ATTACHMENT 3

REQUIRED RESPONSE FORMS

5. Required Statutory Forms

Each of the following forms must be completed, signed (and notarized where indicated), and returned with the proposal. Failure to include any required form may render a proposal non-responsive. Proposers shall complete the coverage/premium response tables and the statutory forms in this attachment.

Where the County currently carries a specialty line (e.g., Firefighter Cancer Benefit, Storage-Tank/Pollution, Antenna/Tower Liability, AD&D, Flood), proposers shall quote comparable coverage or expressly note any exception.

Qualifications Summary

Agent/Broker Name: _____

Agency or Firm Name: _____

Address: _____

Telephone: _____

Email Address: _____

Number of years in business: _____

Number of public entities served: _____

Number of Florida counties served: _____

Florida premium volume: _____

Do you have experience placing property coverage for similar-sized public entities? If yes, list the entities/counties and type of insurance (attach sheets as needed).

List key personnel assigned to the County's account, including licenses held and years of public-entity experience.

This document must be completed and returned with your proposal.

Coverages, Limits & Premiums

Complete a Limit, Deductible and Premium for each line. Provide the proposed agent/broker, insurer, and A.M. Best rating beneath each section.

PROPERTY	Limit	Deductible
Blanket Buildings & Contents		
Equipment Breakdown		
Business Income		
Errors & Omissions		
Demolition & Increased Cost of Construction		
Additional Expense		
Named Windstorm		
Earth Movement		
Flood		
Total Annual Premium		

Proposed Agent/Broker: _____ Insurer: _____ A.M. Best Rating: _____

INLAND MARINE	Limit	Deductible
Blanket Unscheduled Inland Marine		
Scheduled Contractors / Mobile Equipment		
Rented / Borrowed / Leased Equipment		
Communications Equipment		
Valuable Papers		
Watercraft		
Total Annual Premium		

Proposed Agent/Broker: _____ Insurer: _____ A.M. Best Rating: _____

CRIME	Limit	Deductible
Employee Dishonesty		
Forgery & Alteration		
Theft, Disappearance & Destruction		
Computer Fraud / Funds Transfer Fraud		
Total Annual Premium		

Proposed Agent/Broker: _____ Insurer: _____ A.M. Best Rating: _____

GENERAL LIABILITY	Limit	Deductible
General Liability		
Employee Benefits Liability		
Medical Payments		
Total Annual Premium		

Proposed Agent/Broker: _____ Insurer: _____ A.M. Best Rating: _____

AUTOMOBILE	Limit	Deductible
Automobile Liability		
Uninsured/Underinsured Motorist		
Medical Payments		
Physical Damage — Comprehensive		
Physical Damage — Collision		
Hired Auto Physical Damage		
Total Annual Premium		

Proposed Agent/Broker: _____ Insurer: _____ A.M. Best Rating: _____

PUBLIC OFFICIALS & EMPLOYMENT PRACTICES LIABILITY	Limit	Deductible
Public Officials Liability		
Employment Practices Liability		
Cyber Liability		
Total Annual Premium		

Proposed Agent/Broker: _____ Insurer: _____ A.M. Best Rating: _____

DEADLY WEAPON PROTECTION	Limit	Deductible
Third-Party Liability		
Crisis Management		
Counseling Services		
Funeral Expenses		
Total Annual Premium		

Proposed Agent/Broker: _____ Insurer: _____ A.M. Best Rating: _____

STORAGE TANK / POLLUTION LIABILITY	Limit	Deductible
Storage Tank Pollution Liability		
Total Annual Premium		

Proposed Agent/Broker: _____ Insurer: _____ A.M. Best Rating: _____

ANTENNA / TOWER GENERAL LIABILITY	Limit	Deductible
Tower / Antenna General Liability		
Total Annual Premium		

Proposed Agent/Broker: _____ Insurer: _____ A.M. Best Rating: _____

FIREFIGHTER CANCER BENEFIT (§112.1816, Fla. Stat.)	Limit	Deductible
Diagnosis Benefit		
Death Benefit		
Total Annual Premium		

Proposed Agent/Broker: _____ Insurer: _____ A.M. Best Rating: _____

ACCIDENTAL DEATH & DISMEMBERMENT (VOLUNTEER/RESPONDER)	Limit	Deductible
AD&D Statutory Benefit		

ACCIDENTAL DEATH & DISMEMBERMENT (VOLUNTEER/RESPONDER)	Limit	Deductible
Total Annual Premium		

Proposed Agent/Broker: _____ Insurer: _____ A.M. Best Rating: _____

FLOOD (NFIP / EXCESS)	Limit	Deductible
Scheduled Flood Locations		
Total Annual Premium		

Proposed Agent/Broker: _____ Insurer: _____ A.M. Best Rating: _____

WORKERS' COMPENSATION

WORKERS' COMPENSATION	Limit	Retention
Workers' Compensation — Statutory		
Employers' Liability		
Total Annual Premium		

Are full statutory limits proposed? Yes ____ No ____ Who will administer claims? _____

This document must be completed and returned with your proposal.

Proposal Premium Summary (2026–2027)

Annual Premium	Amount
Property (including Flood)	$
Inland Marine	$
Crime	$
General Liability	$
Law Enforcement Liability	$
Public Officials & Employment Practices Liability	$
Cyber Liability	$
Automobile	$
Storage Tank / Pollution	$
Antenna / Tower Liability	$
Firefighter Cancer Benefit	$
Accidental Death & Dismemberment	$
Workers' Compensation	$
TOTAL ANNUAL PREMIUM — ALL COVERAGES QUOTED	**$**

Three-year rate guarantee option? Yes ____ No ____

OTHER Offerings and Alternative Options

This document must be completed and returned with your proposal.

References

Provide at least five (5) references (preferably public entities of similar size, complexity and magnitude), including organization, address, contact, phone, and insurance service provided.

1. Organization: _____ Contact: _____ Phone: _____
   Service: _____

2. Organization: _____ Contact: _____ Phone: _____
   Service: _____

3. Organization: _____ Contact: _____ Phone: _____
   Service: _____

4. Organization: _____ Contact: _____ Phone: _____
   Service: _____

5. Organization: _____ Contact: _____ Phone: _____
   Service: _____

This document must be completed and returned with your proposal.

DRUG-FREE WORKPLACE CERTIFICATION

In accordance with §287.087, Florida Statutes, the undersigned firm _____ certifies that it:

- Publishes a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against violations.
- Informs employees about the dangers of drug abuse in the workplace, the firm's policy of maintaining a drug-free workplace, available counseling/rehabilitation/employee-assistance programs, and the penalties for violations.
- Gives each employee engaged in providing the contractual services a copy of the statement above.
- Notifies employees that, as a condition of working on the contractual services, the employee will abide by the statement and notify the employer of any conviction under Chapter 893, Florida Statutes, or any controlled-substance law, for a violation occurring in the workplace no later than five (5) days after such conviction.
- Imposes a sanction on or requires satisfactory participation in a drug-abuse assistance or rehabilitation program by any employee so convicted.
- Makes a good-faith effort to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

Firm: _____

Authorized Signature: _____ Date: _____

This document must be completed and returned with your proposal.

SWORN STATEMENT ON PUBLIC ENTITY CRIMES (§287.133(3)(a), Fla. Stat.)

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to Gilchrist County, Florida

by _____ (print name and title)

for _____ (name of entity), whose business address is

_____ and (if applicable) whose FEIN is

_____.

2. I understand that a "public entity crime" as defined in §287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity, including any bid or contract for goods or services, and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in §287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction, with or without adjudication of guilt, in any federal or state trial court of record, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. Based on information and belief, the statement I have marked below is true (indicate which applies):

_____ Neither the entity nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents active in management, nor any affiliate, has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity or one or more of the above persons has been charged with and convicted of a public entity crime subsequent to July 1, 1989. (Attach details.)

_____ The entity or one or more of the above persons has been charged with and convicted of a public entity crime subsequent to July 1, 1989, but a subsequent Final Order by a Hearing Officer determined it was not in the public interest to place the entity on the convicted vendor list. (Attach a copy of the final order.)

Signature: _____ Date: _____

State of Florida, County of _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization,

this _____ day of _____, 20_____, by _____.

_____ ☐ Personally Known ☐ Produced Identification

Notary Public Signature Type of ID: _____

Printed Name: _____ My Commission Expires: _____ (Seal)

This document must be completed and returned with your proposal.

CONFLICT OF INTEREST DISCLOSURE

I HEREBY CERTIFY that I, _____ (printed name), am the _____ (title) and duly authorized representative of _____ (firm), whose address is _____, and that I possess the legal authority to make this affidavit; and that:

- Except as listed below, no employee, officer, or agent of the firm has any conflict of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and
- This proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud.

EXCEPTIONS (list, or write "NONE"): _____

Signature: _____ Printed Name: _____

Firm: _____ Date: _____

This document must be completed and returned with your proposal.

E-VERIFY / IMMIGRATION AFFIDAVIT (§448.095, Fla. Stat.)

Pursuant to §448.095, Florida Statutes, the successful proposer and its subcontractors must register with and use the E-Verify system to verify the work authorization status of all newly hired employees. Proposer must provide evidence of enrollment (a copy of the E-Verify Company Profile page or executed Memorandum of Understanding) with its proposal.

Gilchrist County will not knowingly award a contract to any firm that employs unauthorized aliens in violation of 8 U.S.C. §1324a. The undersigned attests full compliance with all applicable immigration laws and agrees to comply with §448.095, Florida Statutes, and to provide proof of E-Verify enrollment at the time of proposal submission.

Company Name: _____

Print Name / Title: _____ Signature: _____ Date: _____

State of Florida, County of _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20_____, by _____.

_____ ☐ Personally Known ☐ Produced Identification

Notary Public Signature Type of ID: _____

Printed Name: _____ My Commission Expires: _____ (Seal)

This document must be completed and returned with your proposal.

HOLD HARMLESS / INDEMNIFICATION AGREEMENT

The successful proposer agrees to indemnify, hold harmless, and defend Gilchrist County against all claims for bodily injury, sickness, disease, death, personal injury, or damage to property or loss of use, arising out of or resulting, in whole or in part, from a negligent act or omission or willful misconduct of the proposer or its employees, subcontractors, agents, or representatives.

The proposer shall purchase and maintain workers' compensation and employers' liability insurance in accordance with Chapter 440, Florida Statutes, and any other coverage required by law, evidenced by Certificates of Insurance provided to the County. By signing this form, the proposer agrees to the Hold Harmless Agreement and to abide by all insurance requirements for the duration of the resulting contract.

Print Name: _____ Signature: _____

Firm: _____ Date: _____

This document must be completed and returned with your proposal.

PUBLIC RECORDS COMPLIANCE (§119.0701, Fla. Stat.)

The successful proposer shall comply with Florida's public records law, including: keeping and maintaining public records; providing copies upon request at the cost provided by law; ensuring exempt or confidential records are not disclosed except as authorized; and, upon completion of the contract, transferring or keeping and maintaining public records as required.

IF THE PROPOSER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO ITS DUTY TO PROVIDE PUBLIC RECORDS, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT: (352) 463-3170, tnewton@gilchrist.fl.us, 112 S. Main Street, Trenton, FL 32693.

Firm: _____ Authorized Signature: _____

Date: _____

This document must be completed and returned with your proposal.