

Fleet Clean

Attachment A

RFP 24.125 Truck Washing Service

PRICING SUMMARY

Note: Pricing is to be firm through June 30, 2025.

| <u>Truck Washing Vehicles</u> | <u>Rate Per Vehicle</u> | <u>PRICE</u> |
|-------------------------------|-------------------------|--------------|
| Grapple Truck | Weekly | \$ \$25.00 |
| Trash Truck Side Loader | Weekly | \$ \$25.00 |
| Trash Truck Rear Loader | Weekly | \$ \$25.00 |
| Dump Truck | Weekly | \$ \$25.00 |
| Pickup Truck | Weekly | \$ \$15.00 |
| SUV | Weekly | \$ \$15.00 |
| Car | Weekly | \$ \$15.00 |
| Police Car | Weekly | \$ \$15.00 |

1. List other optional services along with pricing.

Engine Degreasing - \$50.00, Interior Cab Cleaning - \$25.00, Spill
Clean Up - Hourly rate of \$150.00 an hour with a 2-hour minimum.

\$ _____

2. List any value-added services and / or volume discount information.

Comments/Notes: _____

Attachment B

References

Provide a listing of at least three (3) references, preferably school districts but certainly companies of similar size/volume, for whom you have provided these services within the last three (3) years.

(1) Customer Name: OKC Public Schools Telephone: 940-631-9590

Contact Name: Cory Walker Title: _____

Address: 2500 Northeast 30th Street Oklahoma City, Oklahoma 73111

Email Address cwwalker@okcps.org

(2) Customer Name: City of Oklahoma Solid Waste Telephone: N/A

Contact Name: Wayne Ratterman Title: _____

Address: 11501 N. Portland Oklahoma City, Oklahoma 73120

Email Address Wayne.ratterman@okc.gov

(3) Customer Name: Kroger Telephone: 405-406-5784

Contact Name: Tonya Malone Title: _____

Address: 8801 North I- 35 Service Road Oklahoma City, Oklahoma 73131

Email Address latonya.malone@kroger.com

Attachment C

INTEREST AFFIDAVIT

The following affidavit is to accompany the proposal:

STATE OF: Oklahoma

COUNTY OF: Oklahoma

Michael Sutherland, Of lawful age, being first duly sworn, states that s(he) is the agent authorized by the bidder to submit the attached proposal. Affiant further states that no officer or employee of the City of Broken Arrow either directly or indirectly, owns a twenty-five percent (25%) interest in the bidder's business or such a percentage, which constitutes a controlling interest. Affiant furthers states that the following officers and/or employees of the City of Broken Arrow have some direct or indirect interest in the bidder's business:

For purposes of this affidavit, a direct or indirect interest is defined to include any relationship existing on the date of this affidavit, or which previously existed within the past year. Such an interest shall also be defined to include any business relationship between or among the proposed parties to the contract project and also to include any business relationship between the officers and directors of the proposed contracting parties of the project.

X [Signature]

Subscribed and Sworn to before me this 25 day of March
2024

My Commission Expires: 12-17-24

D.M. Long
Notary Public



Attachment D

PROPOSAL AFFIDAVIT

The following affidavit is to accompany the proposal:

STATE OF: Oklahoma

COUNTY OF: Oklahoma

Michael Southland, of lawful age, being first duly sworn, on oath says: 1. (S)he is the duly authorized agent of Fleet Clean, the proposer submitting the competitive offer which is attached to this statement, for the purpose of certifying the facts pertaining to the existence of collusion among proposer and between proposer and city officials or employees, as well as facts to pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to the offer to which this statement is attached; 2. (S)he is fully aware of the facts and circumstances surrounding the making of the offer to which this statement is attached and has been personally and directly involved in the proceeding leading to the submission of such proposal; and 3. neither the proposer nor anyone subject to the proposer's direction or control has been a party: a). to any collusion among proposers in restraint of freedom of competition by agreement to submit an offer at a fixed price or to refrain from submitting an offer, b). to any collusion with any city official or employee as to quantity, quality, or price in the prospective contract, or as to any other terms of such prospective contract, nor c). in any discussions between proposers and any city official concerning exchange of money or other things of value for special consideration in the letting of a contract.

X [Signature]

Subscribed and sworn to before me this 25 day of March 2024

My Commission Expires: 12-17-24

Notary Public (or Clerk or Judge)

D.M. Long





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/25/2024

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 Bloom Insurance, LLC 875 Old Roswell Rd Suite A400 Roswell GA 30076 | CONTACT NAME: Erik Bloom PHONE (A/C, No, Ext): 770-695-0744 E-MAIL ADDRESS: erik@bloominsllc.com | FAX (A/C, No): 855-572-4032 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Sud's Pressure Wash LLC DBA Fleet Clean 327 S Scott St Oklahoma City OK 73115 | INSURER A: Fidelity and Guaranty Insurance Company | NAIC # |
| | INSURER B: AMGUARD INS CO | 42390 |
| | INSURER C: STANDARD FIRE INS CO | 19070 |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|--------------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | BIP-2W137108-22-42 | 12/1/2023 | 12/1/2024 | EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 \$ |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | SUAU490684 | 11/30/2023 | 11/30/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 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 \$ RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| C | 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 | UB2W1265242342G | 12/1/2023 | 12/1/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000 |

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

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| City of Broken Arrow 1700 W Detroit St Broken Arrow OK 74012 | 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 <i>Erik Bloom AAI, CWCA</i> |
|--|--|

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