



City of Hollywood
Procurement Services

Otis Thomas, Interim Director/Chief Procurement Officer
2600 Hollywood Boulevard, Hollywood, FL 33020

[A PERFECT EDGE, INC.] RESPONSE DOCUMENT REPORT

IFB No. IFB-291-25-WV

Professional Irrigation Services

RESPONSE DEADLINE: April 16, 2025 at 3:00 pm

Report Generated: Monday, April 21, 2025

A Perfect Edge, Inc. Response

CONTACT INFORMATION

Company:

A Perfect Edge, Inc.

Email:

kevin@aperfectedge.net

Contact:

Kevin O'steen

Address:

4839 SW 148th Avenue
Suite 516
Davie, FL 33330

Phone:

(954) 547-3010

Website:

N/A

Submission Date:

Apr 16, 2025 9:37 AM (Eastern Time)

ADDENDA CONFIRMATION

No addenda issued

QUESTIONNAIRE

1. VENDOR REFERENCE FORM*

Please download the below documents, complete, and upload for each vendor reference. Reference forms are to be completed by your vendor reference. They must be sent back to you to be uploaded with your bid response. A minimum of three (3) references are required.

- [Vendor Reference Form.pdf](#)

Vendor_Reference_Form_(Jcollazo_hollywood)_IRRIGATION.pdf

Vendor_Reference_Form_(Joe_Hallandale)_Irrigation.pdf

Vendor_Reference_Form_(Dmell)_Irrigation.pdf

2. Information Upload*

Please upload all specifications/licenses for your submittal here per requirements on Contractor Qualifications section.

IMG_1405.jpg

IMG_1404.jpg

Professional_irrigation_services_letter_for_hollywood.docx

3. HOLD HARMLESS AND INDEMNITY CLAUSE*

I, an authorized representative, the contractor, shall indemnify, defend and hold harmless the City of Hollywood, its elected and appointed officials, employees and agents for any and all suits, actions, legal or administrative proceedings, claims, damage, liabilities, interest, attorney's fees, costs of any kind whether arising prior to the start of activities or following the completion or acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or

omission, fault or negligence whether active or passive by the contractor, or anyone acting under its direction, control, or on its behalf in connection with or incident to its performance of the contract.

Confirmed

4. NON-COLLUSION STATEMENT*

I, being first duly sworn, depose that:

- A. He/she is an authorized representative of the Company, the Proposer that has submitted the attached Proposal.
- B. He/she has been fully informed regarding the preparation and contents of the attached Proposal and of all pertinent circumstances regarding such Proposal;
- C. Such Proposal is genuine and is not a collusion or sham Proposal;
- D. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contractor for which the attached Proposal has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices, profit or cost element of the Proposal price or the Proposal price of any other Proposer, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- E. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Confirmed

5. CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS*

The applicant certifies that it and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, 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 governmental entity (Federal, State, or local) with commission of any of the 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 transactions (Federal, State, or local) terminated for cause or default.

Confirmed

6. DRUG-FREE WORKPLACE PROGRAM*

- A. IDENTICAL TIE PROPOSALS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which 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 drug-free workplace program shall be given preference in the award process. Established procedures for processing tie proposals 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 employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program (if such is available in the 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 these requirements.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Confirmed

7. SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY *

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. "No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, local government attorney, or candidate would be influenced thereby." The term "public officer" includes "any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

The City of Hollywood/Hollywood CRA policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City/CRA does business.

The State of Florida definition of "gifts" includes the following:

- Real property or its use,
- Tangible or intangible personal property, or its use,
- A preferential rate or terms on a debt, loan, goods, or services,

- Forgiveness of indebtedness,
- Transportation, lodging, or parking,
- Food or beverage,
- Membership dues,
- Entrance fees, admission fees, or tickets to events, performances, or facilities,
- Plants, flowers or floral arrangements
- Services provided by persons pursuant to a professional license or certificate.
- Other personal services for which a fee is normally charged by the person providing the services.
- Any other similar service or thing having an attributable value not already provided for in this section.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.

Confirmed

8. Certificate of Insurance*

See requirements in the [#SPECIAL TERM AND CONDITIONS](#) section.

City_of_Hollywood_COI_2025-2026.pdf

Workers_comp_COI_2024-2025.pdf

9. PROOF OF SUNBIZ REGISTRATION*

Enter company FEIN to be verified in Sunbiz

650530454

[Click to Verify](#) *Value will be copied to clipboard*

10. ACKNOWLEDGMENT AND SIGNATURE PAGE

IF CORPORATION - DATE INCORPORATED/ORGANIZED: *
10/03/1994

STATE INCORPORATED/ORGANIZED: *
Florida

REMITTANCE ADDRESS*

4839 SW 148 AVE
SUITE 516
DAVIE, FL 33330

BIDDER/PROPOSER'S AUTHORIZED REPRESENTATIVE'S TYPED FULL NAME*
Kevin Osteen

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER CERTIFIES ACCEPTANCE OF THE TERMS, CONDITIONS, SPECIFICATIONS, ATTACHMENTS AND ANY ADDENDA. THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER/PROPOSER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR THE PERIOD OF TIME STATED IN THE SOLICITATION.*
Confirmed

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE

BID/PROPOSAL NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID/PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.*
Confirmed

BID FORM*

Please download the below documents, complete, and upload.

- [Bid Form MASTER.docx](#)

No_bid_bond.docx

11. SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a) FLORIDA STATUTES ON PUBLIC ENTITY CRIMES

THIS FORM STATEMENT IS SUBMITTED TO THE CITY OF HOLLYWOOD BY:*

(Print individual's name and title) (Print name of entity submitting sworn statement)

Kevin Osteen Vice President A Perfect Edge, Inc.

SWORN STATEMENT CONTINUATION:*

Enter business address:

4839 SW 148 AVE SUITE 516 DAVIE, FL 33330

SWORN STATEMENT CONTINUATION:*

Enter Federal Employer Identification Number (FEIN) is:

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement.

65-0530454

SWORN STATEMENT CONTINUATION:*

I understand that “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 an 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.

I understand and Not applicable

SWORN STATEMENT CONTINUATION:*

I understand that “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 ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

Confirmed

SWORN STATEMENT CONTINUATION:*

I understand that “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.

The term “person” includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity

Confirmed

SWORN STATEMENT CONTINUATION:*

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.)

Division of Administrative Hearings, determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the Final Order).

Neither the entity submitting sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

SWORN STATEMENT CONFIRMATION*

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER
FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC
ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR
YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THAT
PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD
AMOUNT PROVIDED IN SECTION 287.017 FLORIDA STATUTES FOR A CATEGORY TWO OF

ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Confirmed

PRICE TABLES

HOURLY BID TOTALS

| Line Item | Description | Quantity | Unit of Measure | Unit Cost | Total |
|--------------|-----------------------|----------|-----------------|-----------|---------------------|
| 1 | Irrigation Technician | 2,080 | Hourly | \$45.00 | \$93,600.00 |
| 2 | Irrigation Helper | 2,080 | Hourly | \$33.00 | \$68,640.00 |
| 3 | Certified Electrician | 400 | Hourly | \$85.00 | \$34,000.00 |
| 4 | Emergency Services | 400 | Hourly | \$79.00 | \$31,600.00 |
| TOTAL | | | | | \$227,840.00 |

PERCENTAGE BID

(*Not to exceed 20% markup on all materials related to irrigation repairs)

| Line Item | Description | Unit of Measure | Percentage |
|-----------|---------------------------------|-----------------|------------|
| 5 | Percentage (%) Markup Materials | \$20,000.00 | 18% |

VENDOR REFERENCE FORM

INVITATION FOR BID
IFB-291-25-WV
PROFESSIONAL IRRIGATION SERVICES

City of Hollywood Solicitation #:

Reference for:

A PERFECT EDGE, INC.

Organization/Firm Name providing
reference:

City of Hollywood Public Works

Organization/Firm Contact

Title:

Name:

Joshua Collazo

Head of Urban forestry and development

Email:

Jcollazo@hollywoodfl.org

Phone: 954-249-8857

Name of Referenced Project:

441 and City Wide
Comprehensive Landscape Maintenance

Contract No:

Date Services were provided:

2019-Present

Project

Amount: \$300,000

Referenced Vendor's role in
Project:



Prime Vendor



Subcontractor/
Subconsultant

Would you use the Vendor
again?



Yes



No. Please specify in additional
comments

Description of services provided by Vendor (provide additional sheet if necessary):

Wet checks, Irrigation repair, general professional irrigation services.

| Please rate your experience with the Vendor | Need Improvement | Satisfactory | Excellent | Not Applicable |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vendor's Organization: | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Staff turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Timeliness/Cost Control of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments (provide additional sheet if necessary):

****THIS SECTION FOR CITY USE ONLY****

| | | | | | | |
|---------------|-------------|--------------------------|---------|--------------------------|--------|--------------------------|
| Verified via: | Email: | <input type="checkbox"/> | Verbal: | <input type="checkbox"/> | Mail: | <input type="checkbox"/> |
| Verified by: | Name: | | | | Title: | |
| | Department: | | | | Date: | |

VENDOR REFERENCE FORM

INVITATION FOR BID
IFB-291-25-WV
PROFESSIONAL IRRIGATION SERVICES

City of Hollywood Solicitation #:

Reference for:

A PERFECT EDGE, INC.

Organization/Firm Name providing
reference:

City of Hallandale Beach Public Works

Organization/Firm Contact

Title: Landscape Superintendent

Name:

Joe Tollis

Email:

jtollis@hallandalebeachfl.gov

Phone: 954-457-1452

Name of Referenced Project:

Emergency Contract for
comprehensive landscape maintenance

Contract No:

Date Services were provided:

2023 -2024

Project

Amount: 80,000.00

Referenced Vendor's role in
Project:



Prime Vendor



Subcontractor/
Subconsultant

Would you use the Vendor
again?



Yes



No. Please specify in additional
comments

Description of services provided by Vendor (provide additional sheet if necessary):

Wet checks, Irrigation repair, and general professional irrigation services

| Please rate your experience with the Vendor | Need Improvement | Satisfactory | Excellent | Not Applicable |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vendor's Organization: | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Staff turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Timeliness/Cost Control of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments (provide additional sheet if necessary):

****THIS SECTION FOR CITY USE ONLY****

| | | | | | | |
|---------------|-------------|--------------------------|---------|--------------------------|--------|--------------------------|
| Verified via: | Email: | <input type="checkbox"/> | Verbal: | <input type="checkbox"/> | Mail: | <input type="checkbox"/> |
| Verified by: | Name: | | | | Title: | |
| | Department: | | | | Date: | |

VENDOR REFERENCE FORM

INVITATION FOR BID
IFB-291-25-WV
PROFESSIONAL IRRIGATION SERVICES

City of Hollywood Solicitation #:

Reference for:

A PERFECT EDGE, INC.

Organization/Firm Name providing
reference:

City of Hollywood Parks and Recreation

Organization/Firm Contact

Name:

Daniel Mell

Title:

Assistant Parks & Athletics Manager

Email:

DMELL@hollywoodfl.org

Phone:

786-303-4959

Name of Referenced Project:

Irrigation Repair

Contract No:

Date Services were provided:

2019-Present

Project

Amount: \$100,000

Referenced Vendor's role in
Project:



Prime Vendor



Subcontractor/
Subconsultant

Would you use the Vendor
again?



Yes



No. Please specify in additional
comments

Description of services provided by Vendor (provide additional sheet if necessary):

Wet checks, Irrigation repair, general professional irrigation services for certain parks

| Please rate your experience with the Vendor | Need Improvement | Satisfactory | Excellent | Not Applicable |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vendor's Organization: | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Staff turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Timeliness/Cost Control of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments (provide additional sheet if necessary):

****THIS SECTION FOR CITY USE ONLY****

| | | | | | | |
|---------------|-------------|--------------------------|---------|--------------------------|--------|--------------------------|
| Verified via: | Email: | <input type="checkbox"/> | Verbal: | <input type="checkbox"/> | Mail: | <input type="checkbox"/> |
| Verified by: | Name: | | | | Title: | |
| | Department: | | | | Date: | |

A PERFECT EDGE INC

4839 SW 148TH AVE # 516

Davie, FL 33330

CERTIFICATE OF COMPETENCY



KEVIN O'STEEN



Irrigation Specialty Contractor

A PERFECT EDGE INC

CC# 25-ISC-00130-X

EXPIRES 2025-08-31



4839 S.W. 148th Avenue Suite 516 Davie, FL 33330
Phone: (954) 214-8300 Fax: (954) 680-1922

City of Hollywood
Public Works Department
2600 South Park Rd.
Hollywood, FL 33021

INVITATION FOR BID IFB-291-25-WV
PROFESSIONAL IRRIGATION SERVICES

Dear Selection Committee,

Thank you for the opportunity to submit our proposal in response to INVITATION FOR BID IFB-291-25-WV – PROFESSIONAL IRRIGATION SERVICES. We at *A Perfect Edge, Inc.* are honored to be considered and look forward to the possibility of continuing our service to the City of Hollywood through this critical project.

Since 1994, *A Perfect Edge, Inc.* has proudly served a wide variety of clients across the tri-county area, providing exceptional landscape and irrigation services with a commitment to professionalism, quality, and long-term reliability. We are especially proud of our ongoing relationship with the City of Hollywood, having previously performed citywide wet checks and irrigation system repairs, which gives us a deep familiarity with the City's operational standards and expectations.

Our full scope of services includes:

- Professional Irrigation Services, including wet checks, troubleshooting, repair, and system optimization
- Total Landscape Maintenance
- Landscape Design and Installation
- Land Clearing and Debris Removal
- Certified Arbor Services (with a certified Arborist on staff)
- Environmentally Friendly Integrated Pest Management
- Fertilization Programs
- Pressure Washing and Porter Services

We understand that irrigation is a critical component of maintaining healthy and sustainable landscapes, and we are confident in our team's ability to deliver responsive, precise, and cost-effective irrigation solutions tailored to the City's needs. Our enclosed references and insurance/licensing documents reflect the quality of work we consistently provide and the trust we've built with our clients over the last 31 years.

It is our sincere hope to expand our services and continue contributing to the beautification and sustainability efforts of the City of Hollywood. We are confident that our experience, competitive approach, and attention to detail make us a strong candidate for this contract. Thank you for your time and consideration. We look forward to the opportunity to further demonstrate our capabilities and commitment to excellence.

Sincerely,

Kevin J O'Steen

Vice President

A Perfect Edge, Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/14/2025

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

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

| | | | |
|---|--|--|--|
| PRODUCER Robert Gonzalez Insurance Agency, Inc 5220 South University Dr Suite 105C Davie FL 33328 | | CONTACT NAME: Gigi Rodriguez PHONE (A/C, No, Ext): 954-680-2805 E-MAIL ADDRESS: gigi.rodriguez@ffbic.com FAX (A/C, No): 954-680-9110 | |
| INSURED A Perfect Edge, Inc. 4839 SW 148th Avenue Fort Lauderdale FL 33330 | | INSURER(S) AFFORDING COVERAGE INSURER A: Florida Farm Bureau INSURER B: Florida Farm Bureau INSURER C: 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | | | | | | |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|---|-------------|------------|------------|---|--|--|--|--|
| A | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: | X | | CPP9526911 | 02/05/2025 | 02/05/2026 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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 \$ | | | | | | | | | |
| | B | | | | | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | X | ABF 1366532 | 02/05/2025 | 02/05/2026 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ | | | | |
| | | | | | | | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | N/A | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | | | | | | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

Landscape Maintenance Contractor

Certificate Holder Is listed as Additional Insured for general liability

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| City of Hollywood Public Works 2600 Hollywood Boulverad Hollywood, FL 33020 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/14/2025

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

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

| | | | |
|---|--|--|--|
| PRODUCER Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland NJ 07068 | | CONTACT NAME: Automatic Data Processing Insurance Agency, Inc. PHONE (A/C, No, Ext): 1-800-524-7024 FAX (A/C, No): E-MAIL ADDRESS: | |
| INSURED A PERFECT EDGE INC 4839 SW 148th Ave Suite 516 Fort Lauderdale FL 33330 | | INSURER(S) AFFORDING COVERAGE INSURER A: Insurance Company of the West INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 27847 | |

COVERAGES**CERTIFICATE NUMBER:** 4188311**REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------------------------------|----------|---------------|-------------------------|-------------------------|---|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE AGGREGATE \$ \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> Y | N/A | N | WMO506769202 | 09/29/2024 | 09/29/2025 <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)

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|---|
| City of Hollywood Public Works 2600 Hollywood Blvd Hollywood, FL 33020 FL 33020 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|---|---|

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4839 S.W. 148th Avenue Suite 516 Davie, FL 33330
Phone: (954) 214-8300 Fax: (954) 680-1922

INVITATION FOR BID IFB-291-25-WV PROFESSIONAL IRRIGATION SERVICES

Above bid does not state a bid bond is required.