

ADDENDUM (5/12/2008)

**SOLICITATION FOR CONTINUING SERVICES
CS #07-054
TOWING SERVICES**

FUEL SURCHARGE CALCULATION

The following worksheet will be used to add a fuel surcharge to invoices for towing services. It calculates the surcharge based upon current gas prices less the base gas price, the towed (loaded) miles, and the average miles per gallon per truck type. The calculated amounts will be added to invoices as they are presented. A copy of the worksheet and invoice will be mailed to the vendor along with their check.

SAMPLE:

Towing Company Fuel Surcharge Calculation

Vendor Name:
 Invoice #:
 Date: 2-May
Miles 100
#2 Price 4
Truck Type 2



						Allowance
	Base Price per Gallon	Today's Price/Gallon	Variance	Miles Traveled	MPG Allowance	Added
	\$3.50	\$4.00	\$0.50	100	4.3	\$11.63

Truck MPG by Type	MPG	Type
F350 - F550 or Roll Off	9.5	1
Class 6 - 8 Heavy Duty	4.3	2

ADDENDUM (5-9-07)

SOLICITATION FOR CONTINUING SERVICES CS #07-054 TOWING SERVICES

CLARIFICATION OF PER MILE CHARGES

Per mile charges will be assessed for towed (loaded) miles only. Mileage will begin at the towed vehicle's location and will end at the destination point of the towed vehicle.

ADDENDUM (3-6-07)

SOLICITATION FOR CONTINUING SERVICES CS #07-054 TOWING SERVICES

REQUIREMENTS

- Polk County Occupational License
- Submittal Sheet
- Insurance

Vendor(s) shall purchase and maintain in force during the contract period the insurance as specified with an insurer licensed to do business in the State of Florida; rated "A VIII" or better by A.M. Best Rating Company for Class VIII financial size category. Polk County, a political subdivision of the State of Florida, must be named as an additional insured with respect to liability arising from the work as described in CS 07-054, Towing Services, for Automobile and General Liability policies of insurance. A 30-day prior written notice of cancellation and a 10-day prior written notice of non-payment are required and must be stated on the insurance form. The certificate holder must be Polk County, a political subdivision of the State of Florida, 2470 Clower Lane, Bartow, Florida 33830. Workers' Compensation Insurance required to provide statutory benefits, including those that may be required by any applicable federal statute. Any sole proprietor or partner actively engaged in the construction industry, and any corporate officer of a construction or non-construction industry corporation who elects to be exempt from the provisions of the workers' compensation law must provide either a workers' compensation exemption certificate (construction industry) or a letter stating the exemption status and number of employees (non-construction industry). Commercial General Liability Insurance \$300,000 combined single limit of liability for bodily injuries, death, and property damage, and personal injury resulting from any one occurrence, including the following coverages: Completed Operations: \$300,000, Broad Form CG&L \$300,000. Comprehensive Automobile Liability Insurance \$300,000.; combined single limit of liability for bodily injuries, death and property damage resulting from any one occurrence, including all owned, hired and non-owned vehicles. An original certificate of insurance must be on file in the Purchasing Division before a purchase order will be issued. Any questions regarding insurance requirements may be directed to Carolyn Cusano, Contract Specialist, Polk County Purchasing Division, at (863) 534-5610.

The Certificate Holder must be stated as:

**Polk County a political subdivision of the State of Florida
2470 Clower Lane
Bartow, Florida 33830**

The County must be named as additional insured in regards to General and Automobile Liability.

The wording required in the description field is:

“Polk County, a political subdivision of the State of Florida, is named as an additional insured with respect to General and Automobile liability arising from the work performed as described in CS #07-054 – Towing Services”.

SOLICITATION FOR CONTINUING SERVICES

CS #07-054

TOWING SERVICES

INTRODUCTION

Polk County, a political subdivision of the State of Florida, seeks the submittal of information from vendors interested in providing towing services for Polk County. Award will be made to all responding vendors meeting specifications. Vendors must submit certificate of insurance, copy of occupational license, and the submittal sheet contained herein.

SCOPE OF WORK

Vendor will provide towing services for Polk County on a rotation basis. Rotation will take into account the location of the vehicle needing assistance and the response time provided by you. Polk County will only reimburse vendor at the rates listed in the rate schedule attached. All vendors must comply with the rates listed in this schedule or be subject to removal from the award.

- Polk County will remit routine and customary charges for drive shaft or axle removal, when required, provided a detailed explanation for the charge(s) is included on the invoice.
- Polk County will remit routine and customary charges for extraordinary charges related to accident recovery, provided a detailed explanation for the charge(s) is included on the invoice.
- The rates listed in the rate schedule apply to towing assignments for Polk County Fleet Management and for other divisions of the Board of County Commissioners, including Polk County Sheriff. Should market conditions dictate the need for adjustments due to fuel price increases, such will be considered upon request.

PAYMENT

Payment will be made as follows:

Item	Description of Vehicle	Hook Up Charge	Per Mile Charge	Hourly Extraction or Accident Standby Charge*
1.	Average Autos and Lt. Trucks	\$52.00	\$3.00 / mile	\$80.00 / hour
2.	Average F450/F550, Busses, Ambulances	\$96.00	\$4.00 / mile	\$100.00 / hour
3.	Average Medium/Heavy Trucks/30' Busses	\$155.00	\$5.00 / mile	\$130.00 / hour

*Charge for vehicles requiring extraction from sand, mud, etc.

Above rates apply to normal breakdown related failures and accidents (excluding rollovers).

TERM

This is an on-going service. After receipt and verification of required information, vendors will be added to the "Awarded Vendor" list and be contacted on a rotation basis as outlined in this document. This agreement will be reviewed and vendors will be required to re-submit required information annually.

REQUIREMENTS

- Polk County Occupational License
- Submittal Sheet
- Insurance

Vendor(s) shall purchase and maintain in force during the contract period the insurance as specified with an insurer licensed to do business in the State of Florida; rated "A VIII" or better by A.M. Best Rating Company for Class VIII financial size category. Polk County, a political subdivision of the State of Florida, must be named as an additional insured with respect to liability arising from the work as described in CS 07-054, Towing Services, for Automobile and General Liability policies of insurance. A 30-day prior written notice of cancellation and a 15-day prior written notice of non-payment are required and must be stated on the insurance form. The certificate holder must be Polk County, a political subdivision of the State of Florida, 2470 Clower Lane, Bartow, Florida 33830. Workers' Compensation Insurance required to provide statutory benefits, including those that may be required by any applicable federal statute. Any sole proprietor or partner actively engaged in the construction industry, and any corporate officer of a construction or non-construction industry corporation who elects to be exempt from the provisions of the workers' compensation law must provide either a workers' compensation exemption certificate (construction industry) or a letter stating the exemption status and number of employees (non-construction industry). Commercial General Liability Insurance \$300,000 combined single limit of liability for bodily injuries, death, and property damage, and personal injury resulting from any one occurrence, including the following coverages: Completed Operations: \$300,000, Broad Form CG&L \$300,000. Comprehensive Automobile Liability Insurance \$300,000; combined single limit of liability for bodily injuries, death and property damage resulting from any one occurrence, including all owned, hired and non-owned vehicles. The policies shall contain a waiver of subrogation as against Polk County. An original certificate of insurance must be on file in the Purchasing Division before a purchase order will be issued. Any questions regarding insurance requirements may be directed to Ethel Johnson, Contract Coordinator, Polk County Purchasing Division, at (863) 534-5610.

The Certificate Holder must be stated as:

**Polk County a political subdivision of the State of Florida
2470 Clower Lane
Bartow, Florida 33830**

The County must be named as additional insured in regards to General and Automobile Liability.

The wording required in the description field is:

“Polk County, a political subdivision of the State of Florida, is named as an additional insured with respect to General and Automobile liability arising from the work performed as described in CS #07-054 – Towing Services”. Workers Compensation and General Liability contain a waiver of subrogation as against Polk County.”

SUBMITTAL OF RESPONSES

Interested parties are invited to submit their responses to the Purchasing Division. The requested information may be faxed, mailed or delivered to:

**Polk County Purchasing Division
2470 Clower Lane
Bartow, Florida 33830
(FAX) (863) 534-0055
Attn: Carolyn Cusano**

Contractor must submit the following:

- **Certificate of Insurance**
- **Copy of Polk County Occupational License**
- **Submittal Sheet**

CS 07-054, Towing Services

SUBMITTAL SHEET

(Please circle One)

We are capable of handling heavy tows in excess of 35 tons	Yes	No
Towing service available 24 hours/day, 7 days/week	Yes	No
We are equipped for minor road service (e.g. tire changes, jump starts, etc.)	Yes	No

Vendor must submit certificate of insurance and copy of occupational license with submittal sheet.

FIRM NAME: _____

CONTACT NAME: _____

TITLE: _____

FIRM ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL: _____