



5255 N State Route 60 NW \* McConnellsville, Ohio 43756  
800-545-3280 \* 740-962-4328 \* Fax 740-962-5422  
[www.finleyfire.com](http://www.finleyfire.com)

July 30, 2020

To whom it may concern:

Finley Fire Equipment Co., Inc. contracts with its vendors do not allow for a subcontractor to be used due the technical expertise required for their products.

Thank you,

*John W. Finley*

President-CEO

### WORKFORCE ANALYSIS FORM

**Name of Organization:** Finley Fire Equipment DBA Bluegrass Fire Equipment

Categories	Total	White (Not Hispanic or Latino)		Hispanic or Latino)		Black or African-American (Not Hispanic or Latino)		Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)		Asian (Not Hispanic or Latino)		American Indian or Alaskan Native (not Hispanic or Latino)		Two or more races (Not Hispanic or Latino)		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
<b>Administrators</b>																	
<b>Professionals</b>		23	1			1											
<b>Superintendents</b>																	
<b>Supervisors</b>		5	3														
<b>Foremen</b>																	
<b>Technicians</b>		24															
<b>Protective Service</b>																	
<b>Para-Professionals</b>																	
<b>Office/Clerical</b>		3	9				1										
<b>Skilled Craft</b>																	
<b>Service/Maintenan</b>		2	1														
<b>Total:</b>		57	14	1		1	1										

**Prepared by:** Jennifer Wells, Accounting Assistant      **Date:** 7 / 30 / 20  
*(Name and Title)*



FINLE-5

QP ID: JO

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/30/2020

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).

<b>PRODUCER</b> James Insurance Agency 120 E Main St, PO Box 239 McConnelsville, OH 43756 Jill Oliver	740-962-9900	<b>CONTACT NAME:</b> Brenda E. James <b>PHONE (A/C, No, Ext):</b> 740-962-9900 <b>FAX (A/C, No):</b> 740-962-9902 <b>E-MAIL ADDRESS:</b>													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Cincinnati Insurance Co</td> <td>10677</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Co	10677	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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<b>INSURED</b> Finley Fire Equipment Co. c/o John W Finley 5255 N State Rt 60 NW McConnelsville, OH 43756															

## 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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			EPP 0537396	05/31/2020	05/31/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			EBA 0537396	05/31/2020	05/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			EPP 0537396	05/31/2020	05/31/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	EPP 0537396	05/31/2020	05/31/2021	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ See Notes E.L. DISEASE - FA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	GarageKeepers Liability			EBA 0537396	05/31/2020	05/31/2021	See Notes

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

## FIRE PROTECTION EQUIPMENT DEALERS &amp; DISTRIBUTORS

Refer to actual policy for complete coverage description.

## CERTIFICATE HOLDER

LEXINGT

Lexington-Fayette Urban  
 County Government  
 200 East Main St, Room 338  
 Lexington, KY 40507

## 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

Jill Oliver

Garage Liability:  
Each Accident:  
Other than Auto \$1,000,000  
Auto - \$1,000,000  
Aggregate Limit - Other than Auto - \$3,000,000

Garagekeepers Physical Damage Coverage:  
5255 N State Rt 60, McConnelsville Ohio 43756  
Comprehensive: \$2,000,000 minus \$500/\$2500 deductible  
Collision: \$2,000,000 minus \$500 deductible

Garagekeepers Physical Damage Coverage:  
780 Enterprise Drive, Lexington KY 40510  
1511 East St, Fairport Harbor, Ohio 44077  
11600 County Rd 99, Findlay Ohio 44920  
Comprehensive \$900,000 minus \$500/\$2500 deductible  
Collision \$900,000 minus \$1000 deductible

Dealers Physical Damage Coverage:  
5255 N State Rt 60, McConnelsville Ohio 43756  
Comprehensive: \$1,500,000 minus \$500/\$2500 deductible  
Collision: \$1,500,000 minus \$500 deductible each auto

Ohio Employer Stop Gap Liability:  
\$1,000,000



**LEXINGTON**

**Lexington-Fayette Urban County Government**

Lexington, Kentucky  
Horse Capital of the World

Division of Central Purchasing

Date of Issue: July 28, 2020

**INVITATION TO BID #77-2020 SBCA Equipment**

**Bid Opening Date:** August 11, 2020 **Bid Opening Time:** 2:00 PM  
**Address:** 200 East Main Street, 3<sup>rd</sup> Floor, Room 338, Lexington, Kentucky 40507  
**Type of Bid:** Price Contract

**Pre Bid Meeting:** N/A **Pre Bid Time:** N/A  
**Address:** N/A

Sealed bids will be received in the office of the Division of Central Purchasing, 200 East Main Street, Lexington, Kentucky, until **2:00 PM**, prevailing local time on **8/11/2020**. Bids must be received by the above-mentioned date and time. Mailed bids should be sent to:

**Division of Central Purchasing  
200 East Main Street, Room 338  
Lexington, KY 40507, (859) 258-3320**

The Lexington-Fayette Urban County Government assumes no responsibility for bids that are not addressed and delivered as indicated above. **Bids that are not delivered to the Division of Central Purchasing by the stated time and date will be rejected.** All bids must be signed and have the company name and address, bid invitation number, and the name of the bid on the outside of the envelope.

Bids are to include all shipping, handling and associated fees to the point of delivery located at: Lexington, KY

<b>Check One:</b> <input checked="" type="checkbox"/> Bid Specifications Met <input type="checkbox"/> Exceptions to Bid Specifications. <i>Exceptions shall be itemized and attached to bid proposal submitted.</i>	<b>Proposed Delivery:</b> 1-45 days after acceptance of bid.
<b>Procurement Card Usage</b> —The Lexington-Fayette Urban County Government may be using Procurement Cards to purchase goods and services and also to make payments. Will you accept Procurement Cards? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Submitted by: Finley Fire Equipment DBA Bluegrass Fire Equipment

*Firm Name*

5255 N St RT 60 NW

*Address*

McConnelsville, OH 43756

*City, State & Zip*

**Bid must be signed:**

*(original signature)*

  
**Signature of Authorized Company Representative – Title**

John W. Finley, President/CEO

*Representative's Name (Typed or printed)*

740-962-4328

740-962-5422

*Area Code - Phone – Extension*

*Fax #*

jwfinley@finleyfire.com

*E-Mail Address*

*This Affidavit must be completed before your firm can be considered for award of this contract.*

**AFFIDAVIT**

Comes the Affiant, Finley Fire Equipment DBA Bluegrass Fire Equipment, and after being first duly sworn under penalty of perjury as follows:

1. His/her name is John W. Finley and he/she is the individual submitting the bid or is the authorized representative of Finley Fire Equipment DBA Bluegrass Fire Equipment, the entity submitting the bid (hereinafter referred to as "Bidder")
2. Bidder will pay all taxes and fees, which are owed to the Lexington-Fayette Urban County Government at the time the bid is submitted, prior to award of the contract and will maintain a "current" status in regard to those taxes and fees during the life of the contract.
3. Bidder will obtain a Lexington-Fayette Urban County Government business license, if applicable, prior to award of the contract.
4. Bidder has authorized the Division of Central Purchasing to verify the above-mentioned information with the Division of Revenue and to disclose to the Urban County Council that taxes and/or fees are delinquent or that a business license has not been obtained.
5. Bidder has not knowingly violated any provision of the campaign finance laws of the Commonwealth of Kentucky within the past five (5) years and the award of a contract to the Bidder will not violate any provision of the campaign finance laws of the Commonwealth.
6. Bidder has not knowingly violated any provision of Chapter 25 of the Lexington-Fayette Urban County Government Code of Ordinances, known as "Ethics Act."
7. Bidder acknowledges that "knowingly" for purposes of this Affidavit means, with respect to conduct or to circumstances described by a statute or ordinance defining an offense, that a person is aware or should have been aware that his conduct is of that nature or that the circumstance exists.

Further, Affiant sayeth naught. \_\_\_\_\_

**STATE OF** Ohio

**COUNTY OF** Morgan

The foregoing instrument was subscribed, sworn to and acknowledged before me  
by [Signature] on this the 30th day  
of July, 2020.

My Commission expires: July 31, 2021

[Signature]  
NOTARY PUBLIC, STATE AT LARGE



Andrea L. Napper  
Notary Public, State of Ohio  
My Commission Expires  
July 31, 2021

**Please refer to Section II, Bid Conditions, Item "U" prior to completing this form.**