



## ADDENDUM No. 1 (August 9, 2023)

---

ADDENDUM TO: Bid #22-09 (Pre-Game Window Cleaning, RJS)

BID DUE DATE: Friday, August 18, 2023 *not later than* 10:00am

---

TO PROPOSER: This addendum is an integral part of the Bid file under consideration by you as a bidder in connection with the subject matter identified above. For clarification, the following additions, changes, modifications, and replacements noted below have been made to the Bid and have been made to the Bid file which bears the above title. Bid proposals submitted shall conform to these additions and modifications noted herein and include all issued addendums.

---

### **REVISED SPECIFICATIONS & BID FORM**

Replace current specifications page 21 and bid form page 22 with new/revised pages (attached).

### **REMOVE/STRIKE/ADD-ON**

*Any mention of subcontractors shall be stricken from this bid document.*

(Under "INFORMATION/INSTRUCTION TO BIDDERS" – Page 16; Add #12 to Page 20 to read as follows:

### **ADD:**

#### 12. **SUB-CONTRACTING**

The Contractor shall perform this contract. No assignment or subcontracting shall be allowed without the prior consent of the Authority. In the event of a corporate acquisition and/or merger, the Contractor shall provide written notice to the Authority within thirty (30) business days of Contractor's notice of such action or upon the occurrence of said action, whichever occurs first.

### **QUESTIONS & TSA RESPONSES**

1. What time frames are staff allowed to enter the building to begin work? **Staff are expected to arrive the day of the event and are expected to be completed by 9:00am.**
2. What are the hours that staff need to be completed by? **9am.**
3. Are we allowed to come the night before the event to start the windows? **No.**
4. Can we use our own vendor for supplies & equipment or does this have to be done through your vendor? **The contractor is expected to provide all supplies & equipment necessary to perform the scope of work which is included in the pricing provided on the bid form.**
5. Can you explain how the Blanket purchase works? **Blanket Purchase Orders are open contractual agreements that are usually valid for the first term or year of the contract. TSA issues BPOs on October 1<sup>st</sup> annually. This BPO needs to be referenced on all invoices.**

6. Can a list of prices and Equipment as well as the name of the company be provided if we have to use the vendor your company advised? **The TSA is not involved, nor do we recommend the equipment needs that a contractor would need to perform the specifications as noted. This would be at the discretion of the contractor who will be performing the work.**
7. Please confirm there is NO LIFT needed for the scope of work for this bid. As it states the company has to provide. Is this optional? **The TSA is not involved, nor do we recommend the equipment needs that a contractor would need to perform the specifications as noted. This would be at the discretion of the contractor who will be performing the work.**
8. Are there specific chemicals that we are not allowed to use? OR is there a list of products that are recommended? **The chemicals used to clean the glass should not cause any damage or have any negative impacts on the areas being applied and or areas that may encounter the cleaner being used.**
9. As stated on page 19 compensation section: Please notify The Authority if payment terms are other than net 30....Can this be Net 14 or is the Net 30 Firm? **The Authority typically pays Net 30. We can edit that information in our system to Net 14.**
10. Where are the insurance requirements for this bid located? Can you email this to me? **Attached.**
11. On page 16 Section E: All Prices should be quoted F.O.B Tampa FL can you explain? **FOB, "Free On Board", is a transportation term that indicates that the price for goods includes delivery at the Seller's expense to a specified point and no further.**
12. Please confirm Bids can be submitted Via in-person or By mail and also sent by email. **Review the bid document on Page 16 Section C.**
13. Page 19 Section 7: Is this pertaining to the (10) cleanings and supplies and chemicals purchased? **The contractor is responsible for all purchases of supplies and equipment needed to perform the work as described in the specifications. The Authority does not need to see your cleaning supply invoices. However, you will need to provide a description of the services provided on your invoices to the Authority.**
14. Page 20 Section 11: E- Verify Compliance- Is there a link? **The E-Verify system is located at [e-verify.gov/employers](https://e-verify.gov/employers). Also, does The Sports Authority do the background and drug screening or is this to be done and submitted by the contractor? **The Authority is not asking for drug screenings nor background checks. Page 32 is an option.****
15. Do all the three line items have to be cleaned altogether the same day of the game? (including additional areas if any). **Yes, as discussed in the pre-bid walkthrough all glass is to be cleaned the morning of the event and be completed by 9:00am.**
16. Can we have the past complete bid tabulation? (with all companies and pricing) **Attached.**
17. What is the RJS budget this year? **There is no budget specific to window cleaning.**
18. Does the stadium have the same structure from the past contract or has there been any renovation? **Several areas of the stadium have been renovated.**
19. I just wanted to clarify where it says on the specifications sheet to clean East and West sides upper and lower levels bowl glass. Is that referring to the upper and lower-level Suite's glass cleaning on the interior and exterior? **This is for the bowl glass which is located inside the seating bowl as shown during the walkthrough. Cleaning of the suite glass is not part of the scope.**

.....  
*Note: To qualify your proposal, of which this addendum becomes a part, this form must be completed and returned to this office with the proposal.*

Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature of Company Rep.

\_\_\_\_\_  
Printed Name of Company Rep.

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact's Email: \_\_\_\_\_

[Attachments]

## **SPECIFICATIONS – Page 21 Replacement Page**

Provide labor, equipment, and materials to clean, wash and dry the bowl glass windows and specified areas prior to game day/time at Raymond James Stadium. There are approximately ten (10) home games. Contractor is to remove, clean and replace any items removed from the windows/areas during the cleaning process to remove all foreign matter.

**NOTE: Vendor is responsible for renting the lift if required to complete the job.**

### **The following areas are to be cleaned prior to game time/day:**

1. Clean both sides of the East and West upper and lower levels (200 & 300) bowl glass.
2. Clean the first two (2) panels of exterior ground glass in the East and West atrium lobby.
3. Clean the restaurant's glass on the East and West sides.
4. Clean the escalator glass on the East and West sides (Restaurants and Clubs).
5. Clean the field level float entry glass at entries A, B, C and D.

**NOTE: Is to be performed for all Buccaneer games and is on a TBD basis for all other events.**

### **The following glass sections are "additional" areas to be cleaned and are to be priced separately:**

6. Clean the vomitory doors on the East and West sides
7. Clean the interior and exterior Champions Lounge glass Quad B Club Level
8. Clean the interior and exterior Champions lounge glass Quad C Club Level
9. Clean interior and exterior lower panel glass on the service level VIP Lounge

**NOTE: Is to be performed for all Buccaneer games and is on a TBD basis for all other events.**

### **The following glass sections are "additional" areas to be cleaned and are to be priced separately:**

10. Clean all interior and exterior glass on the service level VIP Lounge (1<sup>st</sup> pre-season game only)

**NOTE: Is to be performed for the 1<sup>st</sup> pre-season Buccaneer Game only.**

**BID PROPOSAL – Page 22 Replacement Page**  
 22-09 PRE-GAME WINDOW CLEANING, RJS

By signing this bid, the bidder agrees that this bid is made without any understanding, agreement, or connection with any other person, firm or corporation making a bid for the same purpose and that this bid is in all respects fair and without collusion or fraud. Unsigned bids will be considered incomplete and subject to rejection.

It is agreed by the undersigned bidder that the signing and delivery of the bid represents the bidder's acceptance of the terms and conditions of the foregoing specifications and provisions, and if awarded the bid by Authority, will represent the agreement between the parties. The undersigned has attended the mandatory pre-bid conference, if applicable to this bid, examined all documents within this bid for the above titled project and agrees to furnish all materials and services required under the specifications/requirements of this bid.

The Proposer, in submitting this bid, guarantees the following pricing for forty-five (45) days unless an extension of time agreement is reached between the Proposer and the Authority.

PROPOSER/COMPANY NAME: \_\_\_\_\_

Quantity	Description	Unit Price	Extended Price
Approx. 10 Games per Season	Items 1 through 5 listed in specifications for Pre-Game Window Cleaning	\$	\$
Approx. 16 Games per Season	Item 6 listed in specifications for Cleaning of Vomitory Doors (East & West Sides)	\$	\$
Approx. 18 Games per Season	Item 7 listed in specifications for Cleaning of Quad B Champions Lounge	\$	\$
Approx. 16 Games per Season	Item 8 listed in specifications for Cleaning of Quad C Champions Lounge	\$	\$
Approx. 16 Games per Season	Item 9 listed in specifications for Cleaning interior and exterior <b>lower</b> panel glass on the service level VIP Lounge	\$	\$
Approx. 1 time annually	Item 10 listed in specifications for Cleaning <b>ALL</b> interior and exterior glass on the service level VIP Lounge	\$	\$

**GRAND TOTAL: \$**

Note: During the season, if there are any additional games/events requiring window cleaning service, the Authority will pay the unit price listed on the bid proposal page (above).

## INSURANCE REQUIREMENTS

During the life of this Agreement, the Licensee shall provide, pay for, and maintain with companies satisfactory to the Authority, the types of insurance described herein. All insurance shall be from responsible insurance companies eligible to do business in the State of Florida and "A" rated by AM Best. **All Liability Policies shall provide that the Tampa Sports Authority, Hillsborough County, the City of Tampa, and RJS Condominium Association are additional insureds** but solely in accordance with and subject to the indemnification provisions set forth herein as to the operations of the Licensee under this Agreement and shall also provide the Severability of Interest Provision. The insurance coverage and limits required must be evidenced by properly executed Certificates of Insurance on forms which are to be approved by The Authority and furnished by the Authorized Representative of the insurance company shown in the Certificate with proof that he/she is an authorized representative thereof. In addition, certified, true, and exact copies of all insurance policies required shall be provided the Authority if requested on a timely basis.

Thirty (30) days prior written notice by registered or certified mail shall be given the Authority of any cancellation or reduction in the policies' coverage except in the application of the Aggregate Limits Provisions. In the event of a reduction in any Aggregate Limit, the Licensee shall take immediate steps to have it reinstated. If at any time the Authority requests a written statement from the insurance company as to any impairment(s) to the Aggregate Limit, the Licensee shall promptly authorize and have delivered such statement to the Authority. Licensee shall make up any impairment when known to it. The Licensee authorizes the Authority and its Insurance Consultant to confirm all information furnished the Authority, as to its compliance with its insurance carriers. As to the operations of the Licensee, all insurance coverage of the Licensee shall be primary to any insurance or self-insurance program carried by the Authority.

The acceptance of delivery to the Authority of any Certificate of Insurance evidencing the insurance coverage and limits required in the Agreement does not constitute approval or agreement by the Authority that the insurance requirements in the Agreement have been met or that the insurance policies shown in the Certificate of Insurance are in compliance with the Agreement requirements.

No operations under this Agreement shall commence at the site until the required Certificate of Insurance is received and has been approved by the Authority. Evidence of such insurance approval will be provided to Licensee by the Authority in a Notice to Proceed.

If any General Liability Insurance required herein is to be issued or renewed on a "occurrence" form as opposed to the "claims made" form, the retroactive date for coverage shall be no later than the commencement date of this Agreement and shall provide that in the event of cancellation or non-renewal the discovery period for insurance claims (Tail Coverage) shall be unlimited.

All required insurance coverage shall be issued as required by law and shall be endorsed, where necessary, to comply with the minimum requirements contained herein. Thirty (30) days prior written notice by certified or registered mail shall also be given to:

**Tampa Sports Authority  
4201 N. Dale Mabry Hwy.  
Tampa, Florida 33607**

As to cancellation of any policy and any change that will reduce the insurance coverage required in this Agreement except for the application of the Aggregate Limits Provisions.

Should at any time the Licensee not, in the opinion of the Authority, provide or maintain the insurance coverage required in this Agreement, the Authority may terminate or suspend this Agreement.

The amounts and types of insurance shall conform to the following minimum requirements with the use of Insurance Service Office (ISO) policies, forms, and endorsements or broader where applicable. Notwithstanding the foregoing, the wording of all policies, forms, and endorsements must be acceptable to the Authority.

1. **Workers' Compensation and Employers' Liability** shall be maintained in force during the term of this Agreement for all employees of Licensee engaged in this work under this Agreement, in accordance with the laws of the State of Florida. The Licensee shall provide proof of coverage which includes a waiver of subrogation in favor of the Authority. The amount of the Workers' Compensation and Employers' Liability Insurance shall not be less than:

<b>Florida Statutory Requirements:</b>	<b>\$500,000 Limit Each Accident</b>
	<b>\$500,000 Limit Disease Aggregate</b>
	<b>\$500,000 Limit Disease Each Employee</b>

Should the Licensee have reason to believe they are exempt or have questions related to Workers' Compensation Liability Insurance, they should visit the State of Florida's Division of Workers' Compensation website at:

<https://www.myfloridacfo.com/Division/wc/employer/Exemptions/default.htm>.

If the Licensee is eligible for an exemption, it must be applied for at address above. A copy of the Certificate must also be provided to the Authority.

2. **Commercial General Liability Insurance** shall be maintained by the Licensee. Coverage shall include, but not be limited to, Premises and Operations, Personal Injury, Contractual for the Agreement, Independent Contractors, Broad Form Property Damage including Completed Operations, and Products & Completed Operations Coverage and shall not exclude coverage for the "X" (explosion), "C" (collapse) and "U" (underground) Property Damage Liability exposures. Limits of Coverage shall not be less than:

**Bodily Injury, Personal Injury, & Property Damage Liability:**

<b>\$1,000,000</b>	<b>Combined Single Limit Each Occurrence and Aggregate</b>
<b>\$1,000,000</b>	<b>Each occurrence and Aggregate for Liability under this Specific Agreement. The Aggregate limits shall be separately applicable to this specific engagement.</b>

Should the Licensee's General Liability Insurance be written or renewed on the Comprehensive General Liability Form, then the limits of coverage required shall not be less than:

**Bodily Injury, Personal Injury & Property Damage Liability:**

**\$1,000,000      Combined Single Limit Each Occurrence**

3. **Automobile Liability Insurance** shall be maintained by the Licensee as to the Ownership, maintenance, and use of all owned, non-owned, leased or hired vehicles to be used for the engagement with limits of not less than:

**Bodily Injury & Property Damage Liability:**

**\$1,000,000      Combined Single Limit Each Occurrence**



# CERTIFICATE OF LIABILITY INSURANCE (SAMPLE/INFO ONLY)

DATE (MM/DD/YYYY)  
1/18/2018

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 have ADDITIONAL INSURED provisions or 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 ABC Insurance 12345 South Ave. Tampa, FL 12345	CONTACT NAME: JOHN SMITH PHONE (A/C, No, Ext): 111-222-3333 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: XYZ Insurance Com INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED ABC Company Inc. 12345 South Ave. Tampa, FL 12345	(must match contract)

COVERAGES CERTIFICATE NUMBER: 412112100 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 (Highlighted are required)	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS (other limits may apply, see contract)																		
	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">CLAIMS-MADE</td> <td style="border: none;"><input checked="" type="checkbox"/></td> <td style="border: none;">OCCUR</td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR	<input type="checkbox"/>	Y	Y	CGLAB11122333			<table style="width: 100%; border: none;"> <tr> <td style="border: none;">EACH OCCURRENCE</td> <td style="border: none;">\$ 1,000,000</td> </tr> <tr> <td style="border: none;"><del>DAVE</del> TO RENTED <del>PREMISE</del> (Ea occurrence)</td> <td style="border: none;">\$ 1,000,000</td> </tr> <tr> <td style="border: none;">MED EXP (Any one person)</td> <td style="border: none;">\$ 5,000.00</td> </tr> <tr> <td style="border: none;">PERSONAL &amp; ADV INJURY</td> <td style="border: none;">\$ 1,000,000</td> </tr> <tr> <td style="border: none;">GENERAL AGGREGATE</td> <td style="border: none;">\$ 5,000,000</td> </tr> <tr> <td style="border: none;">PRODUCTS - COMP/OP AGG</td> <td style="border: none;">\$ 5,000,000</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">\$</td> </tr> </table>	EACH OCCURRENCE	\$ 1,000,000	<del>DAVE</del> TO RENTED <del>PREMISE</del> (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 5,000.00	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 5,000,000	PRODUCTS - COMP/OP AGG	\$ 5,000,000		\$
CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR	<input type="checkbox"/>																						
EACH OCCURRENCE	\$ 1,000,000																								
<del>DAVE</del> TO RENTED <del>PREMISE</del> (Ea occurrence)	\$ 1,000,000																								
MED EXP (Any one person)	\$ 5,000.00																								
PERSONAL & ADV INJURY	\$ 1,000,000																								
GENERAL AGGREGATE	\$ 5,000,000																								
PRODUCTS - COMP/OP AGG	\$ 5,000,000																								
	\$																								
	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> ANY/AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	BAPAB11122333			<table style="width: 100%; border: none;"> <tr> <td style="border: none;">COMBINED SINGLE LIMIT (Ea accident)</td> <td style="border: none;">\$ 1,000,000</td> </tr> <tr> <td style="border: none;">BODILY INJURY (Per person)</td> <td style="border: none;">\$</td> </tr> <tr> <td style="border: none;">BODILY INJURY (Per accident)</td> <td style="border: none;">\$</td> </tr> <tr> <td style="border: none;">PROPERTY DAMAGE (Per accident)</td> <td style="border: none;">\$</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">\$</td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$								
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																								
BODILY INJURY (Per person)	\$																								
BODILY INJURY (Per accident)	\$																								
PROPERTY DAMAGE (Per accident)	\$																								
	\$																								
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB EXCESS LIAB</b> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">OCCUR</td> <td style="border: none;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="border: none;">CLAIMS-MADE</td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>	OCCUR	<input checked="" type="checkbox"/>	CLAIMS-MADE	<input type="checkbox"/>						<table style="width: 100%; border: none;"> <tr> <td style="border: none;">EACH OCCURRENCE</td> <td style="border: none;">\$ 10,000,000</td> </tr> <tr> <td style="border: none;">AGGREGATE</td> <td style="border: none;">\$ 10,000,000</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">\$</td> </tr> </table>	EACH OCCURRENCE	\$ 10,000,000	AGGREGATE	\$ 10,000,000		\$								
OCCUR	<input checked="" type="checkbox"/>																								
CLAIMS-MADE	<input type="checkbox"/>																								
EACH OCCURRENCE	\$ 10,000,000																								
AGGREGATE	\$ 10,000,000																								
	\$																								
	<input checked="" type="checkbox"/> <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	WCAB1112233			<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input checked="" type="checkbox"/> PER STATUTE</td> <td style="border: none;"><input type="checkbox"/> OTH-ER</td> </tr> <tr> <td style="border: none;">E.L. EACH ACCIDENT</td> <td style="border: none;">\$ 500,000</td> </tr> <tr> <td style="border: none;">E.L. DISEASE - EA EMPLOYEE</td> <td style="border: none;">\$ 500,000</td> </tr> <tr> <td style="border: none;">E.L. DISEASE - POLICY LIMIT</td> <td style="border: none;">\$ 500,000</td> </tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000										
<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER																								
E.L. EACH ACCIDENT	\$ 500,000																								
E.L. DISEASE - EA EMPLOYEE	\$ 500,000																								
E.L. DISEASE - POLICY LIMIT	\$ 500,000																								
	Professional Liability (if applies/see contract) Employers Liability (if applies/see contract) Pollution (if applies/see contract) Liquor Liability (if applies/see contract) Garage & Dealers (if applies/see contract) ANY OTHER COVERAGES COMPANY HOLDS						<table style="width: 100%; border: none;"> <tr> <td style="border: none;">AGGREGATE EACH OCCURRENCE</td> <td style="border: none;">\$ SEE CONTRACT.</td> </tr> </table>	AGGREGATE EACH OCCURRENCE	\$ SEE CONTRACT.																
AGGREGATE EACH OCCURRENCE	\$ SEE CONTRACT.																								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) PLEASE INCLUDE THE LANGUAGE BELOW ON YOUR CERTIFICATE:

**RE: PROJECT/EVENT NAME (Please include RFP/BID # and description or Event name)**

The Tampa Sports Authority, Hillsborough County, RJS Stadium – A Commercial Condominium and the City of Tampa, are listed as additional insured with respects to General Liability and Automobile Liability. Coverage is primary to any coverage provided by the certificate holder. A Waiver of Subrogation in favor Tampa Sports Authority applies to all policies. 30 Day notice of cancellation applies for Tampa Sports Authority, City of Tampa, and County of Hillsborough (10 days for non-payment of premium).

**CERTIFICATE HOLDER**

Tampa Sports Authority  
 4201 N. Dale Mabry Hwy  
 Tampa FL 33607

**CANCELLATION**

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

**BID TABULATION - PRE-GAME WINDOW CLEANING, RJS - BID #17-12 - DUE DATE/TIME: 08/31/18 @ 11:00AM**

V E N D O R S

Amounts listed below do not necessarily mean the lowest listed cost bid constitutes the lowest responsive and responsible bid package. Tampa Sports Authority staff must complete a detailed evaluation of each bid package submitted and, once the evaluation of all bids submitted is complete, the bid will be awarded to the bidder who is most responsive and responsible as required by Florida Statutes.	DUTCHMAN WINDOW & CLEANING	TOTAL PRESSURE CLEANING	STRIPES, INC.	Sunshine Cleaning Virtuosoclean High Rise Window
PRE-GAME WINDOW CLEANING (Unit Price)	2,995	785	1,500	NO BIDS from
CLEANING OF VOMITORY DOORS (EAST & WEST) (Unit Price)	300	176	240	the above listed
CLEANING OF EXTERIOR EASTSIDE STORE FRONTS (Unit Price)	300	199	200	Companies.
<b>GRAND (ANNUAL) TOTAL</b>	35,950	11,600	19,400	
Signed General Terms & Conditions	✓	✓	✓	
Signed Guarantee of Bid Proposal	✓	✓	✓	
Acknowledgment of Addendum(s), if applicable	✓	✓	✓	
Acknowledgment of Bidder	✓	✓	✓	
Acknowledgment of Principal, If Corporation	✓	✓	✓	
Legal Status of Bidder	✓	✓	✓	
Bidder Reference/Qualification Form	✓	✓	✓	
Sworn Statement Public Entity Crimes	✓	✓	✓	
Sworn Statement - Relationships Disclosure	✓	✓	✓	
Drug-Free Workplace Acknowledgement	✓	✓	✓	
Statement of No Bid	N/A	N/A	✓	
Bid Checklist	✓	✓	✓	

Notes:

---



---