

## CITY OF TARPON SPRINGS, FL

### Procurement Services

324 East Pine Street  
P.O. Box 5004  
Tarpon Springs, Florida 34688-5004  
(727) 942-5615  
Fax (727) 937-1766

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### MEMORANDUM

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**TO:** Honorable Mayor and Board of Commissioners  
**FROM:** Janina Lewis, CPPO, NIGP-CPP, Procurement Services Director *ql*  
**THRU:** Anela Saday, CPPB, NIGP-CPP, Senior Procurement Analyst *AS*  
**DATE:** 03/28/2023  
**SUBJECT:** Rescind Award, Reject All Bids, and Rebid File No. 230073-B-AS, Grounds Maintenance Services

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### RECOMMENDATION:

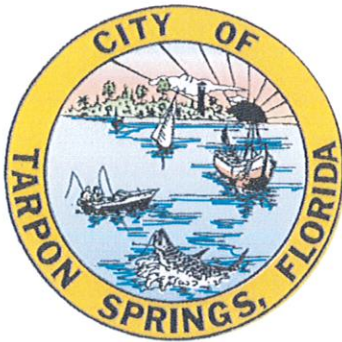
Rescind Award, Reject All Bids, and Rebid File No. 230037-B-AS, Grounds Maintenance Services, in the total award amount of \$206,532.00, for reasons stated in the background, below.

### BACKGROUND:

On March 14, 2023, the BOC awarded the subject contract to Arrington Grounds Maintenance, Inc. (Arrington), in an estimated amount not to exceed \$206,532.00. On March 15, 2023, Arrington advised the City that it submitted an incorrect bid amount that did not include a portion of the Cycadia Cemetery maintenance and cannot honor the required terms of the Contract at the awarded price. Per public request pursuant to Florida State Sunshine Law, the bid tabulation was provided and made public. To uphold the integrity of the City's procurement process, Staff recommends the Board rescind the award, reject all bids, and rebid File No. 230037-B-AS, to allow all bidders to resubmit their bids.

**FUNDING:** N/A

Accepted by: \_\_\_\_\_ Attest: \_\_\_\_\_  
City Manager City Clerk



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### MEMORANDUM

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**TO:** Honorable Mayor and Board of Commissioners  
**FROM:** Janina Lewis, CPPO, NIGP-CPP, Procurement Services Director *AL*  
**THRU:** Anela Saday, CPPB, NIGP-CPP, Senior Procurement Analyst *AS*  
**DATE:** 03/14/2023  
**SUBJECT:** Award File No. 230073-B-AS, Grounds Maintenance Services

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### RECOMMENDATION:

Award File No. 230037-B-AS, Grounds Maintenance Services, to Arrington Grounds Maintenance, Inc. (Arrington), effective from the March 15, 2023 through March 14, 2026, in an estimated total amount not to exceed \$206,532, for use by various City departments. Purchase Orders will only be issued against approved budgets.

### BACKGROUND:

The purpose of this contract is to provide labor and equipment services for maintaining the grounds of several City-owned properties, parks, right of ways, Cycadia Cemetery, and Highland Nature Preserve. Public Works' Parks and Parkways Division oversees and maintains approximately 1,100 acres of multi-use properties; Cycadia Cemetery maintains approximately 30 acres and utilizes these services to augment in-house grounds maintenance during periods of peak grass growth, from Spring through Summer (see attached memo). Procurement Services competitively bid these services. Seven (7) bids were responsive to the solicitation requirements. Arrington was deemed the lowest, responsive, and responsible bidder. This contract also has two (2) annual (12-month) renewal(s).

**FUNDING:** 001-1403-572.34-00 Public Works, Parks & Parkway  
001-1406-539.34-00 Public Services, Cycadia Cemetery

Accepted by: \_\_\_\_\_

*[Signature]*  
City Manager

Attest: \_\_\_\_\_

*[Signature]*  
City Clerk



Tabulation of Submittals  
For  
Bid No. 230073-B-AS  
Grounds Maintenance Services  
February 16, 2023 @ 3:00 p.m.

Company	Amount
Arrington Grounds Maintenance Pinellas Park, FL	\$206,532.00
RedTree Landscape Systems Holiday, FL	\$627,032.25
Yardnique d/b/a Trimac Outdoor Fleming Island, FL	\$667,440.00
Lawns Today, LLC Palmetto, FL	\$565,560.00
Cutups Lawn Service Inc. Tampa, FL	\$2,037,600.00
Greco International Corporation Miami, FL	\$1,014,660.00
Pine Lake Nursery & Landscape Lutz, FL	\$715,914.00

Broadcast: 247 Planholders: 21 Responses: 7

Bids from the companies listed herein are the only bids received timely as of the above opening date and time. All other bids submitted in response to this Bid, if any, are hereby rejected as late.



## Public Works Department Parks & Parkways Division

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To: Janina Lewis, Procurement Services Director

Thru: Tom Funcheon, Public Works Director  
Paul Smith, Public Services Director *PS*

From: Tracy Wallace, Parks Supervisor *tracy.wallace*

Date: March 6, 2023

Subject: Approve Recommendation to Award a Three (3) year Contract for Grounds Maintenance Services, Inc. to Arrington Grounds Maintenance, Inc.

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### RECOMMENDATION:

To approve and award a three (3) year contract to Arrington Grounds Maintenance, Inc. in the estimated 3-year total amount not to exceed \$206,532.00, for grounds maintenance services, for use by various City departments.

### BACKGROUND:

The purpose of this contract is to provide labor and equipment for maintaining the grounds of several City-owned properties, parks, right of ways, Cycadia Cemetery, and Highland Nature Park.

The Parks & Parkways Division maintains approximately 1,100 acres of multi-use properties. Cycadia Cemetery maintains approximately 30 acres. Cycadia Cemetery utilizes these services to augment in-house grounds maintenance during periods of peak grass growth (typically the 5-month period of spring through summer). The expected annual estimate is not anticipated to be fully utilized for this line item.

Seven (7) responsive bids were received and Arrington Grounds Maintenance, Inc. was the lowest, qualified bidder.

### FUNDING:

Account No. 001-1403-572.34-00, Public Works, Parks & Parkways Division  
Account No. 001-1406-539.34-00, Public Services, Cycadia Cemetery

**BID NO. 230073-B-AS**

**GROUND MAINTENANCE SERVICES**

**SUBMITTAL CHECKLIST**

**IMPORTANT**  
**BID DOCUMENTS TO BE RETURNED**

The following forms must be completed and submitted with your bid: The following forms must be completed and submitted with your bid:

✓	<b>Acknowledgement Form</b>
✓	<b>Bid Form</b>
✓	<b>Questionnaire</b>
✓	<b>Drug Free Workplace Form</b>
✓	<b>Federal Employer Tax ID Certificate</b>
✓	<b>Current Insurance Cover, General Liability, Automotive, Worker's Comp</b>
✓	<b>Evidence of a Certification through Pinellas County Licensing Board</b>
✓	<b>Registration with Florida Division of Corporations</b>
✓	<b>Copy of Licenses, including Occupational</b>

Total for Initial three (3) year period \$ 206,532

**BID NO. 230073-B-AS**

**GROUND MAINTENANCE SERVICES**

**ACKNOWLEDGEMENT FORM**

All bidders are to exclude from the bid price any State and Federal sales taxes. The City is exempt from paying these taxes. The tax exemption number is 62-17-134889-54.

Bidder acknowledges that all applicable licenses (City, County, State, and Federal) have been obtained and shall provide proof immediately upon request.

**Payment:** We accept Visa for payment: \_\_\_ Yes ☒ No. Payment must be processed in 30 days after receipt of proper invoice or services accepted (whichever is the latter).


Bidder: Arrington Grounds Maintenance

Address: 6553 46th St. North Unit #903

City: Pinellas Park State: Florida Zip: 33781

Phone No.: 727-527-6441 Fax No.: \_\_\_\_\_ Email: J.OteroGgm@gmail.com

Jonatan Otero President  
Printed Name and Title

  
Authorized Signature

02/08/2023  
Date



# BID FORM PRICING

BID NO. 230073-B-AS

## GROUNDS MAINTENANCE SERVICES

Year One (1)			
Item No.	Location	Monthly	Annual
1	Richard Ervin Park	\$ 350	\$ 4,200
2	Highland Nature Preserve	\$ 600	\$ 7,200
3	Grandview Drive & Grandview Median Extension	\$ 175	\$ 2,100
4	Public Safety Building	\$ 650	\$ 7,800
5	Tarpon Rec/Community Center	\$ 450	\$ 5,400
6	Chesapeake Park	\$ 150	\$ 1,800
7	Tarpon Public Library	\$ 450	\$ 5,400
8	Safford House Museum	\$ 300	\$ 3,600
9	Cops & Kids	\$ 200	\$ 2,400
10	Melon St. Right of Way	\$ 150	\$ 1,800
11	South Disston Right of Way	\$ 750	\$ 9,000
12	Live Oak Right of Way	\$ 350	\$ 4,200
13	Whitcomb Bayou Right of Way	\$ 650	\$ 7,800
14	Riverside Bayou Right of Way	\$ 400	\$ 4,800
15	Cycadia Cemetery – See 3.5.1.1. and below:	\$ 4,160	\$ 49,920
	*Cycadia Cemetery work shall be performed on an as needed seasonal basis. The Cemetery covers 30 acres and has approximately 8,000 graves.		
16	Hourly Rates for Additional Landscape Work	Hourly Rate	\$ 45.00
17	Hourly Rate for Additional Mowing	Hourly Rate	\$ 42.00
18	Hourly Rate for Additional Edging and Trimming	Hourly Rate	\$ 42.00
19	Hourly Rate for Additional Litter and Debris Pick Up	Hourly Rate	\$ 42.00
20	Hourly Rate for Irrigation System Inspection and Maintenance	Hourly Rate	\$ 65.00
21	Hourly Rate for Tree Pruning (Hardwoods and Palm Trees)	Hourly Rate	\$ 100.00
		Line 15 Total	Line 15 Total
	Estimated Total for Year 1	\$ 5,625	\$ 67,500

# BID FORM PRICING

BID NO. 230073-B-AS

## GROUNDS MAINTENANCE SERVICES

Year Two (2)

Item No.	Location	Monthly	Annual
1	Richard Ervin Park	\$ 357	\$ 4,284
2	Highland Nature Preserve	\$ 612	\$ 7,344
3	Grandview Drive & Grandview Median Extension	\$ 178	\$ 2,136
4	Public Safety Building	\$ 663	\$ 7,956
5	Tarpon Rec/Community Center	\$ 459	\$ 5,508
6	Chesapeake Park	\$ 153	\$ 1,836
7	Tarpon Public Library	\$ 459	\$ 5,508
8	Safford House Museum	\$ 306	\$ 3,672
9	Cops & Kids	\$ 204	\$ 2,448
10	Melon St. Right of Way	\$ 153	\$ 1,836
11	South Disston Right of Way	\$ 765	\$ 9,180
12	Live Oak Right of Way	\$ 357	\$ 4,284
13	Whitcomb Bayou Right of Way	\$ 663	\$ 7,956
14	Riverside Bayou Right of Way	\$ 408	\$ 4,896
15	Cycadia Cemetery – See 3.5.1.1. and below: *Cycadia Cemetery work shall be performed on an as needed seasonal basis. The Cemetery covers 30 acres and has approximately 8,000 graves.	\$ 4,244	\$ 50,928
16	Hourly Rates for Additional Landscape Work	Hourly Rate	\$ 46.00
17	Hourly Rate for Additional Mowing	Hourly Rate	\$ 43.00
18	Hourly Rate for Additional Edging and Trimming	Hourly Rate	\$ 43.00
19	Hourly Rate for Additional Litter and Debris Pick Up	Hourly Rate	\$ 43.00
20	Hourly Rate for Irrigation System Inspection and Maintenance	Hourly Rate	\$ 66.00
21	Hourly Rate for Tree Pruning (Hardwoods and Palm Trees)	Hourly Rate	\$ 102.00
		Line 15 Total	Line 15 Total
	Estimated Total for Year 2	\$ 5,739	\$ 68,844



# BID FORM PRICING

BID NO. 230073-B-AS

## GROUNDS MAINTENANCE SERVICES

Year Three (3)

Item No.	Location	Monthly	Annual
1	Richard Ervin Park	\$ 364	\$ 4,368
2	Highland Nature Preserve	\$ 624	\$ 7,488
3	Grandview Drive	\$ 181	\$ 2,172
4	Public Safety Building	\$ 676	\$ 8,112
5	Tarpon Rec/Community Center	\$ 468	\$ 5,616
6	Chesapeake Park	\$ 156	\$ 1,872
7	Tarpon Public Library	\$ 468	\$ 5,616
8	Safford House Museum	\$ 312	\$ 3,744
9	Cops & Kids	\$ 208	\$ 2,496
10	Melon St. Right of Way	\$ 156	\$ 1,872
11	South Disston Right of Way	\$ 780	\$ 9,360
12	Live Oak Right of Way	\$ 364	\$ 4,368
13	Whitcomb Bayou Right of Way	\$ 676	\$ 8,112
14	Riverside Bayou Right of Way	\$ 416	\$ 4,992
15	Cycadia Cemetery - See 3.5.1.1 and Below:	\$ 4,330	\$ 51,960
	*Cycadia Cemetery work shall be performed on an as needed seasonal basis. The Cemetery covers 30 acres and has approximately 8,000 graves.		
16	Hourly Rates for Additional Landscape Work	Hourly Rate	\$ 47.00
17	Hourly Rate for Additional Mowing	Hourly Rate	\$ 44.00
18	Hourly Rate for Additional Edging and Trimming	Hourly Rate	\$ 44.00
19	Hourly Rate for Additional Litter and Debris Pick Up	Hourly Rate	\$ 44.00
20	Hourly Rate for Irrigation System Inspection and Maintenance	Hourly Rate	\$ 66.00
21	Hourly Rate for Tree Pruning (Hardwoods and Palm Trees)	Hourly Rate	\$ 102.00
		Line 15 Total	Line 15 Total
	Estimated Total for Year 3	\$ 5,849	\$ 70,188

**BID NO. 230073-B-AS**

**GROUND MAINTENANCE SERVICES**

**QUESTIONNAIRE**

This questionnaire must be completely filled out and returned as part of your bid/proposal. Failure to do so may result in disqualification of your bid/proposal. Evaluation of this questionnaire is a prime factor in the award of this Agreement.

1. Please state the full, legal name (including any d/b/a) of your firm and provide contact information

Company Name: Arrington Grounds Maintenance Inc.

Contact Name: Jonathan Otero

Address: 6553 46th St N Unit 903

Address: Pinellas Park

City: Pinellas Park

State: FL Zip: 33781

Telephone: 727-527-6441 Fax: \_\_\_\_\_

E-Mail Address: J.Oteroagm@gmail.com Website: arringtongroundsmaintenance.com

2. How long has your firm been in business? 30 years

3. How long has your firm provided these services? 30 years

4. Annual gross revenues of your firm? (Check the appropriate box)  
☐ under \$100,000 ☐ \$100,000 - \$499,000 ☒ \$500,000 - \$999,000  
☐ \$1,000,000 - \$2,000,000 ☐ over \$2,000,000

5. How many full and part-time employees do you currently employ?

Full-time: 10 Part-time: 0

6. Provide information on your employee staffing by category and the number of employees in each category.

Category	# of employees
<u>Maintenance</u>	<u>8</u>
<u>Landscaping</u>	<u>2</u>

7. Who will be supervising the services to be performed under this Agreement and what are their qualifications, years of experience, number of years employed with your firm, etc.?

Jonathan Otero - President  
L80 License FNG/LA - Hort Pro  
BMP Certification  
10 years

8. What tools, vehicles and equipment currently owned by your firm will be utilized to provide the requirements of this Agreement?

2 Dove tail ISUZU TRUCKS  
4 Scag V ride 62" MOWERS  
Live Trimmers, Blowers, Edgers, ect.

9. List additional equipment your firm will require to provide services to the City and when and how you plan to acquire the equipment.

N/A

10. Have you had a contract terminated by a customer in the past 3 years? yes If yes, please explain.

Lower bids

11. List at least five references you have provided similar services for in the past three years (Preferably government agencies).

Firm Name	Address	Contact Telephone	Person
<u>Baran Property Mgt</u>	<u>6338 Rowan Rd</u> <u>Newport Richey</u>		
<u>Nancy Lucas</u>	<u>720 Brother Creek Blvd</u> <u>Oldsmar</u>	<u>727-203-3343</u>	
<u>Dane Clark</u>		<u>813-433-2000</u>	<u>Donna Baran</u>
<u>Sea Towers</u>	<u>Duhme Rd. Madeira</u>	<u>727-560-1161</u>	

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- 
12. Provide documentation that your firm is registered with the Florida Division of Corporations to do business within the state of Florida.

## **DRUG FREE WORKPLACE FORM**

### **PREFERENCES TO BUSINESSES WITH DRUG-FREE WORKPLACE PROGRAMS UNDER SECTION 287.087, FLORIDA STATUTES.**

1. This statement is submitted with the attached Bid/Proposal.
2. Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the City for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:
  - a. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
  - b. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
  - c. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (a).
  - d. In the statement specified in subsection (a), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, violation of Chapter 893 or of any controlled substance law of the United States or any state for a violation occurring in the workplace no later than five (5) days after such conviction.
  - e. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
  - f. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

**AS THE PERSON AUTHORIZED TO SIGN THE STATEMENT, I CERTIFY THAT THIS FIRM  
COMPLIES FULLY WITH THE ABOVE REQUIREMENTS.**

VENDOR'S PRINTED NAME: Jonathan Otero

AUTHORIZED SIGNATURE: 

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Arrington Grounds Maintenance, Inc.</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
4 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. <b>P.O. Box 41370</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>St. Petersburg, FL 33743</b>	
7 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
OR									
Employer identification number									
5	9	-	1	8	0	4	0	5	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 for Part II, later.

Sign Here	Signature of U.S. person ► <i>Janet OG</i>	Date ► <i>02/08/2023</i>
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### General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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*, later.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/9/2023

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  
Great Scot! Insurance, Inc.  
12155 Metro Pkwy  
Suite 28A  
Fort Myers FL 33966

CONTACT NAME: Daniel Wall

PHONE (A/C, No, Ext): 239-561-3400

FAX (A/C, No): 239-561-0496

E-MAIL ADDRESS: dan@gsiinsurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED  
Arrington Grounds Maintenance, Inc.  
PO Box 41370  
St. Petersburg FL 33743

ARRIGRO-01

INSURER A: AIX Specialty Insurance Company

12833

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 1600034454

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		BSZ-ML-20000156-05	11/10/2022	11/10/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	EQUIPMENT FLOATER		BSZ-ML-20000156-05	11/10/2022	11/10/2023	INLAND MARINE LIMIT 72,390

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

## CERTIFICATE HOLDER

## CANCELLATION

CLIENT COI FOR INFORMATIONAL PURPOSES ONLY  
\*\*\*\*\* ANY COIs TO BE ISSUED BY AGENT'S OFFICE

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





# CERTIFICATE OF LIABILITY INSURANCE

Auto

DATE (MM/DD/YYYY)  
11/30/2022

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).

<b>PRODUCER</b> <b>State Farm</b> Joanne Dauphin State Farm 5444 Park Blvd, Suite 101 Pinellas Park FL, 33781		<b>CONTACT</b> NAME: Joanne Dauphin PHONE (A/C No, Ext): 727-256-9511 FAX (A/C No): 727-239-4566 E-MAIL: joanne.dauphin.yc2u@statefarm.com ADDRESS: joanne.dauphin.yc2u@statefarm.com	
<b>INSURED</b> ARRINGTON GROUNDS MAINTENANCE, INC 6553 46TH ST N STE 903 PINELLAS PARK, FL 33781		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: State Farm Florida Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 25178	

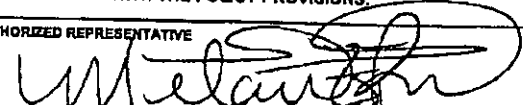
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS 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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			K84 2177-E04-59 K84 2176-E04-59 K84 2172-E04-59 K84 2174-E04-59	11/4/2022 5/4/2023 11/4/2022 5/4/2023 11/4/2022 5/4/2023 11/4/2022 5/4/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Other Auto Policy Numbers (all policies have the same coverage): K84 2171-E04-59, K84 2169-E04-59, K84 2170-E04-59, K83 7685-E04-59, K83 7686-E04-59, K83 7687-E04-59.

## CERTIFICATE HOLDER

## CANCELLATION

Creative Management 5510 River Rd. Suite 104 New Port Richey, FL 34652	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 

WC



# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
02/08/2023

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**  
Arthur J. Gallagher Risk Services for CoAdvantage  
Jeffrey Rendel  
250 Tequesta Drive  
Tequesta, FL 33418

**CONTACT NAME:**  
**PHONE**  
(A/C, No, Ext): (866) 854-5423 **FAX**  
(A/C, No):  
**E-MAIL ADDRESS:** col@coadvantage.com

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: American Zurich Insurance Company

40142

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**INSURED**  
CoAdvantage Corporation All. Emp: Arrington Grounds Maintenance, Inc.  
101 Riverfront Blvd Suite 300  
Bradenton, FL 34205

## COVERAGES

CERTIFICATE NUMBER: 22FL090959390

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC 56-11-942-08	04/01/2022	04/01/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
			Location Coverage Period:	04/01/2022	04/01/2023	Client# 115896-FL

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

Coverage is provided for only those co-employees of, but not subcontractors to:  
Arrington Grounds Maintenance, Inc.  
3511 Boca Ciega Dr  
North St. Petersburg, FL 33710

## CERTIFICATE HOLDER

Arrington Grounds Maintenance, Inc.  
3511 Boca Ciega Dr  
North St. Petersburg, FL 33710

## 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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Profit Corporation  
ARRINGTON GROUNDS MAINTENANCE, INC.

### Filing Information

**Document Number** 557189  
**FEI/EIN Number** 59-1804051  
**Date Filed** 01/12/1978  
**State** FL  
**Status** ACTIVE

### Principal Address

6553 46 Street N  
Pinellas Park, FL 33781

Changed: 02/08/2018

### Mailing Address

PO BOX 41370  
ST. PETERSBURG, FL 33743

Changed: 04/28/2017

### Registered Agent Name & Address

DEINS, DOUGLAS A  
3511 Boca Ciega Dr N  
ST. PETERSBURG, FL 33710

Name Changed: 01/07/2009

Address Changed: 02/08/2018

### Officer/Director Detail

#### **Name & Address**

Title STD

DEINS, DIANNA M  
3511 Boca Ciega Dr. N  
ST. PETERSBURG, FL 33710

Title PD

BID PROPOSAL TABULATION/CITY OF TARPON SPRINGS		Note: This is a preliminary summary. THIS IS NOT AN AWARD		OPENED: Feb. 16, 2023 @ 3:00 PM		BID TITLE: Grounds Maintenance Services BID No. 230073-B-AS		READ BY: Anela Saday TABBED BY: Anela Saday DEPT: Public Works - Parks	
ITEM/ QUANTITY		DESCRIPTION		BIDDER>>>		ADVERTISED: NA		Greco International Corp.	
1 Lump Sum		Grounds Maintenance for Various City Locations YR: 1		Arrington Grounds Maintenance, Inc.		Cut-Ups Lawn Service, Inc.		Monthly Total Annual Total	
				Monthly Total Annual Total		Monthly Total Annual Total		Monthly Total Annual Total	
				\$5,625.00 \$67,500.00		\$56,600.00 \$679,200.00		\$28,185.00 \$338,220.00	
1 Lump Sum		Grounds Maintenance for Various City Locations YR: 2							
				\$5,739.00 \$68,844.00		\$56,600.00 \$679,200.00		\$28,185.00 \$338,220.00	
1 Lump Sum		Grounds Maintenance for Various City Locations YR: 3							
				\$5,849.00 \$70,188.00		\$56,600.00 \$679,200.00		\$28,185.00 \$338,220.00	
		Total Net Bid Price		\$206,532.00		\$2,037,600.00		\$1,014,660.00	
ITEM/ QUANTITY		DESCRIPTION		BIDDER>>>		Lawns Today, LLC		Pine Lake Nursery & Landscape	
1 Lump Sum		Grounds Maintenance for Various City Locations YR: 1				Monthly Total Annual Total		Monthly Total Annual Total	
				\$15,710.00 \$188,520.00		\$19,886.50 \$238,638.00		\$16,575.00 \$198,900.00	
1 Lump Sum		Grounds Maintenance for Various City Locations YR: 2							
				\$15,710.00 \$188,520.00		\$19,886.50 \$238,638.00		\$17,403.75 \$208,845.00	
1 Lump Sum		Grounds Maintenance for Various City Locations YR: 3							
				\$15,710.00 \$188,520.00		\$19,886.50 \$238,638.00		\$18,273.94 \$219,287.25	
		Total Net Bid Price		\$565,560.00		\$715,914.00		\$627,032.25	
ITEM/ QUANTITY		DESCRIPTION		BIDDER>>>		Yardnique d/b/a Trimac Outdoor			
1 Lump Sum		Grounds Maintenance for Various City Locations YR: 1				Monthly Total Annual Total		Monthly Total Annual Total	
				\$18,540.00 \$222,480.00					
1 Lump Sum		Grounds Maintenance for Various City Locations YR: 2							
				\$18,540.00 \$222,480.00					
1 Lump Sum		Grounds Maintenance for Various City Locations YR: 3							
				\$18,540.00 \$222,480.00					
		Total Net Bid Price		\$667,440.00					