

**SOLICITATION FOR CONTINUING SERVICES**  
**CS #15-044**  
**PROTECTIVE FOOTWEAR FOR EMPLOYEES**

**INTRODUCTION:**

Polk County, a political subdivision of the State of Florida, seeks the submittal of information from vendors interested in providing protective footwear for Polk County employees. Award will be made to all responding vendors meeting specifications. The services requested will be required as requested by the employee. Vendors must submit their certificate of insurance, Affidavit Certification Immigration Laws, and submittal sheet. Failure to submit the required documents listed above shall subject the submittal to rejection.

**SCOPE OF WORK:**

Vendor will provide protective footwear to Polk County employees as needed. Employees may select the style of shoe they prefer that meets specifications for their positions. Vendor shall provide Polk County employees a 20% discount off the catalog/retail price or sale price whichever is less. Vendors will be held accountable for their adherence to the established rates. All vendors must comply with the percent discount or be subject to removal from the approved vendor list.

Management and Service shall include:

- walk-in store locations and hours (if applicable);
- special order & mail order services;
- handling of emergency requests;
- return policies;
- safety compliance; and
- any other appropriate management considerations

Vendors must be able to offer a variety of styles. These styles must include a selection of women's styles (at least 25% of the offered men's styles is preferred) and size ranges and a wide range of men's sizes (including those that are exceptionally large and small and wide and narrow). Vendor must supply each Department Coordinator with a full catalog and update as new catalog lines are issued.

All safety shoes shall be fitted, serviced, adjusted, and demonstrated to the satisfaction of the employee, and in perfect condition. Vendor will be responsible for the proper fitting of the shoes to the employee. Any discrepancies in sizing/fitting identified to the vendor with-in fourteen (14) days of purchase shall be the responsibility of the vendor to provide resolution. Vendor must be available for daily servicing of existing products through a local retail establishment qualified to meet the fitting and servicing specifications and requirements stated herein.

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Mobile Unit:

1. If the Vendor has a mobile shoe van/truck, which can service areas of Polk County; the vendor shall work with each individual Division Coordinator to mutually agree upon the exact dates, times and locations.
2. Restrictions - The vendor shall restrict their personnel to the area where they are performing work. The County will designate the work area and the vendor and County will consider all other areas of the job site off limits and closed to vendor personnel with the exception to reasonable access to the nearest restrooms and vending machines. The County will not permit alcoholic beverages, illegal drugs, firearms or other weapons, as defined by law, on County property at any time
3. Safety - The vendor shall be responsible for strictly complying with all applicable local, state, and federal regulations, including OSHA, concerning safety provisions for employees on this project and for all on-site occupants and the public. The vendor shall maintain the mobile unit steps and other equipment and the immediate area in a good and safe condition.

The County reserves the right to have the County Risk Officer inspect the mobile unit steps and other equipment and the immediate area at any time, to require correction of any identified potential safety hazards and to issue a "cease and desist" order, if necessary, without notice. The County shall have no liability for any loss to the vendor because of any work stoppage due to safety hazards or violations.

This contract will remain in effect unless otherwise terminated. Selected vendors will remain on the list for that period.

## INSURANCE REQUIREMENTS

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 all work performed for Polk County, for Automobile and General Liability policies of insurance. The certificate holder must be Polk County, a political subdivision of the State of Florida, P.O. Box 9005, Drawer AS05, Bartow, Florida 33831.

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 \$1,000,000 combined single limit of liability for bodily injuries, death, and property damage, and personal injury resulting from any one occurrence, including the following coverages:

1. Completed Operations: \$1,000,000, Broad Form CG&L \$1,000,000.
2. Comprehensive Automobile Liability Insurance \$1,000,000.; 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 in favor of Polk County. An original certificate of insurance must be on file in the Procurement Division before a purchase order will be issued. Any questions regarding insurance requirements may be directed to Tammy Spearman, CPPO, CPPB, Polk County Procurement Division, at (863) 534-6716 or [michaelquerrero@polk-county.net](mailto:michaelquerrero@polk-county.net) .

The Certificate Holder must be stated as:

**Polk County a political subdivision of the State of Florida**  
**P.O. Box 9005, Drawer AS05**  
**Bartow, Florida 33831**

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 all work performed for Polk County. The policies shall contain a waiver of subrogation in favor of Polk County for Workers Compensation and General Liability."

### **SUBMITTAL OF RESPONSES**

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

**Attn: Michael Guerrero**  
**Polk County Procurement Division**  
**PO Box 9005, Drawer AS05**  
**Bartow, Florida 33831-9005**  
**330 West Church Street, Room 150**  
**(863)-534-6716**  
**(Fax) (863) 534-6789**  
**Email: [michaelguerrero@polk-county.net](mailto:michaelguerrero@polk-county.net)**

### **Contractor must submit the following:**

- **Submittal Sheet**
- **Certificate of Insurance** (If the Vendor has a mobile shoe van/truck, which can service areas of Polk County)
- **Affidavit Certification Immigration Laws**

## SUBMITTAL SHEET

- I Agree to the Terms and Conditions       Yes    No
- Certificate of Insurance                       Yes    No
- Affidavit Certification Immigration Laws    Yes    No

**Vendor must submit certificate of insurance and Affidavit Certification Immigration Laws form with submittal sheet.**

FIRM NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_

