

**Robertson County Finance Department
Bid Tab #1378
Baseball Backstop Improvements @ JBHS / Schools
January 24, 2018 / 10:00 AM**

	Bidder	Lump Sum	Comments
1	Carter Douglas Company, LLC	\$18,850.00	
2	Machinery Movers	\$34,136.00	

Bid Specification# 1378

Robertson County is accepting sealed bids for the following:

Baseball Field Backstop Improvements at Jo Byrns High School

See attached SCOPE OF WORK.

- Bid must match exactly or exceed specifications
- Delivery must be made to the vendor's location and delivered to the job site during installation. The bidder will be responsible for receiving any equipment or materials and the storage thereof.
- Material shall be installed per manufacturer's specifications.
- Proof of Liability Insurance of One Million Dollars must be included with bid.
- Proof of Workers' Compensation Insurance must be included with bid OR proof of registration with the State of Tennessee if bidder is exempt from Workers' Compensation Insurance requirements.
- Bidder will be responsible for identifying any utility lines prior to installation.
- Bidder must contact school principal to identify the installation location of equipment prior to installation.
- All trash and construction debris removed from each job site daily in Bidder provided receptacles.
- Price and quality of the equipment is essential; however, availability of products and ability to perform on schedule will be taken into award consideration.
- Include guarantees, warranty information or any other additional information with bid.

TOTAL LUMP SUM PRICE \$ 18,850.00 F.O.B. Complete

Days to Completion from date of Purchase Order: 45 days (Response Required)

This bid honored for 60 days/ months.

NON-COLLUSION AFFIDAVIT

The agent of the bidding firm hereby certifies to the best of his/her knowledge and belief that this bid proposal to Robertson County, Tennessee has not been prepared in collusion with any other seller of similar products. The agent also certifies that the prices, terms and conditions of said bid proposal have not been communicated. by the undersigned, nor by any employee or agent of the bidding firm, to any other seller of similar products and will not be communicated to any such seller prior to the official opening of said bid. The agent further states that no official or employee of Robertson County Government has promised any personal financial or other beneficial interest, either directly or indirectly in order to influence award of this bid.

COMPANY NAME Carter Douglas Company LLC DATE 1-24-18

AUTHORIZED SIGNATURE, TITLE 

Printed Name Wayne Cates Member

ADDRESS 109 Robins Way Russellville Ky 42276

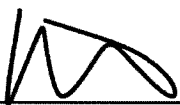
TELEPHONE 270-725-8788 FAX 270-725-8014

EMAIL ADDRESS wayne@carterdouglas.com

DRUG-FREE WORKPLACE AFFIDAVIT

The undersigned, principal officer of Carter Douglas Company LLC, an employer of five (5) or more employees contracting with Robertson County, Tennessee government to provide construction services, hereby states under oath as follows:

1. The undersigned is a principal officer of Carter Douglas Company LLC (hereinafter referred to as the "Company"), and is duly authorized to execute this Affidavit on behalf of the Company.
2. The Company submits this Affidavit pursuant to T.C.A. § 50-9-113, which requires each employer with no less than five (5) employees receiving pay who contracts with the state or any local government to provide construction services to submit an affidavit stating that such employer has a drug-free workplace program that complies with Title 50, Chapter 9, of the *Tennessee Code Annotated*.
3. The Company is in compliance with T.C.A. § 50-9-113.


_____ member _____ 1-24-18
Authorized Signature, Title (Owner/ Corporate Officer) **Date**

Printed Name: Wayne Cates

Carter Douglas Company LLC
_____ **Company Name**

109 Robins Way Russellville Ky 42276
_____ **Mailing Address**

270-725-8788 _____ 270-725-8014
Telephone No. **Fax No.**

Witness signature :  _____ **Date:** 1-24-18

Witness printed name: Will Sandlin

Robertson County, Tennessee
Letter of Compliance

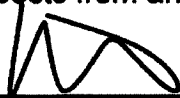
Successful bidder must comply with and provide this Letter of Compliance.

Amendments to the Tennessee Code Annotated Section 49-5-413 may require employers doing business with the Robertson County Board of Education to have their employees' criminal history records checked. The law provides that no employer or their employee(s):

1. Shall come in direct contact with school children, children in a childcare program; AND/OR
2. Shall enter the grounds of a school or childcare center operated by the Robertson County Board of Education when children are present without this compliance letter on file.

Your signature below indicates that you are fully aware of these requirements and that if applicable to your business relationship with the Robertson County Board of Education: (1) you have fully complied with the investigation required; and (2) you and any of your employees to which this applies are qualified to be in contact with the children and/or on school grounds as set forth by the Statute.

Further, you agree to hold Robertson County and/or its Board of Education harmless in all respects from any failure on your part to follow these requirements.



1-24-18

Authorized Signature, Title (Owner/Corporate Officer)

Date

Printed Name: Wayne Cates Member

Carter Douglas Company LLC

Company Name

109 Robins Way Russellville Ky 42276

Mailing Address

270-725-8788

Telephone No.

270-725-8014

Fax No.

Contact preferred email address: wayne@carterdouglas.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/27/2017

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 BB&T Insurance Services, Inc. 200 W Vine Street, Suite 300 Lexington, KY 40507 859 224-8899	CONTACT NAME: PHONE (A/C, No, Ext): 859 224-8899 FAX (A/C, No): 8666432260 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE INSURER A: Amerisure Insurance Company	NAIC # 19488
INSURED Carter Douglas Company, LLC 2705 N 197rd Beggs, OK 74421	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER: Sample Cert** **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 INSR	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"/> BI/PD Ded:2,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP2106913002	11/21/2017	11/21/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA21033960102	11/21/2017	11/21/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			CU21069140002	11/21/2017	11/21/2018	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				
A	Rented/Leased Equipment			IM21033980102	11/21/2017	11/21/2018	Limit-\$500,000 Deductible-\$5,000

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

CERTIFICATE HOLDER **CANCELLATION**

[Empty space for Certificate Holder Name]	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>Thomas Mays</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/3/2018

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 SUNZ Insurance Solutions, LLC ID: (Essential) c/o Essential HR, Inc. dba First Star HR 4455 LBJ Freeway, Suite 1080 Dallas, TX 75244	CONTACT NAME: Jennifer Hauger PHONE (A/C, No., Ext): 972-404-0295 E-MAIL ADDRESS: jennifer.hauger@firststarhr.com	FAX (A/C, No.):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Essential HR, Inc. 4455 LBJ Freeway Suite 1080 Dallas TX 75244	INSURER A: Benchmark Insurance Company		41394
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 39719618 **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
	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:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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	N/A	WCPEOBN000603	10/1/2017	10/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Coverage provided for all leased employees but not subcontractors of: Carter Douglas Company, LLC
 Client Effective Date: 1/1/2018

CERTIFICATE HOLDER 66000078	CANCELLATION 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 Glen J Distefano
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Bid Specification# 1378

Robertson County is accepting sealed bids for the following:

Baseball Field Backstop Improvements at Jo Byrns High School

See attached SCOPE OF WORK.

- Bid must match exactly or exceed specifications
- Delivery must be made to the vendor's location and delivered to the job site during installation. The bidder will be responsible for receiving any equipment or materials and the storage thereof.
- Material shall be installed per manufacturer's specifications.
- Proof of Liability Insurance of One Million Dollars must be included with bid.
- Proof of Workers' Compensation Insurance must be included with bid OR proof of registration with the State of Tennessee if bidder is exempt from Workers' Compensation Insurance requirements.
- Bidder will be responsible for identifying any utility lines prior to installation.
- Bidder must contact school principal to identify the installation location of equipment prior to installation.
- All trash and construction debris removed from each job site daily in Bidder provided receptacles.
- Price and quality of the equipment is essential; however, availability of products and ability to perform on schedule will be taken into award consideration.
- Include guarantees, warranty information or any other additional information with bid.

TOTAL LUMP SUM PRICE \$ 34,136.00 F.O.B. Complete

Days to Completion from date of Purchase Order: 30-WEATHER PERMITS (Response Required)

This bid honored for 60 days/ months.

NON-COLLUSION AFFIDAVIT

The agent of the bidding firm hereby certifies to the best of his/her knowledge and belief that this bid proposal to Robertson County, Tennessee has not been prepared in collusion with any other seller of similar products. The agent also certifies that the prices, terms and conditions of said bid proposal have not been communicated. by the undersigned, nor by any employee or agent of the bidding firm, to any other seller of similar products and will not be communicated to any such seller prior to the official opening of said bid. The agent further states that no official or employee of Robertson County Government has promised any personal financial or other beneficial interest, either directly or indirectly in order to influence award of this bid.

COMPANY NAME MACHINERY MOVERS DATE 1/22/18

AUTHORIZED SIGNATURE, TITLE [Signature], PROJECT MANAGER

Printed Name RYAN KING

ADDRESS 7420 BETHEL RD

TELEPHONE (615) 859-1178 FAX _____

EMAIL ADDRESS rring@machinerymoversinc.com

Robertson County, Tennessee
Letter of Compliance

Successful bidder must comply with and provide this Letter of Compliance.

Amendments to the Tennessee Code Annotated Section 49-5-413 may require employers doing business with the Robertson County Board of Education to have their employees' criminal history records checked. The law provides that no employer or their employee(s):

1. Shall come in direct contact with school children, children in a childcare program; AND/OR
2. Shall enter the grounds of a school or childcare center operated by the Robertson County Board of Education when children are present without this compliance letter on file.

Your signature below indicates that you are fully aware of these requirements and that if applicable to your business relationship with the Robertson County Board of Education: (1) you have fully complied with the investigation required; and (2) you and any of your employees to which this applies are qualified to be in contact with the children and/or on school grounds as set forth by the Statute.

Further, you agree to hold Robertson County and/or its Board of Education harmless in all respects from any failure on your part to follow these requirements.

X  _____ 1/23/18
Authorized Signature, Title (Owner/Corporate Officer) Date

Printed Name: Joey Miller

Machinery Movers
Company Name

PO BOX 564, Goodlettsville, TN 37070
Mailing Address

615-876-4136 _____ 615-859-2532
Telephone No. Fax No.

Contact preferred email address: joey@machinerymoversinc.com

DRUG-FREE WORKPLACE AFFIDAVIT

The undersigned, principal officer of Machinery Movers, an employer of five (5) or more employees contracting with Robertson County, Tennessee government to provide construction services, hereby states under oath as follows:

1. The undersigned is a principal officer of Machinery Movers (hereinafter referred to as the "Company"), and is duly authorized to execute this Affidavit on behalf of the Company.
2. The Company submits this Affidavit pursuant to T.C.A. § 50-9-113, which requires each employer with no less than five (5) employees receiving pay who contracts with the state or any local government to provide construction services to submit an affidavit stating that such employer has a drug-free workplace program that complies with Title 50, Chapter 9, of the *Tennessee Code Annotated*.
3. The Company is in compliance with T.C.A. § 50-9-113.

X [Signature] _____ 1/23/18 _____
Authorized Signature, Title (Owner/ Corporate Officer) Date

Printed Name: Joy Miller

Machinery Movers _____
Company Name

PO BOX 564, Goodlettsville, TN 37070 _____
Mailing Address

615-876-4136 _____ 615-859-2532 _____
Telephone No. Fax No.

Witness signature: Tera Gillentine _____ Date: 1/23/18 _____

Witness printed name: Tera Gillentine