



GENERAL SERVICES DEPARTMENT

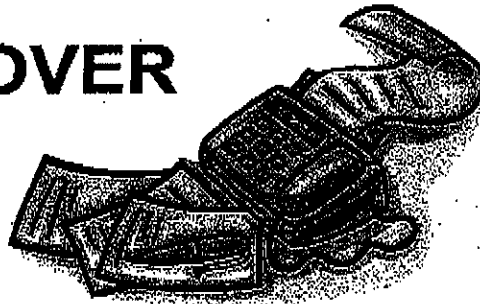
1190 N.E. 3rd Avenue - Bldg. C
Pompano Beach, FL 33060

Phone: (954) 786-4098 Fax: (954) 786-4168



City of Pompano Beach, Florida

COVER



SHEET

PLEASE DELIVER THE FOLLOWING PAGE(S) TO:

NAME: _____

FIRM/DEPT: Fla. - Spectrum

CITY: _____

TELEPHONE #: _____ FAX #: 954-978-2233

FAX FROM: _____

DEPT: _____

TELEPHONE#: _____

TOTAL NUMBER OF PAGES, INCLUDING COVER SHEET: 4

SPECIAL INSTRUCTIONS: notice of award

DATE: 4/13 TIME: am.

If you encounter any problems/questions, call (954) 786-4098.

Thank you



City of Pompano Beach, Purchasing Division
1190 N.E. 3rd Avenue, Building C
Pompano Beach, Florida, 33060



April 13, 2011

Lyle A. Johnson, President
Florida-Spectrum Environmental Services, Inc.
1460 West McNab Road
Fort Lauderdale, Florida 33309

Via Facsimile (954) 978-2233

Dear Mr. Johnson,

The City Commission, at their April 12, 2011 meeting, agenda item #2, approved award of a contract to your company for the following:

Bid H-18-11 Laboratory Testing Services

The contract period shall be one year, through April 12, 2012. The City will place orders for testing services as needed at the unit prices bid throughout the contract period. The specifications, terms, and conditions of the Bid shall remain firm for the initial contract period, and any renewal period. Contract renewal may be made as per the terms contained in the bid document.

As required by the Bid specifications, please forward current insurance certificates to the Purchasing office within ten (10) days of receipt of this letter. I have enclosed a copy of the Insurance section from the Bid for your reference. Please have your insurance agent fax copies of the certificate(s) to the Purchasing office at (954) 786-4168, and mail the current certificate(s) to City of Pompano Beach, Attention Risk Manager, 100 West Atlantic Boulevard, Pompano Beach, Florida, 33060.

After the insurance certificate has been approved by the Risk Manager a Purchase Order will be issued for the project.

If you have questions regarding the terms of the contract, please telephone me at (954) 786-4098. Thank you.

Very truly yours,

A handwritten signature in cursive script that reads "Lecta Hardin".

Lecta Hardin
General Services Director

enclosure

cc: Maria Loucraft, Utilities
file

J. Insurance

The contractor shall not commence operations, construction and/or installation of improvements pursuant to the terms of this agreement until certification or proof of insurance, detailing terms and provisions of coverage, has been received and approved by the City of Pompano Beach Risk Manager.

The following insurance coverage shall be required.

A. Worker's Compensation Insurance covering all employees and providing benefits as required by Florida Statute, Chapter 440, regardless of the size of the company (number of employees). The Contractor further agrees to be responsible for employment, control and conduct of its employees and for any injury sustained by such employees in the course of their employment.

B. Liability Insurance

- 1) Naming the City of Pompano Beach as an additional insured, on General Liability Insurance only, in connection with work being done under this contract.
- 2) Such Liability insurance shall include the following checked types of insurance and indicated minimum policy limits.

C. Real & Personal Property Insurance

The Contractor is responsible for any loss or damage to tools, equipment and supplies at the job site and is also responsible for any loss or damage to buildings being constructed until that building is completed and a certificate of occupancy is issued.

LIMITS OF LIABILITY

Type of Insurance	each occurrence	aggregate
GENERAL LIABILITY		
<i>MINIMUM \$1,000,000 OCCURRENCE/AGGREGATE</i>		
XX comprehensive form		
XX premises - operations		bodily injury
— explosion & collapse		
— hazard		property damage
— underground hazard		
XX products/completed		
— operations hazard		bodily injury and
XX contractual insurance		property damage
XX broad form property		combined
— damage		
XX independent contractors		
XX personal injury		personal injury

AUTOMOBILE LIABILITY

MINIMUM \$1,000,000 OCCURRENCE/AGGREGATE

		bodily injury (each person)
		bodily injury (each accident)
XX	comprehensive form	_____
XX	owned	property damage _____
XX	hired	bodily injury and property damage
XX	non-owned	combined

REAL & PERSONAL PROPERTY

XX	comprehensive form	Organization must show proof they have this coverage.
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EXCESS LIABILITY

—	umbrella form	bodily injury and property damage		
—	other than umbrella	combined	\$2,000,000.	\$2,000,000.

The certification or proof of insurance must contain a provision for notification to the City ten (10) days in advance of any material change in coverage or cancellation.

The successful bidder shall furnish to the City the certification or proof of insurance required by the provisions set forth above, within ten (10) days after notification of award of contract. Certificate(s) to be issued to City of Pompano Beach, Attention Risk Manager, 100 West Atlantic Boulevard, Pompano Beach, Florida, 33060.