

BID PRICING FORM RFP 19-018 TOLLESON POOL IMPROVEMENTS

COMPANY Aquatic Consulting & Equipment Inc
ADDRESS: 905 Nightingale Walk Site B Approvetta Ga BLOZZ
CONTACT: Brack Backman PHONE 7703469643
EMAIL: acepools@bellsouth.net
The A.C. E. Company submits the following bid for RFP 19-018 TOLLESON POOL IMPROVEMENTS
A. TOTAL COST FOR COMPLETE PROJECT: \$ 109, 375
B. REQUIRED: Provide a Line Item Price Sheet showing the components and line item pricing for each area of work (deck, dive stands, drains) including all materials, equipment and labor.C. Please indicate the number of Calendar Days anticipated to complete the work after receipt of Notice to Proceed and Purchase Order.
12 Business Days Anticipated Project Length
This Pricing Form Submitted and Signed by a Supplier Representative with Authority to submit and support the bid. Submitted By: BrackBachman
Submitted By: BrackBachman
Printed Name: Brack Bachman
Title: Owner

City of Smyrna RFP 19-108

	DECK	
1	Labor to repair delaminated deck, saw cut cracks, apply texture, stain deck	\$ 52,200.00
2	Concrete, Epoxy material, texture materail and stain	\$ 9,900.00

	DIVE STANDS	
3	Labor to remove existing stands, concrete pads for 1 meter stand	\$ 900.00
4	Labor to install new 3 Meter stand, new 1-meter stand and one Maxi B Board	\$ 2,800.00
5	Duraflex 3 Meter stand with Double Gurad Rails	\$ 34,850.00
	Duraflex 1 Meter stand with Double Guard Rails	
	Duraflex Maxi-B Board, 16ft	
	Hilti Epoxy Anchor kits X 2 (one for each new stand)	
	Freight	\$ 1,450.00

	DECK GRATES	
6	Labor to remove existing steel grates, correct any channel problems, install	\$ 2,580.00
	New HPDE grates and locking system, 75 LF	\$ 1,200.00

	EXPANSION JOINTS	
7	Labor to remove all of expansion joint around perimter of pool, tape lines and	\$ 1,920.00
	install new backer rob and Deck o Seal	
	Material Deck o Seal and Backer rod	\$ 1,025.00

	SAFETY COVER	
8	Labor to remove safety cover	\$ 550.00

TOTAL \$ 109,375.00

Please complete and submit the Acknowledgements below:

ACKNOWLEDGEMENTS

√	We acknowledge that we take no ex	ceptions to the terms or specifications.
<u>OR</u>	1 A	
	We acknowledge that we do take ex	ceptions to the terms or specifications and an
	itemized list of exceptions is attached	ed.
/	We acknowledge that we have read Affidavits.	and signed the Contractor and Subcontractor
	Amdavits.	
		Aquatic Consulting a Equipment Company Name
		Med Backman Signature Brad Backman
		Printed Name
		Title
		Date March 3:11 7019



City of Smyrna, Georgia CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. §13-10-91 (b) (1), stating affirmatively that the individual, firm, or corporation which is engaged in the physical performance of services on behalf of the City of Smyrna has registered with and is participating in a federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91 (b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

627573 2124119
EEV/ Federal Work Authorization User Identification Number Date of Authorization
Name of Contractor Bras (Backman)
Name of Project Tollesun Park Public Employer Szyrna
I hereby declare under penalty of perjury that the foregoing is true and correct.
Mul But
BY: Authorized Officer or Agent
Brad Bachman - owner
Printed Name and Title of Authorized Office or Agent
SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
26 DAY OF February 2019
Notary Public Nikola Janks V. E
My Commission Expires: Nov. 20, 2021



City of Smyrna, Georgia SUBCONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. §13-10-91 (b) (1), stating affirmatively that the individual, firm, or corporation which is engaged in the physical performance of services on behalf of the City of Smyrna has registered with and is participating in a federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91 (b). Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

627573 212419
EEV/ Federal Work Authorization User Identification Number Date of Authorization
Name of SubContractor 19 (A07) Name of Project Tollean Park Public Employer Smy rea
I hereby declare under penalty of perjury that the foregoing is true and correct.
BY: Authorized Officer or Agent
Printed Name and Title of Authorized Office or Agent
SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
26 DAY OF Rebouredy 2019
Notary Public Nihole Janleric
My Commission Expires: Nov. 20, 2021

VENDOR QUESTIONNAIRE

Questionnaire must be completed by ALL Vendors and returned with Proposal response. Any additional pages provided should be clearly labeled.

1.	How long have you been in business?
2.	Give us background information on your company, including the number of employees available to service the City of Smyrna, the closest office location, as well as any financial ratings and reports available. Separate attachment is acceptable.
	A. How many employees are available to service the City of Smyrna? 2 plus Subs
	B. Please provide the name and address of your local office:
	905 Nightingale Walk Suite B Alphanetta GA 30022
3.	Have you done similar business with other governmental agencies in the past three (3) years?
	Yes No
6	If yes, name agency and volume and total value of projects:

CLIENT REFERENCE SHEET

References from Clients (preferably including government clients) must be provided by ALL responding Vendors using the form below. It is the vendor's responsibility to provide COMPLETE and ACCURATE reference information on the form below, INCLUDING FAX NUMBERS AND EMAIL ADDRESSES.

1.	Gwinnett County Park &	Rec
	15 Localey Dave Laure	encar la Gn 30x141
	Address, City, State, Zip Code	100 VIJE 44 300 16
	770 639 4674 Telephone Number	No Fax # Available Fax Number
	Telephone Number	Fax Number
	Time	
	Name of Contact Person	E-Mail Address
	Name of Contact Person	E-Mail Address
	Type of Project	
	Dates: Dive Board Mech room, etc	Cost: \$ 4,000 - 121,000
2.	City of Ruswell Park	a Rec
	Company 10495 Woodstock Road Roswell Address City State 7in Code	20075
	Address City State 7: Cal	1, EA 300 75
	Address, City, State, Zip Code	770 641 3841
	<u>678 794 -5563</u> Telephone Number	Fax Number
	Stephen Whitney Name of Contact Person	Swhitneye rosuellgov.com E-Mail Address
	Name of Contact Person	E-Mail Address
	Type of Project	
	Dates: Complete pad renvation, filter install, cleck repairs	Cost: \$ 4 / 000 - \$ 2 35,000
3.	Cobb County Recreation	
	Company	
	S20 Faygroond St Maretta Address, City, State, Zip Code	<u> </u>
	Address, City, State, Zip Code	720 528 0221
	770 528 847-1 Telephone Number	770 528 8224 Fax Number
	7	
	Name of Contact Person	Peter. convady & cabbounty. ord E-Mail Address
	Name of Contact Person	E-Mail Address
	Type of Project	
	Dates: Misc renovations, Chemical	Cost:\$4/000 - \$125 000
	treatment installs	7.05,000



Please complete and submit the Acknowledgements below:

ADDENDUM 2

REVISED ACKNOWLEDGEMENTS

We acknowledge receipt of Addendum 1 - 2 and its contents are fully
incorporated into
RFP 19-018 – Tolleson Pool Improvements.
Aguatic Cins Hong & Equipment Company Name
Company Name
Mad Bat
Signature
Brud Bachman
Printed Name
Owner
Title
Date 3/9/19



EXPIRATION DATE 12/31/2018 DATE ISSUED 3/29/2018

BUSINESS OCCUPATIONAL TAX LICENSE

LICENSE NUMBER
5624

(NOT TRANSFERABLE)
SPORTING & RECREATIONAL GOODS WHOLESALE-03

NAICS 423910

FOR OPERATION IN THE CITY OF JOHNS CREEK, GEORGIA, SUBJECT TO ZONING RESTRICTIONS AND ALL OTHER CODES AND ORDINANCES AS ESTABLISHED BY MAYOR AND CITY COUNCIL.

VALID FOR BUSINESSES SHOWN BELOW:

Aquatic Consulting & Equipment 905 Nightingale Walk Johns Creek. GA 30022

MAILING ADDRESS:

Aquatic Consulting & Equipment 905 Nightingale Walk Johns Creek, GA 30022

ISSUED BY:

JOAN C. JONES
CITY CLERK

POST IN A CONSPICUOUS LOCATION



BUSINESS OCCUPATION TAX RECEIPT

City of Johns Creek Revenue 10700 Abbotts Bridge Road, Suite 190 Johns Creek, GA 30097 (678) 512-3200 revenue@johnscreekga.gov

Receipt of payment for Johns Creek business occupation taxes for the period 3/29/2018 - 12/31/2018 for the following business location:

License #: 5624

Aquatic Consulting & Equipment 905 Nightingale Walk Johns Creek, GA 30022

Current Year Amount Charged:

\$155.63

Total Payment Amount:

\$155.63

Total Amount Due:

\$0.00

The business occupation tax certificate for the named business location above will expire 12/31/2018

Occupation taxes with the associated administrative fees are due and payable by March 31st of each calendar year. Penalty and interest will be assessed to all occupation taxes and fees not paid by the due date.



CERTIFICATE OF LIABILITY INSURANCE

02/19/2019

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 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).

certificate holder in lieu of such endor	rsement(s).	mey require an en	dorsement. A sta	tement on t	his certificate does not	confe	r rights to the
PRODUCER Randy J McClellan, State	CONTACT NAME: Lea Bizzell						
4084 Highway 42 South	PHONE 770 000 costs						
Locust Grove GA 30248			E-MAIL ADDRESS, lea.bizzell.nyao@statelarm.com				
					ORDING COVERAGE		
	INSURER A : State Farm Fire and Casualty Company				NAIC #		
Aquatic Consulting & Eq	INSURER B. State Farm Mutual Automobile Insurance Company				25143		
905 Nightingale Walk	INSURER C State Farm Fire and Casualty Company				25178 25143		
Alpharetta GA 30022-73		INSURER D				23143	
2	INSURER E :						
COVERAGES CER			INSURER F :				
	TIFICATE NU	MBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED, NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH INSP.	DERTAIN THE	INCURANCE AFFORD	ED BY THE POLICII BEEN REDUCED BY	ES DESCRIBI	ED HEREIN IS SUBJECT	THE POPERTY TO ALI	OLICY PERIOD O WHICH THIS L THE TERMS,
TYPE OF INSURANCE GENERAL LIABILITY	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	ITS	
X COMMERCIAL GENERAL LIABILITY CLAIMS-WADE X OCCUR	Y	91 NW 2611 6	06/30/2018	06/30/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s s	2,000,000
JAMES AND COOK					MED EXP (Any one person)	5	5,000
					PERSONAL & ADV INJURY	S	
GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	3	4,000.000
X POLICY PRO-					PRODUCTS - COMP/OP AGG	5	4,000,000
B AUTOMOBILE LIABILITY	Y	369 0719 C21 11	4010.000.00		COMBINED SINGLE LIMIT	\$	
ANY AUTO		303 07 13 021 11	09/21/2018	03/21/2019	(Ea accident)	5	1,000,000
ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per person)	\$	
HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE		
					(Per accelerat)	S	
C X UMBRELLA LIAB X OCCUR		91 E1 D088 6				5	
EXCESS LIAB CLAIMS-MADE		31 E1 D088 6	07/20/2018	07/20/2019	EACH OCCURRENCE	\$	2,000,000
DED RETENTIONS					AGGREGATE	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH-	3	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?	N/A				EL FACH ACCIDENT	5	
(Mandatory in NH) If yes, describe under					EL DISEASE - EA EMPLOYEE		
DESCRIPTION OF OPERATIONS before					FIL DISEASE - POLICY LIMIT		
					S TO DOCUMENT OF THE PARTY OF T	3	
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (Attach ACORD	101, Additional Remarks Sci	hedule, if more space is r	nquired)			
							1
ERTIFICATE HOLDER		C	ANCELLATION				
City of Smyrna			SHOULD ANY OF THE	E ABOVE DE	SCRIBED POLICIES BE CA	ANCELL	ED BEFORE
2800 King Street			ACCORDANCE WITH	DATE THE	REOF MOTICE WILL I	E DEI	JVERED IN
Smyrna GA 30080							
		AL	THORIZED REPRESENT	ATIVE	MIRAD. D.	7	
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			And the same of th		1 11 11 1 1 1	-	- /



CERTIFICATE OF LIABILITY INSURANCE

02/22/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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		NAME: Marc Jackson				
		PHONE (A/C, No. Ext): (678) 395-6230 FAX (A/C, No.): (678)	395-3739			
Cornerstone Investment Ag	ency II, LLC	E-MAIL ADDRESS: comerstoneagency@hotmail.com				
4763 Buford Hwy Ste 102		INSURER(S) AFFORDING COVERAGE				
Chamblee	GA 30341	INSURER A: NAUTILUS INSURANCE COMPANY (A,X)				
INSURED CLIAN (F. D.C.	2010/10	INSURER B: LIBERTY MUTUAL				
SUAVE PO		INSURER C :				
	LY PARK DR	INSURER D:				
CUMMING,GA 30040-6468		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	SUBR	POLICY NUMBER	POLICY EFF (MM/DDYYYY)	POLICY EXP (MM/DDYYYY)	LIMITS
Α	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC			NC445045	02/13/2019	02/13/2020	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 \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
В	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE OFFICE-MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC5-39S-387045-019	02/10/2019	02/10/2020	WC STATU- OTH- ER
		Г	Г				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
JANITORIAL SERVICES BY CONTRACTORS NO WINDOW CLEANING ABOVE GROUND
LEVEL DRIVERS / GA

SWIMMING POOL SERVICING / GA

CERTIFICATE HOLDER	CANCELLATION				
AQUATIC CONSULTING & EQUIPMENT INC 905 NIGHTINGALE WALK	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
ALPHARETTA - GA 30022	AUTHORIZED REPRESENTATIVE Mana Gashor				