PART III

Invitation to Bid No. 34-2025

Monument Signs at Tates Creek Golf Course and Aquatic Center Entrance

1. FORM OF PROPOSAL

| | | Plac | e: Lexing | gton, Kentucky | |
|--------------------|-------------------------------------|--|---------------------|--------------------|---------------|
| | | Date | : | 121/25 | |
| The following | g Form of Proposa | al shall be followed | exactly in submit | ting a proposal fo | or this Work. |
| This Proposal | Submitted by | Szabo Project S | ervices Inc. | | |
| | | P.O. Box 18809 | 7 Erlanger KY 4 | 1018 | |
| | | (Name and Ac | ldress of Bidding | Contractor) | |
| (Hereinafter KY | , doing busin | '), organized and ness asSzabo | Project Services I | Inc. | |
| | "a corp | poration," "a partner | ship", or an "indiv | vidual" as applica | able. |
| То: | (Hereinafter cal Office of the D | ette Urban County (lled "OWNER") irector of Purchasin Street, 3rd Floor 40507 | | | |

Gentlemen:

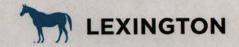
The Bidder, in compliance with your Invitation for Bids for the Monument Signs at Tates Creek Golf Course and Aquatic Center Entrance having examined the Plans and Specifications with related documents, having examined the site for proposed Work, and being familiar with all of the conditions surrounding the construction of the proposed Project, including the availability of materials and labor, hereby proposes to furnish all labor, materials, and supplies, and to construct the Project in accordance with the Contract Documents, within the time set forth therein, and at the lump sum and/or unit prices stated hereinafter. These prices are to cover all expenses incurred in performing the Work required under the Contract Documents, of which this proposal is a part.

| The Bidde | r hereby | acknowledges | receipt of t | the fol | lowing addenda: |
|-----------|----------|--------------|--------------|---------|-----------------|
|-----------|----------|--------------|--------------|---------|-----------------|

| Addendum No | Date 3/14/2025 |
|--------------|----------------|
| Addendum No | Date |
| Addendum No. | Date |

Insert above the number and the date of any Addendum issued and received. If none has been issued and received, the word "NONE" should be inserted.

MAYOR LINDA GORTON



TODD SLATIN DIRECTOR PROCUREMENT

ADDENDUM #1

Bid Number: #34-2025

Date: March 14, 2025

Subject: Monument Signs at Tates Creek Golf Course

and Aquatic Center Entrance

Address inquiries to: Kristie Thomas (859) 258-3320

TO ALL PROSPECTIVE SUBMITTERS:

Please be advised of the following clarifications to the above referenced Bid:

The bid close date has been moved to March 21, 2025, 2:00pm.

Todd Slatin, Director Division of Procurement

July Sta

All other terms and conditions of the Bid and specifications are unchanged. This letter should be signed, attached to and become a part of your Bid.

COMPANY NAME:

ADDRESS: P.O. Bo

troject Services

1. 40

SIGNATURE OF BIDDER:





2. <u>LEGAL STATUS OF BIDDER</u>

| 3 31 3035 |
|---|
| 3-21-2025 |
| A corporation duly organized and doing business under the laws of the State Randy Szabo bearing the official title of President whose signature is affixed to this Bid/Proposal, is cauthorized to execute contracts. |
| A Partnership, all of the members of which, with addresses are: (Designate general partner such) |
| |
| |
| |
| An individual, whose signature is affixed to this Bid/Proposal (please print name) |
| Randy Szabo |
| |
| |
| |

BIDDERS AFFIDAVIT

| Comes the Affiant, Randy Szabo | , and after b | being first duly sworn, |
|--|--|----------------------------|
| states under penalty of perjury as follows: | | |
| 1. His/her name is Randy Sz | abo | and he/she is the |
| individual submitting the bid or is the a | uthorized representative of | |
| | | , the entity |
| submitting the bid (hereinafter referred | to as "Bidder"). | |
| 2. Bidder will pay all taxes and fees, when the second sees are the second seco | nich are owed to the Lexington-Fayette Urban Co | unty Government at the |
| time the bid is submitted, prior to awa | rd of the contract and will maintain a "current" | status in regard to those |
| taxes and fees during the life of the con | tract. | |
| Bidder will obtain a Lexington-Fay award of the contract. | ette Urban County Government business license | e, if applicable, prior to |
| 4. Bidder has authorized the Division | of Procurement to verify the above-mentione | ed 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 Chapter 25 of the Lexington | -Fayette Urban County |
| Government Code of Ordinances, know | | |
| | gly" for purposes of this Affidavit means, with | respect to conduct or to |
| | ordinance defining an offense, that a person is aw | |
| aware that his condust is of that nature | | |
| Man Da | | |
| 1 mos pour | Randy Szabo | |
| Signature | Printed Name | |
| President | 3/21/2025 | Parallel District |
| Title | Date | |
| Company Name Szabo Project S | ervices Inc. | |
| Address P.O. Box 18 | 8097 | |
| | | |
| Subscribed and sworn to before me by | Randy Szabo | |
| | (Affiant) | |
| | President | |
| | (Title) | |
| of Szabo Project Services Inc | this 21st ay of March , 2 | 0 25 |
| (Company Name) | | ARON |
| Marob Isalo | | S'S COM |
| Notary Public | nission expires: 3-18-2028: | 103/95C 0 |
| [seal of notary] My comm | nission expires: 3-18-2028 | PAR PAR |
| | P-5 | TANK TOLIC, ELO |
| | | LARGE S |
| | | Will willing |

4. <u>BID SCHEDULE – SCHEDULE OF VALUES</u>

The Bidder agrees to perform all the Work described in the Specifications and shown on the Plans for the following proposed lump sum and/or unit prices, if applicable, which shall include the furnishing of all labor, materials, supplies, equipment and/or vehicle usage, services, all items of cost, overhead, taxes (federal, state, local), and profit for the Contractor and any Subcontractor involved, within the time set forth herein. If unit prices are applicable, Bidder must make the extensions and additions showing the total amount of bid.

Form of proposal must include unit bid prices written in words, unit price written in numbers and total amount bid (unit price x quantity) per line item OR bid may be considered non-responsive. In case of price discrepancy, unit bid price written in words will prevail followed by unit price written in numbers then total amount bid per line item.

If a discrepancy between the unit price and the item total exists, the unit price prevails except: If the unit price is illegible, omitted, or the same as the item total, item total prevails and the unit price is the quotient of the item total and the quantity.

If the unit price and the item total are illegible or are omitted, the bid may be determined nonresponsive. If a lump sum total price is illegible or is omitted, the bid may be determined nonresponsive.

For a unit price based bid, the sum of the item totals is the bid amount the Division uses for bid comparison.

The LFUCG's decision on the bid amount is final.

Pricing should be submitted in the Line Items tab on IonWave. Pages P-7 must be fully executed and attached to bid submission or bid will be considered non-responsive.

| Item No. | Description | Unit | Quantity |
|-------------|--|------|----------|
| 1. | Monument signs at Tates Creek Golf Course and Aquatic Center entrance per plans. | LS | 1 |

| Submitted by: | Szabo Project Services Inc. |
|--|--|
| | Firm |
| | P.O. Box 188097 |
| | Address |
| | Erlanger KY 41018 |
| Bid must be signed: | City, State & Zip |
| (original signature) | Signature of Authorized Company Representative - Title |
| | Randy Szabo |
| | Representative/s Name (Typed or Printed) |
| | 859-653-3442 |
| | Area Code – Phone –Fax # |
| | randy@szaboindustrial.com |
| | E-Mail Address |
| OFFICIAL ADDRESS: | |
| P.O. Box 188097, Erlange | r KY 41018 |
| | |
| | |
| | |
| THE PART OF THE PA | (Seal if Bid is by Corporation) |

By signing this form you agree to ALL terms, conditions, and associated forms in this bid package

5. STATEMENT OF BIDDER'S QUALIFICATIONS

The following statement of the Bidder's qualifications is required to be filled in, executed, and submitted with the Proposal:

| Name of Bidder: | Szabo Project Services inc | |
|--------------------------|---|---|
| Permanent Place of Bu | asiness:3833 Narrows Rd | Erlanger KY 41018 |
| When Organized: | 1/13/2013 | |
| Where Incorporated: | KY | |
| Construction Plant and | l Equipment Available for this Pr | roject: |
| Various Load | lers, Skid Steers and Excavators | THE REPORT OF |
| | | |
| | | |
| | | |
| | | |
| | | |
| | (Attach Separate Sheet If Nece | essary) |
| Financial Condition: | | |
| latest three (3) years a | ed by the OWNER, the apparent udited financial statements to the dar days following the bid opening | t low Bidder is required to submit it e OWNER'S Division of Procurement ng. |
| In the event the Contra | act is awarded to the undersigned | d, surety bonds will be furnished by: |
| Not required | under \$50,000 | (Surety) |
| | | |

| NAME Whister Cove The Bidder has now under contain NAME Brian Sturm | Elsmere KY The state of the following positive and bonded the following p | rojects: CONTRACT SUM \$15,000 |
|--|--|----------------------------------|
| The Bidder has now under con | ntract and bonded the following p | rojects: |
| NAME | <u>LOCATION</u> | CONTRACT SUM |
| | | |
| Brian Sturm | Newport KY | \$16,000 |
| | | 410,000 |
| List Key Bidder Personnel wh | no will work on this Project. POSITION DESCRIPTION | NO. OF YEAR WITH BIDDE |
| Randy Szabo | President | 20+ years |

| 11. | DBE Participation on current both | nded projects under con | ilract. | |
|-----|-----------------------------------|--|---------|----|
| | | | | |
| | | The second secon | DDE | 0/ |

| SUBCONTRACTORS (LIST) | PROJECT (SPECIFIC TYPE) | DBE | % of WORK |
|-----------------------|----------------------------|-----|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(USE ADDITIONAL SHEETS IF NECESSARY)

12. We acknowledge that, if we are the apparent low Bidder, we will submit to the OWNER within 7 calendar days following the Bid Opening, a sworn statement on the OWNER'S form regarding all current work on hand and under contract, and a statement on the OWNER'S form of the experience of our officers, office management and field management personnel. Additionally, if requested by the OWNER, we will within 7 days following the request submit audited financial statements and loss history for insurance claims for the 3 most recent years (or a lesser period stipulated by the OWNER)—all in accordance with the Bid Documents.

Respectfully submitted:

DATE

| Szabo | Project Services Inc. | |
|----------|-----------------------|--|
| (Name of | Contracting Firm) | |
| BY: | Jerg Der C | |
| TITLE: _ | President | |
| DATE | 3/21/2025 | |

6. LIST OF PROPOSED SUBCONTRACTORS

The following list of proposed subcontractors is required by the OWNER to be executed, completed and submitted with the BIDDER'S FORM OF PROPOSAL. All subcontractors are subject to approval of the Lexington-Fayette Urban County Government. Failure to submit this list completely filled out may be cause for rejection of bid.

| BRANCH | OF WORK-LIST | | DBE | % of Work EACI | I MAJOR ITEM |
|--------|-------------------------|-------------|-----|----------------|--------------|
| N | one - All work complete | ed in house | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Ver de | | | |
| | | | | | |
| | | | | | |

12. WORKFORCE ANALYSIS FORM

Prepared By: Shown Szobo

EVIDENCE OF INSURABILITY 13.

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT CONSTRUCTION PROJECT (Use separate form for each Agency or Brokerage agreeing to provide coverage)

| Employee ID: | Phone: 555 578 8 | |
|--------------------|------------------|------|
| SEMES PROJECT INC. | gen 164 41018 | Rosi |

S M In lieu of obtaining certificates of insurance at this time, the undersigned agrees to provide the above Named Insured with the minimum coverage listed below. These are outlined in the Insurance and Risk Management of Part V (Special Conditions), including all requirements, and conditions:

| Section | Coverage | Minimum Limits and Policy Requirements | Limits Provided To Insured | Name of Insurer | A.M. Best's Code Rating |
|--|----------|---|-------------------------------|--------------------|----------------------------|
| SC-3, Section 2, Part 4.1 – see provisions | CGL | \$1,000,000 per occ. And \$2,000,000 aggregate | ~ | | |
| SC-3, Section 2, Part 4.1 – see provisions | AUTO | \$2,000,000/per occ. | S | | |
| SC-3, Section 2, Part 4.1 – see provisions | WC | Statutory w /endorsement as noted | • | | |

Section 2 includes required provisions, statements regarding insurance requirements, and the undersigned agrees to abide by all provisions for the coverage's checked above unless stated otherwise when submitting.

| Agency or Brokerage | | | Name of Authorized Representative | |
|---------------------|-------|-----|-----------------------------------|--|
| Street Address | | | Title | |
| City | State | diZ | Authorized Signature | |
| Telenhone Number | | | Date | |

NOTE: Authorized signatures may be the agent's if agent has placed insurance through an agency agreement with the insurer. If insurance is brokered, authorized signature must be that of authorized representative of insurer.

IMPORTANT: Contract may not be awarded if a completed and signed copy of this form for all coverage's listed above is not provided with the bid.

| PROJECT | NAME: | | | | |
|--|---|--|----------------------------|---|----------|
| BID NUM | BER: | | | | |
| LEXINGT LEXINGT | ON-FAYETTE UR ON, KY | BAN COUNTY | GOVERNM | ENT | |
| firms that h | contractors shall cert as been debarred for s Act of 1964 As An v. | noncompliance | with the Federa | l Labor Standards, | Title VI |
| Owner wit Fayette Ur | shall complete the a the bid proposal. The pan County Government old opening. | ne Owner (grante | e) shall transn | nit one copy to the l | Lexingto |
| The under | igned hereby certifie | s that the firm of | STABO F | Projects | |
| not and wi | igned hereby certified I not award a subcortany firm that has been the civil Rights Act | en debarred for i | ion with any concompliance | ontract award to it with the Federal la | bor Star |
| not and wi this bid, to Title VI of | I not award a subcor any firm that has be the civil Rights Act | ntract, in connect en debarred for i of 1964, Executiv | ion with any concompliance | ontract award to it with the Federal la | bor Star |
| not and wi this bid, to Title VI of | I not award a subcor any firm that has be the civil Rights Act | ntract, in connect en debarred for i of 1964, Executiv | ion with any concompliance | ontract award to it with the Federal la | bor Star |
| not and wi this bid, to Title VI of Name of F | I not award a subcor any firm that has be the civil Rights Act | ntract, in connected debarred for a of 1964, Executive | ion with any concompliance | ontract award to it with the Federal la | bor Star |
| not and wi this bid, to Title VI of Name of F | I not award a subcorany firm that has be the civil Rights Act of Project irm Submitting Bid | ntract, in connected debarred for a of 1964, Executive | ion with any concompliance | ontract award to it with the Federal la | bor Sta |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/20/2025

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).

| tl | nis cer | tificate does not confer rights | | | tificate holder in lieu of s | such er | ndorsement(| s). | require un endorsen | ioni. A | statement on |
|---|--|---|--------------|-----------------------|--|--|---------------------|----------------------------|--|---------------|------------------|
| PRODUCER Thompson-Boerner Ins Inc | | | | CONTACT Cathy Loesing | | | | | | | |
| | Thompson-Boerger Ins Inc 1514 DIXIE HIGHWAY | | | | | | (A/C, NO, EXI), \ / | | | | 291-3958 |
| PARK HILLS, KY 41011 | | | | | | E-MAIL ADDRESS: cathy@insuranceky.com | | | | | |
| PARK HILLS, KY 41011 | | | | | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC# |
| | | | | | | INSURER A: Erie Insurance | | | | | |
| INSURED Szabo Project Services Inc | | | | | | | кв: Clear P | | | | |
| | | Po Box 188097 | | | | INSURE | | | | | |
| | | Erlanger, KY 41018 | | | | INSURE | | | | | |
| | | | | | | INSURE | | | | | |
| vendor#941760 | | | | | | INSURE | | | | | |
| СО | COVERAGES CERTIFICATE NUMBER: | | | | E NUMBER: | , iitookk | | | REVISION NUMBER | ! | |
| IN C | NDICAT ERTIFI | TO CERTIFY THAT THE POLICIES ED. NOTWITHSTANDING ANY RECATE MAY BE ISSUED OR MAY BIONS AND CONDITIONS OF SUCH | QUIF PERT | REME ΓΑΙΝ, | NT, TERM OR CONDITION THE INSURANCE AFFORD | OF AN DED BY | Y CONTRACT | OR OTHER | DOCUMENT WITH RES D HEREIN IS SUBJECT | PECT TO | WHICH THIS |
| INSR | | | ADDL | SUBR | | DELIV | | POLICY EXP (MM/DD/YYYY) | | AITC | |
| LTR A | 1 | TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY | | WVD | POLICY NUMBER Q10-1730927 | | 6/18/2024 | (MM/DD/YYYY) 6/18/2025 | | MITS | 1,000,000 |
| А | | | X | | Q10-1730927 | | 0/10/2024 | 0/10/2025 | DAMAGE TO RENTED | | 1,000,000 |
| | | CLAIMS-MADE \(OCCUR | | | | | | | PREMISES (Ea occurrence) | \$ | 5,000 |
| | | Blanket Contractual | | | | | | | MED EXP (Any one person) | \$ | 1,000,000 |
| | \vdash | | | | | | | | PERSONAL & ADV INJURY | \$ | 2,000,000 |
| | _ | AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | | | | | | | | PRODUCTS - COMP/OP AGO | \$ \$ | 2,000,000 |
| Α | | OTHER: MOBILE LIABILITY | x | | Q10-1730926 | | 10/17/2024 | 10/17/2025 | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | H | NY AUTO | ^ | | Q10 17 00020 | | 10/11/2024 | 10/11/2020 | (Ea accident) BODILY INJURY (Per person) | \$ | 1,000,000 |
| | l → c | OWNED SCHEDULED | | | | | | | BODILY INJURY (Per acciden | <u> </u> | |
| | 1 / 1 ⊢ | AUTOS ONLY AUTOS HIRED NON-OWNED | | | | | | | PROPERTY DAMAGE | \$ | |
| | A | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | |
| | | JMBRELLA LIAB OCCUP | | | | | | | EAGU GOOUDDENGE | <u> </u> | |
| | | OCCUR | | | | | | | EACH OCCURRENCE | \$ | |
| | | CEAIWIO-WIADE | | | | | | | AGGREGATE | \$ | |
| В | | DED RETENTION \$ ERS COMPENSATION | | | WC100-0170813 | | 8/7/2024 | 8/7/2025 | PER OTH | \$ | |
| Ь | AND E | MPLOYERS' LIABILITY Y / N | | | | | 0/1/2024 | 0/1/2025 | | | 2,000,000 |
| | OFFICE | ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED? | N/A | | | | | | E.L. EACH ACCIDENT | \$ | 2,000,000 |
| | If yes, c | atory in NH) describe under RIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - EA EMPLOYE | | 2,000,000 |
| | DESCR | RIPTION OF OPERATIONS below | | | | | 6/18/2024 | 6/18/2025 | E.L. DISEASE - POLICY LIMIT | | 0,000 w/\$1000 |
| Α | Lease | ed or Rented Equipment | Α | | Q10-1730927 | | 0/10/2024 | 0/10/2023 | | Ψίο | deductible |
| DES | CRIPTIO | ON OF OPERATIONS / LOCATIONS / VEHIC | LES (A | ACORD |) 101, Additional Remarks Schedu | ule, may l | be attached if mo | ore space is requ | ired) | | |
| Ger | neral L | iability Insurance is Primary to a a Products and Completed Opera | ny in | suran | ice or self-insurance retair | | | | • | blies. Ge | eneral Liability |
| CF | RTIFI | CATE HOLDER | | | | CANO | CELL ATION | | | | |
| | | LFUCG | | | | CANCELLATION | | | | | |
| LFUCG 200 East Main Street Lexington KY 40507 | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| | | | | | | AUTHO | RIZED REPRESE | NTATIVE | _ | | |
| | | | | | | | | | Cather | La | ·200 |