



## Piggyback Checklist

**Contract Number/Name: Florida State Contract-Tires, Tubes, and Services**

**#25172500-19-ACS**

**Services/Supplies to be provided: Tire Purchases and Services-The Goodyear Tire & Rubber dba Goodyear Auto Service**

**Using Department(s): Public Works – Fleet Maintenance**

ITEMS VERIFIED	YES	NO	COMMENT
Does the piggyback contract allow the utilization of the contract by other entities, including use in the state of FL if it's an out of state contract?	Yes		Florida State Contract #25172500-19-ACS allows use by all governmental entities within the State of Florida. Link Attached.
Was the contract awarded through a solicitation or other acceptable competitive process that was publicly advertised?	Yes		Florida State Contract #25172500-19-ACS Link Attached.
Piggyback Contract is Valid? Contract Expiration Date:	Yes		Expires: 03/31/2024 Attached.
Goods / Services requested by the Using Department(s) match those allowed under the piggyback contract and do not extend beyond the expiration date of the piggyback contract?	Yes		
Does the piggyback contract have acceptable terms and conditions?	Yes		Tires and services are for all Police and General vehicles and equipment only under the contract for governmental agencies.
Did the vendor confirm that the piggyback contract is authorized to be used with the established terms, conditions, and pricing?	Yes		Vendor approves of using the contract.
Is pricing "Fair and Reasonable" in the piggyback contract?	Yes		
Piggyback Contract Certificate(s) of Insurance (COI) is acceptable to the COH's Risk Management?		No	N/A
Piggyback Contract has Warranty Conditions?	Yes		This contract is for the purchasing of tires and services. Warranty is through the Manufacturer.
Piggyback Contract has liquidated damages (if Yes, provide the daily liquidated amount)		No	

[https://www.dms.myflorida.com/business\\_operations/state\\_purchasing/state\\_contracts\\_and\\_agreements/alternate\\_contract\\_source/tires tubes and services](https://www.dms.myflorida.com/business_operations/state_purchasing/state_contracts_and_agreements/alternate_contract_source/tires_tubes_and_services)

**Verified By: JJW**

Joel Wall

**Date: 1/20/22**



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT SERVICES DIVISION

### Piggybacking Request Form

(Use for purchase(s) over \$25,000, when piggybacking off other contracts)

Date: 01/06/22

Department/Office: Public Works

Division/Area: Fleet Maintenance

Contract Administrator: Joel Wall; Peter Bieniek

Title: Fleet Superintendent; Public Work Director

Phone: 954-967-4555; 954-967-4526

Email: [jwall@hollywoodfl.org](mailto:jwall@hollywoodfl.org);  
[pbieniek@hollywoodfl.org](mailto:pbieniek@hollywoodfl.org)

1. Requested Vendor: Goodyear Auto Service Center

Vendor Number: 05519

Address: 2825 Hollywood Boulevard, Hollywood, Florida 33020

Contact Person: Hector Casas

Title: Store Manager

Phone: 954-923-6521

Email: [gsr2544@goodyear.com](mailto:gsr2544@goodyear.com)

2. Contract title requesting to piggyback?

Awarding Agency: Florida State Contract: Tires Bid Award #25172500-19-ACS

Contract Expiration Date: April 1, 2019 through March 31, 2024

Copy of Contract and Awarding Agency documentation is attached.

☒ Yes ☐ No

[https://www.dms.myflorida.com/business\\_operations/state\\_purchasing/state\\_contracts\\_and\\_agreements/alternate\\_contract\\_source/tires\\_tubes\\_and\\_services](https://www.dms.myflorida.com/business_operations/state_purchasing/state_contracts_and_agreements/alternate_contract_source/tires_tubes_and_services)

3. Product/Service being requested (be specific) Tires required for all Police and General service vehicles for the City of Hollywood. The City of Hollywood's Police and other vehicles are purchased with Goodyear tires based upon specifications by the manufacturer for quality, reliability, speed rating and warranty.

*Procurement Service Division use only*

Requisition # R \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # BPO \_\_\_\_\_  
(As Applicable)

4. Detailed description of the products/services function and purpose: Vehicles are sent to the local Hollywood Goodyear shop for replacement tires when worn out or damaged. Also, a minimal amount of tires mounted on wheels for the Police Patrol vehicles are kept in stock when replacement can be performed while the vehicle is in for preventive maintenance or an emergency situation, so Fleet can provide service with minimal down time. The local Hollywood Goodyear distributor also provides vehicle delivery and pick up services at the Fleet Garage at no cost to the city. This service has tremendous value and savings as it avoids staff time and expense for the delivery of vehicles for service.

5. Please explain what process the Department/Office took to verify and/or identify this contract: Recommended by the Public Works Department for the best price through the Florida State Contract.

6. Were alternative contracts evaluated to determine that the City is obtaining the most advantageous contract pricing for the required product/service?

☒ Yes ☐ No

Please explain: The tires are available on the Florida State Contract for the best pricing for the Police and General Fleet vehicles.

7. Total cost of the requested product/service: \$215,000.00

8. Total estimated annual (fiscal year) cost of requested product/service: \$215,000.00

Account Number(s): 557.510101.51900.552120.00000.000.000/  
557.510101.51900.546320.000000.000.000 (General), 557.510101.51900.552620.000000.000.000/  
557.510101.51900.546420.000000.000.000 (Police)

9. Is this product/service covered by a warranty? ☒ Yes ☐ No

If yes, please attach a copy of the warranty details.

10. Would this purchase(s) result in the potential of future purchases for related products/services being restricted to a particular vendor or create a specific vendor as sole source provider for related items?

☐ Yes ☒ No

If yes, please describe the related products/services and estimated cost(s.) \_\_\_\_\_

11. Would this purchase(s) result in any future maintenance costs which are not included in the initial purchase?

☐ Yes ☒ No

If yes, please attach a draft maintenance plan which includes cost estimates and funding source(s.) \_\_\_\_\_

12. Is this a grant related purchase? ☐ Yes ☒ No

If yes, please provide details (timeline, expiration dates, milestones, special procurement requirements, etc.) \_\_\_\_\_

Will this require matching funds? ☐ Yes ☒ No

Procurement Service Division use only

Requisition # R \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # BPO \_\_\_\_\_  
(As Applicable)

What is the grant source? N/A

What is the grant (dollar) amount? N/A

13. Please complete an advanced search of the vendor recommended for award on the Federal Government's Systems for Award Management at [www.sam.gov](http://www.sam.gov).

Date of Advanced Search \_\_\_\_\_

Company Name(s) Searched

Search Results

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### REQUESTING DEPARTMENT RECOMMENDATION

**Note: By signing and returning this form, you are verifying and acknowledging that you have reviewed all portions (scope, terms, conditions, pricing, etc.) of the requested contract and recommend its approval based on the contract complying with the City of Hollywood's scope and pricing requirements and to the best of your knowledge the contract does not violate any applicable policy, statute, governing rule or regulation.**

Joel J. Wall  
Contact Person's Signature



1/6/2022

Date

1.6.2022

Supervisor's Signature



Date

1/6/2022

Director's Signature

Date

#### APPROVAL (Procurement Service Division Use Only)

Verified By:		Date	
Approved By:		Date	

*Procurement Service Division use only*

Requisition # R \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # BPO \_\_\_\_\_  
(As Applicable)

(Revised 08/2015)



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
01/27/2021

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**  
Aon Risk Services Northeast, Inc.  
Cleveland OH Office  
950 Main Avenue  
Suite 1600  
Cleveland OH 44113 USA

**CONTACT NAME:**  
**PHONE**  
(A/C. No. Ext): (866) 283-7122  
**E-MAIL ADDRESS:**

**FAX**  
(A/C. No.): (800) 363-0105

**INSURER(S) AFFORDING COVERAGE****NAIC #**

**INSURED**  
The Goodyear Tire & Rubber Co.  
200 Innovation Way  
Attn: Risk Management Dept.  
Akron OH 44316-0001 USA

**INSURER A:** ACE Property & Casualty Insurance Co.

20699

**INSURER B:** Travelers Property Cas Co of America

25674

**INSURER C:**

**INSURER D:**

**INSURER E:**

**INSURER F:**

**COVERAGES****CERTIFICATE NUMBER:** 570085865575**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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			TC2J-CAP-117D4194-TIL-21	02/01/2021	02/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input type="checkbox"/> <b>DED</b> <input checked="" type="checkbox"/> <b>RETENTION</b>			XEUG71548673002 SIR applies per policy terms & conditions	08/01/2020	08/01/2021	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE 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)**

Umbrella Liability is excess of the following retained limits: \$25,000,000 each occurrence for Products Liability/Completed Operations; \$3,000,000 each occurrence General Liability. Named Insured is Self-Insured for General Liability. Primary Automobile Liability provided by Travelers Property Cas Co of America. Policy number C2J-CAP-117D4194-TIL-20. Excess Automobile Liability \$5,000,000 each occurrence provided by Navigators Insurance Company. Policy Number NY19RXS202FDWIV. \$1,000,000 of Employers Liability coverage provided by Liberty Insurance Corporation: Policy numbers C7-C81-004151-100 (MN); WC7-C81-004151-060 (WI); WA7-C8D-004151-050 (All State Except OH, ND, WA, WY); and any other state Self-insured Retention of \$1,000,000. Employers' Liability policies placed directly. Aon Risk Insurance Northeast is not the broker of record for the

**CERTIFICATE HOLDER**

City of Hollywood  
2600 Hollywood Blvd.  
Hollywood FL 33022 USA

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

*Aon Risk Services Northeast Inc*

Holder Identifier : Various

Certificate No : 570085865575