

Washington, Latoya (ISD)

Subject: MDAD U113A: Opalocka Airport Air Traffic Control Tower Beacon Light Installation - Verification of Availability to Bid

Good afternoon:

SBD is conducting a **survey** of firms to provide a **New Rotating Beacon Light** at the **Air Traffic Control Tower for the Opa- Locka Airport**. **If you are interested in participating, PLEASE RESPOND TO THIS EMAIL by replying to the attached questionnaire by Friday November 13th, 2015 at 4:00 PM - the latest.**

Please review the information **BELOW** and advise if your firm can perform the work as requested.

Project Number: RPQ# MDAD U113A

Project Title: Opa-locka Airport Air Traffic Control Tower Beacon Light Installation

Estimated Cost: \$57,000.00

The scope of work: Includes all labor, material & equipment required for the installation of a new Rotating Beacon light at the Air Traffic Control Tower.

Experience Requirement: The Bidder, through full time personnel employed by the Bidder must demonstrate a **minimum of five (5) years' experience** as the prime contractor in projects with similar scopes

INDEMNIFICATION & INSURANCE REQUIREMENTS:

Contractor shall indemnify and hold harmless the County and its officers, employees, agents and instrumentalities from any and all liability, losses or damages, including attorneys' fees and costs of defense, which the County or its officers, employees, agents or instrumentalities may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from the performance of this Agreement by the Provider or its employees, agents, servants, partners, principals or subcontractors. Contractor shall pay all claims and losses in connection therewith and shall investigate and defend all claims, suits or actions of any kind or nature in the name of the County, where applicable, including appellate proceedings, and shall pay all costs, judgments and attorney's fees which may issue thereon.

Contractor expressly understands and agrees that any insurance protection required by this Agreement or otherwise provided by Provider shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County or its officers, employees, agents and instrumentalities as herein provided.

Contractor(s) shall maintain the following insurance throughout the performance of this Contract until the Work has been completed and accepted by the County.

The Contractor shall furnish to Miami Dade Aviation Department, Building 3030-2nd Floor, 4331 NW 22nd Street, Miami, Fla. 33159, Certificate(s) of Insurance which indicate that insurance coverage has been obtained which meets the requirements as outlined below:

- a. Workers Compensation Insurance as required by Chapter 440, Florida Statutes.
- b. Commercial General Liability Insurance, on a comprehensive basis, in an amount not less than \$1,000,000 combined single limit per

occurrence for bodily injury and property damage. Miami-Dade County must be shown as an additional insured with respect to this coverage.

c. Automobile Liability Insurance, covering all owned, non-owned and hired vehicles used in connection with the work in an amount not less than \$5,000,000* combined single limit per occurrence for bodily injury and property damage.

*Under no circumstances are Contractors permitted on the Aviation Department, Aircraft Operating Airside (A.O.A) without increasing automobile coverage to \$5 million. Only vehicles owned or leased by a company will be authorized.

Vehicles owned by individuals will not be authorized.

d. All insurance policies required herein shall be issued by companies authorized to do business under the laws of the State of Florida, with the following qualifications:

- The company must be rated no less than "A-" as to management, and no less than "Class VII" as to financial strength by A.M. Best Company, Oldwick, New Jersey, or its equivalent, subject to the approval of the County Risk Management Division.
- or
- The company must hold a valid Florida Certificate of Authority as shown in the latest "List of All Insurance Companies Authorized or Approved to Do Business in Florida" issued by the State of Florida Department of Financial Services and are members of the Florida Guaranty Fund.

PLEASE PROVIDE:

Name of Firm: _____

Contact Name: _____

Telephone Number: _____

Bonding Capacity: \$ _____

YES: _____ I am able to provide the scope of work; insurances, have necessary experience, and ALL items as indicated

YES: _____ I have done similar projects:1. _____ 2. _____ 3. _____

NO: _____ I am NOT able to provide the work as indicated

THANK YOU VERY MUCH FOR YOUR PARTICIPATION

Regards

Coralee W-Taylor

Miami Dade County Internal Services Department

Small Business Development Division

111 NW 1st Street, 19 fl

Miami, FL 33128

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