



Piggyback Checklist

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

#25172500-19-ACS

Services/Supplies to be provided: Tire Purchases and Services-J&S Tire and Auto Center, Inc. dba Fleet Tire Truck and Auto

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

Rev. 04/2021



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;
pbieniek@hollywoodfl.org

1. Requested Vendor: Fleet Tire Truck and Auto

Vendor Number: 35729

Address: 5911 Pembroke Road, Hollywood, Florida 33023

Contact Person: Jacquelyn Atchisson

Title: Store Manager

Phone: 954-989-2600

Email: jatchisson@bellsouth.net

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

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)

(Revised 08/2015)

4. Detailed description of the products/services function and purpose: Vehicles are sent to the local Fleet Tire shop for replacement tires when worn out or damaged.

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: \$40,000.00

8. Total estimated annual (fiscal year) cost of requested product/service: \$40,000.00

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

What is the grant source? N/A

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

Procurement Service Division use only

Requisition # R _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # BPO _____
(As Applicable)

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.

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

01/06/2022
Date


Supervisor's Signature

1/10/2022
Date


Director's Signature

1/10/2022
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)



J&STIRE-01

JBEATTY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/27/2021

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 Corporate Insurance Advisors, LLC 1401 E. Broward Blvd. Suite 103 Fort Lauderdale, FL 33301	CONTACT NAME:		
	PHONE (A/C, No, Ext): (954) 315-5000	FAX (A/C, No): (954) 315-5050	
	E-MAIL ADDRESS: service@ciafl.net		
INSURED J & S Tire and Auto Inc 5911 Pembroke Road Hollywood, FL 33023-2395	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Depositions Insurance Company		42587
	INSURER B : Nationwide Insurance Company of America		
	INSURER C : Allied Property & Casualty Ins. Co.		29262
	INSURER D : Technology Insurance Co.		42376
	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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			ACP5914735471	11/1/2021	11/1/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			ACP5914735471	11/1/2021	11/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			ACP5914735471	11/1/2021	11/1/2022	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$ 3,000,000
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TWC4025538	10/20/2021	10/20/2022	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Garage & Dealers (Si			ACP5914735471	11/1/2021	11/1/2022	Limit of Liability 300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Except 10 Day Notice of Cancellation for Non Payment of Premium;

CERTIFICATE HOLDER

CANCELLATION

City of Hollywood
3250 Hollywood Blvd.
Hollywood, FL 33021

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