

original

St. Johns County School District  
Sebastian Administrative Annex  
Purchasing Department  
3015 Lewis Speedway, Unit 5  
St. Augustine, FL 32084



## INVITATION TO BID (ITB)

### REQUIRED RESPONSE FORM

BID NO.: 2018-04  
RELEASE DATE: January 26, 2018

**INVITATION TO BID TITLE: Playground Equipment, Surfacing, Shade Structure and Installation**

F.O.B. Destination: **District Wide**

**BID DUE DATE AND TIME: February 27, 2018 @ 1:30 pm**  
**BID OPENING DATE AND TIME: February 27, 2018 @ 2:00 pm**

**CONTACT: Patrick Snodgrass**  
Director of Purchasing  
(904) 547-8941  
patrick.snodgrass@stjohns.k12.fl.us

**SUBMIT BID TO:** Sebastian Administrative Annex  
Purchasing Department  
3015 Lewis Speedway, Unit 5  
St. Augustine, FL 32084

**BID OPENING LOCATION:** Sebastian Administrative Annex  
Purchasing Department  
3015 Lewis Speedway, Unit 5  
St. Augustine, FL 32084

**REQUIRED SUBMITTALS CHECKLIST** - Each submittal checked below is **required** for Bid to be considered.

☐ Literature ☐ Specifications ☐ Catalogs ☐ Product Samples: See Special Conditions  
☒ Debarment Form ☐ Manufacturer's Certificate of Warranty  
☒ Drug-Free Workplace Certification ☐ List of References  
☒ Certificate of Insurance: See Special Conditions  
☒ Additional submittals specific to this ITB may also be required – See Special Conditions for details

**BIDDER MUST FILL IN THE INFORMATION LISTED BELOW AND SIGN WHERE INDICATED FOR BID TO BE CONSIDERED.**

Company Name: Top Line Recreation, Inc

Address: 2922 Howland Blvd, Suite 3

City, State: Deltona, FL

Zip: 32725

FEIN: 45-3009109

Signature of Owner or  
Authorized Officer/Agent

Telephone: 386-575-8359

Typed Name of Above: Sonia Perkins

FAX: 888-909-0549

Email: soniap@toplinerec.com

By my signature, I certify that this offer is made without prior understanding, agreement, or connection with any corporation, firm, business entity or person submitting an offer for the same materials, supplies, equipment, or services (s), and is in all respects fair and without collusion or fraud. I further agree to abide by all conditions of this invitation and certify that I am authorized by the offeror to sign this response. In submitting an offer to the School Board of St. Johns County, I, as the Bidder, offer and agree that if the offer is accepted, the offeror will convey, sell, assign, or transfer to the School Board of St. Johns County all right, title, and interest in and to all causes of action it may now or hereafter acquire under the Anti-trust laws of the United States and the State of Florida for price fixing relating to the particular commodity(s) or service(s) purchased or acquired by the School Board. At the School Board's discretion, such assignment shall be made and become effective at the time the School Board of St. Johns County tenders final payment to the vendor.

## Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

*This certification is required by the Department of Education regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, for all lower tier transactions meeting the threshold and tier requirements stated at Section 85.110.*

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.


9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

### Instructions for Certification:

1. The prospective lower tier participant certifies, by submission of this proposal that neither it nor its principals are:

- (a) presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction 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 performing a public (federal, state or local) transaction or contract under a public transaction; or for 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 the offenses enumerated in this certification; or
- (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.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

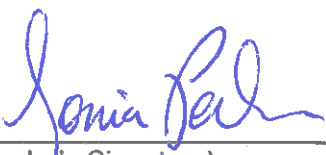
Name of Applicant	PR/Award Number and/or Project Name
Top Line Recreation, Inc.	Playground Equipment, Surfacing, Shade Structure and Installation
Printed Name	Title of Authorized Representative
Sonia Perkins	President
Signature	Date
	02/15/18

## DRUG FREE WORKPLACE CERTIFICATION FORM

In accordance with 287.087, Florida Statutes, 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 bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free 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 action 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 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 this section.

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

  
\_\_\_\_\_  
(Vendor's Signature)



**BIDDER'S STATEMENT OF PRINCIPAL PLACE OF BUSINESS**

(Must be completed & submitted with each competitive solicitation)

Bid number and description: 2018-04, Playground Equipment, Surfacing, Shade Structure and Installation

Identify the state in which the Vendor has its principal place of business: Florida

**Instructions:** IF your principal place of business above is located within the State of Florida, the Vendor must sign below and submit this form with your bid response, no further action is required.

**However, if your principal place of business is outside of the State of Florida, the following must be completed by an attorney and returned with your bid response. FAILURE TO COMPLY SHALL BE CONSIDERED TO BE NON-RESPONSIVE TO THE TERMS OF THE SOLICITATION.**

**OPINION OF OUT-OF-STATE BIDDER'S ATTORNEY ON BIDDING PREFERENCES**

(To be completed by the Attorney for an Out-of-State Vendor)

**NOTICE:** Section 287.084(2), Florida Statute, provides that "a vendor whose principal place of business is outside this state must accompany any written bid, proposal, or reply documents with a written opinion of an attorney at law licensed to practice law in that foreign state, as to the preferences, if any or none, granted by the law of that state (or political subdivision thereof) to its own business entities whose principal places of business are in that foreign state in the letting of any or all public contracts." See also: Section 287.084(1), Florida Statutes.

**LEGAL OPINION ABOUT STATE BIDDING PREFERENCES**

(Please Select One)

       The Vendor's principal place of business is in the State of \_\_\_\_\_ and it is my legal opinion that the laws of that state **do not grant a preference** in the letting of any or all public contracts to business entities whose principal places of business are in that state.

       The Vendor's principal place of business is in the State of \_\_\_\_\_ and it is my legal opinion that the laws of that state **grant the following preference(s)** in the letting of any or all public contracts to business entities whose principal places of business are in that state: (Please describe applicable preference(s) and identify applicable preference(s) and identify applicable state law(s)):

\_\_\_\_\_  
\_\_\_\_\_

**LEGAL OPINION ABOUT POLITICAL SUBDIVISION BIDDING PREFERENCES**

(Please Select One)

       The Vendor's principal place of business is in the political subdivision of \_\_\_\_\_ and it is my legal opinion that the laws of that political subdivision **do not grant a preference** in the letting of any or all public contracts to business entities whose principal places of business are in that political subdivision.

       The Vendor's principal place of business is in the political subdivision of \_\_\_\_\_ and the laws of that political subdivision **grant the following preference(s)** in the letting of any or all public contracts to business entities whose principal places of business are in that political subdivision: (Please describe applicable preference(s) and identify applicable authority granting the preference(s)):

\_\_\_\_\_  
\_\_\_\_\_

Signature of out-of-state Vendor's attorney: \_\_\_\_\_

Attorney's printed name: \_\_\_\_\_

Address of out-of-state Vendor's attorney: \_\_\_\_\_

Phone number/e-mail of out-of-state Vendor's attorney: \_\_\_\_\_

Attorney's states of bar admission: \_\_\_\_\_

Vendor's Signature: Sonia Perkins

Vendor's Printed Name: Sonia Perkins



TOPLI-1

OP ID: CS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/18/2017

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

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

<b>PRODUCER</b> Cooper Insurance Service, Inc. Playground Book P.O. Box 638 Lapel, IN 46051 Steve B. Carraway	765-534-3152	<b>CONTACT NAME</b> Steve B. Carraway	<b>PHONE (A/C, No, Ext):</b> 765-534-3152	<b>FAX (A/C, No):</b> 765-534-2067
		<b>E-MAIL ADDRESS:</b>		
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	
		<b>INSURER A:</b> Scottsdale Insurance Co.	41297	
		<b>INSURER B:</b> Commerce & Industry Ins. Co.	19410	
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

**INSURED** Top Line Recreation, Inc.  
2922 Howland Blvd., Suite 3  
Orange City, FL 32725

## 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Included <input checked="" type="checkbox"/> Cont Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RBS0010112	11/21/2017	11/21/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			EBU060439420	10/06/2017	11/21/2018	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) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

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

## CERTIFICATE HOLDER

FOR INFO

## CANCELLATION

For Information Purposes Only

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/9/2017

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

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

## PRODUCER

The Fairway Insurance Group, LLC  
5461 North Federal Highway

Fort Lauderdale FL 33308

## INSURED

Topline Recreation, LLC  
2922 Howland Boulevard  
Suite 3  
Deltona FL 32725

CONTACT NAME: Caryn Osborne

PHONE (A/C No. Ext): (954) 772-9819

FAX (A/C No.): (954) 772-9564

E-MAIL ADDRESS:

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Progressive Express Insurance

10193

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

CERTIFICATE NUMBER: CL1711612875

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER					
A	AUTOMOBILE LIABILITY		02819424-1	1/1/2017	1/1/2018	
	<input checked="" type="checkbox"/> ANY AUTO		Deductible: \$1,000			COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				PIP-Base \$
	DED	RETENTION \$				EACH OCCURRENCE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					AGGREGATE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				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)

2016 Chevy Colorado LT VIN #1GCE8CE33G1284343

2013 Chevy Equinox VIN #2GNALBEK0D1142917

## CERTIFICATE HOLDER

## CANCELLATION

# SAMPLE

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

Edward Brown/CARYN

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/09/2017

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## PRODUCER

FrankCrum Insurance Agency, Inc.  
100 South Missouri Avenue  
Clearwater, FL 33756

## CONTACT NAME

PHONE (A/C, No, Ext): (800) 277-1620 X4800

FAX (A/C, No): (727) 787-0704

## E-MAIL ADDRESS:

## INSURER(S) AFFORDING COVERAGE

## NAICS

INSURER A: Frank Winston Crum Insurance Company

11600

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## INSURED

FrankCrum U/C/F Topline Recreation Inc.  
100 South Missouri Avenue  
Clearwater, FL 33756

## COVERAGES

CERTIFICATE NUMBER: 421608

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.

INSH LTR	TYPE OF INSURANCE	ADOL INSRD	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADY INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS-COMP/OP AGG \$
	<input type="checkbox"/> OTHER						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS-ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
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"/>	N/A	WC201700000	01/01/2017	01/01/2018	X PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
							E.I. EACH ACCIDENT \$1,000,000
							E.I. DISABILITY-EMPLOYEE \$1,000,000
							E.I. DISEASE-POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 445 Additional Endorsement Schedule may be attached if more space is required)

EFFECTIVE DATE

F

## CERTIFICATE HOLDER

## CANCELLATION

SAMPLE

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





www.TopLineRec.com  
 800-921-4509 info@toplinerec.com  
 2922 Howland Boulevard, Suite 3, Deltona, FL 32725

S CORPORATION – P11000073376 | FEIN – 45-3004509  
 SOCIO-ECONOMIC STATUS: MINORITY BUSINESS INTERPRISE

## Capability Statement

### Owners



**Terry R Perkins**

407-466-2909  
 terryr@toplinerec.com



**Sonia M Perkins**

386-575-8359  
 soniap@toplinerec.com

### Why Choose Us

Top Line Recreation is passionate about play and can't wait to work with you to design a playspace that meets your needs and fulfills your dreams! For playgrounds, Burke's Play That Moves You philosophy guides us to provide a variety of options for children of all ages and abilities to experience the fun and benefits of play. Other playground staples include surfacing, shelters, shade and sports equipment. It is our goal to create playspaces that are dynamic, safe and offer the best value!

### NAICS Codes

- 237990** Playground Construction
- 238990** Playground Equipment Installation
- 423910** Playground Equipment and Supplies  
Marchant Wholesalers
- 314910** Awnings, Canopies, Shades Outdoor

Founded in 2011, Top Line Recreation, INC. Design, Supply and Install Commercial Playgrounds, Shades, Shelters, Pavilions, ports Equipment, Safety Surface and Site Amenities.

With an established record of quality, innovation and excellent customer service in the commercial playground field Top Line Recreation offers a complete service to customer needs.

Our major customers are:  
 Schools, Parks & Recreation, Municipalities, Church, HOA and Developers.

The vision of Top Line Recreation is to share with others that you can always realize your dream with courage, hard work and expertise.

### Purchasing Contracts



School District of  
**OSCEOLA COUNTY**  
 FLORIDA



### Companies We Represent



### Products:

#### Playground Equipment

Our playgrounds come from BCI Burke, a leader in playground, park and recreation equipment.

#### Safety Surfacing

From Rubber Surfacing to Artificial Turf, Top Line is prepared to meet all your surfacing needs that help keep your kids safe and comfortable.

#### Field & Court Products

Top Line proudly represents the leader in innovative product design, precision engineering and premium manufacturing of sports equipment.

#### Site Amenities

Top Line offers a full line of park and commercial playground site amenities that will add value and comfort to any playground.

#### Shade & Shelters

Our shade structures, covers, tents, awnings, umbrellas, and shade canopies are perfect for playgrounds, pools, bleachers, concession areas, schools, and other outdoor spaces.



## We Proudly Represent:

**Burke**  
PLAY THAT MOVES YOU.

**EXCLUSIVE FLORIDA  
REPRESENTATIVE**

Playground and Fitness Equipment  
[www.bciburke.com](http://www.bciburke.com)

**Shade Systems Inc:**

Shade Structures, Canopies, Umbrellas, &  
Awning Covers  
[www.shadesystemsinc.com](http://www.shadesystemsinc.com)

**Americana:**

Pavilions, Commercial Park Shelters, & Commercial Walkways  
[www.americana.com/commercial](http://www.americana.com/commercial)

**Forever Lawn:**

Playground Grass, Sports Grass,  
Golf Grass, K9 Grass  
[www.foreverlawn.com](http://www.foreverlawn.com)

**Frog Furnishings:**

Recycled Plastic Site Amenities  
[www.frogfurnishings.com](http://www.frogfurnishings.com)

**No Fault Safety Surfacing:**

Resilient Playground and  
Athletic Surfaces  
[www.nofault.com](http://www.nofault.com)

**Norwell:**

Outdoor Exercise Equipment  
[www.norwelloutdoorfitness.com](http://www.norwelloutdoorfitness.com)

**Patterson-Williams:**

Site Furnishings  
[www.patterson-williams.com](http://www.patterson-williams.com)

**PW Athletic:**

Athletic Equipment  
[www.pwathletic.com](http://www.pwathletic.com)

## Project Consultants



**Top Line**  
RECREATION



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

"We are thankful for the nights that turned into mornings, friends that turned into family, and DREAMS that turned into reality."



**JOB COMPLETE**

**DATE of COMPLETION: 07/07/2017**

**Name: POMPANO COMMUNITY PARK**

**Location: POMPANO BEACH**

**Scope of Work: BURKE PLAYGROUND**

**Amount: \$ 127,794.58**

**Sales Rep: VIVIAN FIGUEROA**

**INSTALL: THE PLAYGROUND GUYS**

**Contact: HAROLD BEARD**

954-786-4031 | [Harold.beard@copbfl.com](mailto:Harold.beard@copbfl.com)







**JOB COMPLETE**

**DATE of COMPLETION: 12/30/2016**

**Name: WATERFORD CHASE HOA**

**Location: OAK CHASE – ORLANDO, FL 32828**

**Scope of Work: PLAYGROUND and SYNTHETIC TURF**

**Amount: \$ 126,855.88**

**Sales Rep: ERNESTO SANTANA**

**INSTALL: HURLEY CONSTRUCTION**

**Contact: Fred Surrency**

407-579-3455 | [fsurrency@aol.com](mailto:fsurrency@aol.com)





**JOB COMPLETE**

**DATE of COMPLETION: 07/24/2017**

**Name: CYPRESS RESERVE HOA**

**Location: 2810 CYPRESS RESERVE HOA – KISSIMMEE, FL 34741**

**Scope of Work: BURKE PLAYGROUND**

**Amount: \$36,064.15**

**Sales Rep: ERNESTO SANTANA**

**INSTALL: AL BOSGRAAF & SONS**

**Contact: FABIO MARTINEZ**

646-879-8429 | [hoapresident61@icloud.com](mailto:hoapresident61@icloud.com)





**JOB COMPLETE**

**DATE of COMPLETION: 12/30/16**

**Name: THE MASTER'S ACADEMY**

**Location: 1500 LUKAS LANE – OVIEDO, FL 32765**

**Scope of Work: PLAYGROUND - BURKE**

**Amount: \$ 32,398.19**

**Sales Rep: ERNESTO SANTANA**

**INSTALL: HURLEY CONSTRUCTION**

**Contact: Dr. Harris**

443-883-1010 | [apriltomassoni@mastersacademy.org](mailto:apriltomassoni@mastersacademy.org)







**JOB COMPLETE**

**DATE of COMPLETION: 11/14/2016**

**Name: KEENE'S CROSSING ELEMENTARY SCHOOL**

**Location: 5240 KEENE'S PHEASANT DR – WINDERMERE, FL 34786**

**Scope of Work: MEG SPAN SHADE SYSTEMS**

**Amount: \$ 25,689.57**

**Sales Rep: ERNIE SANTANA**

**INSTALLER: ALL BOSGRAAF & SONS**

**Contact: LIZ LACK**

407-375-0123 | [elack@cfl.rr.com](mailto:elack@cfl.rr.com)







*the coolest solutions under the sun®*

January 29, 2018

Topline Recreation  
2922 Howland Blvd Suite 3  
Deltona, FL 32725  
1-800-921-4509  
Attn: Terry Perkins

RE: St. John County Schools-Certified Installers

To Whom It May Concern,

Al Bosgraaf & Sons, Inc. is a Certified Installer of Shade Systems, Inc. products. Al Bosgraaf & Sons has worked with us on numerous projects and is a trusted installer of our equipment. If you should have any questions, please feel free to contact me.

Regards,

Brad Buzard  
General Manager



January 29, 2018

Topline Recreation  
2922 Howland Blvd Suite 3  
Deltona, FL 32725  
1-800-921-4509  
Attn: Terry Perkins

RE: St. John County Schools-Certified Installers

To Whom It May Concern,

Hurley Construction is a Certified Installer of Shade Systems, Inc. products. Hurley Construction has worked with us on numerous projects and is a trusted installer of our equipment. If you should have any questions, please feel free to contact me.

Regards,

A handwritten signature in blue ink, appearing to read 'BB', is written over the printed name 'Brad Buzard'.

Brad Buzard  
General Manager



January 22, 2018

To Whom It May Concern,

Please consider this letter as verification that Al Bosgraaf & Sons, Inc, 240 Rebel Run, Osteen, Florida, is a Certified Installer of playground, park and recreation equipment manufactured by BCI Burke Company, LLC.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ken Krug".

Ken Krug  
Plant Manager  
BCI Burke Company, LLC

KK /ew



February 13, 2018

To Whom It May Concern,

Please consider this letter as verification that Hurley Construction, 6026 Allen Street, Mt. Dora, Florida, is an Authorized Installer of playground, park and recreation equipment manufactured by BCI Burke Company, LLC.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ken Krug", is written over a faint horizontal line.

Ken Krug  
Plant Manager  
BCI Burke Company, LLC

KK /ew

Bid #2018-04 Playground Equipment, Surfacing, Shade Structures and Installation

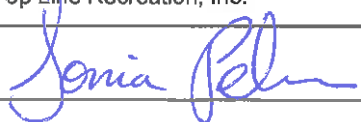
Bid Sheet

Item 1	<b>Playground Equipment</b>	
	Bidders are required to submit a single firm fixed percentage discount that will be deducted from the catalog list price. The District will not accept a Discount of 0%. Freight charges are to be prepaid by the awarded vendor and added to the invoice. The District will only pay actual freight charge.	
	List the Playground Equipment Manufacturer(s) you represent	<b>Fixed % Percentage Discount off List Price</b>
	BCI Burke Company	7% (Plus Freight)
Item 2	<b>Installation of Playground Equipment</b>	<b>Fixed % Percentage</b>
	Installation cost will be based on a firm percentage of the playground equipment cost (the total after discount has been taken but before freight has been added)	35%
	If using a subcontractor for installation of Playground Equipment must list company name (if other than self):	
	Al Bosgraaf & Sons, Inc.	
	Hurley Construction Inc.	
Item 3	<b>Shade Structures</b>	
	Bidders are required to submit a single firm fixed percentage discount that will be deducted from the catalog list price. The District will not accept a Discount of 0%. Freight charges are to be prepaid by the awarded vendor and added to the invoice. The District will only pay actual freight charge.	
	List the Shade Structure Manufacturer(s) you represent	<b>Fixed % Percentage Discount off List Price</b>
	Shade Systems Inc.	5% (Freight Included)

Bid Sheet

Item 4	<b>Installation of Shade Structures</b>	<b>Fixed % Percentage</b>
	Cost will be based on a firm percentage of the Shade Structure cost (the total after discount has been taken but before freight has been added)	120%
	If using a subcontractor for the installation of Shade Structure must list the company name (if other than self):	
	Al Bosgraaf & Sons, Inc.	
	Hurley Construction Inc.	
Item 5	<b>Surfacing Materials</b>	<b>Price Table Included</b>
	Bidders are required to attach a price table for surfacing products. Price table must indicate if pricing is based on thickness and color options. Price must include all materials, adhesives, non-woven geotextile membrane, delivered, supplied and installed.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Item 6	<b>Repair Work</b>	
	Bidders are to provide an hourly labor rate for repairs	\$ 200.00 per hour
	Bidders are required to provide a percentage markup over cost for repair parts	25 %

Company Name: Top Line Recreation, Inc.

Authorized Signature: 

Print Name: Sonia Perkins

Date: 02/15/18