

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION
BID PROPOSAL
 ADM-1412 (REV. 06/06)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print): South Coast Agricultural Services, LLC

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (In Figures)	TOTAL (In Figures)
1	500	Acre	Pre-Emergent: Price to include: move in, move out, mixing, spraying, labor, tools, equipment, and incidentals. As described in Exhibit A, Scope of Work	\$ 171.00	\$ 85,500.00
2	50	Acre	Contact Herbicide: Price to include: move in, move out, mixing, spraying, labor, tools, equipment and incidentals. As described in Exhibit A, Scope of Work	\$ 171.00	\$ 8,550.00

(1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.

(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.

TOTAL THIS PROPOSAL

\$ 94,050.00

ATTACHMENT 4
BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "Bid Submittal - Do Not Open".
- B. All required attachments are included with this certification sheet.
- C. I have read and understand the DVBE participation requirements and have included documentation demonstrating that I have met the participation goals.
- D. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- E. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

1. Company Name South Coast Services, LLC Agricultural	2. Telephone Number 707322-2865	2a. Fax Number () N/A
2b. Email Address SC.Vineyard@icloud.com		
3. Address 43209 Cinco Arroyos Fallbrook CA, 92028		
Indicate your organization type: 4. <input type="checkbox"/> Sole Proprietorship 5. <input type="checkbox"/> Partnership 6. <input checked="" type="checkbox"/> Corporation		
Indicate the applicable employee and/or corporation number: 7. Federal Employee ID No. (FEIN) 47-1837794 8. California Corporation No. 201425210144		
Indicate applicable license and/or certification information: 9. Contractor's State Licensing Board Number Pest Control Business License 39915 Qualified Applicator License 119638		
10. PUC License Number CAL-T- n/a		11. Bidder's Name (Print) Peter BRAUN
12. Title Owner		13. Signature PNB
14. Date 8-11-15		15. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as: a. Small Business Enterprise Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number: #1799941
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, enter your service code below:		

NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".

Date application was submitted to OSDS, if an application is pending: _____

16. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation?
 Yes No

If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.

7/30/2015 11:34 AM

BIDDER DECLARATION

- 1. Prime bidder information (Review attached Bidder Declaration Instructions prior to completion of this form):**
- a. Identify current California certification(s) (MB, SB, SB/NVSA, DVBE): SB or None ___ (If "None", go to Item #2)
 - b. Will subcontractors be used for this contract? Yes ___ No X (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.

 - c. If you are a California certified DVBE: (1) Are you a broker or agent? Yes ___ No X
(2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? Yes ___ No ___ N/A ___

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	CA Certification (MB, SB, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
NONE						

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

SECTION 1

Name of certified DVBE: Mystic Coast Insurance Services, Inc. DVBE Ref. Number: 1392240
 DBA: Mahan Insurance Brokers, Inc.

Description (materials/supplies/services/equipment proposed): Direct cost insurance services

Solicitation/Contract Number: 11A2324 SCPRS Ref. Number: _____

(FOR STATE USE ONLY)

SECTION 2

APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.

- I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete Section 3 below if renting equipment.
- Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). (Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

Robert G. Mahan _____ [Signature] 8/12/15
 (Printed Name of DV Owner/Manager) (Signature of DV Owner/Manager) (Date Signed)

 (Printed Name of DV Owner/Manager) (Signature of DV Owner/Manager) (Date Signed)

Firm/Principal for whom the DVBE is acting as a broker or agent: _____
 (If more than one firm, list on extra sheets.) (Print or Type Name)

Firm/Principal Phone: _____ Address: _____

SECTION 3

APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.

- Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. seq.
- The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in *Military and Veterans Code 999.2*, subsections (c) and (g). *Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.*

Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign):

 (Printed Name) (Signature) (Date Signed)

 (Address of Owner) (Telephone) (Tax Identification Number of Owner)

Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

 (Printed Name of DV Manager) (Signature of DV Manager) (Date Signed)

Page ____ of ____



ATTACHMENT 8
Invitation for Bid Number 11A2324

QUOTES FROM SB OR DVBE SUBCONTRACTORS

Bidder shall attach copies of **SB OR DVBE SUBCONTRACTORS** quotes (on SB or DVBE's letterhead) from any SB or DVBE subcontractors listed in the form GSPD-05-105. Refer to instructions in IFB Section D), Items 1 C and 2 A 2).

CERTIFIED DVBE Mahan Insurance
Brokers, Inc. providing Direct
Cost Insurance Services in the
Amount of \$3,200.



335 E Germann Rd., Suite 340
Gilbert, AZ 85297-2924
(480) 777-8911 * Phone
CA License #0B11985 dba UCPM Insurance Agency
www.ucpm.com

INDICATION

Thursday, August 13, 2015

FROM: Ryan Noble
TO: Mahan Insurance Brokers, Inc
ATTN: Mike Mahan

RE: South Coast Agricultural, LLC
Project Specific Quote - Caltrans Job

We are pleased to submit our proposal for the captioned subject. The quote is based on the following limits, coverage, etc. Please read the quote carefully as coverages being offered may be more limited than coverages requested.

Coverage: All terms per Carrier **Company:** Westchester Surplus Lines Insurance Company

Premium	\$2,500.00
Policy Fee	\$300.00
Surplus Lines Filing Fee	\$100.00
Surplus Lines Tax (CA) 3.000%	\$75.00
Surplus Lines Stamping Fee (CA) 0.200%	\$5.00

Total Due from the Insured w/o Terrorism \$2,980.00 + \$300 = \$3,280

Taxes shown above will increase if terrorism coverage is added to the premium. Details for purchasing terrorism coverage follow, but are not included in the above calculations.

Payment is due to UCPM, Inc. within 15 days from the effective date of coverage.

The quoted coverage is subject to the receipt and satisfactory review of the following information prior to binding unless otherwise noted:

- Written instructions to accept or reject terrorism in the bind request
- Completed signed and dated carrier application
- 3 years currently valued GL loss runs
- Resumes of key personnel, statement of qualifications and certifications
- CA D-1 form

UCPM can handle the surplus lines filing for fee as quoted after receipt of any necessary affidavits.

Quote is valid for 30 days from the date of this proposal, or until the Expiration Date of the current policy, whichever is sooner.

Note: Higher limits may be available for most risks. Payment of premium or receipt of a policy number does not guarantee coverage if there are binding subjectivities outstanding.