



PINAL COUNTY
wide open opportunity

Offer & Acceptance Form

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.

	President
Authorized Signature	Title
Loren Hills	5-22-12
Printed Name	Date
Manufacture + Auto DBA The Tire Factory	520-723-7840
Company Name	Telephone
2311 S. 5th St	Coolidge AZ 85128
Address	City, State, Zip

For clarification of this offer, contact:

Name: Loren Hills Phone: 520-723-7840 Fax: 520-723-9801

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. PC-112217. 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 <u>20th</u> day of <u>June</u> 2012.
<u>David Snider</u> Chairman <u>David Snider</u>
Name (Print) 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.

F. Intergovernmental Cooperative Purchasing

The County has entered into various cooperative purchasing agreements with other Arizona government entities in order to conserve resources, reduce overhead and purchase costs and improve delivery time. The contract resulting from this Solicitation may be extended for use by other municipalities, school districts and government agencies in the State of Arizona with the approval of the Contractor. Orders placed by other agencies and payment thereof will be the sole responsibility of that agency. The County shall not be responsible for any disputes arising out of transactions made by others.

Pursuant to PC-112217 Special Terms and Conditions, paragraph 5, titled Eligible Agencies (Cooperative Usage), Responder shall designate whether other governmental entities will be allowed to purchase from this contract:

Yes

No

Manatec Tire & Auto dba The Tire Factory
Firm

Authorized Signature

RFP PC-112217
Vehicles & Equipment: Parts, Repairs & Services

Manatee Tire & Auto Inc.
DBA The Tire Factory
2311 S. 5th St.
Coolidge, AZ 85128
(520)723-7840 ♦ Fax (520) 723-9801
E-mail – thetirefactory@hotmail.com

Contact Person: Loren Hills
Owner/President



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Addendum Acknowledgement Form

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

ADDENDUM ACKNOWLEDGEMENT FORM

Solicitation Addendums are posted on the Pinal County website at the following address:
<http://pinalcountyz.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 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.

The Tire Factory

Firm

[Signature]

Authorized Signature

No addendums.



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Non-Collusion Statement

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

NON-COLLUSION STATEMENT

State of Arizona)

County of Pinal)

Loren Hills

ss.

_____ affiant,
the President (Name)

(Title)

(Contractor/Offeror)

the persons, corporation, or company who makes the accompanying Offer, having first been duly sworn, deposes and says:

That such Offer is genuine and not sham or collusive, nor made in the interest of, or behalf of, any persons not herein named, and that the Responder has not directly or indirectly induced or solicited any other Responder to put in a sham Offer, or any other person, firm or corporation to refrain from offering, and that the Responder has not in any manner sought by collusion to secure for itself an advantage over any other Responder.

[Signature]
(Name)

President
(Title)

Subscribed and sworn to before me

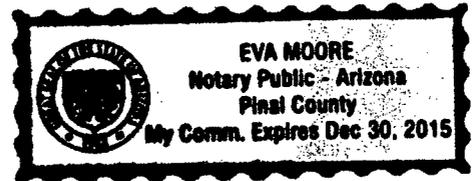
this 24th day of May, 2012

[Signature]

Signature of Notary Public in and for the

State of Arizona

County of Pinal



NAME AND ADDRESS OF CERTIFICATE HOLDER:

DATE ISSUED _____

AUTHORIZED REPRESENTATIVE

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

Name Manatee Tire & Auto Inc.	
Business name, if different from above DBA The Tire Factory	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
Address (number, street, and apt. or suite no.) 2311 S. 5th Street	Requester's name and address (optional)
City, state, and ZIP code Coolidge, AZ 85128	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number								
or								
Employer identification number								
8	6	0	9	0	3	6	8	1

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. 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**
2. 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**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of
 U.S. person ▶



Date ▶

5-24

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.



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Responders Checklist

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

RESPONDERS CHECKLIST

	Yes/No
Did you sign your Offer sheet?	✓
Did you sign and notarize the Non-collusion statement?	✓
Did you acknowledge all addendums, if any?	✓
Did you complete all required Response Forms?	✓
Did you include your W-9 Form?	✓
Did you include any necessary attachments?	✓
Is the outside of your submittal marked with the Solicitation #, Due Date and Time?	✓
Did you include one original and the required number of copies?	✓
Did you follow the order for submissions of documents?	✓
Did you include proof of insurance(s) if requested?	✓

 <p>PINAL COUNTY <i>wide open opportunity</i></p>	<p align="center">RFP PC-112217 Vehicles & Equipment: Parts, Repairs & Services Response Form</p>	<p align="right">Pinal County Finance Department 31 N. Pinal St. Bldg. A P.O. Box 1348 Florence, AZ 85132</p>
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Responder Name: Manatee Tire and Auto Inc. dba The Tire Factory

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 & Conditions has been identified as an evaluation criteria 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 this completed Response Form or that do include an incomplete Response Form or that include a completed Response Form with unacceptable responses may cause the entire offer to be deemed unacceptable and therefore non-responsive.

1 Price

Responders shall complete the following pricing tables below.

1.1 Parts (per Section 2.1.1 of the Statement of Work)

Responder shall state the offered discount for parts in the table below. Pricing shall be a discount from list or published price. Using blank spaces in the tables below, Responder shall state additional discounts offered on other parts provided that could benefit Pinal County.

Manufacturer	% Discount from List Price or Published Price	Source for Manufacturer's pricing (website, etc.)
Allis Chalmers	N/A	
Allmand	N/A	
Artic Cat	N/A	
Bear Cat	N/A	
Big Tex	N/A	
Blue Bird	N/A	
Broce	N/A	
Carson	N/A	
Case	N/A	
Caterpillar	N/A	



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Chevrolet	%15	Website
Crafcoc	N/A	
Dodge	%15	Website
EZ-Go	N/A	
Fleming	N/A	
Ford	%15	Website
Freightliner	N/A	
GMC	%15	Website
Gorman Rupp	N/A	
Gravely	N/A	
Haul Mark	N/A	
Honda	%15	Website
Hummer	%15	Website
Hyster	N/A	
Ingersoll Rand	N/A	
International	N/A	
Interstate	N/A	
Isuzu	%15	Website
Jeep	%15	Website
John Deere	N/A	
Kenworth	N/A	
Kodiak	N/A	
Kubota	N/A	
Landa	N/A	
Mega	N/A	



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Nissan	%15	Website
Oldsmobile	%15	Website
Pace	N/A	
Polaris	N/A	
Peterbilt	N/A	
Pontiac	%15	Website
Porter	N/A	
Ranco	N/A	
Rosco	N/A	
Solar Tech	N/A	
Suzuki	%15	Website
Towmaster	N/A	
Trail King	N/A	
Trail-Eze	N/A	
United Truck Equipment	N/A	
Vermeer	N/A	
Water Buffalo	N/A	
Western Star	N/A	
White/GMC	N/A	
Yale	N/A	
Aftermarket (NAPA)	%25	Website
Aftermarket (Merles)	%25	Website
Tires	AZ State Bid	From Michelin State Bid Price Includes BF Goodrich, Michelin, Uniroyal



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Other		
Expedited parts delivery fee (Fixed fee, not discount from list price)	N/A	

A power failure occurred during the following transactions:
These faxes were not completely sent:

Date	Time	Type	Station ID	Duration	Pages	Result
Digital Fax						
May 21	12:07PM	Fax Sent	16155659928	0:00 N/A	0	Power failure



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1.2 Scheduled maintenance and Minor service (per Section 2.1.2 of the Statement of Work)

Responder shall state the price for scheduled maintenance and minor service in the table below. **Prices for services listed below shall be all inclusive of parts, labor and fees.** Using blank spaces in the tables below, Responder shall state additional discounts offered on other services provided that could benefit Pinal County

Service	Price	Includes
Lube, oil & filter	\$37.09	CHANGE ENGINE OIL & FILTER.LUBE ALL FITTINGS ON STEERING LINKAGE,BALL JOINTS & DRIVE SHAFT(S).CHECK AND CORRECT ALL FLUID LEVELS TO INCLUDE BRAKE FLUID,POWER STEERING FLUID,COOLANT,AUTOMATIC TRANSMISSION FLUID.CHECK AND ADJUST TIRE PRESSURES.INSTALL "NEXT SERVICE DUE" STICKER.RE-SET CHANGE OIL/VEHICLE MAINTANENCE REMINDER LIGHT OR MESSAGE IF APPLICABLE.
Tire rotation	\$10.00	Tire Rotation & Brake Check
Scheduled maintenance (Include interval or number of miles)		
Wheel alignment – 2 wheel drive	\$54.95	
Wheel alignment – 4 wheel drive	\$58.95	
Wheel balance	\$10.00	
Transmission service	\$124.95	Remove & Replace Transmission Filter and Gasket, Install New Fluid, Test Drive
Air conditioning/Heating service	\$58.09	Test Performance of System, Install Gauges, Add Freon and Dye, If Needed up to 1 Pound
Brake inspection	No Charge	Inspect Brakes & Test Function
Brakes – Front pads only	\$149.25	Includes: Turning drums or rotors, Repacking bearings (if applicable), installing new pads and/or shoes, & Lubricating all slides & guides
Power steering service	\$58.71	Includes Service Kit With Fluid and Labor
Vehicle washing services	N/A	
Vehicle detailing services	N/A	
Windshield repair	N/A	
Window tinting	N/A	
Flat Repair	\$12.00	Repair Flat Per Industry Standard
Tire Balancing	\$10.00	Balance Tire
Scan Diagnostics	\$55.54	Scan Trace & Diagnose Up to 1 hour for Check Engine Light
Fuel Injection Flush/Carbon Clean	\$64.88	Install Motovac Carbonclean/Fuel injection Service Machine, Perform Service and Chemicals
Transmission Fluid Exchange	\$105.62	Install Fluid Exchange Machine, Add Flush Fluid, Flush System with 3.5 Gallons Of Fluid, Add Conditioner
Lube Oil & Filter- Lt Duty Diesel	\$66.71	CHANGE ENGINE OIL & FILTER.LUBE ALL FITTINGS ON STEERING LINKAGE,BALL JOINTS & DRIVE SHAFT(S).CHECK AND CORRECT ALL FLUID LEVELS TO INCLUDE BRAKE FLUID,POWER STEERING FLUID,COOLANT,AUTOMATIC TRANSMISSION FLUID.CHECK AND ADJUST TIRE PRESSURES.INSTALL "NEXT SERVICE DUE" STICKER.RE-SET CHANGE OIL/VEHICLE MAINTANENCE REMINDER LIGHT OR MESSAGE IF APPLICABLE.
Other		

HP Officejet Pro 3600 N911g PINAL COUNTY <i>wide open opportunity</i>	Series RFP PC-112217 Vehicles & Equipment Repairs & Services Response Form	Fax Log for The Tire Factory 520-723-9801 May 22 2012 11:10AM Pinal County Finance Department 31 N. Pinal St. Bldg. A P.O. Box 1348 Florence, AZ 85132
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Other		
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Last Transaction

1.3 Other services or major services (other than listed above in section 1.2)

Responder shall provide labor rates and fees listed below. Note: Any fees or rates not included will not be considered part of the final contract. Parts as needed for repairs may be charged in excess of labor rates/shop fees/etc. Parts shall be a discount from list price. Responders shall include such parts in section 1.1 pricing table above.

Digital Fax

Date	Time	Type	Description	Station ID	Rate	Duration	Pages	Result
May 22	11:09AM	Fax Sent		8361	177	0:29	1	Jammed
			Shop labor rate		\$75.00			
			Shop labor rate – after hours		\$75.00			
			Field service call rate		N/A			
			Field service call rate – after hours		N/A			
			Mileage		N/A			
			Hazardous Waste Fee		N/A			
			Environmental Fee		N/A			
			Shop supplies		10% Of Labor Not To Exceed \$25.00			
			Other					
			Other					
			Other					
			Other					
			Other					



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Florence, AZ 85132

2 Capacity of Offeror

2.1. Responder shall provide:

2.1.1 Name, Title and email address of Primary Responder

Manatee Tire And Auto Inc dba The Tire Factory
2311 S 5th St Coolidge, AZ 85128
thetirefactory@hotmail.com

2.1.2 Address, phone, fax and email address of Primary Servicing Office

2311 S 5th St Coolidge, AZ
520-723-7840 P
520-783-9801 fax
thetirefactory@hotmail.com

2.1.3 Address, phone, fax and email address of additional Servicing Offices (if different than 2.1.2)

N/A

2.1.4 Name, Title and email address of Key Personnel assigned to Pinal County. Responders shall include a description of their responsibilities under the contract (Ordering, Billing, Customer Service, etc).

Loren Hills *thetirefactory@hotmail.com* Customer Service, Contracts, Ordering & Billing

Jeremy Yeoman *thetirefactory@hotmail.com* Customer Service, Ordering & Billing

Niklas Hills *thetirefactory@hotmail.com* Customer service, Ordering & Billing

2.2 Responder shall provide general background information regarding their company. Responder shall describe in detail their overall experience in the industry relative to the Products and/or Services offered. Responders shall include at least three (3) references in this regard.

Manatee Tire and Auto Inc. DBA The Tire Factory started in Flagstaff in 1945 and moved to Coolidge in 1978. We do complete foreign and domestic auto repairs. We are locally owned and have been servicing the Coolidge and surrounding area. The Tire Factory is a certified shop. We do a complete line of auto repair, air conditioning service, brakes, wheel balancing, transmission service, other repairs as required for general upkeep.

We have done Pinal County contract work for over 12 years. We also work with the Town of Florence, City of Coolidge and Arizona Department of Safety.

- References:
1. City of Coolidge Transit Facility
 2. B & J Sweeping
 3. Pinal County
 4. Gila River Indian Community

2.3 Responder shall describe the services or materials offered in response to Section 2 - General Requirements in the Statement of Work on page 11 of the Request for Proposal (Section 2.1.2).

The Tire Factory is a full service auto repair facility. We sell tires, complete auto repair from general services to major motor replacement and repairs, struts, mufflers, air conditioning, transmissions, brakes, wheel alignment and power steering needs, lube and oil services. Including all general maintenance necessary to the upkeep of the vehicles.



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- 2.3.1 Responder will indicate which flat rate manual will be used that is compatible with the vehicle or equipment being serviced. Include Name, Date and Volume.
Mitchell Labor Guide - Online Updated on Monthly Basis
- 2.4 Responder shall describe their compliance with Section 3 – Specific Requirements in the Statement of Work on page 11 of the Request for Proposal.
- 2.4.1 Certified as a manufacturer’s authorized service facility – indicate which manufacturers. Responders shall include a copy of the certification or include a letter from the manufacturer.
N/A
- 2.4.2 Certification of technicians – indicate which certifications (ASE, etc.). Responders shall include a copy of the certifications as applicable.
ASE, IMACA
- 2.4.3 Service hours of operation
7:30AM To 5:30Pm Monday thru Friday 8:00AM TO 1:00Pm Saturday
- 2.4.4 Responder shall describe how service trucks are generally equipped in order to comply with the Scope of Work.
N/A
- 2.5 Responder shall indicate which County locations (cities) they will provide on-site services and repairs per Section 3.1.3 of the Statement of Work (for example, a Coolidge vendor may want to provide services to Coolidge and Florence only).
N/A
- 2.6 Responders shall indicate the types of vehicles your facility can repair:
- 2.6.1 Light Duty Vehicles (1 ton and below): [x]
- 2.6.2 Medium Duty Vehicles (1-1/2 ton to 26,000 GVW): [x]
- 2.6.3 Heavy Duty Vehicles (26,000 GVW and Heavier): []
- 2.6.4 Heavy Equipment (Off Road): []
- 2.7 Responder shall specify which of the Fleet Maintenance yards to which they would provide expedited parts delivery service. See Exhibit 1 for a list of locations. Include any fees associated with expedited delivery on price list in Section 1.1.
- 2.7.1 Location
N/A
- 2.7.2 Frequency
N/A
- 2.7.3 Same day delivery
N/A



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3 Method of Approach

3.1 Responder shall describe in detail their methodology in providing any inventory replacement program, scheduled maintenance program, etc. (if offered), to assist and improve the scheduling of general maintenance and upkeep of vehicles and equipment in accordance with Statement of Work paragraph 3.3.

N/A

4 Conformance to Terms and Conditions and Statement of Work

Response Form Responses

Loren Hills have read, understand, and shall comply with all Terms and Conditions and Scope of Work. Responders that accept the County's Terms and Conditions and Instructions shall check **YES** or **NO** to clearly indicate their acceptance. Responders who take exception to the County's Terms and Conditions and Scope of Work shall likewise clearly indicate their exception and provide Responder's suggested language.

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

NO, I acknowledge that I have read, understand all Terms and Conditions and the Scope of Work 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 or Scope of Work 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 or Scope of Work 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**

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
05/24/12

PRODUCER

FEDERATED MUTUAL INSURANCE COMPANY
 Home Office: P.O. Box 328
 Owatonna, MN 55060
 Phone: 1-888-333-4949

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A FEDERATED MUTUAL INSURANCE COMPANY OR FEDERATED SERVICE INSURANCE COMPANY

INSURED 281-498-6

MANATEE TIRE AND AUTO INC
 2311 S 5TH ST
 COOLIDGE AZ 85128

COMPANY B

COMPANY C

COMPANY D

COVERAGES

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.

CD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	9290398	07/15/11	07/15/12	GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> BUSINESSOWNER'S POLICY				FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$
A	AUTOMOBILE LIABILITY	9434740	07/15/11	07/15/12	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
A	EXCESS LIABILITY	9434741	07/15/11	07/15/12	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 1,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT \$
	<input type="checkbox"/> INCL				EL DISEASE - POLICY LIMIT \$
	<input type="checkbox"/> EXCL				EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 BID # RFP PC-112217
 REFERENCE: VEHICLES AND EQUIPMENT - PARTS AND REPAIRS

CERTIFICATE HOLDER

CANCELLATION

2814988
 PINAL COUNTY 5
 31 S PINAL PKWY BLDG A
 FLORENCE AZ 85132

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF. THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES...

AUTHORIZED REPRESENTATIVE

[Signature]
 PRESIDENT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/22/2012

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 SCF Arizona and its subsidiaries 3030 N. 3rd Street Phoenix AZ 85012-3068	CONTACT NAME: SCF Arizona PHONE (A/C No, Ext): 602.631.2600 or 866.284.2694 FAX (A/C, No): 602.631.2599 E-MAIL ADDRESS: askscf@scfaz.com or webcerts@scfaz.com
	INSURER(S) AFFORDING COVERAGE INSURER A: SCF General Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED MANATEE TIRE & AUTO INC DBA THE TIRE FACTORY 2311 S 5th St Coolidge AZ 85128	

COVERAGES

CERTIFICATE NUMBER: 3

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.

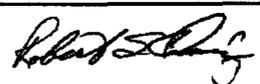
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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	G31922	04/01/2012	04/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Job #: RFP PC-112217

CLERICAL OFFICE EMPLOYEES-N.O.C., RUBBER TIRE DEALER - RETAIL

CERTIFICATE HOLDER**CANCELLATION**

Pinal County Finance Department 31 N. Pinal St. Bldg A 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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IMACA

INTERNATIONAL MOBILE AIR CONDITIONING ASSOCIATION
A not-for-profit trade association serving the Mobile Air Conditioning Industry since 1958

Date: 04/06/93

Certificate No.: 527-63-2059

LOREN D. HILLS

has successfully completed training and
is IMACA certified in the proper use of mobile air
conditioning refrigerant recovery and recycling equipment.



Frank Allison, Executive Director



National Institute for
AUTOMOTIVE SERVICE EXCELLENCE

ASE Certification Status

Travis Miles
Laveen, AZ 85339-6972
ASE ID: ASE-5300-0802

Created: May 23, 2012
10:44:04 AM

This individual currently has the ASE certification status shown below:



Current ASE Designations

Certificates	Test Series
Automobile Technician	A: Auto

ASE Certification Details

Test	Description	Expiration Date	Status
A2	Automatic Transmission/Transaxle	12/31/2016	Current
A6	Electrical/Electronic Systems	12/31/2016	Current
A7	Heating & Air Conditioning	12/31/2016	Current
A8	Engine Performance	12/31/2016	Current

To become ASE certified, you must pass an ASE test and have at least two years of relevant hands on working experience. You can download the Experience Reporting Form from www.ase.com

Any expired certification can be reinstated by taking the corresponding recertification test. If you have any questions, please contact us.

Sincerely,
ASE Customer Service
E-mail: asehelp@ase.com

Phone: 1-800-390-6789 (select option 3)
Fax: (703) 669-6122