



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.

	OWNER
Authorized Signature	Title
MATT DALE	11.12.15
Printed Name	Date
QUALITY PAINT & BODY	520-896-2886
Company Name	Telephone
3787 W. HWY. 77	ORACLE, AZ, 85623
Address	City, State, Zip

For clarification of this offer, contact:

Name: MATT DALE Phone: 520-896-2886 Fax: 520-896-2078

Email: QUALITY PAINT BODY@HOTMAIL.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.

<u>Todd House</u>	<u>Chairman</u>	
Name (Print)	Title	Signature

Approved as to form:

Pinal County Attorney's Office



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31 N. Pinal St.  
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Florence, AZ 85132

### 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.

QUALITY PAINT & BODY

Firm

Authorized Signature

# **ORIGINAL**

**RFP-150720  
PCSO TOWING SERVICES  
LORI PRUITT-BUYER II PINAL COUNTY**

**QUALITY PAINT & BODY  
MATT DALE - OWNER  
3787 W HWY. 77  
ORACLE, AZ 85623  
(520) 896-2886**

# SECTION 1





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 <b>sign</b> your Offer sheet? <i>See Page 39 &amp; 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

# **SECTION 2**



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: Quality Paint & Body**

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.  
*Horace Dale Enterprises dba Quality Paint & Body was established in 1979 and is currently located at 3787 W Hwy 77 in Oracle, AZ 85623. It is owned and operated by Matt Dale since 2000. Our current website is qualitypaintandbodyaz.com.*
- 1.2 Responder shall list current contracts with other entities.  
*Department of Public Safety, AAA, and Nation Safe Drivers are current towing contracts.*
- 1.3 Responder shall list equipment, storage lot(s) and personnel commitments they have with other entities (i.e. police departments, local governments, etc.).  
*Quality Paint & Body has one tow truck which is a 2012 Dodge 5500 flatbed with a 157' x 150' fenced storage lot located in Oracle Arizona at 3787 W Hwy 77. Current contract commitments include DPS, AAA, and Nation Safe Drivers.*
- 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.  
*1) Aaron Franco – State Farm: phone 520-385-4111, fax 520-825-5459, 16514 N Oracle Rd Tucson Az 85739, email: [aaron.franco.qdod@statefarm.com](mailto:aaron.franco.qdod@statefarm.com). 2) Dennis Mercer – AAA: phone 480-250-5050, fax 602-222-9749, 2375 E Camelback Rd, Suite 500 Phoenix, Az 86016, email: [dmercerc@arizona.aaa.com](mailto:dmercerc@arizona.aaa.com). 3) Jay Salazar – State Farm: phone 520-818-1414, fax 520-818-6662, 16034 N Oracle Rd Tucson, Az 85739, email: [jay@jaysalazar.com](mailto:jay@jaysalazar.com)*
- 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.
- 1.6 Responder shall complete Response Form 3 – Storage Facility List to provide listing of storage facilities to be used under this contract.
- 1.7 Responder shall complete Response Form 4 – Personnel List to provide listing of personnel to be employed under this contract.
- 1.8 Responder shall complete Response Form 5 – Insurance Requirement to provide confirmation of required insurance coverage under this contract.

**2 Method of Approach**

- 2.1 Responder shall list and describe the dispatching equipment.



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

*The main office phone is 520-896-2886 which dispatches calls Monday-Friday between the hours of 8am-5pm. After hours dispatches directly to the driver's cell phone at 520-471-7134.*

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

*The driver creates a tow repair order for each callout consisting of customer name, vehicle, date, and DR# which is attached to the PCSO incident report and filed in the main office. Repair orders are also entered into a Quickbooks program for long term record keeping and easy reference.*

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

*Quality Paint & Body will keep its tow truck in the district 6 service area in which it intends to do business allowing for a 30 minute response time. Having both a land line at the office and cell phone on the driver will allow for constant communication 24 hours a day 365 days a year.*

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

*Computer proficiency in sharing estimates, photos, and documents via email on a daily basis with limited use of Google docs.*

**3 Conformance to Terms and Conditions and Scope of Services**

**Response Form Responses**

Quality Paint & Body 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: *Responder Response*

Responder's justification for the exception: *Responder Response*

Responder's suggested changes: *Responder Response*

Quality Paint & Body 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.

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



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

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

\_\_\_\_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: *Responder Response*

Responder's justification for the exception: *Responder Response*

Responder's suggested changes: *Responder Response*

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



P I N A L • C O U N T Y  
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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)	Winch Capacity	Vehicle Inspection Date & Owner
District 6	Dodge	2012	3C7WDNDL1CG299193	3D43408	19,500	LIGHT	8,000	02/27/15 MATT DALE

Quality Paint & Body / Matt Dale  
Firm/Individual

Authorized Signature and Date  
11.12.15

**END OF TOW EQUIPMENT LIST**



**P I N A L • C O U N T Y**  
*wide open opportunity*

**RFP-150720**  
**PCSO Towing Services**  
**Response Form 3 –**  
**Storage Facility List**

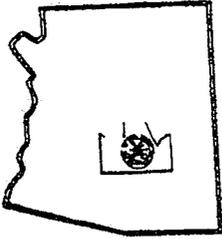
Pinal County  
 Finance Department  
 31 N. Pinal St.  
 Bldg. A  
 P.O. Box 1348  
 Florence, AZ 85132

**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)
District 6	3787 W. Hwy 77 Oracle, AZ 85623 Cross street: American Ave.	50	157' X 150'	CB-2 w/ special towing & storage permit SUPP- 020-90	Matt Dale	6' fenced yard w/ security lighting and building alarm

**END OF STORAGE FACILITY LIST**



**PINAL COUNTY PLANNING AND DEVELOPEMENT SERVICES**

P.O. Box D  
Florence, Arizona 85232  
(602) 868-5801, Ext. 446

Planning & Zoning  
Floodplain  
Building & Safety

**PHIL C. HOUGE, Director**  
**ROBERT V. LAMAR, Commission Chairman**

February 8, 1991

Horace E. Dale  
QUALITY PAINT & BODY  
P.O. Box 645 - 909 Hwy 77  
Mammoth, AZ 85618

Dear Mr. Dale:

Planning Case SUP-020-90

This notice is to inform you that the above referenced matter has been APPROVED by the Pinal County Board of Supervisors on November 19, 1990.

Enclosed is a copy of the resolution signed by the Board of Supervisors and recorded in Docket 1711 Page 045, at the Pinal County Recorder's office.

The stipulations, as approved by the Board of Supervisors, (Docket 1711, Page 046) must be complied with in order for SUP-020-90 to be considered valid by the Pinal County Planning & Development Services Department.

Upon receipt of this approval notice, please contact the Pinal County Planning & Development Services Department to confirm validation of SUP-020-90 or obtain further approval(s)/permits if required.

Thank you for your cooperation in this matter.

Sincerely,

D. R. Rittenback, Planner

DRR/jl

cc: File

enclosure

\\STAFFRPT.BOS\SUP02090.APP



1711-045



OFFICIAL RECORDS OF  
PINAL COUNTY RECORDER  
KATHLEEN C. FELIX

DATE: 26NOV90      TIME: 1620  
FEE:            \$.00      \$.00      \$.00  
PAGES:        002  
DOCKET: 1711      PAGE: 045  
INSTRUMENT # 994075

CASE NO. SUP-020-90

SPECIAL USE PERMIT  
RESOLUTION

WHEREAS, THE PINAL COUNTY PLANNING AND ZONING COMMISSION HAS RECOMMENDED TO THE BOARD OF SUPERVISORS OF PINAL COUNTY, ARIZONA THAT A SPECIAL USE PERMIT (BE) (NOT BE) GRANTED TO Horace E. Dale FOR THE PURPOSE HEREINAFTER DESCRIBED; ON THAT PROPERTY HEREINAFTER DESCRIBED.

WHEREAS, AFTER A PUBLIC HEARING AS PROVIDED BY LAW, SAID BOARD OF SUPERVISORS OF PINAL COUNTY, ARIZONA, IS OF THE OPINION THAT THE ADOPTION OF SUCH RECOMMENDATIONS FOR A SPECIAL USE PERMIT FOR THE PURPOSE HEREINAFTER DESCRIBED (WOULD BE) (WOULD NOT BE) IN THE BEST INTEREST AND WELFARE OF SAID COUNTY OF PINAL.

NOW, THEREFORE, IT IS HEREBY RESOLVED BY THE BOARD OF SUPERVISORS OF PINAL COUNTY, ARIZONA, THE SPECIAL USE PERMIT AND PURPOSE (IS) (IS NOT) GRANTED TO Horace E. Dale WITH THE ATTACHED STIPULATIONS, WITH ANNUAL REVIEW TO COMMENCE IN JANUARY OF 1992.

PROPERTY DESCRIPTION: A 1.65 +/- acre parcel located in Section 28, T9S, R15E.

TAX PARCEL NO.: 305-40-009

*28/09S/15E N*

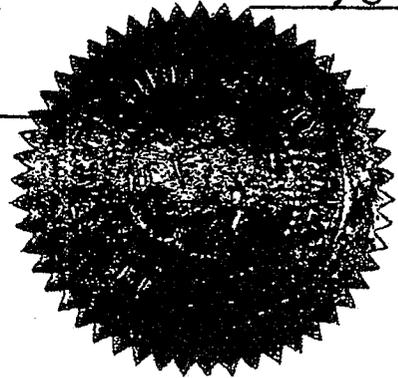
PURPOSE: To construct a 40' x 75' building for an auto-body repair, painting and towing business.

DATED THIS 19TH DAY OF NOVEMBER, 1990.

PINAL COUNTY BOARD OF SUPERVISORS  
*Dean Weather*  
Chairman  
*Ray Johnson*  
*W. Harrison*

ATTEST:  
*[Signature]*  
Clerk

E:\DRR\RES.SUP



NOTICE OF HEARING

NOTICE OF PUBLIC HEARING BY THE PINAL COUNTY PLANNING AND ZONING COMMISSION  
AT 9:00 A.M. ON THE 17TH DAY OF OCTOBER, 19 90, IN  
THE ADMINISTRATION BUILDING NO. 2 HEARING ROOM, FLORENCE, ARIZONA, TO  
CONSIDER THE APPLICATION FOR A SPECIAL USE PERMIT IN THE UN-INCORPORATED AREA  
OF PINAL COUNTY.

SUP-020-90: Horace E. Dale, applicant/landowner, R. E. Winkle, representative,  
requesting approval of a Special Use Permit to construct a 40' x 75' building  
for an auto body repair and towing business together with a fenced 157' x 150'  
car towing and storage area on a 1.65+/- acre parcel in the CB-2 zone,  
situated in Section 28, T9S, R15E; Tax Parcel # 305-40-009 (legal on file)  
(Oracle area)

ALL PERSONS INTERESTED IN SAID MATTER MAY APPEAR AT SAID HEARING AT SAID TIME  
AND PLACE, AND SHOW CAUSE, IF ANY THEY HAVE, WHY SAID PETITION SHOULD NOT BE  
GRANTED.

IT IS DIFFICULT TO NOTIFY ALL INTERESTED PARTIES, SO IF YOU KNOW OF ANYONE  
WITH AN INTEREST IN THIS CASE; PLEASE INFORM THEM OF THIS PUBLIC HEARING.

DATED THIS 18TH DAY OF SEPTEMBER, 19 90.

PUBLISHED ONCE:

Florence Reminder  
San Manuel Miner

  
PHIL C. HOGUE, DIRECTOR

(TEAR OFF)

PLEASE CHECK ONE OF THE FOLLOWING IF YOU WISE TO SPEAK TO THE COMMISSION:

\_\_\_\_\_ APPROVE

\_\_\_\_\_ DISAPPROVE

PLEASE RETURN TO : PLANNING AND DEVELOPMENT SERVICES  
P.O. BOX D  
FLORENCE, ARIZONA 85232

CASE NO. SUP-020-90

SIGNATURE: \_\_\_\_\_



**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

State Waiver:

Cert Holder Name: State Waiver

Verbiage: State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees' losses arising from work performed by or on behalf of the Contractor.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

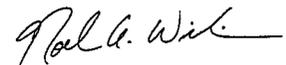
Endorsement Effective 02/02/2015  
Insured Quality Paint & Body Shop

Policy No. 1013119

Endorsement No. 10  
Premium \$ 250

Insurance Company CopperPoint Mutual Insurance Company

Countersigned by



POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

- Insured's Name (WC 89 06 01)
Policy Number (WC 89 06 02)
Effective Date (WC 89 06 03)
Expiration Date (WC 89 06 04)
Insured's Mailing Address (WC 89 06 05)
Experience Modification (WC 89 04 06)
Producer's Name (WC 89 06 07)
Change in Workplace of Insured (WC 89 06 08)
Insured's Legal Status (WC 89 06 10)
Item 3.A. States (WC 89 06 11)
Item 3.B. Limits (WC 89 06 12)
Item 3 .C. States (WC 89 06 13)
Item 3.D. Endorsement Numbers (WC 89 06 14)
Item 4.\* Class, Rate, Other (WC 89 04 15)
Interim Adjustment of Premium (WC 89 04 16)
Carrier Servicing Office (WC 89 06 17)
Interstate/Intrastate Risk ID Number (WC 89 06 18)
Carrier Number (WC 89 06 19)
Issuing Agency/Producer Office Address (WC 89 06 25)

is changed to read:

- Insured's Name:
Policy Number:
Effective Date:
Expiration Date:
Insured's Mailing Address:
Experience Modification:
Producer's Name:
Change in Workplace of Insured:
Insured's Legal Status:
Item 3.A. States:
Item 3.B. Limits:
Item 3 .C. States:
Item 3.D. Endorsement Numbers: 9,10
Item 4.\* Class, Rate, Other: \$1.68
Interim Adjustment of Premium:
Carrier Servicing Office:
Interstate/Intrastate Risk ID Number:
Carrier Number:
Issuing Agency/Producer Office Address:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 02/02/2015
Insured Quality Paint & Body Shop

Policy No. 1013119

Endorsement No. 9
Premium \$ 3,475

Insurance Company CopperPoint Mutual Insurance Company

Countersigned by [Signature]

WC 89 06 00 B
(Version 7/01)

\*Item 4. Change To:

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
AUTO BODY REPAIR-METAL-UPHOLS PAINT	8393	\$49,399	\$1.68	\$874
AUTO BODY REPAIR-METAL-UPHOLS PAINT	8393	\$142,001	\$1.68	\$2,386

Total Estimated Annual Premium \$ 3,475

Minimum Premium \$ 477

Deposit Premium \$ 1,062

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

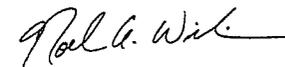
Endorsement Effective 02/02/2015  
 Insured Quality Paint & Body Shop

Policy No. 1013119

Endorsement No. 9  
 Premium \$ 3,475

Insurance Company CopperPoint Mutual Insurance Company

Countersigned by



WC 89 06 00 B  
 (Version 7/01)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/13/2015

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).

<b>PRODUCER</b> CopperPoint Insurance Companies 3030 N. 3rd Street  Phoenix AZ 85012-3068	<b>CONTACT NAME:</b> CopperPoint Insurance Companies <b>PHONE (A/C, No, Ext):</b> 602.631.2300 or 866.284.2694 <b>FAX (A/C, No):</b> 602.631.2599 <b>E-MAIL ADDRESS:</b>																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>CopperPoint Mutual Insurance Company</td> <td>14216</td> </tr> <tr> <td>INSURER B :</td> <td></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 :	CopperPoint Mutual Insurance Company	14216	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
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INSURER C :																					
INSURER D :																					
INSURER E :																					
INSURER F :																					

**COVERAGES**                      **CERTIFICATE NUMBER: 9**                      **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
	<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"/> 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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <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	N/A	1013119	02/02/2015	02/02/2016	<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)  
Location: Various AZ Locations  
8393-AUTO BODY REPAIR-METAL-UPHOLS PAINT

<b>CERTIFICATE HOLDER</b>  Pinal County Sheriff 's Office 971 N Jason Lopez Circle Building C Florence AZ 85232	<b>CANCELLATION</b>  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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**PROGRESSIVE**

Policy number: 026984260

Underwritten by:

United Financial Casualty Co.

11/13/2015

## Certificate of Insurance

Certificate Holder Additional Insured	Insured	Agent
AZ DEPT OF PUBLIC SAFTY C/O PINAL COUNTY SHERIFF OFFICE PO BOX 6638 PHOENIX AZ 85005	HORACE DALE ENT INC QUALITY PAINT & BODY PO BOX 722 ORACLE AZ 85623	AGA/LUKE ADAMS 10355 N CANADA DR 197 ORO VALLEY AZ85737

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date:	Policy Expiration Date:
09/29/2015	09/29/2016

Insurance coverage(s)	Limits
SING BODILY INJ & PROPERTY DAMAGE	\$1,000,000 EACH ACC
MEDICAL PAYMENTS	\$2,000/PERSON
COMPREHENSIVE	LESS \$1000 DED.
COLLISION OR UPSET	LESS \$1000 DED.
SINGLE LIMIT UM	\$1,000,000 CSL
SINGLE LIMIT UIM	\$1,000,000 CSL
NON-OWNED AUTO LIAB (0-10 EMPLOYEES)	\$1 MIL EACH ACC.
ON-HOOK LEGAL LIABILITY	
GARAGE KEEPERS LEGAL LIABILITY	

**Description of Location/Vehicles/Special Items**  
Scheduled autos only

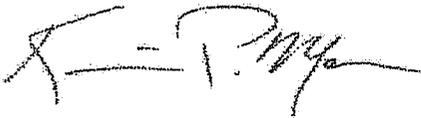
**Certificate number**

31715GQO426

C/O PINAL COUNTY SHERIFF OFFICE 971 N JASON LOPEZ CIR BLD C FLORENCE AZ 85232

THE STATE OF ARIZONA AND IT DEPARTMENTS, AGENCIES, BOARDS, COMMISSION, UNIVERSITIES AND ITS OFFICERS, OFFICIALS, AGENTS, AND EMPLOYEES SHALL BE NAMED AS ADDITIONAL INSURED WITH RESPECT TO LIABILITY ARISING OUT OF THE ACTIVITIES PERFORMED BY OR ON BEHALF OF THE CONTRACTOR. STATE CONTRACT #ADPS15-105690

**Please be advised that additional insureds and lienholders will be notified in the event of a mid-term cancellation.**

A handwritten signature in black ink, appearing to be "K. P. [unclear]".

Form GOI-AI



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2015

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).

<b>PRODUCER</b> R Luke Adams 10355 N La Canada Dr Ste 197 Oro Valley, AZ 85737	<b>CONTACT NAME:</b> Merien Alexander <b>PHONE (A/C, No, Ext):</b> 520-219-3600 <b>E-MAIL ADDRESS:</b> merien.alexander@fbfs.com	<b>FAX (A/C, No):</b> 520-795-0974
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Horace Dale Enterprises Inc dba Quality Paint and Body 3787 W Hwy 77 Oracle, AZ 85623	<b>INSURER A:</b> Western Heritage Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

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

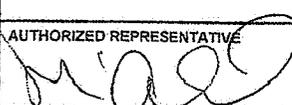
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDL 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  <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	AGP0845774	09/29/2015	09/29/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Garage Keepers \$ 35,000,200,000
	<b>AUTOMOBILE LIABILITY</b> <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	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED:      RETENTIONS:	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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	<input type="checkbox"/>	N/A			<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER 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)

The State of Arizona, and its departments, agencies, boards, commissions, universities and its officers, officials, agents and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the contract.  
 Contract #ADPS15-105690

**CERTIFICATE HOLDER**      **CANCELLATION**

Pinal County Sheriff's Office 971 N Jason Lopez Circle, Bldg C Florence, AZ 85232	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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**Lori Pruitt**

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**To:** qualitypaintbody@hotmail.com  
**Subject:** RFP 150720 PCSO Towing Services - ADDITIONAL INFORMATION REQUESTED  
**Attachments:** 20151123\_133120\_fb5b5fb6dd18.pdf

Good afternoon.

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.

You can respond either by email to [lori.pruitt@pinalcountvaz.gov](mailto:lori.pruitt@pinalcountvaz.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@pinalcountvaz.gov](mailto:lori.pruitt@pinalcountvaz.gov). Thank you.

Lori Pruitt  
Buyer II  
Pinal County  
520.866.6262



PINAL COUNTY  
*wide open opportunity*

## Addendum Acknowledgement Form

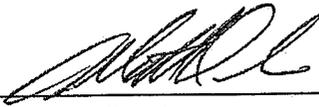
Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

### 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  11.23.15  
Signature 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

\_\_\_\_\_  
Authorized Signature