

CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

CITY OF HOLLYWOOD
PROCUREMENT SERVICES
DIVISION

2019 DEC -9 AM 10:23

Piggybacking Request Form

(Use for purchase(s) over \$10,000, when piggybacking off other contracts)

Date 12/4/19

Department/Office Public Utilities

Division/Area WWTP

Contact Person Coy Mathis

Title Public Utilities Manager

Phone 954-921-3288

Email cmathis@hollywoodfl.org

1. Requested Vendor Condo Electric Motors

Vendor Number 6260

Address 3615 E. 10 Ct. Hialeah, FL 33013

Contact Person Mohamed Hallaj

Title Sales Manager.

Phone 800-545-1266

Email mohcondo@bellsouth.net

2. Contract title requesting to piggyback? Electric Motor and Pump Repair

Awarding Agency City of Plantation ITB NO. 062-17

Contract Expiration Date ~~12/9/20~~ 7/8/20

Copy of Contract and Awarding Agency documentation is attached.

☒ Yes ☐ No

3. Product/Service being requested (be specific). Repair of Water and Wastewater Plants electric motors, pumps, submersible pumps, drives and all other associated mechanical equipment.

4. Detailed description of the products/services function and purpose. Provide electric motor, pump, submersible pumps, drives and other associated mechanical equipment repair for Wastewater Treatemnt Plant and Lift Stations, Water Plant and Stormwater equipment. Failure to repair wastewater plant and lift station, water plant and underground stormwater motors, pumps, submersible pumps, drives and all other associated mechanical

Procurement Service Division use only

Requisition # R _____

Purchase Order # P _____

Blanket Purchase Order # _____

BPO _____

(As Applicable)

(As Applicable)

(As Applicable)

equipment needed for the proper operation of wastewater, water and stormwater treatment processes and sewer, water and stormwater systems is a violation of FDEP regulatory standards that may caused a monetary fine for the violation. In addition, failure to repair wastewater, and lift station motors, pumps, submersible pumps, drives and all other associated mechanical equipment in a timely manner will endanger Public Health and Safety and caused damage to our environment.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Condo Electric Motors identified the contract as an additional option for the City of Hollywood to repair wastewater plant and lift station, water and stormwater motors, pumps, submersible pumps, drives and all other associated mechanical equipment.

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 Procurement Services Department evaluated this contract.

7. Total cost of the requested product/service. \$220,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$220,000.00

Account Number(s) Multiple accounts

see attached document

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? _____

Procurement Service Division use only

Requisition # R _____
BPO _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # _____
(As Applicable)

What is the grant (dollar) amount? _____

13. Please complete an advanced search of the vendor recommended for award on the Federal Government's Excluded Parties List System at www.epls.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.



Contact Person's Signature

12/5/19

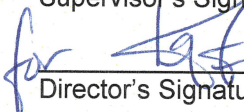
Date



Supervisor's Signature

12/5/19



Date



Director's Signature

12/5/19

Date

APPROVAL (Procurement Service Division Use Only)			
Verified By:		Date	<u>12/11/19</u>
Approved By:		Date	<u>12/16/19</u>

Procurement Service Division use only

Requisition # R _____
BPO _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # _____
(As Applicable)

Condo

Water Plant	442.400502.53600.546330.000000.000.000	\$55,000.00
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Underground	442.410101.53800.546330.000000.000.00	\$30,000.00
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ICE	442.400604.53600.546330.000000.000.000	\$10,000.00
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WWTP (Plant)	442.400602.53600.552240.000000.000.000	\$75,000.00
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WWTP (L/S)	442.400603.53600.552240.000000.000.000	\$50,000.00
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Total:	\$220,000.00
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/10/2019

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).

PRODUCER Brown & Brown of Florida, Inc. 14900 NW 79 Court Suite 200 Miami Lakes FL 33016		CONTACT NAME: Andrea Dexter-Gaston ACSR PHONE (A/C, No, Ext): (305) 714-4400 FAX (A/C, No): (305) 714-4401 E-MAIL ADDRESS: agaston@bbmia.com	
INSURED Condo Electric Motor Repair Condo Electric & Industrial Supply Inc. P.O. Box 3340 Hialeah FL 33013-0340		INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Fire Insurance Company INSURER B: Twin City Fire Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 19-20 GL-AUTO-EXCESS- **REVISION NUMBER:**

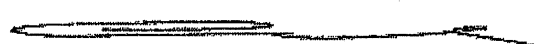
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 VVD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			21CESOF5987	10/22/2019	10/22/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Retro Date 10/22/98 \$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			21UUNLH6921	10/22/2019	10/22/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			21XSON0583	10/22/2019	10/22/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$
	<input type="checkbox"/> 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		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Garage Keepers Legal Liability			21UUNLH6921	10/22/2019	10/22/2020	Collision 150,000 Comprehensive 150,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Hollywood is an additional insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

City of Hollywood 2600 Hollywood Blvd. 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)

06/12/19

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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, Inc of Florida
1001 Brickell Bay Drive, Suite #1100
Miami, FL 33131-4937

CONTACT
NAME: Aon Risk Services, Inc of Florida

PHONE
(A/C, No, Ext): 800-743-8130

FAX
(A/C, No): 800-522-7514

EMAIL
ADDRESS: ADP.COI.Center@Aon.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Illinois National Insurance Co

23817

INSURED
ADP TotalSource FL XI, Inc.
10200 Sunset Drive
Miami, FL 33173
ALTERNATE EMPLOYER
Condo Electric Industrial Supply, Inc.
3748 E 10th Ct
Hialeah, FL 33013

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: 2494647

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$												
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$												
							MED EXP (Any one person) \$												
							PERSONAL & ADV INJURY \$												
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$												
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COMP/OP AGG \$												
	OTHER <input type="checkbox"/>						\$												
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$												
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>						BODILY INJURY (Per person) \$												
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per accident) \$												
							PROPERTY DAMAGE (Per accident) \$												
							\$												
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/>						EACH OCCURRENCE \$												
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						AGGREGATE \$												
	DEC <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>																		
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	WC 080371933 FL	7/1/2019	7/1/2020	<table><tr><td>X</td><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>2,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>2,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>2,000,000</td></tr></table>	X	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	2,000,000	E.L. DISEASE - EA EMPLOYEE	\$	2,000,000	E.L. DISEASE - POLICY LIMIT	\$	2,000,000
X	PER STATUTE	OTH-ER																	
E.L. EACH ACCIDENT	\$	2,000,000																	
E.L. DISEASE - EA EMPLOYEE	\$	2,000,000																	
E.L. DISEASE - POLICY LIMIT	\$	2,000,000																	

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

All worksite employees working for CONDO ELECTRIC INDUSTRIAL SUPPLY, INC., paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. CONDO ELECTRIC INDUSTRIAL SUPPLY, INC. is an alternate employer under this policy.

CERTIFICATE HOLDER

CANCELLATION

City of Hollywood
2600 Hollywood Blvd.
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

Aon Risk Services, Inc of Florida

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ACORD 25 (2016/03)

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Robert Lowery

From: Horace McLarty
Sent: Tuesday, December 10, 2019 5:24 PM
To: Coy Mathis
Cc: Sarah Scovill; Robert Lowery; Jennifer Stabile
Subject: FW: [EXT]RE: Plantation Piggyback
Attachments: condocopier3615@gmail.com_20191210_125650.pdf

Acceptable

Horace McLarty
Accountant, Human Resources/Risk Management



Office: (954) 921-3292
Fax: (954) 921-3678
Email: hmclarty@hollywoodfl.org

From: Coy Mathis
Sent: Tuesday, December 10, 2019 3:13 PM
To: Horace McLarty
Cc: Sarah Scovill; Robert Lowery; Jennifer Stabile
Subject: FW: [EXT]RE: Plantation Piggyback

Horace,

Please see the attached COI from Condo Electric. Currently, we are requesting a piggyback contract for Condo Electric to repair motors and pumps for us. Please review and let us know if the COI is acceptable. Thank you.

Coy

From: Mohamed Hallaj [<mailto:mohamed.hallaj@condoelectricmotor.com>]
Sent: Tuesday, December 10, 2019 2:50 PM
To: Coy Mathis <CMATHIS@hollywoodfl.org>
Cc: Sarah Scovill <SScovill@hollywoodfl.org>
Subject: [EXT]RE: Plantation Piggyback

good afternoon Coy.
Please see attached insurance update.

Thank you.
Mohamed Hallaj
General Manager
Condo Electric Motor Repair
3615 E. 10th CT, Hialeah FL 33013

Tel: (305)691-5400

Fax: (305)693-9460

E-mail: Website: www.condoelectric.com



Condo Electric has over 30 years of experience in selling and repairing industrial equipment with the addition of fabricating metals.



Please consider the environment before printing this email

From: Coy Mathis <CMATHIS@hollywoodfl.org>
Sent: Tuesday, December 10, 2019 1:48 PM
To: Mohamed Hallaj <mohamed.hallaj@condoelectricmotor.com>
Cc: Sarah Scovill <SScovill@hollywoodfl.org>
Subject: FW: Plantation Piggyback

Mo,

Good news, we were able to get the bid tabulation information from the City of Plantation. Therefore, please send an updated COI. Thank you.

Coy

From: Coy Mathis
Sent: Monday, December 9, 2019 4:34 PM
To: Mohamed Hallaj <mohamed.hallaj@condoelectricmotor.com>
Cc: Robert Lowery <RLOWERY@hollywoodfl.org>
Subject: Plantation Piggyback

Mo,

Please provide the bid tabulation sheet for the award of the Plantation contract to Condo Electric and provide an updated Certificate of Insurance. Thank you

Coy

Coy Mathis
Public Utilities Manager
City of Hollywood
Public Utilities
1621 N 14th Ave
P.O. Box 229045
Hollywood, FL 33022-9045
Office: 954-921-3288
E-mail: CMATHIS@hollywoodfl.org