

MOBILE COUNTY COMMISSION

205 Government Street 8TH FL South
Mobile, Alabama 36644

BID INVITATION

BID NO. 155-24

November 15, 2024

In accordance with General Act No. 217, Special Session 1967, notice is hereby given that the Mobile County Commission, Mobile, Alabama, will receive bids on the following items: **SERVICE CONTRACT - WATER TREATMENT FOR HVAC SYSTEMS AT VARIOUS MOBILE COUNTY FACILITIES.**

NOTE: PRICES MUST REMAIN FIRM FROM DATE OF AWARD THROUGH SEPTEMBER 30, 2026.

Any questions or comments concerning the bid requirements must be brought to the attention of Susan Holland, Purchasing Agent, 205 Government Street, 8th FL South, Mobile, Alabama 36644, susan.holland@mobilecountyal.gov prior to the bid opening or will be forever waived.

All bidders shall furnish a five percent (5%) bid bond on any contract exceeding \$30,000.00: provided that bonding is available for services, equipment or materials. Bid bond will be accepted in the form of a certified check, cashier's check, or postal money order, etc.

Out of State Corporations shall furnish a Certificate of Authority to transact business in the State of Alabama. Out of State limited liability companies shall furnish proof of registration to transact business in this state. Alabama law requires that a successful bidder, if it has employees in the State of Alabama, provide proof of enrollment in E-Verify prior to the award of a contract. (See enclosed notice which must be completed, signed, and returned with your bid.)

If applicable to a contract resulting from this invitation, the successful bidder must comply with the Contractor Felony Investigation Policy, available in the Purchasing Department or at www.mobilecountyal.gov.

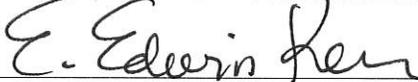
THE MOBILE COUNTY COMMISSION DOES NOT DISCRIMINATE ON THE BASIS OF RACE, AGE, SEX, NATIONAL ORIGIN, RELIGION, OR DISABILITIES.

F.O.B. Mobile DATE OF DELIVERY _____ TERMS _____ You are invited to bid on the above specifications. The restrictions contained herein are for the purpose of fixing a quality level, and any deviation therefrom must, in detail, establish that it meets the quality requirements.

BIDS WILL BE RECEIVED UNTIL 10:00 A.M. DECEMBER 4, 2024.

ALL BIDS MUST BE SEALED, "BID NUMBER, COMPANY'S NAME, AND NAME OF THE BID ITEM MARKED ON THE OUTSIDE OF THE ENVELOPE." THE BIDDER WILL RETURN THE ENTIRE BID PACKAGE. BIDS MUST BE DELIVERED TO THE RECEPTIONIST IN THE OFFICE OF THE COUNTY COMMISSION ADMINISTRATOR, 205 GOVERNMENT STREET ON THE EIGHTH FLOOR SOUTH TOWER OF THE MOBILE COUNTY GOVERNMENT PLAZA. FAILURE TO OBSERVE THE ABOVE INSTRUCTIONS WILL CONSTITUTE GROUNDS FOR REJECTION OF YOUR BID. THE COMMISSION RESERVES THE RIGHT TO REJECT ANY OR ALL BIDS.

MOBILE COUNTY COMMISSION



E. EDWIN KERR, COUNTY ADMINISTRATOR

We propose to meet the above specifications for the sum of

\$see attached list.

Delivery can be made in _____ days from receipt of order.

RESPECTFULLY

BY _____

SAMPLE

E-Verify



Company ID Number: 477783

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Mobile County Commission	
Connie Hudson	
Name (Please Type or Print)	Title
Electronically Signed	12/21/2011
Signature	Date
Department of Homeland Security – Verification Division	
USCIS Verification Division	
Name (Please Type or Print)	Title
Electronically Signed	12/21/2011
Signature	Date
Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name:	Mobile County Commission
Company Facility Address:	205 Government Street
	8th Floor South Tower
	Mobile, AL 36644
Company Alternate Address:	
County or Parish:	MOBILE
Employer Identification Number:	636001644

Bid Documents

PROJECT NAME: SERVICE CONTRACT – WATER TREATMENT FOR HVAC SYSTEMS AT VARIOUS MOBILE COUNTY FACILITIES

PROJECT LOCATION: GOVERNMENT PLAZA
205 Government Street, Mobile, AL 36644

GOVERNMENT PLAZA ANNEX
151 GOVERNMENT STREET, Mobile, AL 36602

MEDIUM SECURITY BARRACKS
451 St. Emanuel Street, Mobile, AL 36603

MOBILE COUNTY METRO JAIL
450 St. Emanuel Street, Mobile, AL 36603

SHERIFF ADMINISTRATION BUILDING
510 South Royal St, Mobile, AL 36602

JAMES T. STRICKLAND YOUTH CENTER
2200 Costarides St, Mobile, AL 36617

MICHAEL SQUARE SHOPPING CENTER
3925 Michael Blvd, Mobile, AL 36609

BID NUMBER: 155-24

DUE DATE: WEDNESDAY, DECEMBER 4, 2024 NO LATER THAN 10:00AM, LOCAL TIME.
GOVERNMENT PLAZA
205 GOVERNMENT STREET
8th FLOOR, SOUTH TOWER,
MOBILE, AL 36644

TERM OF AGREEMENT:

1. Term of this Agreement shall commence on the date of written Notice to Proceed, issued by the County and ending on September 30, 2026.

COMPENSATION:

1. Monthly Fee: The Service Contractor agrees to charge, and the County agrees to pay the monthly fee as determined by the agreed amount pricing as present on the Bid Form for the term of the contract, for the required monthly services. Service Contractor shall bill monthly for services rendered the preceding month. All invoices submitted shall consist of an original and clear reference for the Project Number and a sufficient description to identify services for which payment is requested.

2. Present Billing Rates: Any work not covered by the Scope of Work of the contract shall be billed at the Service Contractor's Additional Rates as described in the Bid Form, all additional services will be invoiced separately from the monthly invoice.

INQUIRIES:

1. Questions regarding this project should be directed to the Service Contract Administrator at jamila.carter@mobilecountyal.gov no later than Three (3) business days prior to the bid opening. Responses to questions may be handled as an addendum if the response provides clarification of the requirements of the bid. All such addenda shall become part of the contract documents.

FAMILIARITY WITH THE WORK

1. The Service Contractor, by submitting a bid, acknowledges full understanding of the extent and character of the work required and the conditions surrounding the performance thereof. The County will not be responsible for any misunderstanding of the work to be furnished or completed, or any of the conditions surrounding the performance thereof. It is understood that execution of the Agreement by the Service Contractor serves as the stated commitment to fulfill all requirements and conditions referred to in this Agreement. All work shall be in accordance with ASSE Certification sections as listed in the Scope of Work, all Mobile County Regulations.

MANDATORY PRE-BID CONFERENCE AND SITE VISIT

1. All prospective bidders shall have a representative present at a **MANDATORY** Pre-bid Conference that will be held on **November 20, 2024 at 10:00am**, local time, on site in the Atrium, Government Plaza, 205 Government Street, Mobile, AL 36644. Any Service Contractors not having a representative at this meeting will be disqualified from bidding on this project.

INSURANCE REQUIREMENTS

1. Service Contractor, at its sole expense, shall obtain and maintain in full force the following insurance to protect the Service Contractor and the Mobile County Commission (MCC) at limits and coverage specified herein. These limits and coverages specified are the minimum to be maintained and are not intended to represent the correct insurance needed to protect the Service Contractor fully and adequately. If requested by MCC, Service Contractor will provide copies of policies within 10 days of request.
2. All insurance shall be provided by insurers licensed to conduct business in the State of Alabama and shall have a minimum A.M. Best rating of A- VII and must be acceptable to MCC. Self-insured plans and/or group funds not having an A.M. Best rating must be submitted to MCC for prior approval.

NO WORK IS TO BE PERFORMED UNTIL PROOF OF COMPLIANCE WITH THE INSURANCE REQUIREMENTS HAS BEEN RECEIVED BY MCC.

a. Worker's Compensation and Employers Liability

Part One:	Statutory Benefits as required by the State of Alabama	
Part Two:	Employers Liability	\$1,000,000 Each Accident
		\$1,000,000 Each Employee
		\$1,000,000 Policy Limit

Policy shall contain a Waiver of Subrogation Endorsement in favor of MCC.

b. Commercial General Liability

Coverage on an Occurrence form with a combined single limit (Bodily Injury and Property Damage combined) as follows:

Each Occurrence	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Products/completed Operation Aggregate	\$2,000,000
General Aggregate	\$2,000,000

Aggregate Limit applies per Project.

Coverage to include:

- Premises and operations
- Personal Injury and Advertising Injury
- Products/Completed Operations
- Independent Contractors
- Contractual Liability
- Explosion, Collapse and Underground hazards
- Excess/Umbrella Liability

The Commercial General Liability policy shall name MCC as Additional Insured for claims arising out of the Service Contractors and/or any Subcontractors' work. The ISO Forms 9001-2015 and ISO14001-2015 or a comparable form that is no longer restrictive shall be required. The additional Insured form MUST include the current Operations and Products/Completed Operations of each contractor. The naming of the additional insured does not obligate the additional insured to pay any premiums due.

c. Automobile Liability

Covering all Owned, Non-Owned, and Hired vehicles with a Combined single limit (bodily injury and property damage combined) of \$1,000,000 for each accident. The

policy shall name MCC as Additional Insured.

d. Certificate of Insurance

A Certificate of Insurance evidencing the above minimum requirements must be provided to and accepted by MCC, **PRIOR**, to commence any work on the contract. Each policy shall be endorsed to provide Thirty (30) days prior written notice of cancellation to the MCC. **A sample Certificate of Insurance is attached, see Exhibit C.**

CANCELATION PROCEDURE

1. The Service Contractor shall be notified in writing of any problems pertaining to the performance of the services. This notification will be written by the County's Service Contract Administrator as specified in the Agreement. A follow-up letter will come from the Director of Facilities and Maintenance. If no satisfactory corrections are made by the Service Contractor within Ten (10) working days, Mobile County Commission may, at its discretion, cancel the Agreement immediately. If terminated, the Service Contractor will be removed from the bid list. Cancellation procedures will be strictly enforced.
2. The Service Contractor and/or the County may cancel the contract by giving written notice of such, no less than Thirty (30) calendar days, notice of intent to cancel the contract. If the Service Contractor initiates the cancellation, the Service Contractor must also forfeit Fifty Percent (50%) of the charge for service for their last complete month of service. In the event of cancellation by either party, proration of the custodial charge will be based on a Thirty (30) day month.

MISCELLANEOUS PROVISIONS

1. Indemnify: To the fullest extent permitted by law, the Service Contractor shall indemnify and hold harmless the County, and its agents and employees from and against all claims, damages, losses, and expenses, including, but not limited to, attorneys' fees arising out of or resulting from the performance of the Work.
2. Subcontractors: The Service Contractor shall not employ Subcontractors without the express written permission of the County.
3. Uniforms: Service Contractor's employees are required to wear a uniform or some type of garment that will identify employees working for the company while on the premises.
4. Conduct: The Service Contractor shall require employees to comply with all instructions pertaining to conduct and building regulations issued by Service Contract Administrator and Court Police Officers, if applicable. The Service Contractor shall prohibit their employees from the following: using telephones or office equipment; stealing/taking County property or personal property; using illegal drugs, alcohol, or other prohibited substances; being under the influence of illegal drugs or alcohol while on County property; carrying or using guns, knives, or other dangerous weapons; and/or unplugging computers or other equipment. Due to the security nature of Mobile County Facilities, Service Contractor's employees shall be subject to background checks and if approved, issued County identification security cards, if applicable. The County shall reserve the right to have any Service Contractor's personnel removed, relocated, and/or barred from access to Mobile County Facilities at any time. Service Contractor shall replace the employee immediately upon notification by the Service Contract Administrator. The Service

Contractor's personnel shall immediately return the County issued identification security card, if applicable.

5. Contractor Qualifications: Service Contractor must have been in business at least Five (5) consecutive years. Service Contractor shall provide references to recent life safety testing and inspections experience in multi-story buildings. Failure to provide evidence of at least Five (5) consecutive years in business or references will be caused to reject bid.
6. Service Contract must provide oversight on all American Society of Sanitary Engineering (ASSE) certified tests on these various water treatment systems and must use approved ASSE annual test and inspection forms. Service Contractor shall be responsible for all aspects of each test for each location(s) listed below. Careful consideration for the planning and implementation as to not interrupt the daily operation of each facility is a priority. Weekends and after hours are *mandatory for the Government Plaza and Annex* as to not interrupt the daily operation of each facility. Tests and inspections for the Metro Jail and Barracks can be performed during normal hours.
7. Locations and Summary of Work:
 - a. Government Plaza (Cooling Tower) **MONTHLY INSPECTIONS.**
 - b. Government Plaza Annex (Cooling Tower) **MONTHLY INSPECTIONS.**
 - c. Metro Jail (Cooling Tower) **MONTHLY INSPECTIONS.**
 - d. Sheriff Administration (Closed Loop System) **BI-ANNUAL INSPECTIONS.**
 - e. Jail Barracks (Closed Loop System) **BI-ANNUAL INSPECTIONS.**
 - f. James T Strickland Youth Center (Closed Loop System) **BI-ANNUAL INSPECTIONS.**
 - g. Michael Square (Closed Loop System) **BI-ANNUAL INSPECTIONS.**

End of Section

BID FORM

The following Bid Format shall be used. Bids submitted on alternate forms may be rejected. Fill in all blank spaces with an appropriate entry. Bid Form must be signed by an officer of the company and notarized.

DATE: NOVEMBER 15, 2024

TO: PURCHASING DEPARTMENT, MOBILE COUNTY COMMISSION
205 GOVERNMENT BLVD., 8TH FL. S. TOWER
MOBILE, AL. 36644

RE: PROJECT NAME: SERVICE CONTRACT – Water Treatment for HVAC
Systems at Various Mobile County Facilities

PROJECT LOCATION: GOVERNMENT PLAZA
205 Government Street, Mobile, AL 36644

GOVERNMENT PLAZA ANNEX
151 GOVERNMENT STREET, Mobile, AL 36602

MEDIUM SECURITY BARRACKS
451 St. Emanuel Street, Mobile, AL 36603

MOBILE COUNTY METRO JAIL
450 St. Emanuel Street, Mobile, AL 36603

SHERIFF ADMINISTRATION BUILDING
510 South Royal St, Mobile, AL 36602

JAMES T. STRICKLAND YOUTH CENTER
2200 Costarides St, Mobile, AL 36617

MICHAEL SQUARE SHOPPING CENTER
3925 Michael Blvd, Mobile, AL 36609

BID NUMBER: BID NO. 155-24

In compliance with the Bid Documents and having carefully and thoroughly examined said documents for the subject Work prepared by the Purchasing Department, Mobile County Commission and dated December 4, 2024 and all Addenda (before submitting any bid it is the Bidder's responsibility to check with the Purchasing Department for all Addenda or special instructions that may impact the Bid) thereto, receipt of which is hereby acknowledged, the premises and all conditions affecting the Work prior to making this Proposal, the Undersigned Bidder,

COMPANY

NAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

GENERAL CONTRACTOR NUMBER: _____

The Bidder hereby proposes to furnish all labor, materials, tools, insurance, equipment, and supplies, and to sustain all the expenses incurred in performing the Work on the above captioned Project in accordance with the terms of the Contract Documents, Scope of Work, and all applicable laws and regulations for the sum listed below.

The Work shall commence on the date of the written Notice to Proceed, issued by the Mobile County Commission's Facilities Design & Construction Department. **The term of the Contract shall extend and will terminate on September 30, 2026.**

BID:

Total Bid Amount (Year 1): _____

(Amount in Words)

Dollars (\$ _____)

(Amount in Numbers)

The Total Bid Amount listed in words supersedes the amounts in numbers and anywhere else in this Bid Document.

Location	Year 1 - Annual
Government Plaza	\$
Government Plaza Annex	\$
Metro Jail	
Sheriff Administration	\$
Jail Barracks	\$
Strickland Youth Center	
Michael Square	
Totals:	\$

Total: \$ _____ .00

Bids shall include all applicable sales and use taxes and shall be provided in whole dollar amount with no cents.

The Mobile County Commission reserves the rights to add, remove, and modify services, as needed during the term of this Agreement.

1. BID INCLUDES:

Addendum Number _____, Dated _____

Addendum Number _____, Dated _____

Addendum Number _____, Dated _____

2. BID SECURITY: The undersigned Bidder agrees that the attached Bid Security, payable to The Mobile County Commission, in the amount of Five Percent (5%) of the total bid amount, but in no event more than \$10,000 as is the proper measure of liquidated damages which the Mobile County Commission will sustain by the failure of the undersigned to execute the Contract and to furnish Surety Bonds (if required). Said Bid Security shall become the property of the Mobile County Commission as liquidated damages as specified in the Contract Documents.

An Irrevocable Letter of Credit (ILOC) from a bank MAY be supplied in lieu of the Bid Bond or Cashier's Check. A sample Irrevocable Letter of Credit is attached, see Exhibit D.

3. REFERENCES: Please list a minimum of Three (3) professional references, contact information, type of work performed, and date(s) performed. You may add additional references on a separate sheet, if needed.

A. Reference #1:

Company Name: _____

Company Address: _____

Telephone: _____ Email: _____

Type of Work: _____

Date(s): _____

B. Reference #2:

Company Name: _____

Company Address: _____

Telephone: _____ Email: _____

Type of Work: _____

Date(s): _____

C. Reference #3:

Company Name: _____

Company Address: _____

Telephone: _____ Email: _____

Type of Work: _____

Date(s): _____

4. SIGNATURE: If the undersigned Bidder is incorporated, the entire legal title of the company followed by "a corporation" should be used. If Bidder is an individual, then that individual's full legal name followed by doing business as (d/b/a) and name of firm, if any, should be used. If Bidder is a partnership, then full name of each partner should be listed followed by "d/b/a" and name of firm, if any. Ensure that the name and exact arrangement thereof is the same on all forms submitted with this Bid. If a word is abbreviated in the official company name, such as "Co.", then use that abbreviation. If not abbreviated in the official name, spell it out. Bidder agrees not to revoke or withdraw this Bid until Sixty (60) calendar days following the time and date for receipt of bids. If notified in writing of the acceptance of this Bid within this time period, Bidder agrees to execute a Contract based on this Bid on the prescribed form within Ten (10) calendar days of said notification.

COMPANY NAME:

BY: _____
(Signature of Authorized Company Officer)

COMPANY OFFICER: _____
Print Name

TITLE _____

DATE _____, _____

Sworn to and subscribed before me this _____ day of _____

Notary Public

SCOPE OF WORK BID NO. 155-24

Scope of Services: Work to be performed by Service Contractor under this Agreement is an enhanced level of services to consist of furnishing all labor, materials, insurance, tools, equipment and supplies, and all associated travel time and expenses required to provide and maintain the Water Treatment Services at Various Mobile County Facilities in accordance with the following:

1. Service contractor shall have an "in - house" laboratory capable of performing all analyses associated with water system maintenance.
2. Service contractor shall be ISO 9001-2015 and ISO 14001-2015 Certified. A copy of the certificate must be included with the bid.
3. Chemicals, equipment, and services shall be provided by a single water treatment provider.
4. Water treatment providers must be exclusively engaged in water treatment for the prevention of scale, corrosion, and biological activity of HVAC systems.
5. Service contractor shall have an ASSE Certified water manager on staff to assist with any waterborne pathogen or *Legionella* testing. A copy of the certificate must be included with the bid.
6. Water treatment providers must provide dual biocide feed.
7. Water treatment provider must have a General Contractors License in the State of Alabama. A copy of the certificate must be included with the bid.
8. All Biocides must be registered with the Department of Agriculture in the State of Alabama. A copy of the certificate must be included with the bid.
9. A copy of all MSDS's being submitted shall be included with your bid.
10. Water treatment provider must remove all their empty drums/containers. A copy of the drum/container disposal plan must be included with your bid.
11. Services shall be provided during Mobile County regular working hours. Monday-Friday 6:30am – 3:00pm, or as requested by Mobile County.

Basic Services (Base Bid) Services shall include, but are not limited to, with typed service reports for the following:

1. Government Plaza (Cooling Tower) **MONTHLY INSPECTIONS.**
2. Government Plaza Annex (Cooling Tower) **MONTHLY INSPECTIONS.**
3. Metro Jail (Cooling Tower) **MONTHLY INSPECTIONS.**
4. Sheriff Administration Building (Closed Loop System) **BI-ANNUAL INSPECTIONS.**
5. Jail Barracks (Closed Loop System) **BI-ANNUAL INSPECTIONS.**
6. James T Strickland Youth Center (Closed Loop System) **BI-ANNUAL INSPECTIONS.**
7. Michael Square Shopping Center (Closed Loop System) **BI-ANNUAL INSPECTIONS.**

A. Coordination:

- a. Coordinate all inspection with the Service Contract Administrator.
- b. Service Contract Administrator or designee shall be present during all inspections and testing
- c. Provide a schedule for all testing and inspections

- B. Quality Assurance:
- a. Inspections shall be performed by a qualified (competent, capable, trained, certified, and licensed) technician that has met all the requirements and training of the American Society of Sanitary Engineering.
- C. Inspections & Testing – General:
- a. All inspections, testing, impairment, and record keeping shall be implemented in accordance with procedure meeting those of the ASSE.
 - b. Inspections & testing shall occur during normal business hours (Monday through Friday, 6:30am to 3:00pm) and shall be scheduled to minimize any disturbance to the regular operations of the location, personnel, and visitors.
- D. Inspection & Testing - Schedule:
- a. Due to the nature of the buildings and the various functions, the schedule for the Monthly Annual and Semi-Annual Inspections & Testing will be coordinated via the Service Contract Administrator.
 - b. Inspection and testing shall generally be performed at the following times:
Monthly Inspection – Cooling Towers
Semi-Annual Inspection – Closed Loop Systems in May and September of each year.
- E. Inspection and Testing Reports
- a. All Inspection and Testing Reports shall include the following:
 - the Name of Location
 - Address of the Location
 - Date of the Inspection
 - Name and Signature of the inspector/technician
 - System Description
 - A complete list of all components required to be tested/inspected with results of the testing/inspections
 - Monthly, Annual, and Semi-Annual are required to have typed reports.
 - b. Any deficiencies shall be clearly and legibly noted on the Report Form
 - c. Systems and/or Components showing any damage, leakage, corrosion, impairment and/or non-functioning gauges or other equipment shall be immediately reported to the Service Contract Administrator.
 - c. Inspection and Testing Report Forms **MUST** be signed (in person) by the technician who performed the inspection and testing and by the Service Contract Administrator or designee upon completion of the inspection/test. Electronic signatures will **NOT** be accepted.
 - d. The inspections will be recorded on a standard report form prepared by the Service Contractor
 - e. Copies of all reports will be furnished to the Service Contract Administrator. Reports shall be submitted with invoices for payment.

END OF SECTION

EXHIBIT A – LOCATIONS

GOVERNMENT PLAZA

205 Government Street, Mobile, AL 36644

GOVERNMENT PLAZA ANNEX

151 GOVERNMENT STREET, Mobile, AL 36602

MEDIUM SECURITY BARRACKS

451 St. Emanuel Street, Mobile, AL 36603

MOBILE COUNTY METRO JAIL

450 St. Emanuel Street, Mobile, AL 36603

SHERIFF ADMINISTRATION BUILDING

510 South Royal St, Mobile, AL 36602

JAMES T. STRICKLAND YOUTH CENTER

2200 Costarides St, Mobile, AL 36617

MICHAEL SQUARE SHOPPING CENTER

3925 Michael Blvd, Mobile, AL 36609

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End of Section

EXHIBIT B – COUNTY HOLIDAYS

HOLIDAY	NUMBER OF DAYS CLOSED
Columbus Day	1
Veteran's Day	1
Thanksgiving	2
Christmas	2
New Years	1
Dr. Martin Luther King, Jr. and Robert E. Lee's Birthdays	1
Mardi Gras	2
Memorial Day	1
Juneteenth	1
Independence Day	1
Labor Day	1

**County holidays are subject to change. Service Contractor shall be notified of any additions, substitutions, or deletions. Additionally, in the case of unplanned closure of Various Mobile County Facilities, due to hurricanes, winter storms, etc., Service Contractor shall be notified as soon as possible.

End of Section

EXHIBIT C – CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
MM/DD/YY

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 Broker or Agent Name and Address	CONTACT NAME: PHONE (A/C, No., Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: COMPANY NAME</td> <td>12345</td> </tr> <tr> <td>INSURER B: COMPANY NAME</td> <td>12345</td> </tr> <tr> <td>INSURER C: COMPANY NAME</td> <td>12345</td> </tr> <tr> <td>INSURER D: COMPANY NAME</td> <td>12345</td> </tr> <tr> <td>INSURER E: COMPANY NAME</td> <td>12345</td> </tr> <tr> <td>INSURER F: COMPANY NAME</td> <td>12345</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: COMPANY NAME	12345	INSURER B: COMPANY NAME	12345	INSURER C: COMPANY NAME	12345	INSURER D: COMPANY NAME	12345	INSURER E: COMPANY NAME	12345	INSURER F: COMPANY NAME	12345
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: COMPANY NAME	12345														
INSURER B: COMPANY NAME	12345														
INSURER C: COMPANY NAME	12345														
INSURER D: COMPANY NAME	12345														
INSURER E: COMPANY NAME	12345														
INSURER F: COMPANY NAME	12345														
INSURED Company Name and Address															

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 INSD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			A123456789	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			12-3456789-00	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BOOILY INJURY (Per person) \$ BOOILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$			123456789	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	12345	MM/DD/YY	MM/DD/YY	<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
E	Fidelity Bond			ABC12345	MM/DD/YY	MM/DD/YY	50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Bid #XXX-XX, Annual Janitorial Services for (FACILITY NAME)

SAMPLE DOCUMENT

CERTIFICATE HOLDER Mobile County Commission 205 Government Street Mobile, AL 36802	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 <div style="text-align: center; font-family: cursive;">Signature Here</div>
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EXHIBIT D – IRREVOCABLE LETTER OF CREDIT

THIS LETTER IS TO BE PRINTED ON
OFFICIAL BANK LETTERHEAD STATIONARY

CURRENT DATE

**SAMPLE
DOCUMENT**

IRREVOCABLE LETTER OF CREDIT

We hereby establish our irrevocable letter of credit in your favor for ACCOUNT NAME, in an amount not to exceed 5% OF BID AMOUNT. Which will remain available to (Company name) for use in conducting Business with the Mobile County Commission.

BANK NAME

BANK REPRESENTAVE SIGNATURE

NAME AND TITLE

End of Section