



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT SERVICES DIVISION

### Piggybacking Request Form

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

Date 09-16-2019

Department/Office Fire Rescue

Division/Area 215101

Contract Administrator Alexander N. Poli

Title Division Chief of Administration

Phone 954-967-4248

Email Apoli@hollywoodfl.org

1. Requested Vendor GoodYear Auto Service Center

Vendor Number 05519

Address 2825 Hollywood Blvd  
Hollywood, FL, 33020

Contact Person Francisco Marino

Title Store Manager

Phone 954-923-6521

Email gsr2544@Goodyear.com

2. Contract title requesting to piggyback? Florida Sheriffs Association Contract: Tires Bid Award

Awarding Agency FSA-19-TRS21.0

Contract Expiration Date 02-28-2022

Copy of Contract and Awarding Agency documentation is attached.

☒ Yes ☐ No

3. Product/Service being requested (be specific). Vehicle tires are required for Administrative, Fire Inspector vehicles and general service for City of Hollywood vehicles.

4. Detailed description of the products/services function and purpose. Vehicles are sent to the local Hollywood Goodyear shop for the replacement of tires when they have become worn out or damaged.

#### *Procurement Service Division use only*

Requisition # R  
(As Applicable)

Purchase Order # P  
(As Applicable)

Blanket Purchase Order # BPO  
(As Applicable)

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 Sheriffs Association 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 Sheriffs Association contract and provides best pricing.

7. Total cost of the requested product/service. \$16,000

8. Total estimated annual (fiscal year) cost of requested product/service. \$16,000

Account Number(s) 001.215101.52200.552120. \_\_\_\_\_

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.) N/A

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.) N/A

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

If yes, please provide details (timeline, expiration dates, milestones, special procurement requirements, etc.) N/A

Will this require matching funds? ☐ Yes ☒ No

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 09-16-2019

Company Name(s) Searched

Search Results

Procurement Service Division use only

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

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

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

Goodyear Auto Service Center

Non-Active

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

**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.***

\_\_\_\_\_  
Contact Person's Signature



\_\_\_\_\_  
Date

9-17-19

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

9-17-19

\_\_\_\_\_  
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)



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
09/01/2019

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> Aon Risk Services Northeast, Inc. Cleveland OH Office 1660 West Second Street Skylight Office Tower Suite 650 Cleveland OH 44113 USA	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C No, Ext):</b> (866) 283-7122	<b>FAX (A/C No.):</b> (800) 363-0105
<b>INSURED</b> The Goodyear Tire & Rubber Co. 200 Innovation Way Attn: Risk Management Dept. Akron OH 44316-0001 USA	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>NAIC #</b>	
	<b>INSURER A:</b> Travelers Property Cas Co of America	25674
	<b>INSURER B:</b> AIG Europe Limited	AA1120841
	<b>INSURER C:</b>	
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

Holder Identifier: Various

**COVERAGES** **CERTIFICATE NUMBER: 570077738508** **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 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"/> PROJECT <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
A	AUTOMOBILE LIABILITY  <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-144T5602-TIL-19	02/01/2019	02/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  DED <input checked="" type="checkbox"/> RETENTION		CSUSA1901892 SIR applies per policy terms & conditions	08/01/2019	08/01/2020	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
	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				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

Certificate No: 570077738508

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

RE: Store Number: 2537, AR Number: 67, 11 N. Andrews Ave., Ft. Lauderdale, FL 33301, Store Number: 2544, AR Number: 217, 2825 Hollywood Blvd., Hollywood, FL 33161, Store Number: 6647, AR Number: 840, 479 State Road 7, Hollywood, FL 33023, Store Number: 6662, AR Number: 320, 6852 N. University Dr., Tamarac, FL 33321, Store Number: 6661, Hiatus Road, Miramar, FL 33025, Store Number: 6663, AR Number: 445, 8301 Pines Blvd., Pembroke Pines, FL 33024, Store Number: 6622 - 4699 SW 148th Ave., Southwest Ranches, FL 33330, Store Number: 6623 - 300 NW 172nd Ave., Pembroke Pines, FL 33029, Store Number: 6622, 02/03/2012, SM: Enrique Farias - 4699 SW Volunteer Road, Southwest, Ranches, FL 33330-2131, Store Number: 6623, 02/03/2012, SM: Yonnel Quintero - 300 NW 172nd Ave., Pembroke Pines, FL 33029-3197. Garage Liability and Garagekeepers' Liability are included in the

**CERTIFICATE HOLDER****CANCELLATION**

City of Hollywood 2600 Hollywood Blvd. Hollywood FL 33022 USA	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  <i>Aon Risk Services Northeast, Inc.</i>

**ADDITIONAL REMARKS SCHEDULE**

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AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED The Goodyear Tire & Rubber Co.	
POLICY NUMBER See Certificate Number: 570077738508			
CARRIER See Certificate Number: 570077738508	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Additional Description of Operations / Locations / Vehicles:

Automobile Liability policy. The Above Umbrella Liability policy is Excess of the following retained limits: \$25,000,000 Each Occurrence Product Liability and \$3,000,000 CSL Each Occurrence General Liability.