

TOWN OF DAVIE TOWN COUNCIL AGENDA REPORT

TO: Mayor and Councilmember's

FROM/PHONE: Daniel J. Oyler, Acting Public Works Director
954-797-1240

SUBJECT: Resolution

AFFECTED DISTRICT: District 3

TITLE OF AGENDA ITEM: A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE APPROPRIATE TOWN OFFICIALS TO ACCEPT THE BID RECOMMENDATION FOR METAL ROOF REPAIR AT VARIOUS TOWN FACILITIES

REPORT IN BRIEF: The bid was advertised state-wide in Florida Bid Reporting and Nationally in Bid Net and also posted on the Town's website. The Town received three (3) bid responses, one (1) bid and two (2) no bid, out of twelve (12) sent out for the Metal Roof Repair at Various Town Facilities which were damaged during Hurricane Wilma. The recommendation is for Inclan Painting & Waterproofing Corp., DBA Inclan Construction, the lowest responsive and responsible bidder.

PREVIOUS ACTIONS: None

CONCURRENCES: The recommended award has been reviewed by the Public Works Department and the Bid Specification Committee whom concur with the decision to award the bid to Inclan Painting & Waterproofing Corp., DBA Inclan Construction.

FISCAL IMPACT:

Has request been budgeted? No

If yes, expected cost:

If no, amount needed: \$14,500.00

What account will funds be appropriated from: 054-0259-594-0431 - This account is being used for Hurricane Wilma Damage

RECOMMENDATION(S): Motion to approve the resolution.

Attachment(s): Resolution, Bid Recommendation, Procurement Authorization, Bid form Inclan Painting, and Incorporation Information

RESOLUTION NO. _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE APPROPRIATE TOWN OFFICIALS TO ACCEPT THE BID RECOMMENDATION FOR METAL ROOF REPAIR AT VARIOUS TOWN FACILITIES

WHEREAS, Hurricane Wilma damaged the metal roofs at Potters Park, Betty Booth Roberts Park, Pine Island Aquatic Fitness Center, Shenandoah Office and Shenandoah Community Room; and

WHEREAS, The Town solicited sealed bids for the repair of these metal roofs; and

WHEREAS, after review, the Town Council wishes to accept the bid from Inclan Painting & Waterproofing Corp. DBA Inclan Construction;

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. The Town Council hereby accepts the bid from Inclan Painting & Waterproofing, DBA Inclan Construction for the repair of metal roofs at various Town Facilities damaged by Hurricane Wilma in the amount of \$14,500.00.

SECTION 2. The Town Council hereby authorizes the expenditures from account number 054-02590594-0431.

SECTION 3. This Resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS _____ DAY OF _____, 2006.

MAYOR/COUNCIL MEMBER

ATTEST:

TOWN CLERK

APPROVED THIS _____ DAY OF _____, 2006.

Public Works

Memorandum

To: Herb Hyman, Procurement Manager

From: Daniel J. Oyler, Acting Public Works Director

Date: July 24, 2006

Re: Bid Recommendation for Metal Roof Repairs at various Park Locations.

The Public Works Department has reviewed the bid received for Metal Roofs and recommends that the bid be awarded to Inclain Construction.

TOWN OF DAVIE PROCUREMENT AUTHORIZATION

ACCOUNT NUMBER BUDGET ITEM & DESCRIPTION APPROXIMATE COST
 054-0259-544-0431 METAL ROOF REPAIR AT VARIOUS \$43,000.00
 INT SVC. BUDG MAINT EXT. TOWN FACILITIES

METHOD OF PROCUREMENT (check the one that applies)

- Open Competitive Bidding
- Piggyback on Contract Number _____
- Sole Source
- Request For Proposals

SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED

Signed *Ben Beum*
Department Head

Have Funds been Reserved REFN 34381

Date 4/6/06 Signed *[Signature]*

Signed *[Signature]*
Town Administrator

VENDOR	BIDS SUBMITTED	COST
<u>INCLAN CONSTRUCTION</u>		<u>\$14,500.00</u>
<u>ADVANCED ROOFING</u>		<u>NO BID</u>
<u>ASSOCIATE ROOFING</u>		<u>NO BID</u>

Signed *[Signature]*
Procurement Manager

BID SPECIFICATION COMMITTEE'S RECOMMENDATION	
Vendor	Cost
<u>INCLAN CONSTRUCTION</u>	<u>\$14,500.00</u>

METAL ROOF REPAIR A VARIOUS TOWN FACILITIES

BID SHEET

Potters Park Multi Purpose Facility	\$ <u>5000.00</u> Lump Sum
Betty Booth Roberts Park	\$ <u>1250.00</u> Lump Sum
Pine Island Aquatic/Fitness Center	\$ <u>3500.00</u> Lump Sum
Shenandoah Office Facility	\$ <u>3500.00</u> Lump Sum
Shenandoah Community Center	\$ <u>1250.00</u> Lump Sum
Total Bid (all facilities)	\$ <u>14500.00</u>

Bid submitted by:

Name: (printed) Luis Inchan Title: President

Company: (legal registered) Inchan Construction DBA of Inchan Brinting & Waterproofing Corp.

Address: 12252 SW 128 ST

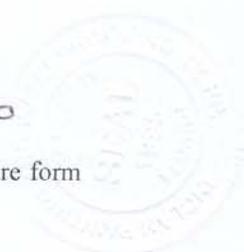
City: Miami State: FL Zip: 33186

Telephone No.: 786 293 7428 Fax No.: 786 293 7430

Signature: 

Date: 07-03-2006

You must submit a completed W-9 form and a completed Vendor/Bidder Disclosure form with your bid.



Town of Davie Vendor/Bidder Disclosure

I, Lois Inchan, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: Inchan Construction DBA of Inchan Painting & Waterproofing Corp
 Address: 1225E SW 128 ST
Miami FL 33186
 FEIN: 65-0580105
 State and date of incorporation: May 4, 1995

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>Lois Inchan</u>	<u>14667 SW 160 ST, Miami, FL 33197</u>	<u>45</u> %
<u>Ileana Inchan</u>	<u>14667 SW 160 ST, Miami, FL 33197</u>	<u>55</u> %
_____	_____	_____ %
_____	_____	_____ %

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address
_____	<u>N/A</u>
_____	_____
_____	_____
_____	_____

By: [Signature]
Signature of Affiant

Date: 07-03-2006

Lois Inolan
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 03 day of July 2006, by Lois Inolan (he) she is personally known to me or has presented _____ as identification.

[Signature]
Notary Public, State of Florida at Large

Print or Stamp of ILEANA SAINZ
Comm# DD0524124
Expires 3/1/2010
Bonded thru (800)432-4254
Florida Notary Assn., Inc

DD0524124
Serial Number

My Commission Expires : 3-01-2010

**Request for Taxpayer
 Identification Number and Certification**

Give form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above
INCLAN PAINTING & WATERPROOFING CORP. dba Inklan Construction

Check appropriate box: Individual/
 Sole proprietor Corporation Partnership Other Exempt from backup
 withholding

Address (number, street, and apt. or suite no.)
12252 SW 128 ST

City, state, and ZIP code
MIAMI FL 33186

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
OR								
Employer identification number								
6	5	0	5	8	0	1	0	5

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person 

Date **7-03-2006**

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

REFERENCES

Project Name: Sheraton Miami Mart Hotel
Address: 711 NW 72 AV. Miami, FL 33126
Phone: 305 261 3800
Contact: Arsenio Torres

Project Name: Tamiami Airport
Address: 225 SW 128 ST Miami FL 33186
Phone: 305 876 7898
Contact: Titus Crisan

Project Name: Opa- Locka Airport
Address: 15001 Nw 42 AV Miami
Phone: 305 876 7898
Contact: Titus Crisan

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YY)
07/03/06

PRODUCER Gustavo A. Cisneros, Insurance Agcy. 11540 SW 72 Street Miami, Fl. 33173	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED D/B/A Inclan Construction 12252 SW 128 Street Miami, Fl. 33186	INSURERS AFFORDING COVERAGE INSURER A: Allstate Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES
 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> (REV. AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
A	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS	048658332	04/16/06	04/16/07	COMBINED SINGLE LIMIT (Ex accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	EXCESS LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS (OTH-ER) E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Project name: METAL ROOF REPAIRS AT VARIOUS TOWN FACILITIES # B - 06 -106

CERTIFICATE HOLDER TOWN OF DAVIE 6591 Orange Drive Davie, Fl. 33314 Attn: Herb Hyman	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
---	--	---

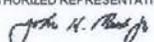
CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 7/3/2006
PRODUCER CONDON MEEK 1211 COURT STREET CLEARWATER, FL 33756	Serial # 099544 CRUM STAFFING II, INC. 1-800-277-1620 100 S MISSOURI AVENUE CLEARWATER FL 33756	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. INSURERS AFFORDING COVERAGE INSURER A: FRANK WINSTON CRUM INSURANCE, INC. INSURER B: INSURER C: INSURER D: INSURER E:

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 OF 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																				
		GENERAL LIABILITY <input type="checkbox"/> 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				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																				
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																				
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY - AGG \$																				
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$																				
A		WORKERS COMPENSATION AND LIABILITY EMPLOYERS' ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 6 0000 0000	1/1/2006	1/1/2007	<table border="0" style="width:100%;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 15%;">WC STATUTORY LIMITS</td> <td style="width: 10%;"></td> <td style="width: 10%;">OTHER</td> <td style="width: 60%;"></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table>	X	WC STATUTORY LIMITS		OTHER			E.L. EACH ACCIDENT			\$ 1,000,000		E.L. DISEASE - EA EMPLOYEE			\$ 1,000,000		E.L. DISEASE - POLICY LIMIT			\$ 1,000,000
X	WC STATUTORY LIMITS		OTHER																							
	E.L. EACH ACCIDENT			\$ 1,000,000																						
	E.L. DISEASE - EA EMPLOYEE			\$ 1,000,000																						
	E.L. DISEASE - POLICY LIMIT			\$ 1,000,000																						
		OTHER																								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 THIS CERTIFICATE REMAINS IN EFFECT PROVIDED THE CLIENT'S ACCOUNT IS IN GOOD STANDING WITH CRUM STAFFING II, INC. COVERAGE IS NOT PROVIDED FOR ANY EMPLOYEE FOR WHICH THE CLIENT IS NOT REPORTING HOURS TO CRUM STAFFING II, INC. EFFECTIVE 03/15/2004, APPLIES TO 100% OF THE EMPLOYEES OF CRUM STAFFING II, INC. LEASED TO INCLAN PAINTING & WATERPROOFING CORP. DBA INCLAN CONSTRUCTION. 786-293-7430

RE: METAL ROOF REPAIRS FOR VARIOUS TOWN FACILITIES, #B-060106

CERTIFICATE HOLDER TOWN OF DAVIE ATTN: HERB HYMAN 6591 ORANGE DR. DAVIE, FL 33314	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	---

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 07/05/06
PRODUCER J.L. HERNANDEZ & ASSOCIATES 11839 S.W. 117TH AVENUE MIAMI, FL 33177 305-238-7676	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED INCLAN CONSTRUCTION D/B/A INCLAN PAINTING & WATERPROOFING C 12252 SW 128TH STREET MIAMI, FL 33186 (786) 293-7428	INSURERS AFFORDING COVERAGE	
	INSURER A:	SCOTTSDALE INSURANCE COMPANY
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	CLS1249516	03/16/06	03/16/07	EACH OCCURRENCE	\$2,000,000		
					FIRE DAMAGE (Any one fire)	\$50,000		
					MED EXP (Any one person)	\$5,000		
					PERSONAL & ADV INJURY	\$2,000,000		
					GENERAL AGGREGATE	\$2,000,000		
					PRODUCTS - COMP/PROP AGG	\$2,000,000		
					GEN'L AGGREGATE LIMIT APPLIES PER:			
					<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			
					AUTOMOBILE LIABILITY			
					<input type="checkbox"/> ANY AUTO			COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ALL OWNED AUTOS			BODILY INJURY (Per person)	\$			
	<input type="checkbox"/> SCHEDULED AUTOS			BODILY INJURY (Per accident)	\$			
	<input type="checkbox"/> HIRED AUTOS			PROPERTY DAMAGE (Per accident)	\$			
	<input type="checkbox"/> NON-OWNED AUTOS			AUTO ONLY - EA ACCIDENT	\$			
	GARAGE LIABILITY			OTHER THAN AUTO ONLY: EA ACC	\$			
	<input type="checkbox"/> ANY AUTO			AGG	\$			
	EXCESS LIABILITY			EACH OCCURRENCE	\$			
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE			AGGREGATE	\$			
	<input type="checkbox"/> DEDUCTIBLE				\$			
	RETENTION \$				\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC STATUTORY LIMITS	OTHER			
	OTHER			E.L. EACH ACCIDENT	\$			
				E.L. DISEASE - EA EMPLOYEE	\$			
				E.L. DISEASE - POLICY LIMIT	\$			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

GENERAL CONTRACTOR AND PAINTING & WATERPROOFING CONTRACTOR

PROJECT: METAL ROOF REPAIRS AT VARIOUS TOWN FACILITIES #B-06-106

CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER: A

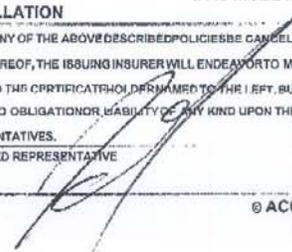
TOWN OF DAVIE
 6591 ORANGE DR
 DAVIE, FL 33314

ATTN: HERB HYMAN

ACORD 25-S (7/97)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER BY REGISTERED MAIL TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE 

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/05/06

PRODUCER

J.L. HERNANDEZ & ASSOCIATES
11839 S.W. 117TH AVENUE
MIAMI, FL 33177
305-238-7676

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

INCLAN PAINTING & WATERPROOFING C
D/B/A INCLAN CONSTRUCTION
12252 SW 128TH STREET
MIAMI, FL 33186
(786) 293-7428

INSURER A: SCOTTSDALE INSURANCE COMPANY
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-SUBJECT <input type="checkbox"/> LOC	CLS1249516	03/16/06	03/16/07	EACH OCCURRENCE \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTHER				FIRE DAMAGE (Any one fire) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ \$ WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

GENERAL CONTRACTOR AND PAINTING & WATERPROOFING CONTRACTOR

PROJECT: METAL ROOF REPAIR AT VARIOUS TOWN OFFICES

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: A

CANCELLATION

TOWN OF DAVIE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W. FLAGLER ST.
14th FLOOR
MIAMI, FL 33130

2005 OCCUPATIONAL LICENSE TAX 2006
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT. 30, 2006
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9 & 10

FIRST-CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

378140-9

THIS IS NOT A BILL-DO NOT PAY RENEWAL

BUSINESS NAME / LOCATION LICENSE NO. 394763-8
INCLAN PAINTING & WATERPROOFING CC # 03BS00456
CORP

14667 SW 160 ST
33177 UNIN DADE COUNTY

OWNER
INCLAN PAINTING & WATERPROOFING

Sec. Type of Business WORKER/S
196 SPECIALTY BUILDING CONTRACTOR 3

THIS IS AN OCCUPATIONAL
TAX ONLY. IT DOES NOT
PERMIT THE LICENSEE TO
VIOLATE ANY EXISTING
REGULATORY OR ZONING
LAWS OF THE COUNTY OR
CITIES. NOR DOES IT
EXEMPT THE LICENSEE
FROM ANY OTHER LICENSE
OR PERMIT REQUIRED BY
LAW. THIS IS NOT A
CERTIFICATION OF THE
LICENSEE'S QUALIFICA-
TION.

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR:

08/10/2005
00200000273
000075.00

SEE OTHER SIDE

DO NOT FORWARD

INCLAN PAINTING & WATERPROOFING
CORP
LUIS INCLAN PRES
14667 SW 160 ST
MIAMI FL 33177



BID OPENING REPORT

BID NAME: Metal Roof Repairs
BID NUMBER: B-06-106
ESTIMATED COST: \$43,000.00

TIME: 2:11 PM
DATE: 7/6/06

NO.	CONTRACTOR'S NAME	BID AMOUNT	COMMERCIAL RANKING
1.	<u>Amclaw Construction</u>	<u>14,500.00</u>	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

REMARKS

NOTE: THE ABOVE BID AMOUNTS HAVE NOT BEEN CHECKED, AND BID TOTALS ARE SUBJECT TO CORRECTION AFTER THE BIDS HAVE BEEN COMPLETELY REVIEWED.

THIS IS ONLY A FINANCIAL RANKING OF ALL THE BIDS RECEIVED. THE USING DEPARTMENT IS RESPONSIBLE FOR REVIEWING THE BIDS FOR COMPLIANCE WITH ALL THE BID SPECIFICATIONS PRIOR TO SUBMITTAL OF LETTER OF RECOMMENDATION.

PURCHASING OFFICIAL: [Signature]
WITNESS: Margalle Steinberg

DATE: 7-6-06
DATE: 7/6/06

BUILDING CODE COMPLIANCE OFFICE

BUSINESS CERTIFICATE OF COMPETENCY

MIAMI-DADE COUNTY

CTQB Construction Trades and Quality Board

Qualifying Agent: INCLAN LUIS

License Number: 03BS00456

Contractor Name: INCLAN PAINTING & WATERPROOFING

Issue Date: 05/22/2003

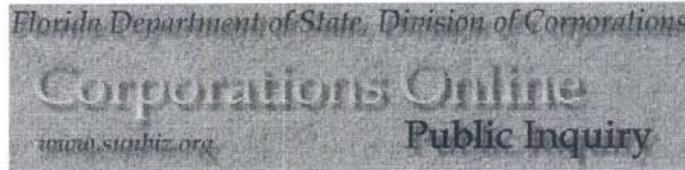
Exp. Date: 09/30/2006

Herminio F. González
Herminio F. González P.E.

VALID FOR CONTRACTING

Secretary of the Board

Is certified under the provisions of Chapter 10 of Miami-Dade County



Florida Profit

INCLAN PAINTING AND WATERPROOFING, CORP.

PRINCIPAL ADDRESS
 12252 SW 128TH STREET
 MIAMI FL 33186 US
 Changed 06/27/2001

MAILING ADDRESS
 12252 SW 128TH STREET
 MIAMI FL 33186 US
 Changed 06/27/2001

Document Number P95000036237	FEI Number 650580105	Date Filed 05/04/1995
State FL	Status ACTIVE	Effective Date NONE
Last Event NAME CHANGE AMENDMENT	Event Date Filed 10/03/2002	Event Effective Date NONE

Registered Agent

Name & Address
INCLAN, LUIS 14667 SW 160TH STREET MIAMI FL 33177
Address Changed: 06/27/2001

Officer/Director Detail

Name & Address	Title
INCLAN, LUIS 14667 SW 160TH ST MIAMI FL 33177	P
INCLAN, ILEANA 14667 SW 160TH ST	V

Annual Reports

Report Year	Filed Date
2004	11/30/2004
2005	03/11/2005
2006	02/03/2006

[Previous Filing](#)[Return to List](#)[Next Filing](#)

[View Events](#)
[View Name History](#)

Document Images

Listed below are the images available for this filing.

02/03/2006 -- ANNUAL REPORT
03/11/2005 -- ANNUAL REPORT
11/30/2004 -- ANN REP/UNIFORM BUS REP
04/12/2004 -- ANN REP/UNIFORM BUS REP
04/10/2003 -- ANN REP/UNIFORM BUS REP
10/03/2002 -- Name Change
01/25/2002 -- ANN REP/UNIFORM BUS REP
06/27/2001 -- ANN REP/UNIFORM BUS REP
04/26/2000 -- ANN REP/UNIFORM BUS REP
05/10/1999 -- ANNUAL REPORT
05/26/1998 -- ANNUAL REPORT
05/01/1997 -- ANNUAL REPORT
05/01/1996 -- 1996 ANNUAL REPORT

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)[Corporations Help](#)