

## VENDOR NAME/ADDRESS

Intelligent Conservation Systems, Inc.  
3110 Camp Road  
Oviedo, Fl. 32765  
407-335-0117 1-866-963-3530

76347 Veteran's Way, Suite 4000  
YULEE, FLORIDA 32097

DEPARTMENT

Fac. Maint./Parks &amp; Rec.

William Stonebreaker

REQUISITION BY:

CM - 1001

APPROVED BY:

*[Signature]*

☐ Subtotal☐ Total

**\$87,023.00**

YULEE, FLORIDA  
March 16, 2017

Pursuant to advertisement, Invitations to Bid (ITBs) were received for **Plumbing Retrofit Beach Front Parks** - Bid No. **NC17-004.**" Proof of publication was present. The Invitations to Bid (ITBs) were due by 4:00 p.m. on March 15, 2017 and opened at 10:00 a.m. on March 16, 2017 by David Pensante, Procurement Manager; and Peggy Snyder, Deputy Clerk, at the Robert M. Foster Justice Center, 76347 Veteran's Way, Yulee, Florida. Also present as an observer was Russ Harper.

**Intelligent Conservation Systems, Inc.**

3110 Camp Road  
Oviedo, FL 32765

**Bid Received 1-15-17 at 1:36 p.m.**

**Total Base Bid      \$87,023.00**

**Baldwin's Quality Plumbing**

9556 Historic Kings Road, South #212  
Jacksonville, FL 32257

**Bid Received 1-15-17 at 3:35 p.m.**

**Total Base Bid      \$119,000.00**

## 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.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above <b>Intelligent Conservation Systems, Inc.</b>	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	<b>5</b> Address (number, street, and apt. or suite no.) <b>3110 Camp Rd</b>	<b>Requester's name and address (optional)</b>
	<b>6</b> City, state, and ZIP code <b>Oviedo, Florida, 32765</b>	
	<b>7</b> List account number(s) here (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 generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

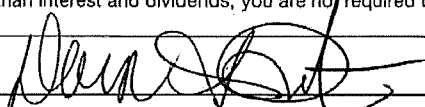
<b>Social security number</b>										
				-				-		
<b>or</b>										
<b>Employer identification number</b>										
8	4		-	1	6	5	6	7	0	1

### 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. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 3.

<b>Sign Here</b>	Signature of U.S. person ▶ 	Date ▶ <b>4/13/15</b>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- 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. 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS  
 PLUMBING RETROFIT - BEACH FRONT PARKS  
 BID NO.: NC17-004  
 BID OPENING: MARCH 16, 2017

BID TABULATION

	Contractor	Burney Park	Peters Point Park	Bid Amount	#Days
1	Intelligent Conservation Systems, Inc.	\$36,701.00	\$50,322.00	\$ 87,023.00	45 days+material lead time NTE 120 days
2	Baldwin's Quality Plumbing	\$32,000.00	\$87,000.00	\$ 119,000.00	60

Non-compliance Notes: (None)



March 14<sup>th</sup>, 2017

Nassau County Beach Parks  
Peter's Point Park  
Burney Park

Re: Plumbing Retrofit – Beach Front Parks Bid: NC17-004

Dear David J. Pensante,

It has been a pleasure working with you and the county staff on this bid. The below information references our bid, and is provided as information or suggestions, to help conserve the county's fiscal resources while expediting the repair of its facilities with quality materials.

- The Addendum 1 specifies installing Energy Star Rated 120 Gallon electric water heaters. We are not aware that commercial electric water heaters have received energy star ratings, since this pertains to the heat transfer efficiency of gas heated coils. The electric water heaters in our bid meet standby loss requirements of the U.S. Department of Energy and ASHRAE/IES 90.1  
[https://www.energystar.gov/products/water\\_heaters/commercial\\_water\\_heaters](https://www.energystar.gov/products/water_heaters/commercial_water_heaters)  
<https://www.energystar.gov/productfinder/product/certified-commercial-water-heaters/results>
- We have additionally included expansion tanks for the water heaters.
- The breakdown pricing per park on the Bid Price Sheet is for informational purposes only and cannot be used to reduce overall scope.
- Stainless steel manufactured equipment has a standard 8-12 week lead time. If it is the intent of the county to expedite this construction project for summer use, we will do our best to work with the manufactures on lead times and expediting. We anticipate the project to not take longer than 45 days to complete from signed contract, with the exception of manufacturer lead times for the materials.
- Since access to the center plumbing chase at each park is through a restroom, there will be temporary periods of shutdown to both sides (male/female) for material conveyance. We will make this period as brief as possible to meet the intent of the rfp's request to have a restroom available at each park.

The goal of Intelligent Conservation Systems is to provide a turnkey savings product which is customized to each facility and budget. We are in constant pursuit of addressing every facility's needs to help conserve the County's fiscal, as well as, natural resources. If there are any questions, please feel free to contact me at (407) 388-5915. I look forward to working with you and your County's team.

Sincerely,

Mike Campbell  
Intelligent Conservation Systems, Inc.  
3110 Camp Rd. Oviedo FL, 32765  
E-mail: [Mike.Campbell@i-conservation.com](mailto:Mike.Campbell@i-conservation.com)  
Cell: 407-388-5915

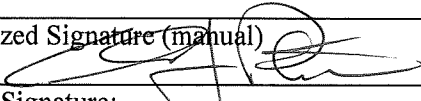


## INVITATION TO BID

### NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS

Bid Title: <b>Plumbing Retrofit – Beach Front Parks</b>	
Bid Number: <b>NC17-004</b>	
Requesting Department: <b>Facilities Maintenance</b>	Bid Contact: <b>David J. Pensante, Procurement Manager</b>
Contact Address: <b>96135 Nassau Place, Suite 6, Yulee, FL 32097</b>	Contact Number and Email: <b>904-530-6040 dpensante@nassaucountyfl.com</b>
Bid Due Date or Closing Date/Time: <b>Wednesday, March 15, 2017 @ 4:00 p.m.</b>	Bid Opening Date/Time: <b>Thursday, March 16, 2017 @ 10:00 or soon there after</b>
Location to Deliver Bid: <b>Nassau County Board of County Commissioners, John A. Crawford, Ex-Officio Clerk, 76347 Veterans Way, Suite 456, Yulee, FL 32097</b>	

In accordance with the intent and content of this Invitation to Bid (ITB), we the undersigned do hereby offer to perform as stipulated in this response. Failure to do so may result in the forfeiting of bid security, removal from the County's bidder list, or other remedies available to the County under the laws of the State of Florida.

Legal Name of Bidder: Intelligent Conservation Systems, Inc.		
Business Address 3110 Camp Rd		
Phone Number (407) 335-0117	Fax Number	E-Mail Address: Mike.Campbell@ics.green
Contractor's Florida License Number (as applicable): CFC1426657 CGC040422		
Authorized Signature (manual) 		Date: 3/13/17
Printed Signature: Christian Peterson		Title: VP of Construction

#### BIDDER DECLARATION / ACKNOWLEDGMENT

1. Bids will be opened by a representative of the Clerk's Office in the Clerk's Small Conference Room (76347 Veterans Way, Yulee, FL 32097) on the appropriate date and time as shown above. Bid documents will be available upon notice of an intended decision or after 30 days after bid opening (whichever is earliest), pursuant to FS 119.071 (b).
2. Bids must be SUBMITTED ON THE FORM FURNISHED BY THE COUNTY and in accordance with specifications and list of quantities desired.
3. Page One must be completed and submitted as the top sheet of your bid response.
4. It is the intent and purpose of Nassau County that this Invitation to Bid promotes competitive bidding. It shall be the bidder's responsibility to advise the Contract Management Office at the address noted above, if any language, requirements, etc., or any combination thereof, inadvertently restricts or limits the requirements stated in this Invitation to Bid to a single source. Such notification must be submitted in writing and must be received by the Contract Management Office not later than seven (7) calendar days prior to the bid closing date.
5. **THERE WILL BE A MANDATORY PRE-BID CONFERENCE FOR THIS BID (SEE ARTICLE A19).**

**(THIS PAGE MUST BE RETURNED WITH YOUR BID)**

**ATTACHMENT “B”****BID PRICE SHEET****PLUMBING RETROFIT – BEACH FRONT PARKS  
BID NUMBER NC17-004**

<b>Location/Description</b>	<b>Lump Sum Bid</b>
<b>BURNEY PARK:</b> Provide all necessary materials, labor, insurances and permits required for the plumbing retrofit in accordance with the scope of work and terms and conditions detailed in the bid documents referenced above.	\$ <u>36,701</u>
<b>PETERS POINT PARK:</b> Provide all necessary materials, labor, insurances and permits required for the plumbing retrofit in accordance with the scope of work and terms and conditions detailed in the bid documents referenced above.	\$ <u>50,322</u>
<b>TOTAL BID:</b>	\$ <u>87,023</u>

eighty-seven thousand twenty-three dollars  
(Total bid amount in words)

The projects shall be completed within 45 days plus material lead times, not to exceed 120 days, please see cover letter days from the date Contractor receives a Purchase Order.

The undersigned declares that they have examined the Notice to Bidders, Instructions to Bidders, and Technical Specifications/Scope of Work and is informed fully with regard to all terms and conditions pertaining thereto and agrees under these specifications at the prices set forth above.

**Company:** Intelligent Conservation Systems, Inc.

**Address:** 3110 Camp Rd

**City, State, Zip:** Oviedo, FL, 32765

**By:**   
(Signature)

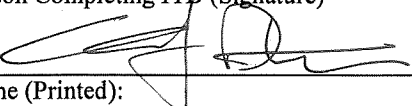
Christian Peterson

(Above name printed or typed)

**Phone:** (407) 335-0117 **Fax:** \_\_\_\_\_

**Email:** Mike.Campbell@ics.green

**ATTACHMENT “D”****Addenda Acknowledgment**

Acknowledgment is hereby made of receipt of addenda issued during the solicitation period.  Bid Number NC17-004	Addendum # <u>1</u> through # <u>2</u>  Initial: <u>CP</u>  Date: 3/13/2017
Person Completing ITB (Signature) 	
Name (Printed):  Christian Peterson	Title:  VP of Construction

&gt;&gt;&gt;Failure to submit this form may disqualify your response&lt;&lt;&lt;

**ATTACHMENTS:**

Agenda for Mandatory Pre-bid Conference, February 23, 2017  
Sign-in Sheets for Mandatory Pre-Bid Conference, February 23, 2017

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**ACKNOWLEDGMENT IS HEREBY MADE OF RECEIPT OF THIS ADDENDUM NO. 1, ISSUED DURING THE SOLICITATION PERIOD:**Vendor Signature: Date: 3/14/17

**NOTE:** You are required to acknowledge receipt of this addendum by signing and submitting it with your bid/proposal (**signature page only**). In addition you are required to acknowledge receipt on the Addenda Acknowledgment (Attachment D).

**End of Addendum #1**



NASSAU COUNTY  
BOARD OF COUNTY COMMISSIONERS  
Contract Management Department  
96135 Nassau Place, Suite 6  
Yulee, Florida 32097  
904-530-6040 Fax: 904-321-2658

David J. Pensante  
Procurement Manager  
dpensante@nassaucountyfl.com

TO: All Proposers  
FROM: David J. Pensante, Procurement Manager  
SUBJECT: Addendum 2  
Invitation to Bid, Bid Number NC17-004  
Plumbing Retrofit-Beach Front Parks  
March 9, 2017

**REMINDER: This addendum must be acknowledged, signed and returned with your proposal. Failure to comply may result in disqualification of your submittal.**

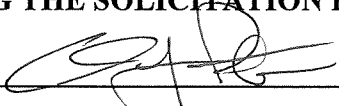
This addendum is hereby incorporated into the bid documents of the project referenced above. The following items are clarifications, corrections, additions, deletions and/or revisions to and shall take precedence over the original documents.

**Part 1 – Questions & Answers**

- Q1.** I want to confirm an item mentioned at Walkthrough. The Outdoor Shower Trees- One-foot wash and 2 shower heads at the top?  
**A1.** Yes
- Q2.** ADA on all the shower trees, which would make all 4 shower trees the exact same design?  
**A2.** Yes
- Q3.** In Addendum mentions “The fourteen (14) flushometers will be replaced from water supply to the fixture spud.” On walkthrough was mentioned as keeping the existing Angle Stop and replacing from the new flush valve down to the spud. Just want to clarify that that the existing Angle Stop is staying in place.  
**A3.** Everything will be replaced from the flushometer to the Spud on the fixture. The angle stops that were mentioned were for the lavatories and are to be changed to key type stops.
- Q4.** Can you please clarify the ADA Compliancy of the Outdoor Shower Tree. One (1) foot sprayer, 2 Shower Heads at the top of the column and one (1) fixed shower head at 48” (For ADA compliancy)? Also grab bar vertically mounted on column?  
**A4.** Yes to all

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**ACKNOWLEDGMENT IS HEREBY MADE OF RECEIPT OF THIS ADDENDUM NO. 2, ISSUED DURING THE SOLICITATION PERIOD:**

**Vendor Signature:**  **Date:** 3/14/17

**NOTE:** You are required to acknowledge receipt of this addendum by signing and submitting it with your bid/proposal (signature page only). In addition you are required to acknowledge receipt on the Addenda Acknowledgment (Attachment D).

**End of Addendum #2**

**ATTACHMENT “E”****NASSAU COUNTY****SWORN STATEMENT UNDER SECTION 287.133(3)(a), FLORIDA STATUTES,  
ON PUBLIC ENTITY CRIMES**

**THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS**

1. This sworn statement is submitted with Bid, Proposal or Contract for  
Nassau County Bid NC17-004.
2. This sworn statement is submitted by Intelligent Conservation Systems, Inc. (entity submitting sworn statement), whose business address is 3110 Camp Rd Oviedo, FL 32765 and its Federal Employee Identification Number (FEIN) is 84-1656701. (if the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: \_\_\_\_\_).
3. My name is Christian Peterson (please print name of individual signing), and my relationship to the entity named above is VP of Construction.
4. I understand that a “public entity crime” as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services, any leases for real property, or any contract for the construction or repair of a public building or public work, to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that “convicted” or “conviction” as defined in paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction or a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an “affiliate” as defined in paragraph 287.133(1)(a), Florida Statutes, means:
  - a) A predecessor or successor of a person convicted of a public entity crime; or
  - b) An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not to fair market value under an arm’s length agreement, shall be prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding thirty-six (36) months shall be considered an affiliate.
7. I understand that a “person” as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term “person” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
8. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

X Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one of more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, and (Please indicate which additional statement applies.)

\_\_\_\_\_ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the Hearing Officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

\_\_\_\_\_ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

\_\_\_\_\_ The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

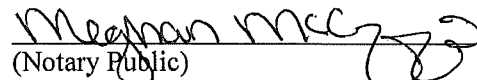
  
(Signature)

2/14/17  
Date

STATE OF FLORIDA

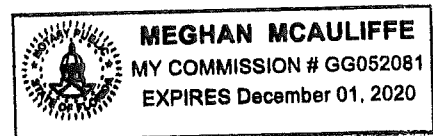
COUNTY OF Seminole

PERSONALLY APPREARED BEFORE ME, the undersigned authority, Christian Peterson, who, after first being sworn by me, affixed his/her signature in the space provided above on this 14th day of March, 2017.

  
(Notary Public)

My Commission Expires: 12/1/2020

(seal)



## ATTACHMENT "F" EXPERIENCE OF BIDDER

The following questionnaire shall be answered by the bidder for use in evaluating the bid to determine the lowest, responsive, and responsible bidder, meeting the required specifications.

1. **FIRM NAME:** Intelligent Conservation Systems, Inc.  
 Address: 3110 Camp Rd  
 City/State/Zip: Oviedo, FL 32765  
 Phone: (407) 335-0117 Fax: \_\_\_\_\_  
 Name of primary contact responsible for work performance: Christian Peterson  
 Phone: (407) 335-0117 Cell Phone: (407) 335-0117 Email Chris.Peterson@ics.green

2. **INSURANCE:**  
 Surety Company: Tranelers Indemity Company  
 Agent Company: BB&T - J.Rolfe Davis Insurance  
 Agent Contact: Julie Pearson  
 Total Bonding Capacity: \$ 20,000,000 Value of Work Presently Bonded: \$5,000,000

3. **EXPERIENCE:**  
 Years in business: 13  
 Years in business under this name: 13  
 Years performing this type of work: 13  
 Value of work now under contract: \$5,000,000  
 Value of work in place last year: \$7,000,000  
 Percentage (%) of work usually self-performed: 50%  
 Name of subcontractors you may use: \_\_\_\_\_  
 Has firm: Failed to complete a contract: No  
 Been involved in bankruptcy or reorganization: No  
 Pending judgment claims or suits against firm: None

4. **PERSONNEL**  
 How many employees does your company employ:

Management	<u>4</u>	Full time	_____	Part time
Site/Crew Supervisors	<u>6</u>	Full time	_____	Part time
Workers/Laborers	<u>3</u>	Full time	_____	Part time
Clerical	<u>2</u>	Full time	_____	Part time
Other	_____	Full time	_____	Part time

**5. WORK EXPERIENCE:**

List your three (3) most significant commercial/governmental accounts where the contract was similar in scope and size to this bid.

**Reference #1:**

Company/Agency Name: Nassau County

Address: 76212 Nicholas Cutinna Rd, Yulee, FL, 32097

Contract Person: Toni Lombardi

Phone: (904) 548-4075 Fax: \_\_\_\_\_ Email: countymaint@nassaucountysheriff.com

Project Description: Nassau County Jail - Plumbing Fixture Retrofit

Contract \$ Amount: \$280,714

Date Completed: 7/14/2014

**Reference #2:**

Company/Agency Name: Way Service, Ltd.

Address: 2320-B Donley Dr, Austin, TX 78758

Contract Person: Ken Kelsey

Phone: (512) 419-0909 x 1228 Fax: \_\_\_\_\_ Email: KKelsey@wayservice.com

Project Description: Polk County - Plumbing Fixture Retrofit

Contract \$ Amount: \$367,048

Date Completed: 1/12/2017

**Reference #3:**

Company/Agency Name: Sebastian County

Address: 35 South 6th Street, Room 106, Fort Smith, AR

Contract Person: Charity Gregory

Phone: (479) 784-1502 Fax: \_\_\_\_\_ Email: CGregory@co.sebastian.ar.us

Project Description: Sebastian County - Shower Plumbing Retrofit

Contract \$ Amount: \$123,878

Date Completed: 2/24/2017

**REMINDER:**

THIS FORM IS TO BE INCLUDED WITH BID. FAILURE TO SUBMIT ALONG WITH BID MAY BE CAUSE FOR DISQUALIFICATION.

**I-CON SYSTEMS, INC.**

In recognition of the completion of the I-CON  
Certified Installer Training Program for  
Electronic Plumbing Controls

Hereby presents this certificate to

**Intelligent Conservation Systems, Inc.**

**CERTIFIED  
INSTALLER**



A handwritten signature in black ink, appearing to read "S. L. [unclear]", is written over a horizontal line.

Certified By

1/1/2011

Date

Certification valid through 12/31/2018

Search for a Licensee  
Apply for a License  
View Application Status  
and Exam Information  
File a Complaint  
List Delinquent  
Fees & Activity  
# Search

#### Licensee Details

##### Licensee Information

Name: PETERSON, CHRISTIAN J (Primary Name)  
HERRELL PLUMBING INC (DBA Name)  
Main Address: 203 VINE ST.  
OVIDO Florida 32765  
County: SEMINOLE  
License Mailing:  
License Location:

##### License Information

License Type: Certified General Contractor  
Rank: Cert General  
License Number: CGC040422  
Status: Current, Active  
License Date: 03/16/1987  
Expires: 08/31/2018

##### Special Qualifications

Construction Business Qualification Effective  
02/20/2004

##### Alternate Names

Search for a Licensee  
Apply for a License  
View Application Status  
and Exam Information  
File a Complaint  
List Delinquent  
Fees & Activity  
# Search

#### Licensee Details

##### Licensee Information

Name: PETERSON, CHRISTIAN J (Primary Name)  
HERRELL PLUMBING INC (DBA Name)  
Main Address: 203 VINE ST.  
OVIDO Florida 32765  
County: SEMINOLE  
License Mailing:  
License Location:

##### License Information

License Type: Certified Plumbing Contractor  
Rank: Cert Plumbing  
License Number: CFC1426657  
Status: Current, Active  
License Date: 04/06/2005  
Expires: 08/31/2018

##### Special Qualifications

Construction Business Qualification Effective  
04/06/2005

##### Alternate Names

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

4/19/2016

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 <b>BB&amp;T Insurance Services, Inc.</b> P.O. Box 4927 Orlando, FL 32802-4927 407 691-9600	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>407 691-9600</b>	FAX (A/C, No): <b>888-635-4183</b>
INSURED <b>Intelligent Conservation Systems, Inc.</b> 3110 Camp Road Oviedo, FL 32765	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>Travelers Prop Cas Co of Amer</b>	NAIC #: <b>25674</b>
	INSURER B: <b>Phoenix Insurance Company</b>	NAIC #: <b>25623</b>
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

**COVERAGES** **CERTIFICATE NUMBER: GRP1 16/17 BAI/BWS G** **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	LP61M5520016	04/19/2016	04/19/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 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"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		X	BA1D04628816	04/19/2016	04/19/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			ZUP81M5607A16	04/19/2016	04/19/2017	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	HNUB1D08877716	04/19/2016	04/19/2017	<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)

Additional Insured status is granted with respects to General Liability Coverage if required by written contract per Technology XTEND Endorsement CGD417 (01/12)

Additional Insured status is granted with respects to Auto Liability Coverage if required by written contract per Business Auto Extension form CAT353 (06/09)

Umbrella provides following form coverage subject to policy terms and conditions  
(See Attached Descriptions)

**CERTIFICATE HOLDER****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

