



PINAL COUNTY
wide open opportunity

Offer and Acceptance

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

OFFER AND ACCEPTANCE FORM

TO PINAL COUNTY:

The undersigned hereby offers and agrees to furnish the material, service, or construction in compliance with all terms, conditions, specifications, and amendments in the Solicitation.


 Authorized Signature DWHER
Title
Jesse Shreffler
 Printed Name 10/25/15
Date
Knight Towing LLC
 Company Name 520 836-1715
Telephone
836 W. Gila Bend Hwy Casa Grande AZ 85122
 Address City, State, Zip

For clarification of this offer, contact:

Name: Jesse Shreffler Phone: 520 836-1715 Fax: 520 836-0065
 @cell: 520 858-6460

Email: jesse-shreffler@yahoo.com

ACCEPTANCE OF OFFER (For Pinal County Use Only)

The offer is hereby accepted and the Responder is now bound to sell or provide the materials, services, or construction as indicated by the Purchase Order or Notice of Award and based upon the solicitation, including all terms, conditions, specifications, amendments, etc. and the Offer as accepted by Pinal County.

The contract is for:

This contract shall henceforth be referenced to as Contract No. 150720. The Offeror is cautioned not to commence any billable work or to provide any material or service under this contract until Offeror receives an executed purchase order or notice to proceed.

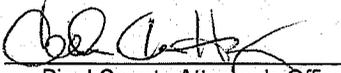
Awarded this 2nd day of March 2016

Todd House
Name (Print)

Chairman
Title


Signature

Approved as to form:


Pinal County Attorney's Office



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OFFER AND ACCEPTANCE FORM – Page 2

By signing the previous page of the Offer and Acceptance Form, Responder certifies:

- A. The submission of the bid did not involve collusion or other anti-competitive practices.
- B. The Responder shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246.
- C. The Responder has not given, offered to give, nor intends to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the Submittal.
- D. The Responder certifies that it complies with Executive Order 12549 related to Federal Government Debarment and Suspension (see 4-7)
- E. The Responder certifies that the individual signing the bid is an authorized agent for the Responder and has the authority to bind them to the contract.

Knight Towing LLC
Firm


Authorized Signature

STATEMENT OF QUALIFICATIONS

PINAL COUNTY SHERIFFS OFFICE

TOWING SERVICE

RFP-150720

DUE NOV 18,2015

2:00 PM

KNIGHT TOWING LLC

836 W GILA BEND HWY

CASA GRANDE, AZ 85122

PHONE 520-836-1715

JESSE SHREFFLER@YAHOO.COM

CONTACT

JESSE SHREFFLER

OFFICE 520-836-1715

CELL 520-858-6460

OWNER



PINAL COUNTY
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Addendum Acknowledgement Form

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

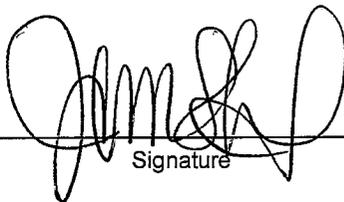
ADDENDUM ACKNOWLEDGEMENT FORM

Solicitation Addendums are posted on the Pinal County website at the following address:
<http://pinalcountyaz.gov/Departments/Finance/Pages/BidsProposals.aspx> . It is the responsibility of the Responder to periodically check this website for any Solicitation Addendum.

This page is used to acknowledge any and all addendums that might be issued. Any addendum issued within five days of the solicitation due date, will include a new due date to allow for addressing the addendum issues. Your signature indicates that you took the information provided in the addendums into consideration when providing your complete response.

Please sign and date:

ADDENDUM NO. 1 Acknowledgement


Signature

10/29/15
Date

ADDENDUM NO. 2 Acknowledgement

Signature

Date

ADDENDUM NO. 3 Acknowledgement

Signature

Date

If no addendums were issued, indicate below, sign the form and return with your response.

Firm

 Knight Dowing LLC

Authorized Signature

 <p>PINAL COUNTY <i>Wide open opportunity</i></p>	<p>RFP: 150720 PROJECT: PCSO Towing Services</p> <p>10/29/2015</p> <p>PAGE 1 OF 1</p>	<p>Pinal County Finance Department 31 N. Pinal St. Bldg. A P.O. Box 1348 Florence, AZ 85132</p>
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ADDENDUM 1

QUESTIONS AND ANSWERS

1. Q: On response form 1 – questions, should I follow the format of this form, type the questions and our response on a separate piece of paper?

A: You can either type answers for Response Form 1 – Questions in the word document file provided and then print the Response Form OR type the questions and answers on a separate piece of paper.

2. Q: On Response Form 1 – Questions #1.4 – 3 references, is it acceptable to provide the Pinal County Sheriff's Office and employees or Pinal County as references?

A: Yes

3. Q: The RFP states to cite the specific Term and Condition for which an exception is taken and cite the specific item in the Scope of Service for which an exception is taken. On the terms and conditions, are you wanting us to write the 4 pages of the terms and condition?

A: "Scope of Service" should read "Scope of Work". We ask that if you take exception to any of our Terms and Conditions you clearly identify what you are taking exception to. For each exception, please indicate the page number, the section number, and/or the section heading of the item you are taking exception to as well as the reasons you are taking exception to it.

4. Q: Who is a PCSO authorized facility to do fingerprinting and back ground checks?

A: At time of contract award, PCSO will provide a list of authorized facilities that can perform required background check and fingerprinting.

5. Q: Special Terms and Conditions page 26 paragraph 4: Worker's Compensation and Employer's liability. "Policy shall contain a waiver of subrogation against Pinal County and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the contractor." Do I need a blanket waiver or does it need to be made out to a specific agency?

A: The waiver needs to be made out to Pinal County.



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Responder's Checklist

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

RESPONDERS CHECKLIST

	Yes/No
Did you sign your Offer sheet? <i>See Page 39 & 40 of this solicitation.</i>	yes
Did you acknowledge all addendums, if any? <i>See page 36. Any addendums would be posted on the Pinal County website on the Bids/Proposals page of the Finance/Purchasing Department.</i>	yes
Did you complete all required Response Forms? <i>Any Response forms would be posted on the Pinal County website on the Bids/Proposals page of the Finance/Purchasing Department.</i>	yes
Did you include your W-9 Form? <i>See page 37 of this solicitation.</i>	yes
Did you include any necessary attachments?	yes
Is the outside of your sealed submittal marked with the Solicitation #, Due Date and Time? <i>See page 1 for this information.</i>	yes
Did you include one original and the required number of copies? <i>See page 1 for the quantity.</i>	yes
Did you follow the order for submissions of documents? <i>See Section 3.4 – Offer format in the Special Instructions of this solicitation.</i>	yes
Did you include proof of insurance(s) if requested?	yes.



PINAL COUNTY
wide open opportunity

RFP-150720
PCSO Towing Services
Response Form 1 -
Questions

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

Responder Name: KNIGHT TOWING LLC

Responders shall complete the following Response Form, indicating their responses in the spaces provided. Additional pages may be added so long as they are clearly referenced in the spaces provided.

Please note: Any exception and the total number of exceptions taken will negatively affect your evaluation score. Compliance to Terms and Conditions has been identified as an evaluation criterion for this solicitation.

Any exception not contained within this section of the solicitation will be deemed invalid and will not be considered.

Acceptability of Responses

Offers that do not include fully completed copies of Response Forms 1, 2, 3, 4, 5 and 6 may cause the entire offer to be deemed unacceptable and therefore non-responsive. Forms with incomplete or unacceptable responses will also be considered non-responsive.

1 Capacity of Responder

- 1.1 Responder shall describe their company history including company full legal name, primary business location, years in business, ownership structure, and website, if applicable..

Knight Towing LLC 836 W Gila Bend Hwy Casa Grande AZ 85122 Company is owned by Jesse & Milton Shreffler company is currently set up as a LLC with the state of Arizona. Knight Towing LLC was founded on June 16.2009, we have been in business for 6 years. We are family owned and operated company all three of our children and other family members work for Knight Towing LLC. Knight Towing LLC is dedicated to exceptional customer service. We offer light and medium duty towing, along with roadside assistance.

- 1.2 Responder shall list current contracts with other entities.

Casa Grande PD, PCSO, DPS, Maricopa PD, Regional Pinal County, Agero Roadside, Allstate Roadside

- 1.3 Responder shall list equipment, storage lot(s) and personnel commitments they have with other entities (i.e. police departments, local governments, etc.).

See forms 2 and 3. Casa Grande PD, PCSO, DPS, Maricopa PD, and Pinal County Regional Towing

- 1.4 Responder shall provide a minimum of three (3) references who can comment on their work. References from public entities are preferred. Responder must include phone, fax, email and physical address of each reference.

Maricopa Police Dept James Hughes 39700 W Civic Center Plaza Maricopa AZ 85139 Phone 520-316-6800 Fax 520-568-9120 Email james.hughes@maricopa-az.gov.

PCSO Ted Gremmel 971 Jason Lopez Circle Florence AZ 85132 Office 520-866-5277 Fax 520-866-5067 Email pcs030dayimpound@pinalcountyz.gov

Pinal County Regional Towing Elizabeth Zink 31 N Pinal building A PO Box 1348 Florence AZ 85132 Phone 520-866-2903 Fax 520-866-6667 Email Elizabeth.Zink@pinalcountyz.gov

- 1.5 Responder shall complete Response Form 2 – Tow Designation & Equipment List to specify which districts they are submitting a proposal for and provide a listing of equipment to be used within that district.-see form 2

- 1.6 Responder shall complete Response Form 3 – Storage Facility List to provide listing of storage facilities to be used under this contract.- **see form 3**

- 1.7 Responder shall complete Response Form 4 – Personnel List to provide listing of personnel to be employed under this contract.-**see form 4**

- 1.8 Responder shall complete Response Form 5 – Insurance Requirement to provide confirmation of required insurance coverage under this contract.- **see form 5**



PINAL COUNTY
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RFP-150720
PCSO Towing Services
Response Form 1 -
Questions

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

2 Method of Approach

2.1 Responder shall list and describe the dispatching equipment.

Knight Towing LLC uses a 24 hour dispatching service at 836 W Gila Bend Hwy Casa Grande, AZ for all dispatching for Casa Grande and Maricopa. We use standard phone lines, 520-836-1715 and 520-836-7648. All trucks are also equipped with GPS monitoring systems to monitor the location of the drivers to better assist with accurate ETA times. All trucks are also equipped with Garmins for quicker safe routes to locations.

2.2 Responder shall describe their vehicle record keeping process and procedures.

All trucks have mileage log books, and daily truck inspection books in the trucks. Logs of all repairs are kept in a binder in the office. All trucks are maintained weekly for greasing and oil changes of trucks.

2.3 Responder shall describe their proposed method for maintaining service coverage and service response time requirements.

Each location has two trucks and two drivers. Trucks are equipped with GPS monitoring real time systems to locate trucks and give accurate eta times.

2.4 Responder shall describe their familiarity with the internet and Google Documents (Google Docs).

Knight Towing office personal is familiar with the internet and google documents.

3 Conformance to Terms and Conditions and Scope of Services

Response Form Responses

KNIGHT TOWING LLC have read, understand, and shall comply with all Terms and Conditions. Responders that accept the County's Terms and Conditions shall check **YES** to clearly indicate their acceptance. Responders who take exception to the County's Terms and Conditions shall check **NO** and clearly indicate their exception(s) and provide Responder's suggested language.

YES, I acknowledge that I have read and understand all Terms and Conditions and will comply in any resultant contract.

NO, I acknowledge that I have read, understand all Terms and Conditions and will comply in any resultant contract with the exceptions listed below.

Exceptions (If checked NO)

Responders that take exception to any Terms and Conditions shall justify their exception as well as proposing any changes to the County's language with the Responder's suggested changes clearly indicated. Additional pages may be added so long as they are clearly referenced in the spaces provided. **Please note that taking exception to any Terms and Conditions may affect your evaluation score.** Both the number of exceptions and the severity of the exceptions can affect your score and may have you deemed non-responsive for this solicitation.

Cite the specific Term and Condition for which an exception is taken: **NONE**

Responder's justification for the exception: **NONE**

Responder's suggested changes: **NONE**

KNIGHT TOWING LLC have read, understand, and shall comply with the Scope of Services. Responders that accept the Scope of Services shall check **YES** to clearly indicate their acceptance. Responders who take exception to any item in the Scope of Services shall likewise check **NO** and clearly indicate their exception and provide Responder's suggested language.



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RFP-150720
PCSO Towing Services
Response Form 1 -
Questions

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

YES, I acknowledge that I have read and understand the Scope of Services and will comply in any resultant contract.

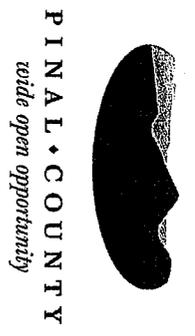
NO, I acknowledge that I have read, understand the Scope of Services and will comply in any resultant contract with the exceptions listed below.

Cite the specific item in the Scope of Service for which an exception is taken: **NONE**

Responder's justification for the exception: **NONE**

Responder's suggested changes: **NONE**

End of Response Form 1 for RFP-150720 PCSO Towing Services



RFP-150720
PCSO Towing Services
Response Form 2 –
Tow Designation & Equipment List

Pinal County
 Finance Department
 31 N. Pinal St.
 P. O. Box 1348
 Florence, AZ 85132

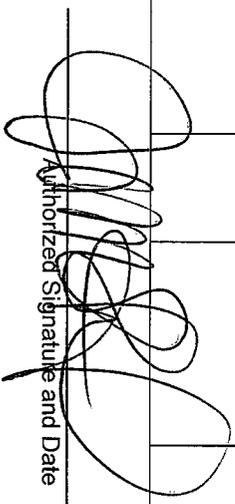
TOW DESIGNATION & EQUIPMENT LIST

Towing and storage services for public vehicles will be awarded by geographic areas (tow districts) and on a rotational basis per the County defined tow boundaries for PCSO requested services. The responder must have and maintain a properly zoned storage facility within each tow district that they are submitting a proposal for. In addition, the responder shall have a separate tow vehicle for each district they are submitting a proposal for. The same tow vehicle shall not be used for two districts, however a medium duty truck may be used for medium duty and light duty within the same district and a heavy duty truck may be used for heavy duty, medium, and light duty within the same district.

The responder shall provide a detailed list and description of the tow vehicles your company will utilize under this contract. Use additional pages as necessary.

Tow District Vehicle will be utilized for (only 1 district per vehicle)	Make	Yr	VIN #	LIC #	MFG. GVW	TYPE Light (L) Medium (M) Heavy Duty (H)	Winch Capacity	Vehicle Inspection Date & Owner
D3	FORD	20 15	3FRWX6FKXFV638597	CJ41736	260 00	MEDIUM	8000	JAN 2015
D3	FORD	20 02	3FDNX65622MA10266	CG61525	260 00	MEDIUM	8000	MAY 2015
D4	FORD	20 03	1FDWF36P13ED81987	CF94490	140 00	LIGHT	8000	NOV 2015
D4	INTERNATIONAL	20 07	1HTMMAAL37H435694	CG03334	260 00	MEDIUM	8000	MAY 2015


 Firm/Individual


 Authorized Signature and Date

END OF TOW EQUIPMENT LIST



P I N A L • C O U N T Y
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RFP-150720
PCSO Towing Services
Response Form 3 –
Storage Facility List

Pinal County
 Finance Department
 31 N. Pinal St.
 Bldg. A
 P.O. Box 1348
 Florence, AZ 85132

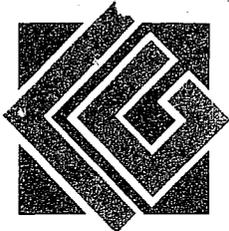
STORAGE FACILITY LIST

The Responder must have and maintain a properly zoned storage facility within each tow district that they are submitting a proposal for.

The responder shall provide a detailed list and description of their vehicle storage facilities that will be utilized under this contract. Use additional pages as necessary.

Tow District Storage Lot is located in	Location (address and nearest cross streets)	Capacity (# of vehicles)	Lot Size (in feet width x length)	Zoning Code	Storage Lot Owner	Security (lighting, fencing, etc)
D3	836 W GILA BEND HWY CASA GRANDE AZ, 85122	100	150X350	B4	A AND M LEASING INVESTMENTS JESSE SHREFFLER	6FT CHAIN LINK 6FT BLOCK FENCE AND LIGHTING
D4	22111 N WHITE RD MARICOPA AZ 85139	300	150X700	C12	TOM BUESSING 22111 N WHITE RD MARICOPA AZ 85139	6FT CHAIN LINK AND LIGHTS

END OF STORAGE FACILITY LIST



City of Casa Grande

November 30, 2010

Jesse Shreffler
Knight Towing
858 W. Gila Bend Hwy.
Casa Grande, AZ 85122

RE: 858 W. Gila Bend Hwy., Casa Grande, AZ 85122, Pinal County Assessor Parcel
Number 504-24-0190.

Per your request I am providing the following Zoning Verification information in regards
to the above referenced properties:

Current Zoning and Use:

The zoning of the subject property is Community Services Zone (B-4), and is
currently developed as an automobile impound yard.

Property Use Determination:

The City of Casa Grande ascertains that all current uses within the above
referenced site/address are principally permitted within the Community Services
Zone (B-4).

Further information (i.e., parking requirements and other applicable code requirements)
with regard to the B-4 Zone may be found within the "Casa Grande City Code" link on
our website: http://www.amlegal.com/casa_grande_az/

If you have any further questions, comments or concerns, please give me a call at 520-
421-8630.

Sincerely,

Joseà M. Cobb
Permit Technician

MEMO

Planning Division

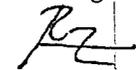
January 9, 2014

Re: Zoning Verification

To whom it may concern:

Property address 22111 N. White Rd., within the City of Maricopa Incorporated limits is zone appropriately for a tow yard.

Best regards,



Rodolfo Lopez, LEED AP
Planner
Planning and Development Services
City of Maricopa
rodolfo.lopez@maricopa-az.gov
www.maricopa-az.gov



PINAL COUNTY
wide open opportunity

**RFP-150720
PCSO Towing Services
Response Form 4 –
Personnel List**

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

PERSONNEL LIST

All tow truck personnel shall adhere to qualifications listed in the Statement of Work.

The responder shall provide the following information for all personnel who will be performing work under this contract. Use additional pages as necessary.

NAME	DATE OF BIRTH	DRIVERS LICENSE # AND CLASS	START DATE WITH COMPANY	YEARS EMPLOYED BY CONTRACTOR	EXPERIENCE IN INDUSTRY (YRS)
JESSE SHREFFLER	12/29/1974	D05036292	JUNE 2009	6 YEARS	6 YEARS
RONALD COLEY	09/16/1983	D00782953	MARCH 2014	1.5 YEARS	2 YEARS
JOE R MONTIJO	06/16/1968	D04707788	JAN 2010	5 YEARS	20 YEARS
ORLANDO NINO	05/06/1990	D04961139	MAY 2015	5 MONTHS	5 YEARS
CHAD BAKER	12/05/1985	D01921302	AUG 2015	3 MONTHS	10 YEARS

END OF PERSONNEL LIST



PINAL COUNTY
wide open opportunity

RFP-150720
PCSO Towing Services
Response Form 5 –
Insurance Requirements

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

INSURANCE REQUIREMENTS

Per the terms and conditions of this solicitation, the Responder shall furnish the state certification from insurer(s) for coverage in the minimum amounts stated below. The coverage shall be maintained in full force and effect during the term of the contract and shall not serve to limit any liabilities or any other Contractor obligations.

Name and Address of Insurance Agency:		Company Letter:	Companies Affording Coverage (Include A.M. Best Rating):	
		A		
		B		
Name and Address of Insured:		C		
		D		
TYPE OF INSURANCE	CO. LTR	LIMITS OF LIABILITY MINIMUM – EA. OCCUR.	POLICY NUMBER	DATES OF POLICY
Commercial General Liability or Garage Liability		\$1,000,000.00 per occurrence/ \$2,000,000 general aggregate		
Business Automobile Liability		\$1,000,000.00 per occurrence		
With On-hook Endorsement with no exclusions for "dropped car" or improper towing techniques.				
Garage Keepers Legal Liability – Direct Primary Coverage		\$50,000.00 per vehicle \$100,000.00 (Heavy Duty)		
Statutory Limits Worker's Compensation (Exempt if company is operated as owner/operator, and does not hire employees to perform towing services) Employers Liability		\$100,000.00/ \$100,000.00 \$500,000.00		
Other:				
State of Arizona and the Arizona Department of Public Safety are added as additional insured's as required by statute, contract, purchase order, or otherwise requested. It is agreed that any insurance available to the named insured shall be primary of other sources that may be available.		It is further agreed that no policy shall expire, be canceled or materially changed to affect the coverage available to the state without thirty (30) days written notice to the State. This Certificate is not valid unless countersigned by an authorized representative of the insurance company.		
Name and Address of Certificate Holder:		Date Issued:		
Pinal County Sheriff's Office 971 N Jason Lopez Circle, Bldg C Florence, AZ 85232				

END OF INSURANCE REQUIREMENTS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/11/2015

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 CopperPoint Insurance Companies 3030 N. 3rd Street Phoenix AZ 85012-3068	CONTACT NAME: CopperPoint Insurance Companies	
	PHONE (A/C, No, Ext): 602.631.2300 or 866.284.2694 FAX (A/C, No): 602.631.2599	
INSURED Knight Towing LLC PO Box 11098 Casa Grande AZ 85130	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : CopperPoint General Insurance Company	13043
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 20** **REVISION NUMBER:**

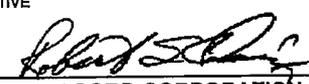
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> 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 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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 \$ \$
A	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	N/A	1012102	01/04/2015	01/04/2016	<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)

7228-AUTO TOW COS-LOCAL HAUL ONLY

CERTIFICATE HOLDER**CANCELLATION**

PINAL COUNTY SHERIFFS OFFICE 971 N JASON LOPEZ CIRCLE BLDG C FLORENCE AZ 85132	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 

© 1988-2014 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/15/2015

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 AAA Arizona, Inc. 2375 E Camelback Road Suite 500 Phoenix AZ 85016	CONTACT NAME: Jody-Marie Frankovits PHONE (A/C, No. Ext): (602) 393-6000 FAX (A/C, No): (602) 242-6885 E-MAIL ADDRESS: jfrankovits@arizona.aaa.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>State National Insurance Comp</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Rockhill Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	State National Insurance Comp		INSURER B:	Rockhill Insurance Company		INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER F:																					
INSURED Knight Towing LLC 836 W Gila Bend Hwy Casa Grande AZ 85122																					

COVERAGES **CERTIFICATE NUMBER: 15-16 ALL LINES** **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	GENERAL LIABILITY			XNDP0170000	6/16/2015	6/16/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> MOTOR TRUCK DED. \$1,000						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY			XNDA0170000	6/16/2015	6/16/2016	MOTOR TRUCK CARGO LIAB \$ \$100,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> COMP \$1,000 <input checked="" type="checkbox"/> COLL \$1,000			PROPERTY DAMAGE (Per accident) \$				
							UM/UIM CSL (EACH) \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			FF01370200	6/16/2015	6/16/2016	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 4,000,000
	DED \$ RETENTION \$						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	GARAGEKEEPERS LIABILITY			XNDA0170000	6/16/2015	6/16/2016	LIMIT \$75,000 DEDUCTIBLES \$500/\$2,500

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

CERTIFICATE HOLDER**CANCELLATION**

Pinal County Sheriff Office 971 N Jason Lopez Circle Building C Florence, AZ 85132	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 John Giuffre/CSRJFR 

Lori Pruitt

To: knighttowingcg@yahoo.com
Subject: RFP 150720 PCSO Towing Services - ADDITIONAL INFORMATION REQUESTED
Attachments: 20151123_123214_fbhb20afdd18.pdf

Good morning.

Thank you for submitting your proposal for RFP 150720 – PCSO Towing Services. In reviewing your proposal, we found some incomplete or missing information. To remain in consideration of this award, I ask that you please respond to this request for additional information by **Wednesday, November 25, 2015, at 5pm** Arizona Time.

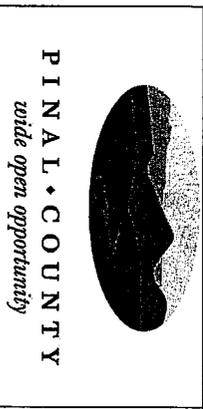
- Addendum Acknowledgement Form –You signed acknowledgement of the 1 addendum that was issued, but you also signed that no addendums were issues. Please respond to this request by stating that you acknowledge only 1 addendum.
- Response Form 2 - Missing Vehicle Owner for all vehicles listed (in last column to the right).

You can respond either by email to lori.pruitt@pinalcountyaz.gov or via mail to:

Pinal County Finance Department
Attn: Lori Pruitt
RE: RFP 150720 – PCSO Towing Services - Requested Information
31 N. Pinal Street, Bldg A
PO Box 1348
Florence, AZ 85132

If you have any questions, please contact me at 520-866-6262 or lori.pruitt@pinalcountyaz.gov. Thank you.

Lori Pruitt
Buyer II
Pinal County
520.866.6262



RFP-150720
PCSO Towing Services
Response Form 2 -
Tow Designation & Equipment List

Pinal County
 Finance Department
 31 N. Pinal St.
 Bldg. A
 P.O. Box 1348
 Florence, AZ 85132

TOW DESIGNATION & EQUIPMENT LIST

Towing and storage services for public vehicles will be awarded by geographic areas (tow districts) and on a rotational basis per the County defined tow boundaries for PCSO requested services. The responder must have and maintain a properly zoned storage facility within each tow district that they are submitting a proposal for. In addition, the responder shall have a separate tow vehicle for each district they are submitting a proposal for. The same tow vehicle shall not be used for two districts, however a medium duty truck may be used for medium duty and light duty within the same district and a heavy duty truck may be used for heavy duty, medium, and light duty within the same district.

The responder shall provide a detailed list and description of the tow vehicles your company will utilize under this contract. Use additional pages as necessary.

Tow District Vehicle will be utilized for (only 1 district per vehicle)	Make	Yr	VIN #	LIC #	MFG. GVW	TYPE Light (L) Medium (M) Heavy Duty (H)	Wtrch Capacity	Vehicle Inspection Date & Owner
D3	FORD	2015	3FRWYX6FKXFV638597	CJ41736	26000	MEDIUM	8000	JAN 2015 KNIGHT TOWING LLC
D3	FORD	2002	3FDNX65622MA10266	CG61525	26000	MEDIUM	8000	MAY 2015 KNIGHT TOWING LLC
D4	FORD	2003	1FDWF36P13ED81987	CF94490	14000	LIGHT	8000	NOV 2015 KNIGHT TOWING LLC
D4	INTERNATIONAL	2007	1HTMMAAL37H435694	CG03334	26000	MEDIUM	8000	MAY 2015 KNIGHT TOWING LLC

Knights Towing
 Firm/Individual

[Signature]
 Authorized Signature and Date

END OF TOW EQUIPMENT LIST



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/20/2015

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.

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PRODUCER CopperPoint Insurance Companies 3030 N. 3rd Street Phoenix AZ 85012-3068	CONTACT NAME: CopperPoint Insurance Companies	PHONE (A/C, No, Ext): 602.631.2300 or 866.284.2694	FAX (A/C, No): 602.631.2599
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Knight Towing LLC PO Box 11098 Casa Grande AZ 85130	INSURER A: CopperPoint General Insurance Company	13043	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 23

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> 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 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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 \$ \$
A	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	1012102	01/04/2016	01/04/2017	<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)

7228-AUTO TOW COS-LOCAL HAUL ONLY

CERTIFICATE HOLDER**CANCELLATION**

PINAL COUNTY SHERIFFS OFFICE
971 N JASON LOPEZ CIRCLE BLDG C

FLORENCE

AZ 85132

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

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