

**DOING  
BUSINESS WITH  
HERNANDO  
COUNTY**



**PROCUREMENT 101**



Vendor Edition

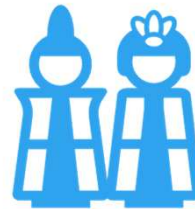
# PURCHASING AND PROCUREMENT



Promote Fair and Open Competition



Ensure that public funds are expended in a way that provides maximum benefit to our taxpayers



Ensure compliance with State Statues, County Ordinance, and Hernando County Board polices



Obtain necessary commodities and services required by all Hernando County BOCC departments to fulfill their responsibilities to the County <sup>2</sup>

**Carla Rossiter-Smith,**  
Director of Procurement  
& Strategic Initiatives

**Lisette Gardner**  
Admin.  
Assistant III

**Maryellen Waite**  
Risk Management

vacant  
Program Manager  
(Strategic Initiatives)

**Alisa Pike**  
Procurement Manager  
(Special Projects &  
Vendor Relations)

**Felicia Holmes**  
Procurement  
Manager (Contracts)

**Erin Briggs**  
Grant Manager

**Fran Hallet**  
Procurement  
Manager, (Purchasing  
& P-cards)

**Joe Goulart**  
Contracting Agent II

**Gretchen Bechtel**  
Contracting Agent II

vacant  
Contracting Agent

**Casey Stepp**  
Grant Writer

vacant

**Mary Pagillo**  
Purchasing Agent

**Malinda De Jesus**  
Purchasing Agent

**MEET THE TEAM**

**Vendor Relations**



**Alisa Pike, FCCM**  
Procurement Manager  
Special Projects  
Vendor Relations

**Phone:** 352-754-4020

**Email:** [vendorrelations@co.hernando.fl.us](mailto:vendorrelations@co.hernando.fl.us)

15470 Flight Path Drive  
Brooksville, FL 34604

[www.hernandocounty.us](http://www.hernandocounty.us)

<https://procurement.opengov.com/portal/hernandocounty>

**MEET THE TEAM**

**Purchasing, P-Cards,  
Piggyback Contracts**

*Fran Hallet*

**Procurement Manager, Purchasing & P-Cards**

Hernando County Procurement Department

15470 Flight Path Dr.

Brooksville, FL 34604

[fhallet@co.hernando.fl.us](mailto:fhallet@co.hernando.fl.us)

352-754-4020



*Mary Pagillo*

Purchasing Agent

Phone: 352-754-4020

Email:

[MPagillo@co.hernando.fl.us](mailto:MPagillo@co.hernando.fl.us)

15470 Flight Path Drive

Brooksville, FL 34604

# MEET THE TEAM

# Contracts



Felicia Holmes, CPPB, CPPO, NIGP-CPP  
Procurement Manager  
Hernando County  
15470 Flight Path Drive, Brooksville, FL 34604  
Office (352) 754-4014 Ext. 24185  
Email: [fholmes@co.hernando.fl.us](mailto:fholmes@co.hernando.fl.us)  
[www.HernandoCounty.us](http://www.HernandoCounty.us)



**Joe Goulart**  
Contracting Agent  
Phone: 352-754-4020  
Email: [jgoulart@co.hernando.fl.us](mailto:jgoulart@co.hernando.fl.us)  
15470 Flight Path Dr  
Brooksville, FL 34604  
[www.hernandocounty.us](http://www.hernandocounty.us)



Gretchen Bechtel, CPPB  
Contracting Agent II  
Hernando County  
15470 Flight Path Drive, Brooksville, FL 34604  
Office (352) 754-4020 Ext. 24156  
Email: [gbechtel@co.hernando.fl.us](mailto:gbechtel@co.hernando.fl.us)  
[www.HernandoCounty.us](http://www.HernandoCounty.us)

# MEET THE TEAM

## Grants

Erin Kluis Briggs  
Grants Manager  
Hernando County Board of County Commissioners  
15740 Flight Path Drive  
Brooksville, FL 34604  
352-754-4778  
[ebriggs@co.hernando.fl.us](mailto:ebriggs@co.hernando.fl.us)



**Casey Stepp, MCJ**  
Grant Writer | Procurement Department  
15470 Flight Path Drive | Brooksville, FL 34604  
Website: <http://www.hernandocounty.us>

**MEET THE TEAM**

**Risk Management**



**Maryellen Waite**  
**Risk Management**  
Hernando County Procurement Department  
15470 Flight Path Dr  
Brooksville, FL 34604  
Phone: (352) 754-4020  
Email: [mwaite@co.hernando.fl.us](mailto:mwaite@co.hernando.fl.us)

Sign up to receive the [Hernando Highlights](#) quarterly newsletter!

**MEET THE TEAM**

**Chief Procurement  
Officer**



**Carla Rossiter-Smith, MSM, PMP, GPC**  
Director of Procurement & Strategic Initiatives

Phone: 352-754-4020

Email: [Crossiter-smith@co.hernando.fl.us](mailto:Crossiter-smith@co.hernando.fl.us)



15470 Flight Path Drive  
Brooksville, FL 34604

[www.hernandocounty.us](http://www.hernandocounty.us)

<https://procurement.opengov.com/portal/hernandocounty>

# PURCHASING THRESHOLDS

## **\$5,000.00 AND UNDER**

- ONE WRITTEN QUOTE OR USE OF COUNTY PURCHASING CARD

**NO TRANSACTION OR PROCESSING FEES**  
**ALLOWED**

## **\$5,000.01 - \$50,000.00**

- THREE WRITTEN QUOTES DIRECTLY FROM VENDORS (“APPLES TO APPLES”) AND AWARD TO THE LOWEST QUOTE RECEIVED

## **\$50,000 OR OVER**

- \$50,000 IS A NUMBER PENDING ON THE NATURE OF THE PURCHASE – CAN BE LESS OR MORE
- FORMAL SEALED SOLICITATIONS:
  - INVITATION TO BID (ITB),
  - REQUEST FOR PROPOSAL (RFP),
  - REQUEST FOR QUALIFICATIONS (RFQ),
- **PURCHASES OF \$50,000 OR OVER:**
  - APPROVED BY THE HERNANDO COUNTY BOARD OF COUNTY COMMISSIONERS

# TYPES OF FORMAL SOLICITATIONS

- **INVITATION TO BID (ITB) OR TERM CONTRACT**

- USED WHEN THE DEPARTMENT CAN DEFINE THE SCOPE OF WORK AND SPECIFICATIONS FOR GOODS AND SERVICES.
- AWARD IS MADE TO THE LOWEST, RESPONSIVE, AND RESPONSIBLE BIDDER.

- **REQUEST FOR QUALIFICATIONS (RFQ)**

- AN EVALUATION COMMITTEE IS APPOINTED TO REVIEW AND EVALUATE PROPOSALS SUBMITTED BASED ON PRIOR ESTABLISHED CRITERIA. NO PRICE IS SUBMITTED OR CONSIDERED DURING EVALUATION. FINAL PRICING NEGOTIATED WITH TOP-RANKED FIRM. ONLY ONE FIRM MAY BE NEGOTIATED WITH AT ANY GIVEN TIME, AND IF NO AGREEMENT IS REACHED WITH TOP-RANKED FIRM, NEGOTIATIONS CAN BEGIN WITH NEXT HIGHEST RANKED FIRM AND SO ON.

- **REQUEST FOR PROPOSALS (RFP)**

- A REQUEST FOR PROPOSAL IS USED TO OBTAIN GOODS AND SERVICES BASED ON A SCOPE OF WORK PROVIDED BY THE USER DEPARTMENT. AN EVALUATION COMMITTEE IS APPOINTED TO REVIEW AND EVALUATE PROPOSALS SUBMITTED BASED ON PRIOR ESTABLISHED CRITERIA WHICH MAY INCLUDE BUT IS NOT LIMITED TO PRICE.

# OTHER TYPE OF PROCUREMENT

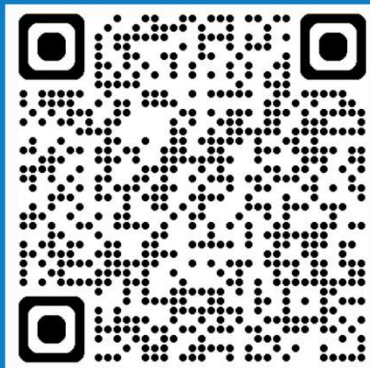
- **PIGGYBACK:**

- THE PURCHASING ORDINANCE DOES ALLOW FOR THE USE OF STATE/ COOPERATIVE CONTRACTS, OR “PIGGYBACKING” OF OTHER PUBLIC AGENCY CONTRACTS, WHEN IN THE BEST INTEREST OF HERNANDO COUNTY.
- BECAUSE THESE CONTRACTS ARE COMPETITIVELY SOLICITED, THE PUBLIC PROCUREMENT PROCESS IS STILL BEING FULFILLED.

- **TERM CONTRACT – ITB (INVITATION TO BID)**

- WE USE ITBS WHEN WE CAN ESTABLISH PRECISE SPECIFICATIONS DEFINING THE ACTUAL COMMODITY OR COMMODITIES REQUIRED.
- A TERM CONTRACT IS AN AGREEMENT BETWEEN A CUSTOMER AND A SUPPLIER THAT SETS OUT THE TERMS OF THE RELATIONSHIP BETWEEN THEM. THE CONTRACT WILL SPECIFY THE PRODUCTS OR SERVICES TO BE SUPPLIED, THE PRICE, THE DELIVERY SCHEDULE, AND ANY OTHER TERMS AND CONDITIONS OF THE AGREEMENT.

# HOW DO I FIND OUT ABOUT PROJECTS ?



- ALL HERNANDO COUNTY SOLICITATIONS DOCUMENTS ARE POSTED ON THE OPENGOV ONLINE PLATFORM:

**[HTTPS://PROCUREMENT.OPENGOV.COM/PORTAL/HERNANDOCOUNTY.](https://procurement.opengov.com/portal/hernandocounty)**

- YOU MAY ALSO FIND THE LINK BY VISITING PROCUREMENT ON THE HERNANDO COUNTY WEBPAGE:
  - **[HTTPS://WWW.HERNANDOCOUNTY.US/DEPARTMENTS/DEPARTMENTS-N-Z/PROCUREMENT/SOLICITATIONS.](https://www.hernandocounty.us/departments/departments-n-z/procurement/solicitations)**
    - **IT IS FREE!**
- WOULD YOU LIKE TO DIGITALLY ENGAGE AND CONNECT WITH YOUR LOCAL GOVERNMENT ONLINE?
  - ENGAGE HERNANDO
    - YOU MAY FIND THE LINK BY VISITING ENGAGE ON THE HERNANDO COUNTY WEBPAGE:
  - **[HTTPS://WWW.HERNANDOCOUNTY.US/OUR-COUNTY](https://www.hernandocounty.us/our-county)**

# OPENGOV VIEW



County of Hernando  
Brooksville, FL

All dates and times in Eastern Time

+ Subscribe

Questions?

[Visit Help Center](#)

## Procurement Portal

[Projects](#) [Calendar](#)

All Departments ▾

Active ▾

 Search

[Advanced Search](#)

 Export to CSV

Project Title	Project ID	Addenda	Release Date	Due Date
Resurfacing of Powell Road from California St to the 589 Bridge <b>OPEN</b>	24-C00717/JG	1	4/16/2025	5/19/2025
Pick up, Processing and Disposal of Waste Tires <b>OPEN</b>	25-T00998/JG	1	4/16/2025	5/19/2025
MSBU Mowing Services and Grounds Maintenance <b>OPEN</b>	25-T00994/JC	1	4/16/2025	5/19/2025
Lake Townsen Regional Park Boat Ramp <b>OPEN</b>	25-CG00727/EK	1	4/2/2025	5/12/2025
Recycling Processing <b>OPEN</b>	25-T01029/JC	1	4/9/2025	5/12/2025

HOW DO I  
FIND OUT  
ABOUT  
PROJECTS ?



- ATTEND HERNANDO COUNTY'S MEET & GREET EVENTS!
- USE OPENGOV'S "**COMING SOON**" FEATURE!
- USE OPENGOV'S **CALENDAR** FEATURE!

# THE “COMING SOON” FEATURE



County of Hernando  
Brooksville, FL

All dates and times in Eastern Time

+ Subscribe

Questions?

[Visit Help Center](#)

## Procurement Portal

[Projects](#) [Calendar](#)

All Departments

Coming Soon

All

Active

Pending

Closed

Coming Soon

Project Title	Project ID	Status	Start Date	End Date	Completion Date
Laboratory Testing Services	25-T010...	Coming Soon			
Real Estate Broker and Marketing Agent Services	25-RFP010...	Coming Soon	-	-	-
Leachate & Gas Collection System Maintenance Services (Rebid)	25-TF01018...	Coming Soon	-	-	-
Slip Lining for Gravity Sewer Lines and Storm Drain Lines	25-TFG009...	Coming Soon	-	-	-
Refuse Containers and Collection Service	25-T01017/JC	Coming Soon	-	-	-

# THE “CALENDAR” FEATURE



County of Hernando  
Brooksville, FL

All dates and times in Eastern Time

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Questions?

[Visit Help Center](#)

## Procurement Portal

[Projects](#) [Calendar](#)

Today Back Next

June 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
01	02	03 5:00 PM <b>Question Submission Deadline:</b> Marketing and Advertising Services for Florida's Adventure Coast Visitors Bureau	04	05	06 5:00 PM <b>Question Response Deadline:</b> Marketing and Advertising Services for Florida's Adventure Coast Visitors Bureau	07
08	09	10	11	12	13	14
15 10:00 AM <b>Proposal Submission Deadline:</b> Taxiway D Rehabilitation and A1 Reconstruction	16	17	18	19	20	21 10:00 AM <b>Bid Submission Deadline:</b> Old Spring Lake Road Embankment/Culvert Restoration

# DOING BUSINESS IN HERNANDO?

We can connect you with the experts who help turn business goals into reality!



The Hernando Office of Economic Development is a strategic partner in business success, connecting businesses with essential resources at local, regional, and statewide levels.



If you need support building a business or marketing plan, recruiting and retaining employees, developing specialized training programs, or accessing export assistance, we can guide you to the right solutions.

We can connect you with the experts who help turn business goals into reality.



# HELPFUL SOLICITATION REVIEW HINTS AND OPENGOV TIPS

- READ ALL SOLICITATION DOCUMENTS THOROUGHLY FROM BEGINNING TO END.
- TAKE NOTE OF YOUR **OVERVIEW** PAGE IN OPENGOV!
  - IMPORTANT DATES – BID CLOSING, PRE-BID MEETINGS, QUESTION DEADLINES, ETC..
  - PREBID MEETING DETAILS – ADDRESS, IF MANDATORY OR NOT
- **\*\* PLEASE NOTE: IF MEETING IS MANDATORY AND YOU DO NOT ATTEND, YOU WILL NOT BE ABLE TO SUBMIT A BID FOR THAT PROJECT \*\***
  - ASK QUESTIONS – IF YOU ARE UNSURE OF ANY LANGUAGE IN THE SOLICITATION DOCS, THE SPECIFICATIONS, OR UNSURE OF ANY REQUIREMENTS, SUBMIT YOUR QUESTIONS IN OPENGOV PRIOR TO QUESTION DEADLINE DATE.
  - CHECK FOR ADDENDUMS – ALL QUESTIONS SUBMITTED WILL BE ANSWERED VIA AN ADDENDUM ON OPENGOV. ADDENDUMS WILL ALSO INCLUDE ANY CHANGES THAT HERNANDO MAY NEED TO MAKE TO THE SOLICITATION'S DOCS, SO IT IS IMPORTANT TO LOOK OUT FOR THOSE NOTIFICATIONS TO ENSURE YOUR BIDS ARE ACCURATE.

## HELPFUL SOLICITATION REVIEW HINTS AND OPENGOV TIPS



County of Hernando  
Brooksville, FL

*All dates and times in Eastern Time*

[+ Subscribe](#)

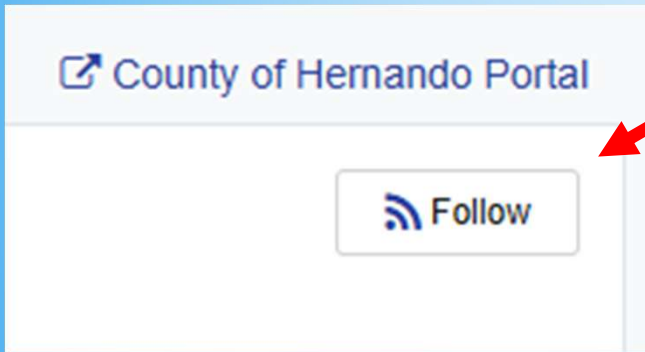
Questions?

[Visit Help Center](#)

- FAMILIARIZE YOURSELF WITH USING AND NAVIGATING OPENGOV. TUTORIALS AND HELPDESK ASSISTANCE ARE AVAILABLE ONLINE AS WELL AS VIA TELEPHONE.
- DO NOT WAIT UNTIL LAST MINUTE TO SUBMIT YOUR BID OR PROPOSAL TO AVOID ENCOUNTERING ANY TECHNICAL OR CONNECTIVITY ISSUES!
- PROVIDE YOURSELF ENOUGH TIME TO TROUBLESHOOT ANY TECHNICAL DIFFICULTIES.
- BE THOROUGH AND CROSS YOUR T'S AND DOT YOUR I'S. ENSURE THAT ALL DOCUMENTS REQUIRING SIGNATURES AND NOTARY ARE FILLED OUT COMPLETELY.
- CHECK YOUR E-MAIL FREQUENTLY AND DON'T FORGET TO LOOK IN THE E-MAIL JUNK FOLDER FOR ANY OUTREACH FROM PROCUREMENT STAFF OR OPENGOV NOTIFICATIONS.

HELPFUL SOLICITATION REVIEW HINTS  
AND OPENGOV TIPS

**FOLLOW THE PROJECTS –**



**YOU MUST BE A FOLLOWER OF A  
PROJECT IN OPENGOV  
IN ORDER TO RECEIVE UPDATES AND  
DEADLINE REMINDER E-MAILS!**

Without it,

- Contracts cannot be awarded
- Purchase Orders cannot be issued

# INSURANCE INFORMATION

## ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
INSERT DATE

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  Full Legal Name of Your Insurance Company Address of Your Insurance Company City, State, ZIP Code of Insurance Company	CONTACT NAME:	
	PHONE (A/C No. Exr):	FAX (A/C No.):
	EMAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED  Full Legal Name of Your Business Entity Address of Your Business Entity City, State, ZIP Code of Your Business Entity	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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.

TYPE OF INSURANCE	DECLINER INSR	DECLINER WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	X	Policy Number	04/01/2023	04/01/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED EQUIPMENT - (EA OCCURRENCE) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COM/OP AGG \$4,000,000 \$
<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			Policy Number	04/01/2023	04/01/2024	COMBINED SINGLE LIMIT (EA accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE COED    RETENTION \$			Policy Number	04/01/2023	04/01/2024	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in HI) If yes, describe under DESCRIPTION OF OPERATIONS below IF REQUIRED BY CONTRACT, ADDITIONAL INSURANCE SUCH AS PROFESSIONAL LIABILITY, ETC. - PLEASE ADD HERE		N/A	Policy Number	04/01/2023	04/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: It is agreed that the Board of County Commissioners of Hernando County, Florida, is included as Additional Insured with respect to the operations performed by the Named Insured if required by written contract per ISO Forms CGXXX CG2XXX.

CERTIFICATE HOLDER  BOARD OF COUNTY COMMISSIONERS HERNANDO COUNTY, FLORIDA 15470 FLIGHT PATH DR BROOKSVILLE, FL 34604-6823	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 SIGNATURE REQUIRED
-------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

# ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**INSERT DATE**

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  Full Legal Name of Your Insurance Company Address of Your Insurance Company City, State, ZIP Code of Insurance Company	<b>CONTACT NAME</b> _____
	PHONE (A/C No. Ext): _____ FAX (A/C. No.): _____ E-MAIL ADDRESS: _____ ADDRESS: _____
<b>INSURED</b>  Full Legal Name of Your Business Entity Address of Your Business Entity City, State, ZIP Code of Your Business Entity	INSURER A: _____
	INSURER B: _____
	INSURER C: _____
	INSURER D: _____
	INSURER E: _____
	INSURER F: _____

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.

TYPE	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROS-JECT <input type="checkbox"/> LOC OTHER: _____	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Policy Number	04/01/2023	04/01/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COM/PROP AGG \$4,000,000 \$ _____
A	<input checked="" type="checkbox"/> 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		Policy Number	04/01/2023	04/01/2024	COMBINED SINGLE LIMIT (Per accident) \$2,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE COB. RETENTION \$ _____	<input checked="" type="checkbox"/>	Policy Number	04/01/2023	04/01/2024	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$ _____
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Policy Number	04/01/2023	04/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
IF REQUIRED BY CONTRACT, ADDITIONAL INSURANCE SUCH AS PROFESSIONAL LIABILITY, ETC. - PLEASE ADD HERE						

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

RE: It is agreed that the Board of County Commissioners of Hernando County, Florida, is included as Additional Insured with respect to the operations performed by the Named Insured if required by written contract per ISO Forms CGXXX CG2XXX.

<b>CERTIFICATE HOLDER</b>  BOARD OF COUNTY COMMISSIONERS HERNANDO COUNTY, FLORIDA 15470 FLIGHT PATH DR BROOKSVILLE, FL 34604-6823	<b>CANCELLATION</b>  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 SIGNATURE REQUIRED
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# BONDING INFORMATION

- **BID BONDS – FOR CONSTRUCTION ONLY**

- BID OFFERS SHALL BE ACCOMPANIED BY EITHER A BID BOND, CERTIFIED CHECK, CASHIER'S CHECK, OR OFFICIAL BANK CHECK IN THE DOLLAR AMOUNT REPRESENTING **NOT LESS THAN FIVE PERCENT (5%) OF THE TOTAL AMOUNT BID** AS A GUARANTEE TO ENTER INTO A CONTRACT AND FURNISH A CONTRACT **PERFORMANCE AND PAYMENT BOND IN THE AMOUNT OF ONE HUNDRED PERCENT (100%) OF THE TOTAL BID PRICE** WITHIN FIFTEEN (15) CALENDAR DAYS FROM THE DATE OF NOTIFICATION OF THE AWARD.
- IS ASSURANCE THAT THE BIDDER IS SERIOUS AND WILL ENTER INTO A CONTRACT WITH THE COUNTY IN A TIMELY MANNER.
- SHOULD THIS FAIL – BID BOND CAN BE RETAINED BY COUNTY TO COVER COSTS OF FINDING A NEW VENDOR FOR THE CONTRACT.

# BONDING INFORMATION

**Payment and Performance Bonds** act as assurance that the work will be completed and subcontractors will be paid.

Is required on most construction projects and some smaller projects (Requirements will be found in the front-end documents of the solicitation)

Required by Florida Statute when construction exceeds \$200,000. Sometimes called Public Construction Bonds.

Must be official recorded at the Hernando County Clerk of Circuit Court.

Performance and Payment bonds in the amount of one hundred percent (100%) of the total bid price are due within fifteen (15) calendar days from the date of notification of the award.

**PLEASE NOTE:** Dates listed on the Performance and Payment Bonds cannot precede the date of the BOCC approval date!