voided if the Owner fails to follow the maintenance guidelines provided by Outdoor Safety Surfacing. Owner agrees that in no event shall Outdoor Safety Surfacing have any liability to Owner for loss of use or loss of profits or any form of consequential damages. The following chemicals can damage the Surfacing and should be avoided: disinfectants, concentrated chlorine bleach, gasoline, diesel fuel, hydraulic and lubricating oils, acids and organic solvents.

Failure to pay for the Surfacing within the agreed upon terms shall void this limited warranty. Any damages to the Surfacing during the curing period are the responsibility of the Owner and shall be repaired at the Owner's expense. This limited warranty does not lessen or eliminate any other obligations of Owner to Outdoor Safety Surfacing.



OUTDOOR

Safety Surfacing

Why Outdoor Safety Surfacing Is the Right Choice for your Playground Needs!

- o We use only the highest quality materials, produced to our specifications, by the best vendors in the rubber industry.
- o Our prices are competitive!
- o We are committed to your satisfaction.
- o We honor our warranty commitments.
- o Overall, we provide the best quality services because of our dedication, experience, and commitment to our customers. We take pride in the safety and quality we provide for thousands of children, athletes, etc. who play on our surfaces daily. We embrace the fact that our success depends on our customers satisfaction.

Make Outdoor Safety Surfacing your number one choice for indoor/outdoor surfacing.

COLOR OPTIONS

EPDM Standard Colors



EPDM Premium Colors



Bonded Rubber Colors



MAINTENANCE

Protect Your Investment

As with many things in the recreational world, our product requires maintenance. However, the attention that is needed for our surfacing is only a fraction of what is essential for real grasses. Our materials are high quality and low cost compared to other options. Wear and tear from cold, heat and impact does take a toll over time. With our yearly roll coat services you can extend the life and warranty of your surfacing. This investment is not only beneficial for the appearance and durability of surfacing, but plays a key role in the safety of its users. By maintaining your product you also ensure that the impact of falls will be absorbed by this material.

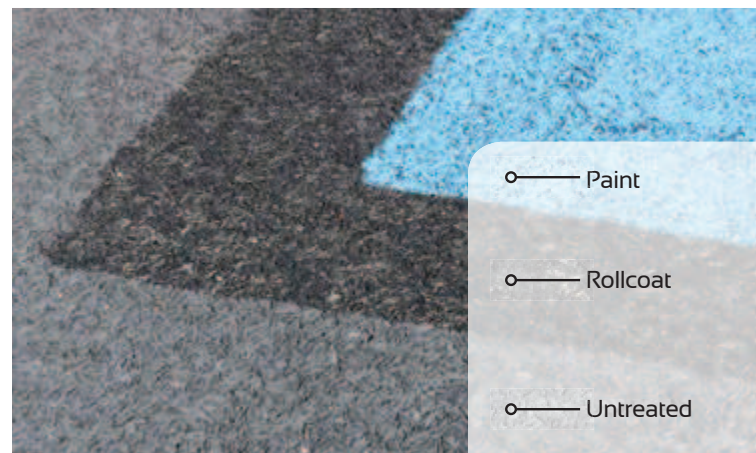
Maintenance Types

Yearly maintenance on your surfacing is important short and long term. Our material is guaranteed to last, but the warranty extends along with the life of the surface when you take advantage of yearly maintenance. There are three different options for your surfacing.

Paint: Painting your surface adds two properties to your surfaces. Firstly, this high UV rated coat helps to protect from the wear and tear of sun exposure. Secondly, this paint adds vibrant colors to your surfaces. This paint brings life with every maintenance service. You have the option to paint everything one color, or you can add features like a hopscotch area. The opportunities for what is painted on you surface are endless.

Roll Coat: This diluted binding agent absorbs into your surface. It has the same benefits as paint in its ability to renew and revitalize your surfaces color and texture. It is ideal to do this at least once every year to maintain your material. Your investment in these services will extend the life and rejuvenate the appearance of your custom surfacing.

Untreated: Leaving your surfacing untreated effects not only its appearance but its texture. Without these yearly coats your colors will become dull and fade away. It will also leave the surface vulnerable to transfer onto hands and shoes as you come in contact with it. Maintaining your surface will prove to keep the life and exterior of your surface like new.





NO: 000791

OCCUPATION TAX CERTIFICATE

DATE: 1/03/2020

RECEIVED OF: LANIER PLANS INC DBA KORKAT

IN CONSIDERATION OF WHICH IS REQUIRED BY THE CITY OF CARROLLTON
OCCUPATION TAX ORDINANCE, CODE OF ORDINANCES OF THE CITY.

NAME OF OWNER/MANAGER: SHANE LANIER

LOCATION AT: 221 CABLE INDUSTRIAL WAY 770-214-9322

TYPE CODE: CARPENTRY WORK, CONT

THIS CERTIFICATE EXPIRES ON: 12/31/2020

WITNESS MY HAND AND SEAL OF THE CITY
THE DAY AND YEAR ABOVE WRITTEN


CITY CLERK

OCCUPATION TAX CERTIFICATE IS NON-TRANSFERABLE
ORDINANCES NOW IN FORCE OR WHICH MAY BE ENACTED HEREAFTER

SHANE LANIER
LANIER PLANS INC DBA KORKAT
221 CABLE INDUSTRIAL WAY
CARROLLTON GA 30117

Control Number : 0308055

STATE OF GEORGIA**Secretary of State****Corporations Division****313 West Tower****2 Martin Luther King, Jr. Dr.****Atlanta, Georgia 30334-1530****CERTIFIED COPY**

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed with the Corporations Division of the Office of the Secretary of State of Georgia under the name of

LANIER PLANS, INC.
a Domestic Profit Corporation

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number : 18237098
Date Inc/Auth/Filed: 02/12/2003
Jurisdiction : Georgia
Print Date : 01/03/2020
Form Number : 215



Brad Raffensperger
Secretary of State

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

8/27/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services 741 W. Lanier Ave., Suite 100 Fayetteville, GA 30214-GA 770 471-7100	CONTACT NAME: GA Certificate Team PHONE (A/C, No, Ext): 770 471-7100 FAX (A/C, No): 877 657-1559 E-MAIL ADDRESS: certificatesga@mcgriffinsurance.com														
INSURED Lanier Plans Inc dba Korkat 221 Cable Industrial Way Carrollton, GA 30117	<table border="1"> <thead> <tr> <th data-bbox="816 426 1437 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1437 426 1572 451">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 451 1437 478">INSURER A : Burlington Insurance Company</td> <td data-bbox="1437 451 1572 478">23620</td> </tr> <tr> <td data-bbox="816 478 1437 506">INSURER B : American Builders Insurance Company</td> <td data-bbox="1437 478 1572 506">11240</td> </tr> <tr> <td data-bbox="816 506 1437 533">INSURER C : Selective Way Insurance Company</td> <td data-bbox="1437 506 1572 533">26301</td> </tr> <tr> <td data-bbox="816 533 1437 560">INSURER D :</td> <td data-bbox="1437 533 1572 560"></td> </tr> <tr> <td data-bbox="816 560 1437 588">INSURER E :</td> <td data-bbox="1437 560 1572 588"></td> </tr> <tr> <td data-bbox="816 588 1437 615">INSURER F :</td> <td data-bbox="1437 588 1572 615"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Burlington Insurance Company	23620	INSURER B : American Builders Insurance Company	11240	INSURER C : Selective Way Insurance Company	26301	INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			435BW57462	04/15/2020	04/15/2021	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 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			S2375277	04/15/2020	04/15/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 0			HFF0012559	04/15/2020	04/15/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV11729710	04/15/2020	04/15/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

**** Workers Comp Information ****

Other States Coverage

Proprietors/Partners/Executive Officers/Members Excluded: Shane Lanier

**** See Attached Forms ****

(See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

City of Pembroke Pines
1680 SW 184th Ave
Hollywood, FL 33029

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

Shane Lanier

DESCRIPTIONS (Continued from Page 1)

CG 2404 05/09 - Waiver of Rights of recovery

CG 2010 07/04 - Additional Insured - Owners, Lessees or Contractors

CG 2037 07/04 - Additional Insured - Owners, Lessors and Contractors - Completed Operations

CA 7809 11/17 - ElitePac Commercial Automobile Extension

IFGG0094 03/17 - Amendment Other Insurance (Primary and Non-Contributory Coverage)

WC00313 04/84 - Waiver of Our Right To Recover From Others Endorsement

POLICY NUMBER: 435BW57462

**COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09**

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:	Any person or organization for whom you are required to waive your right of recovery on this Coverage Part under a written contract or agreement
--	--

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.
--

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions**:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

This page has been left blank intentionally.

Lanier Plans Inc dba Korkat

POLICY NUMBER: 435BW57462

**COMMERCIAL GENERAL LIABILITY
CG 20 10 07 04****THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE**Name of Additional Insured Person(s) or****Location(s) Of Covered Operations****Organization(s):**

Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement prior to the date of loss that such person or organization be added as an additional insured on your policy.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement prior to the date of loss that such person or organization be added as an additional insured on your policy.	
*Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

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ElitePac Commercial Automobile Extension

COMMERCIAL AUTO
CA 78 09 11 17

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

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

AMENDMENTS TO SECTION II - LIABILITY COVERAGE

- A. If this policy provides Auto Liability coverage for Owned Autos, the following extensions are applicable accordingly:

NEWLY ACQUIRED OR FORMED ORGANIZATIONS

The following is added to **SECTION II, A.1. - Who Is An Insured:**

Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no similar insurance available to that organization. However:

1. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier;
2. Coverage does not apply to "bodily injury" or "property damage" resulting from an "accident" that occurred before you acquired or formed the organization.

No person or organization is an "insured" with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

EXPENSES FOR BAIL BONDS AND LOSS OF EARNINGS

Paragraphs (2) and (4) of **SECTION II, A.2.a. - Supplementary Payments** are deleted in their entirety and replaced with the following:

- (2) Up to the Limit of Insurance shown on the ElitePac Schedule for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" covered under this policy. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request. This includes actual loss of earnings because of time off from work, which we will pay up to the Limit of Insurance shown on the ElitePac Schedule.

EMPLOYEE INDEMNIFICATION AND EMPLOYER'S LIABILITY AMENDMENT

The following is added to **SECTION II, B.4. - Exclusions:**

This exclusion does not apply to a "volunteer worker" who is not entitled to workers compensation, disability or unemployment compensation benefits.

FELLOW EMPLOYEE COVERAGE

The **Fellow Employee** Exclusion, **SECTION II, B.5. -** is deleted in its entirety.

CARE, CUSTODY OR CONTROL AMENDMENT

The following is added to **SECTION II, B.6. - Exclusions:**

This exclusion does not apply to property owned by anyone other than an "insured", subject to the following:

1. The most we will pay under this exception for any one "accident" is the Limit of Insurance stated in the ElitePac Schedule; and
2. A per "accident" deductible as stated in the ElitePac Schedule applies to this exception.

- B. If this policy provides Auto Liability coverage for Owned Autos or Non-Owned Autos, the following extension is applicable accordingly:

LIMITED LIABILITY COMPANIES

The following is added to **SECTION II, A.1. - Who Is An Insured:**

If you are a limited liability company, your members and managers are "insureds" while using a covered "auto" you don't own, hire or borrow during the course of their duties for you.

BLANKET ADDITIONAL INSUREDS - As Required By Contract

The following is added to **SECTION II, A.1. - Who Is An Insured:**

Any person or organization whom you have agreed in a written contract, written agreement or written permit that such person or organization be added as an additional "insured" on your policy. Such person or organization is an additional "insured" only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by your ownership, maintenance or use of a covered "auto". This coverage shall be primary and non-contributory with respect to the additional "insured". This provision only applies if:

1. It is required in the written contract, written agreement or written permit identified in this section;
2. It is permitted by law; and
3. The written contract or written agreement has been executed (executed means signed by a named insured) or written permit issued prior to the "bodily injury" or "property damage".

C. If this policy provides Auto Liability coverage for Non-Owned Autos, the following extension is applicable accordingly:

EMPLOYEES AS INSURED

If this policy provides Auto Liability coverage for Non-Owned Autos, the following is added to **SECTION II, A.1. - Who Is An Insured:**

Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

An "employee" of yours is an "insured" while operating an "auto" hired or rented under a contract or agreement in that "employee's" name with your permission, while performing duties related to the conduct of your business.

AMENDMENTS TO SECTION III - PHYSICAL DAMAGE COVERAGE

If this policy provides Comprehensive, Specified Causes of Loss or Collision coverage, the following extensions are applicable for those "autos" for which Comprehensive, Specified Causes of Loss or Collision coverage is purchased:

TOWING AND LABOR

SECTION III, A.2. - Towing is deleted in its entirety and replaced with the following:

We will pay all reasonable towing and labor costs up to the maximum Limit of Insurance shown on the ElitePac Schedule per tow each time a covered "Private Passenger Auto", "Social Service Van or Bus" or "Light Truck" is disabled and up to the maximum Limit of Insurance per tow each time a covered "Medium Truck", "Heavy Truck" or "Extra Heavy Truck" is disabled.

For labor charges to be eligible for reimbursement the labor must be performed at the place of disablement.

This coverage extension does not apply to Emergency Services Organizations and Governmental Entities.

GLASS BREAKAGE DEDUCTIBLE

The following is added to **SECTION III, A.3. - Glass Breakage - Hitting A Bird Or Animal - Falling Objects or Missiles:**

If damaged glass is repaired rather than replaced, no deductible will apply for such repair. This extension does not apply to Emergency Services Organizations and Governmental Entities.

ADDITIONAL TRANSPORTATION EXPENSES SECTION III, A.4.a. - Transportation Expenses is deleted in its entirety and replaced with the following:

We will pay up to the maximum Limit of Insurance shown on the ElitePac Schedule for temporary transportation expenses that you incur because of any "loss" to a covered "auto", but only if the covered "auto" carries the coverages and meets the requirements described in **1.** or **2.** below:

1. We will pay temporary transportation expenses for total theft of a covered "auto". We will only pay for such expenses incurred during the period beginning 24 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".
2. For "loss" other than total theft of a covered "auto" under Comprehensive or Specified Causes of Loss Coverage, or for any "loss" under Collision Coverage to a covered "auto", we will only pay for those temporary transportation expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the number of days reasonably required to repair or replace the covered "auto" or 30 days.

Paragraph **2.** of this extension does not apply while there are spare or reserve "autos" available to you for your operations.

This coverage extension does not apply to Emergency Services Organizations and Governmental Entities.

HIRED AUTO PHYSICAL DAMAGE COVERAGE

The following is added to **SECTION III, A.4. - Coverage Extensions:**

Physical Damage coverage is hereby extended to apply to Physical Damage "loss" to "autos" leased, hired, rented or borrowed without a driver. We will provide coverage equal to the broadest coverage available to any covered "auto" shown in the Declarations. But, the most we will pay for "loss" to each "auto" under this coverage extension is the lesser of:

1. The Limit of Insurance stated in the ElitePac Schedule; or
2. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
3. The actual cost of repairing or replacing the damaged or stolen property with other property of like kind and quality. A part is of like kind and quality when it is of equal or better condition than the pre-accident part. We will use the original equipment from the manufacturer when:
 - (a) The operational safety of the vehicle might otherwise be impaired;
 - (b) Reasonable and diligent efforts to locate the appropriate rebuilt, aftermarket or used part have been unsuccessful; or
 - (c) A new original equipment part of like kind and quality is available and will result in the lowest overall repair cost.

For each leased, hired, rented or borrowed "auto" our obligation to pay "losses" will be reduced by a deductible equal to the highest deductible applicable to any owned "auto" for that coverage. No deductible will be applied to "losses" caused by fire or lightning.

SECTION IV, B.5. Other Insurance Condition, Paragraph 5.b. is deleted in its entirety and replaced by the following:

For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:

1. Any covered "auto" you lease, hire, rent, or borrow; and
2. Any covered "auto" hired or rented by your "employee" under a contract or agreement in that "employee's" name, with your permission, while performing duties related to the conduct of your business.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

This coverage extension does not apply to Emergency Services Organizations and Governmental Entities.

HIRED AUTO LOSS OF USE COVERAGE

The following is added to **SECTION III, A.4. - Coverage Extensions:**

We will pay expenses for which you are legally responsible to pay up to the Limit of Insurance shown on the ElitePac Schedule per "accident" for loss of use of a leased, hired, rented or borrowed "auto" if it results from an "accident".

This coverage extension does not apply to Emergency Services Organizations, Governmental Entities, and Schools.

AUTO LOAN/LEASE GAP COVERAGE (Not Applicable in New York)

The following is added to **SECTION III, A.4. - Coverage Extensions:**

In the event of a total "loss" to a covered "auto" we will pay any unpaid amount due on the lease or loan for a covered "auto", less:

1. The amount paid under the Physical Damage Coverage Section of the policy; and
2. Any:
 - a. Overdue lease/loan payments at the time of "loss";
 - b. Financial penalties imposed under a lease for excessive use, abnormal wear and tear, high mileage or similar charges;
 - c. Security deposits not refunded by the lessor or financial institution;
 - d. Costs for extended warranties, credit life, health, accident, or disability insurance purchased with the loan or lease; and
 - e. Carry-over balances from previous leases or loans.

You are responsible for the deductible applicable to the "loss" for the covered "auto".

PERSONAL EFFECTS

The following is added to **SECTION III, A.4. - Coverage Extensions:**

If this policy provides Comprehensive Coverage for a covered "auto" you own and that covered "auto" is stolen, we will pay up to the Limit of Insurance shown on the ElitePac Schedule, without application of a deductible, for lost personal effects that were in the covered "auto" at the time of theft. Personal effects do not include jewelry, tools, money, or securities. This coverage is excess over any other collectible insurance.

AIRBAG COVERAGE

The following is added to **SECTION III, B.3.a. - Exclusions:**

Mechanical breakdown does not include the accidental discharge of an airbag.

This coverage extension does not apply to Emergency Services Organizations and Governmental Entities.

EXPANDED AUDIO, VISUAL, AND DATA ELECTRONIC EQUIPMENT COVERAGE

SECTION III, B.4. - Exclusions

This exclusion does not apply to the following:

1. Global positioning systems;
2. "Telematic devices"; or
3. Electronic equipment that reproduces, receives or transmits visual or data signals and accessories used with such equipment, provided such equipment is:

- a. Permanently installed in or upon the covered "auto" at the time of the "loss";
- b. Removable from a housing unit that is permanently installed in the covered "auto" at the time of the "loss";
- c. Designed to be solely operated by use of power from the "auto's" electrical system; or
- d. Designed to be used solely in or upon the covered "auto".

For each covered "loss" to such equipment, a deductible of \$50 shall apply, unless the deductible otherwise applicable to such equipment is less than \$50, at which point the lower deductible, if any, will apply.

COMPREHENSIVE DEDUCTIBLE - LOCATION TRACKING DEVICE

The following is added to **SECTION III, D. - Deductible:**

Any Comprehensive Coverage Deductible shown in the Declarations will be reduced by 50% for any "loss" caused by theft if the covered "auto" is equipped with a location tracking device and that device was the sole method used to recover the "auto".

PHYSICAL DAMAGE LIMIT OF INSURANCE

SECTION III, C. - Limit Of Insurance is deleted in its entirety and replaced with the following:

The most we will pay for a "loss" in any one "accident" is the lesser of:

1. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
2. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.

This coverage extension does not apply to Emergency Services Organizations and Governmental Entities.

AMENDMENTS TO SECTION IV - BUSINESS AUTO CONDITIONS

DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS

The following is added to **SECTION IV, A.2.a. - Duties In The Event Of Accident, Claim, Suit Or Loss:**

The notice requirements for reporting "accident" claim, "suit" or "loss" information to us, including provisions related to the subsequent investigation of such "accident", claim, "suit" or "loss" do not apply until the "accident", claim, "suit" or "loss" is known to:

1. You, if you are an individual;
2. A partner, if you are a partnership;

3. An executive officer or insurance manager, if you are a corporation;
4. Your members, managers or insurance manager, if you are a limited liability company;
5. Your elected or appointed officials, trustees, board members or your insurance manager, if you are an organization other than a partnership, joint venture or limited liability company.

But, this section does not amend the provisions relating to notification of police or protection or examination of the property that was subject to the "loss".

WAIVER OF SUBROGATION

SECTION IV, A.5. - Transfer Of Rights Of Recovery Against Others To Us is deleted in its entirety and replaced with the following:

We waive any right of recovery we may have against any person or organization because of payments we make for "bodily injury" or "property damage" resulting from the ownership, maintenance or use of a covered "auto" but only when you have assumed liability for such "bodily injury" or "property damage" in an "insured contract". In all other circumstances, if a person or organization to or for whom we make payment under this Coverage Form has rights to recover damages from another, those rights are transferred to us.

MULTIPLE DEDUCTIBLES

The following is added to **SECTION IV, A. - Loss Conditions:**

If a "loss" from one event involves two or more covered "autos" and coverage under Comprehensive or Specified Causes of Loss applies, only the highest applicable deductible will be applied.

CONCEALMENT, MISREPRESENTATION OR FRAUD

The following is added to **SECTION IV, B.2. - Concealment, Misrepresentation Or Fraud:**

If you should unintentionally fail to disclose any existing hazards in your representations to us prior to the inception date of the policy or during the policy period in connection with any newly discovered hazards, we will not deny coverage under this Coverage Form based upon such failure.

POLICY PERIOD, COVERAGE TERRITORY

SECTION IV, B.7. - Policy Period, Coverage Territory is deleted in its entirety and replaced with the following:

Under this Coverage Form, we cover "accidents" and "losses" occurring:

- a. During the policy period shown in the Declarations; and
- b. Within the "Coverage Territory".

We also cover “loss” to or “accidents” involving a covered “auto” while being transported between any of these places.

TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US - DEDUCTIBLES

The following is added to **SECTION IV, B.8. - Two Or More Coverage Forms Or Policies Issued By Us:**

If a “loss” covered under this Coverage Form also involves a “loss” to other property resulting from the same “accident” that is covered under this policy or another policy issued by us or any member company of ours, only the highest applicable deductible will be applied.

AMENDMENTS TO SECTION V - DEFINITIONS

BODILY INJURY INCLUDING MENTAL ANGUISH (Not Applicable in New York)

The definition of bodily injury is deleted in its entirety and replaced by the following:

“Bodily injury” means bodily injury, sickness, or disease sustained by a person, including death resulting from any of these. “Bodily injury” includes mental anguish resulting from bodily injury, sickness or disease sustained by a person.

ADDITIONS TO SECTION V - DEFINITIONS

COVERAGE TERRITORY

“Coverage Territory” means:

1. The United States of America (including its territories and possessions), Canada and Puerto Rico; and
2. Anywhere in the world, except for any country or jurisdiction that is subject to trade or other economic sanction or embargo by the United States of America, if a covered “auto” is leased, hired, rented, or borrowed without a driver for a period of 30 days or less, and the insured’s responsibility to pay “damages” is determined in a “suit” on the merits in and under the substantive law of the United States of America (including its territories and possessions), Puerto Rico, or Canada, or in a settlement we agree to.

If we are prevented by law, or otherwise, from defending the “insured” in a “suit” brought in a location described in Paragraph 2. above, the insured will conduct a defense of that “suit”. We will reimburse the “insured” for the reasonable and necessary expenses incurred for the defense of any such “suit” seeking damages to which this insurance applies, and that we would have paid had we been able to exercise our right and duty to defend.

EXTRA HEAVY TRUCK

“Extra Heavy Truck” means a truck with a gross vehicle weight rating of 45,001 pounds or more.

HEAVY TRUCK

“Heavy Truck” means a truck with a gross vehicle weight rating of 20,001 pounds to 45,000 pounds.

LIGHT TRUCK

“Light Truck” means a truck with a gross vehicle weight rating of 10,000 pounds or less.

MEDIUM TRUCK

“Medium Truck” means a truck with a gross vehicle weight rating of 10,001 pounds to 20,000 pounds.

PRIVATE PASSENGER AUTO

“Private Passenger Auto” means a four-wheel “auto” of the private passenger or station wagon type. A pickup, panel truck or van not used for business is included within the definition of a “private passenger auto”.

SOCIAL SERVICE VAN OR BUS

“Social Service Van or Bus” means a van or bus used by a government entity, civic, charitable or social service organization to provide transportation to clients incidental to the social services sponsored by the organization, including special trips and outings.

TELEMATIC DEVICE

“Telematic Device” includes devices designed for the collection and dissemination of data for the purpose of monitoring vehicle and/or driver performance. This includes Global Positioning System technology, wireless safety communications and automatic driving assistance systems, all integrated with computers and mobile communications technology in automotive navigation systems.

VOLUNTEER WORKER

“Volunteer worker” means a person who performs business duties for you, for no financial or other compensation.

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 03 13**

(Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

"ALL WRITTEN CONTRACTS THAT REQUIRE A WAIVER OF SUBROGATION"

19 of 48

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No. WCV11729710

Endorsement No.

Insured Lanier Plans Inc dba Korkat

Premium \$

Insurance Company

Countersigned by _____

WC 00 03 13

(Ed. 4-84)

Copyright 1983 National Council on Compensation Insurance.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT – OTHER INSURANCE (PRIMARY AND NON-CONTRIBUTORY COVERAGE)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

Schedule of Additional Insured(s):

Any person or organization named in an Additional Insured endorsement attached to this policy with whom you have agreed, in a written contract, that such person or organization should be provided primary and non-contributory coverage, but only when such written contract is fully executed prior to an "occurrence" in which coverage is sought under this policy.

A. Paragraph **C.** of this endorsement replaces paragraph **4. Other Insurance** of **Section IV-Commercial General Liability Conditions**, but only with respect to the insurance afforded to the additional insured(s) scheduled above.

B. Paragraph **C.** of this endorsement replaces paragraph **4. Other Insurance** of **Section IV-Products-Completed Operations Liability Conditions**, but only with respect to the insurance afforded to the additional insured(s) scheduled above.

C. Other Insurance

Notwithstanding other valid and collectible insurance available to the insured for a loss we cover under the applicable Coverage Part to which this endorsement is modifying, this insurance is primary and non-contributory.

However, this endorsement:

1. Applies only when you are required by contract, agreement or permit to provide primary and non-contributory coverage for the additional insured, provided such written contract, agreement or permit is fully executed prior to an "occurrence" in which coverage is sought under this policy, and
2. Does not apply to any claim, loss or liability due to the sole negligence of the additional insured.

All other terms and conditions of this Policy remain unchanged.

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Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

GUNTER, TITUS DANIEL

KORKAT
2627 BELFORT RD
JACKSONVILLE FL 32216

LICENSE NUMBER: CGC1515875

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

**Request for Taxpayer
Identification Number and Certification**

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

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

Print or type.
See Specific Instructions on page 3.

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

Lanier Plans, Inc.

2 Business name/disregarded entity name, if different from above

dba KorkKat

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

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

☐ Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

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

221 Cable Industrial Way

6 City, state, and ZIP code

Carrollton, GA 30117

Requester's name and address (optional)

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

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

Social security number

____ - ____ - ____

or

Employer identification number

8 6 - 1 0 6 3 6 1 8

Part II Certification

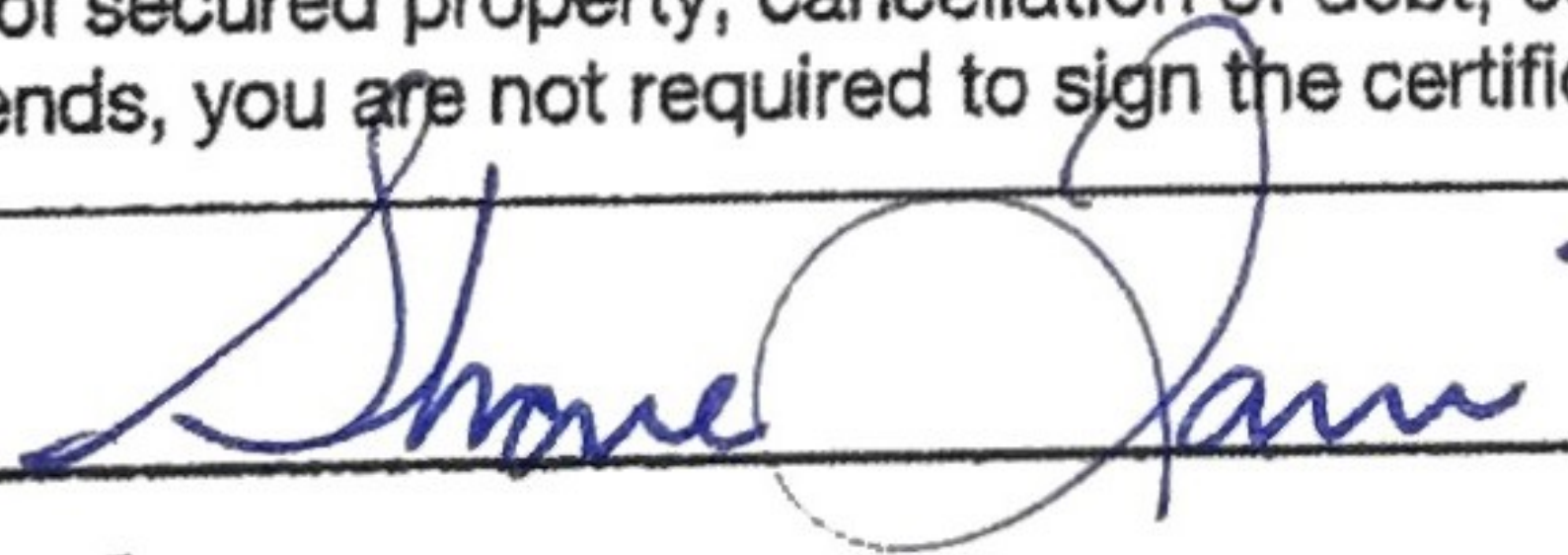
Under penalties of perjury, I certify that:

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 for Part II, later.

Sign
Here

Signature of
U.S. person ►



Date ►

1-17-20

General Instructions

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

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

Purpose of Form

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

- Form 1099-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*, later.



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: Lanier Plans, Inc dba KorKat

PRINTED NAME / AUTHORIZED SIGNATURE: _____

***KorKat will use local businesses on site for installation items that are equal or greater than 5% of the contract amount.**



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.

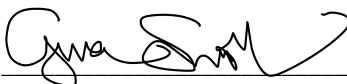
SECTION 2 AFFIRMATION

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: Lanier Plans, Inc dba KorKat

PRINTED NAME / AUTHORIZED SIGNATURE: 



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*

☐ 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: LANIER PLANS, INC dba KorKat

AUTHORIZED OFFICER NAME / SIGNATURE: Gina Smith



City of Pembroke Pines

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

I, Gina Smith, CFO, on behalf of KorKat,
Print Name and Title Company Name
 certify that KorKat:
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.

Gina Smith, CFO

Print Name / Title

KorKat

Company Name


Signature

**CERTIFICATION REGARDING LOBBYING;
DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS
FOR EXPENDITURE OF FEDERAL FUNDS**


LOBBYING

As required by 7 CFR Part 3018, for persons entering into a contract, grant or cooperative agreement over **\$100,000** involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit **Standard Form - LLL, "Disclosure Form to Report Lobbying,"** in accordance with its instructions; and
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.



 Signature of Contractor's Authorized Official
Lanier Plans, Inc dba KorKat

 Contractor / Name of Company

Gina Smith, CFO

 Printed Name and Title of Contractor's Authorized Official
09-21-2020


 Date

DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

As required by 7 CFR Part 3017, for persons entering into a contract, grant or cooperative agreement over **\$25,000** involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default; and

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.



 Signature of Contractor's Authorized Official
Lanier Plans, Inc dba KorKat

 Contractor / Name of Company

Gina Smith, CFO


 Printed Name and Title of Contractor's Authorized Official
09-21-2020

 Date

**E-Verify System Certification Statement
for the Employment Eligibility Verification Program
of the U.S. Department of Homeland Security**

The State of Florida, Executive Order 11-116, requires the City, as a party to any State-funded contracts, to participate in the Employment Eligibility Verification administered by the U.S. Department of Homeland Security ("DHS"). Any Vendor performing work pursuant to the State funded contract issued by the City is required to use the E-Verify Program to confirm employment eligibility of its current and prospective employees. The undersigned Vendor hereby certifies that it will enroll and participate in the E-Verify Program, in accordance with the terms and conditions governing the use of the program by:

- (1) Verifying the employment eligibility of all persons employed during the contract term by the contractor to perform the work under this contract.
- (2) Enrolling in the E-Verify Program within thirty (30) days of the effective date of this contract by obtaining a copy of the "Edit Company Profile" page and make such record available to within seven days of request from the City.
- (3) Requiring all persons, including subcontractors, assigned by the Contractor to perform work under this contract to enroll and participate in the E-Verify Program within ninety (90) days of the effective date of this contract or within ninety (90) days of the effective date of the contract between the Contractor and the subcontractor, whichever is later. The Contractor shall obtain from the subcontractor a copy of the "Edit Company Profile" screen indicating enrollment in the E-Verify Program and make such record available to the City within seven calendar days from the City's request.
- (4) Displaying the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.
- (5) Initiate E-Verify verification procedures for new employees within 3 business days after the actual work start date of each new hire and thereafter shall respond appropriately to any additional requests from DHS or Social Security Administration (SSA).
- (6) Maintain records of its participation and compliance with the provisions of the E-Verify Program and make such records available within seven days of City's request.



Signature of Contractor's Authorized Official

GINA SMITH, CFO

Printed Name and Title of Contractor's Authorized Official

LANIER PLANS, INC DBA KORKAT

Contrator / Name of Company

09-21-2020

Date



City of Pembroke Pines

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

1. This sworn statement is submitted Lanier Plans, Inc dba KorKat
(name of entity submitting sworn statement)
whose business address is 221 Cable Industrial Way, Carrollton, GA 30117
and (if applicable) its Federal Employer Identification Number (FEIN) is
86-1063618. (If the entity has no FEIN, include the Social Security
Number of the individual signing this sworn statement: n/a.)
2. My name is Gina Smith and my
(Please print name of individual signing)
relationship to the entity named above is CFO.
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



City of Pembroke Pines

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.)**

Gina Smith

Bidder's Name

Lanier Plans, Inc dba KorKat

Company Name


Signature

09-21-2020

Date



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.

Lanier Plans, Inc dba KorKat

Company Name

Gina Smith

Authorized Signer Name

Authorized Signature

**CERTIFICATION REGARDING LOBBYING;
DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS
FOR EXPENDITURE OF FEDERAL FUNDS**


LOBBYING

As required by 7 CFR Part 3018, for persons entering into a contract, grant or cooperative agreement over **\$100,000** involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit **Standard Form - LLL, "Disclosure Form to Report Lobbying,"** in accordance with its instructions; and
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.


 Signature of Contractor's Authorized Official
LANIER PLANS, INC DBA KORKAT
 Contractor / Name of Company

Gina Smith, CFO
 Printed Name and Title of Contractor's Authorized Official
09-21-2020
 Date

DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

As required by 7 CFR Part 3017, for persons entering into a contract, grant or cooperative agreement over **\$25,000** involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default; and

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.


 Signature of Contractor's Authorized Official
LANIER PLANS, INC DBA KORKAT
 Contractor / Name of Company

Gina Smith, CFO
 Printed Name and Title of Contractor's Authorized Official
09-21-2020
 Date



(OFFICE USE ONLY) Vendor number:

Vendor Information Form

Operating Name (Payee)	Lanier Plans, Inc. dba KorKat		
Legal Name (as filed with IRS)	Lanier Plans, Inc		
Remit-to Address (For Payments)	221 Cable Industrial Way		
	Carrollton, GA 30117		
Remit-to Contact Name:	Shane Lanier	Title:	CEO
Email Address:	ShaneL@KorKat.com		
Phone #:	(770) 214-9322	Fax #	(770) 924-9323
Order-from Address (For purchase orders)	221 Cable Industrial Way		
	Carrollton, GA 30117		
Order-from Contact Name:	Shane Lanier	Title:	CEO
Email Address:	ShaneL@KorKat.com		
Phone #:	(770) 214-9322	Fax #	(770) 214-9323
Return-to Address (For product returns)	221 Cable Industrial Way		
	Carrollton, GA 30117		
Return-to Contact Name	Nikki Davis	Title:	Install Coordinator
Email Address:	NikkiD@KorKat.com		
Phone #:	(770) 214-9322	Fax #	(770) 214-9323
Payment Terms:	Net 30 after completion		

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

☒ Corporation

Federal ID Number:

☐ Sole Proprietorship/Individual

Social Security No.:
☐ Partnership

☐ Health Care Service Provider

☐ LLC – C (C corporation) – S (S corporation) – P (partnership)

☐ Other (Specify):

Name & Title of Applicant Gina Smith, CFO

Signature of Applicant
Date 09-21-2020

Supplier: **Lanier Plans Inc. dba KorKat**

CONTACT INFORMATION FORM

IN ACCORDANCE WITH “PSPW-20-09” titled “**Provide and Install New Metal and Vinyl Canopies at Various Locations**” 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: **Lanier Plans Inc dba KorKat**

STREET ADDRESS: **221 CABLE INDUSTRIAL WAY**

CITY, STATE & ZIP CODE: **CARROLLTON**

PRIMARY CONTACT FOR THE PROJECT:

NAME: **Shane Lanier** TITLE: **CEO**

E-MAIL: **ShaneL@KorKat.com**

TELEPHONE: **7702149322** FAX: **770-2149323**

AUTHORIZED APPROVER:

NAME: **Gina Smith** TITLE: **CFO**

E-MAIL: **GinaS@KorKat.com**

TELEPHONE: **770-214-9322** FAX: **770-214-9323**

SIGNATURE: **Gina Smith**

B) Proposal Checklist

Did you make sure to submit the following items, as stated in section 1.5 “Proposal Requirements” of the bid package?

Attachment A - Contact Information Form	Yes <input checked="" type="checkbox"/>
Attachment B - Non-Collusive Affidavit	Yes <input checked="" type="checkbox"/>
Attachment C - Proposer’s Completed Qualification Statement	Yes <input checked="" type="checkbox"/>
Attachment F - References Form	Yes <input checked="" type="checkbox"/>

Did you make sure to update the following documents found under the “Vendor Registration” group of “Qualifications” on the BidSync website for the City of Pembroke Pines?

Vendor Information Form	Yes <input checked="" type="checkbox"/>
Form W-9 (Rev. October 2018)	Yes <input checked="" type="checkbox"/>
Sworn Statement on Public Entity Crimes Form	Yes <input checked="" type="checkbox"/>
Local Vendor Preference Certification	Yes <input checked="" type="checkbox"/>
Local Business Tax Receipts	Yes <input checked="" type="checkbox"/>
Veteran Owned Small Business Preference Certification	Yes <input checked="" type="checkbox"/>
Equal Benefits Certification Form	Yes <input checked="" type="checkbox"/>
Vendor Drug-Free Workplace Certification Form	Yes <input checked="" type="checkbox"/>
Scrutinized Company Certification	Yes <input checked="" type="checkbox"/>

C) Proposal Form

The vendor must provide their pricing through the designated lines items listed on the BidSync website.

Project Locations	Project Cost
Pembroke Pines Charter Middle School West Campus 1500 Pembroke Road, Pembroke Pines FL 33029	Price to be Submitted Via BidSync
Pembroke Pines Charter Elem. and Middle Central Campus 1350 Sheridan St. Pembroke Pines FL 33026.	Price to be Submitted Via BidSync
Pembroke Pines Charter Elem. and Middle Central Campus 1350 Sheridan St. Pembroke Pines FL 33026.	Price to be Submitted Via BidSync

Supplier: **Lanier Plans Inc. dba KorKat**



City of Pembroke Pines

Attachment B

NON-COLLUSIVE AFFIDAVIT

BIDDER is the **Lanier Plans Inc dba KorKat**,
(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 **Gina Smith**

Title **CFO**

Name of Company **LANIER PLANS, INC DBA KORKAT**

Supplier: **Lanier Plans Inc. dba KorKat**



City of Pembroke Pines

Attachment C

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:

Lanier Plans, Inc dba KorKat
221 Cable Industrial Way
Carrollton, GA 30117

PROPOSER'S License Number: **000791**

(Please attach certificate of status, competency, and/or state registration.)

Number of years your organization has been in business **17**

State the number of years your firm has been in business under your present business name **17**

State the number of years your firm has been in business in the work specific to this solicitation: **17**

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

Shane Lanier

IF USING A FICTITIOUS NAME, SUBMIT EVIDENCE OF COMPLIANCE WITH FLORIDA FICTITIOUS NAME STATUTE.

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 non-responsive.

n/a

At what address was that business located?

221 Cable Industrial Way
Carrollton, GA 30117

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

McGriff Insurance
P.O. Box 2190
Alpharetta, GA 30023

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

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).

no but raw material will be purchased locally.

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.

none

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).

none

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.

none

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.

none

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.

distributor

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

no

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

We have been in business as a Florida GC for the past 17 years. We have numerous projects throughout Florida that are the same as the proposed project for this bid. Our crews have over 30 years experience in the field of safety surfacing.

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.

Lanier Plans Inc dba KorKat
(Company Name)

Shane Lanier
(Printed Name/Signature)

Supplier: **Lanier Plans Inc. dba KorKat**

REFERENCES FORM

Provide specific examples of similar contracts. References 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: **United Nations International School**

Address: **24-50 FDR Drive**

City/State/Zip: **New York, NY 10010**

Contact Name: **Joe Fasanello** Title:

E-Mail Address: **jfasanello@unis.org**

Telephone: **212-584-3068** Fax:

Project Information:

Name of Contractor Performing the work: **Lanier Plans Inc dba KorKat**

Name and location of the project: **UNIS**

24-50 FDR Drive

New York

Nature of the firm's responsibility on the project: **Removal and placement of EPDM Surfacing at accurate fall**

heights for existing equipment. Work spanned over two years of phases for the project.

Project duration: **24 months** Completion (Anticipated) Date: **November 2019**

Size of project: **Medium Scale** Cost of project: **250,000.00**

Work for which staff was responsible: **All removal, prep and replacement of safety surfacing**

Contract Type: **Purchase Order System**

The results/deliverables of the project: **On time with satisfied customer**

REFERENCES FORM

Provide specific examples of similar contracts. References 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: **Grace Place for Children and Families**

Address: **35 Hastings Place**

City/State/Zip: **Naples, FL 34104**

Contact Name: **Jeffery Siegal** Title:

E-Mail Address: **Siegal1991@gamil.com**

Telephone: **239-404-9300** Fax:

Project Information:

Name of Contractor Performing the work: **Lanier Plans Inc dba KorKat**

Name and location of the project: **Grace Place**

Playground addition

Naples, FL 34104

Nature of the firm's responsibility on the project: **Lanier Plans, Inc dba KorKat**

Project duration: **2 weeks** Completion (Anticipated) Date: **12-2018**

Size of project: **Small** Cost of project: **56,000.00**

Work for which staff was responsible: **New playground equipment and design of EPDM safety surfacing.**

Contract Type: **GC Contract**

The results/deliverables of the project: **On time and satisfied customer**

REFERENCES FORM

Provide specific examples of similar contracts. References 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: **Brook Run Park**

Address: **4770 North Peachtree Road**

City/State/Zip: **Dunwoody, GA 30338**

Contact Name: **Gabe Neps** Title:

E-Mail Address: **Gabe.Neps@dunwoodyga.gov**

Telephone: **404-426-1288** Fax:

Project Information:

Name of Contractor Performing the work: **Lanier Plans Inc dba KorKat**

Name and location of the project: **Brook Run Park**

4770 N Peachtree Road

Dunwoody, GA 30338

Nature of the firm's responsibility on the project: **Remove and replace existing EPDM, correct bad base work in designated areas and correct drain issues with stone and new EPDM surfacing. Secure site with fencing and manage foot traffic for safe conditions.**

Project duration: **one month** Completion (Anticipated) Date: **April 2019**

Size of project: **Medium Scope** Cost of project: **274,000.00**

Work for which staff was responsible: **Remove and replace existing EPDM surfacing with new surfacing. 10,000+ sf.**

Contract Type: **Purchase Order**

The results/deliverables of the project: **Ahead of Schedule and satisfied customer**

REFERENCES FORM

Provide specific examples of similar contracts. References 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: **Buena Ventura Lakes**

Address: **403 Buena Ventura Blvd.**

City/State/Zip: **Kissimmee, FL 34744**

Contact Name: **Robert Mindick** Title:

E-Mail Address: **robertmindick@osceola.org**

Telephone: **407-908-0185** Fax:

Project Information:

Name of Contractor Performing the work: **Lanier Plans Inc dba KorKat**

Name and location of the project: **Buena Ventura Lakes**

403 Buena Ventura Blvd.

Kissimmee, FL 34744

Nature of the firm's responsibility on the project: **Lanier Plans Inc dba KorKat**

Project duration: **2 months** Completion (Anticipated) Date: **Jan 2019**

Size of project: **Medium scope** Cost of project: **215,000.00**

Work for which staff was responsible: **Install new playground, site amenities, shelter and EPDM design safety surfacing.**

Contract Type: **Municipality Purchase Orders**

The results/deliverables of the project: **On time completed project**

REFERENCES FORM

Provide specific examples of similar contracts. References 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: **Memorial Stadium**

Address: **7226 Varnedoe Drive**

City/State/Zip: **Savannah, GA 31406**

Contact Name: **Corey Harper** Title:

E-Mail Address: **jharper@chathamcounty.org**

Telephone: **912-660-7607** Fax:

Project Information:

Name of Contractor Performing the work: **Lanier Plans, Inc dba KorKat**

Name and location of the project: **Memorial Stadium**

7226 Varnedoe Drive

Savannah, GA 31406

Nature of the firm's responsibility on the project: **Designed and provided a themed playground with themed safety surfacing for Football stadium at the county.**

Project duration: **one month** Completion (Anticipated) Date: **October 2019**

Size of project: **Small Scolpe** Cost of project: **130,000.00**

Work for which staff was responsible: **Playground and safety surfacing**

Contract Type: **Purchase Order**

The results/deliverables of the project: **On time and happy customer**

**CERTIFICATION REGARDING LOBBYING;
DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS
FOR EXPENDITURE OF FEDERAL FUNDS**

LOBBYING

As required by 7 CFR Part 3018, for persons entering into a contract, grant or cooperative agreement over **\$100,000** involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit **Standard Form - LLL, "Disclosure Form to Report Lobbying,"** in accordance with its instructions; and
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

Gina Smith, CFO

Signature of Contractor's Authorized Official

LANIER PLANS, INC DBA KORKAT

Contrator / Name of Company

Printed Name and Title of Contractor's Authorized Official

09-21-2020

Date

DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

As required by 7 CFR Part 3017, for persons entering into a contract, grant or cooperative agreement over **\$25,000** involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default; and

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.



Signature of Contractor's Authorized Official

LANIER PLANS, INC DBA KORKAT

Contrator / Name of Company

Gina Smith, CFO

Printed Name and Title of Contractor's Authorized Official

09-21-2020

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;



☐ 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: LANIER PLANS, INC dba KorKat

AUTHORIZED OFFICER NAME / SIGNATURE: Gina Smith

**E-Verify System Certification Statement
for the Employment Eligibility Verification Program
of the U.S. Department of Homeland Security**

The State of Florida, Executive Order 11-116, requires the City, as a party to any State-funded contracts, to participate in the Employment Eligibility Verification administered by the U.S. Department of Homeland Security ("DHS"). Any Vendor performing work pursuant to the State funded contract issued by the City is required to use the E-Verify Program to confirm employment eligibility of its current and prospective employees. The undersigned Vendor hereby certifies that it will enroll and participate in the E-Verify Program, in accordance with the terms and conditions governing the use of the program by:

- (1) Verifying the employment eligibility of all persons employed during the contract term by the contractor to perform the work under this contract.
- (2) Enrolling in the E-Verify Program within thirty (30) days of the effective date of this contract by obtaining a copy of the "Edit Company Profile" page and make such record available to within seven days of request from the City.
- (3) Requiring all persons, including subcontractors, assigned by the Contractor to perform work under this contract to enroll and participate in the E-Verify Program within ninety (90) days of the effective date of this contract or within ninety (90) days of the effective date of the contract between the Contractor and the subcontractor, whichever is later. The Contractor shall obtain from the subcontractor a copy of the "Edit Company Profile" screen indicating enrollment in the E-Verify Program and make such record available to the City within seven calendar days from the City's request.
- (4) Displaying the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.
- (5) Initiate E-Verify verification procedures for new employees within 3 business days after the actual work start date of each new hire and thereafter shall respond appropriately to any additional requests from DHS or Social Security Administration (SSA).
- (6) Maintain records of its participation and compliance with the provisions of the E-Verify Program and make such records available within seven days of City's request.



Signature of Contractor's Authorized Official

GINA SMITH, CFO

Printed Name and Title of Contractor's Authorized Official

LANIER PLANS, INC DBA KORKAT

Contrator / Name of Company

09-21-2020

Date

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFIED COPY

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed with the Corporations Division of the Office of the Secretary of State of Georgia under the name of

LANIER PLANS, INC.
a Domestic Profit Corporation

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number : 18237098
Date Inc/Auth/Filed: 02/12/2003
Jurisdiction : Georgia
Print Date : 01/03/2020
Form Number : 215



Brad Raffensperger

Brad Raffensperger
Secretary of State



NO: 000791

OCCUPATION TAX CERTIFICATE

DATE: 1/03/2020

RECEIVED OF: LANIER PLANS INC DBA KORKAT

IN CONSIDERATION OF WHICH IS REQUIRED BY THE CITY OF CARROLLTON
OCCUPATION TAX ORDINANCE, CODE OF ORDINANCES OF THE CITY.

NAME OF OWNER/MANAGER: SHANE LANIER

LOCATION AT: 221 CABLE INDUSTRIAL WAY

770-214-9322

TYPE CODE: CARPENTRY WORK, CONT

THIS CERTIFICATE EXPIRES ON: 12/31/2020

WITNESS MY HAND AND SEAL OF THE CITY
THE DAY AND YEAR ABOVE WRITTEN


CITY CLERK

OCCUPATION TAX CERTIFICATE IS NON-TRANSFERABLE
ORDINANCES NOW IN FORCE OR WHICH MAY BE ENACTED HEREAFTER

SHANE LANIER
LANIER PLANS INC DBA KORKAT
221 CABLE INDUSTRIAL WAY
CARROLLTON GA 30117



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: Lanier Plans, Inc dba KorKat

PRINTED NAME / AUTHORIZED SIGNATURE: _____

***KorKat will use local businesses on site for installation items that are equal or greater than 5% of the contract amount.**



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

1. This sworn statement is submitted Lanier Plans, Inc dba KorKat
(name of entity submitting sworn statement)
whose business address is 221 Cable Industrial Way, Carrollton, GA 30117
and (if applicable) its Federal Employer Identification Number (FEIN) is
86-1063618. (If the entity has no FEIN, include the Social Security
Number of the individual signing this sworn statement: n/a.)
2. My name is Gina Smith and my
(Please print name of individual signing)
relationship to the entity named above is CFO.
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.)**

Gina Smith

Bidder's Name

Lanier Plans, Inc dba KorKat

Company Name


Signature

09-21-2020

Date



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

I, Gina Smith, CFO, on behalf of KorKat,
Print Name and Title Company Name
certify that KorKat:
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.

Gina Smith, CFO

Print Name / Title

KorKat

Company Name

Gina Smith
Signature

State of Florida

Department of State

I certify from the records of this office that KORKAT is a Fictitious Name registered with the Department of State on January 10, 2020.

The Registration Number of this Fictitious Name is G20000004666.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Eleventh day of January, 2020*



Randy R. Lee

Secretary of State



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.

Lanier Plans, Inc dba KorKat

Company Name

Gina Smith

Authorized Signer Name

Authorized Signature



(OFFICE USE ONLY) Vendor number:

Vendor Information Form

Operating Name (Payee)	Lanier Plans, Inc. dba KorKat		
Legal Name (as filed with IRS)	Lanier Plans, Inc		
Remit-to Address (For Payments)	221 Cable Industrial Way		
	Carrollton, GA 30117		
Remit-to Contact Name:	Shane Lanier	Title:	CEO
Email Address:	ShaneL@KorKat.com		
Phone #:	(770) 214-9322	Fax #	(770) 924-9323
Order-from Address (For purchase orders)	221 Cable Industrial Way		
	Carrollton, GA 30117		
Order-from Contact Name:	Shane Lanier	Title:	CEO
Email Address:	ShaneL@KorKat.com		
Phone #:	(770) 214-9322	Fax #	(770) 214-9323
Return-to Address (For product returns)	221 Cable Industrial Way		
	Carrollton, GA 30117		
Return-to Contact Name	Nikki Davis	Title:	Install Coordinator
Email Address:	NikkiD@KorKat.com		
Phone #:	(770) 214-9322	Fax #	(770) 214-9323
Payment Terms:	Net 30 after completion		

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

☒ Corporation

Federal ID Number:

861063618

☐ Sole Proprietorship/Individual

Social Security No.:

☐ Partnership

☐ Health Care Service Provider

☐ LLC – C (C corporation) – S (S corporation) – P (partnership)

☐ Other (Specify):

Name & Title of Applicant Gina Smith, CFO

Signature of Applicant

Date 09-21-2020



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: Lanier Plans, Inc dba KorKat

PRINTED NAME / AUTHORIZED SIGNATURE: 

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

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

Lanier Plans, Inc.

2 Business name/disregarded entity name, if different from above

dba KorkKat

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

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

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

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

221 Cable Industrial Way

6 City, state, and ZIP code

Carrollton, GA 30117

Requester's name and address (optional)

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

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

Social security number

____ - ____ - ____

or

Employer identification number

8 6 - 1 0 6 3 6 1 8

Part II Certification

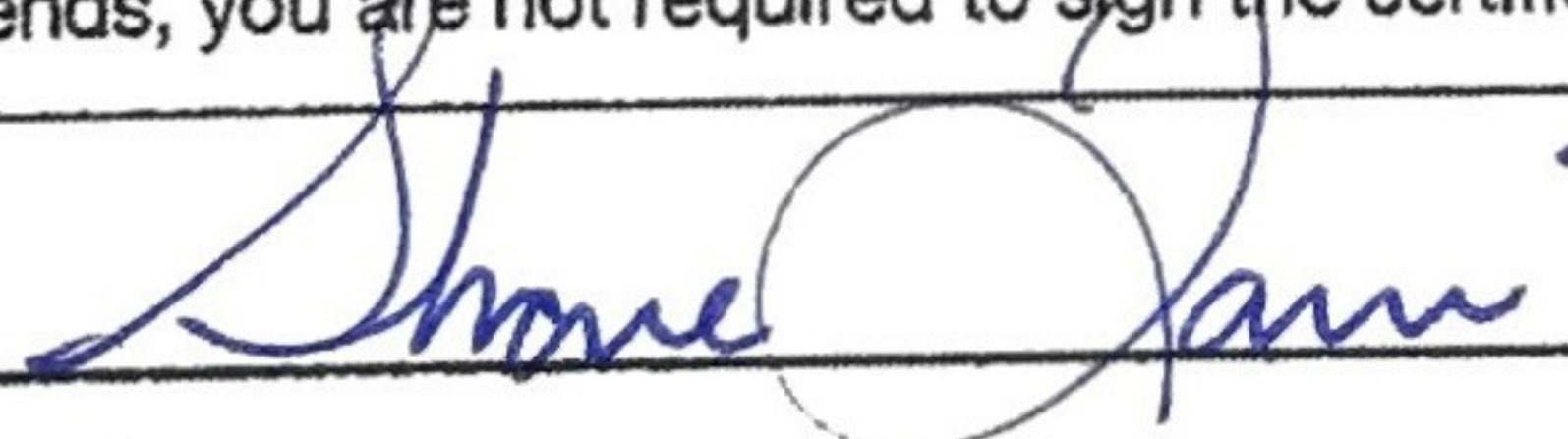
Under penalties of perjury, I certify that:

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 for Part II, later.

Sign
Here

Signature of
U.S. person ►



Date ►

1-17-20

General Instructions

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

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

Purpose of Form

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

- Form 1099-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*, later.