



PINAL COUNTY  
wide open opportunity

## Offer and Acceptance

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

### OFFER AND ACCEPTANCE FORM

TO PINAL COUNTY:

The undersigned hereby offers and agrees to furnish the material, service, or construction in compliance with all terms, conditions, specifications, and amendments in the Solicitation.

Ray Clay MANAGING PARTNER  
 Authorized Signature Title

RAY CLAY 11/15/2015  
 Printed Name Date

RC TOWING LTD LLC 520-836-1983  
 Company Name Telephone

509 W COTTONWOOD LANE, CASA GRANDE, AZ 85122  
 Address City, State, Zip

For clarification of this offer, contact:

Name: RAY CLAY Phone: 520-836-1983 Fax: 520-836-2394

Email: rctowing@gmail.com

### ACCEPTANCE OF OFFER (For Pinal County Use Only)

The offer is hereby accepted and the Responder is now bound to sell or provide the materials, services, or construction as indicated by the Purchase Order or Notice of Award and based upon the solicitation, including all terms, conditions, specifications, amendments, etc. and the Offer as accepted by Pinal County.

The contract is for:

This contract shall henceforth be referenced to as Contract No. 150720. The Offeror is cautioned not to commence any billable work or to provide any material or service under this contract until Offeror receives an executed purchase order or notice to proceed.

Awarded this 2nd day of March 2016.

Todd House [Signature]  
 Name (Print) Title Signature

Approved as to form: [Signature]  
 Pinal County Attorney's Office



**P I N A L • C O U N T Y**  
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## Offer and Acceptance

Pinal County  
Finance Department  
31 N. Pinal St.  
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P.O. Box 1348  
Florence, AZ 85132

### OFFER AND ACCEPTANCE FORM – Page 2

By signing the previous page of the Offer and Acceptance Form, Responder certifies:

- A. The submission of the bid did not involve collusion or other anti-competitive practices.
- B. The Responder shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246.
- C. The Responder has not given, offered to give, nor intends to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the Submittal.
- D. The Responder certifies that it complies with Executive Order 12549 related to Federal Government Debarment and Suspension (see 4-7)
- E. The Responder certifies that the individual signing the bid is an authorized agent for the Responder and has the authority to bind them to the contract.

**RC TOWING LTD LLC**

Firm

  
Authorized Signature **RAY CLAY**

**ORIGINAL**

**RFP-150720**

**RC TOWING LTD, LLC  
509 W COTTONWOOD LANE  
CASA GRANDE, AZ 85122**

**(520) 836-1983**

**RAY CLAY, MANAGING PARTNER**

**RFP-150720**

**SECTION "1"**



PINAL COUNTY  
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## Addendum Acknowledgement Form

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

### ADDENDUM ACKNOWLEDGEMENT FORM

Solicitation Addendums are posted on the Pinal County website at the following address:

<http://pinalcountyz.gov/Departments/Finance/Pages/BidsProposals.aspx> . It is the responsibility of the Responder to periodically check this website for any Solicitation Addendum.

This page is used to acknowledge any and all addendums that might be issued. Any addendum issued within five days of the solicitation due date, will include a new due date to allow for addressing the addendum issues. Your signature indicates that you took the information provided in the addendums into consideration when providing your complete response.

Please sign and date:

ADDENDUM NO. 1 Acknowledgement Ray Clay 11-15-15  
Signature Date

ADDENDUM NO. 2 Acknowledgement \_\_\_\_\_  
Signature Date

ADDENDUM NO. 3 Acknowledgement \_\_\_\_\_  
Signature Date

*If no addendums were issued*, indicate below, sign the form and return with your response.

RC TOWING LTD LLC  
Firm

\_\_\_\_\_  
Authorized Signature



**PINAL COUNTY**  
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## Responder's Checklist

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

### RESPONDERS CHECKLIST

	Yes/No
Did you <b>sign</b> your Offer sheet? <i>See Page 39 &amp; 40 of this solicitation.</i>	<b>YES</b>
Did you acknowledge all addendums, if any? <i>See page 36. Any addendums would be posted on the Pinal County website on the Bids/Proposals page of the Finance/Purchasing Department.</i>	<b>YES</b>
Did you complete all required Response Forms? <i>Any Response forms would be posted on the Pinal County website on the Bids/Proposals page of the Finance/Purchasing Department.</i>	<b>YES</b>
Did you include your W-9 Form? <i>See page 37 of this solicitation.</i>	<b>YES</b>
Did you include any necessary attachments?	<b>YES</b>
Is the outside of your sealed submittal marked with the Solicitation #, Due Date and Time? <i>See page 1 for this information.</i>	<b>YES</b>
Did you include one original and the required number of copies? <i>See page 1 for the quantity.</i>	<b>YES</b>
Did you follow the order for submissions of documents? <i>See Section 3.4, - Offer format in the Special Instructions of this solicitation.</i>	<b>YES</b>
Did you include proof of insurance(s) if requested?	<b>YES</b>

**RFP-150720**

**SECTION "2"**

**Responder Name:** RC TOWING LTD, LLC

Responders shall complete the following Response Form, indicating their responses in the spaces provided. Additional pages may be added so long as they are clearly referenced in the spaces provided.

**Please note: Any exception and the total number of exceptions taken will negatively affect your evaluation score. Compliance to Terms and Conditions has been identified as an evaluation criterion for this solicitation.**

Any exception not contained within this section of the solicitation will be deemed invalid and will not be considered.

### **Acceptability of Responses**

Offers that do not include fully completed copies of Response Forms 1, 2, 3, 4, 5 and 6 may cause the entire offer to be deemed unacceptable and therefore non-responsive. Forms with incomplete or unacceptable responses will also be considered non-responsive.

#### **1 Capacity of Responder**

- 1.1 Responder shall describe their company history including company full legal name, primary business location, years in business, ownership structure, and website, if applicable..

*RC TOWING LTD., LLC. dba RC TOWING 509 W Cottonwood Lane, Casa Grande, AZ 85122. We have been in business 32 years. We are operating as an Limited Liability Company (based on Partnership) Ray and Lynda Clay are managing partners. Website is rctowing.com*

- 1.2 Responder shall list current contracts with other entities.

*Motor Clubs: Allstate; Road America; National Motor Club; DPS and City of Casa Grande*

- 1.3 Responder shall list equipment, storage lot(s) and personnel commitments they have with other entities (i.e. police departments, local governments, etc.).

*See Attached Attachment "A"*

- 1.4 Responder shall provide a minimum of three (3) references who can comment on their work. References from public entities are preferred. Responder must include phone, fax, email and physical address of each reference.

*1. Southwest Ambulance, 617 W Main, Mesa, AZ 85210 (520) 876-0168, Fax (480) 655-7438, email: gegory.aguilar@rmetro.com;*

*2. Jones Auto Center, 1932 N Pinal Ave., Casa Grande, AZ 85122, (520) 836-3100; Fax: (502) 421-2779, email: eric@jonesautocenter.com;*

*3. Uhaul 11298 S Priest Dr., Tempe, AZ 85284 (480) 893-8752 fax: (480) 598-8788 email: mike\_fueschel@uhaul.com*

- 1.5 Responder shall complete Response Form 2 – Tow Designation & Equipment List to specify which districts they are submitting a proposal for and provide a listing of equipment to be used within that district.

- 1.6 Responder shall complete Response Form 3 – Storage Facility List to provide listing of storage

facilities to be used under this contract.

- 1.7 Responder shall complete Response Form 4 – Personnel List to provide listing of personnel to be employed under this contract.
- 1.8 Responder shall complete Response Form 5 – Insurance Requirement to provide confirmation of required insurance coverage under this contract.

**2 Method of Approach**

- 2.1 Responder shall list and describe the dispatching equipment.

*24 hour dispatch by telephone and smart phones*

- 2.2 Responder shall describe their vehicle record keeping process and procedures.

*Tracker Management computer system*

- 2.3 Responder shall describe their proposed method for maintaining service coverage and service response time requirements.

*Tracker Management computer system*

- 2.4 Responder shall describe their familiarity with the internet and Google Documents (Google Docs).

*Very Familiar*

**3 Conformance to Terms and Conditions and Scope of Services**

**Response Form Responses**

RC TOWING LTD, LLC have read, understand, and shall comply with all Terms and Conditions. Responders that accept the County's Terms and Conditions shall check **YES** to clearly indicate their acceptance. Responders who take exception to the County's Terms and Conditions shall check **NO** and clearly indicate their exception(s) and provide Responder's suggested language.

**YES**, I acknowledge that I have read and understand all Terms and Conditions and will comply in any resultant contract.

**NO**, I acknowledge that I have read, understand all Terms and Conditions and will comply in any resultant contract with the exceptions listed below.

**Exceptions (If checked NO)**

Responders that take exception to any Terms and Conditions shall justify their exception as well as proposing any changes to the County's language with the Responder's suggested changes clearly indicated. Additional pages may be added so long as they are clearly referenced in the spaces provided. **Please note that taking exception to any Terms and Conditions may affect your evaluation score.** Both the number of exceptions and the severity of the exceptions can affect your score and may have you deemed non-responsive for this solicitation.

Cite the specific Term and Condition for which an exception is taken:

Responder's justification for the exception:

Responder's suggested changes:

RC TOWING LTD, LLC have read, understand, and shall comply with the Scope of Services. Responders that accept the Scope of Services shall check **YES** to clearly indicate their acceptance. Responders who take exception to any item in the Scope of Services shall likewise check **NO** and clearly indicate their exception and provide Responder's suggested language.

any  **YES**, I acknowledge that I have read and understand the Scope of Services and will comply in resultant contract.

resultant  **NO**, I acknowledge that I have read, understand the Scope of Services and will comply in any contract with the exceptions listed below.

Cite the specific item in the Scope of Service for which an exception is taken: *N/A*

Responder's justification for the exception: *N/A*

Responder's suggested changes: *N/A*

**End of Response Form 1 for RFP-150720 PCSO Towing Services**

# **RFP-150720**

## **FORM 1 RESPONSE PARAGRAPH 1.3**

### **Attachment "A"**

#### **BRIEF HISTORY OF COMPANY:**

OUR COMPANY HAS BEEN IN THE TOWING & RECOVERY BUSINESS FOR OVER 32 YEARS. RC TOWING BEGAN IN 1983 AFTER STARTING AND WORKING IN MANY OF THE LOCAL CASA GRANDE TOWING COMPANIES. WE HAVE BEEN AND ARE CURRENTLY INVOLVED AS MEMBERS OF THE (NTRAA) NATIONAL TOWING & RECOVERY ASSOCIATION OF AMERICA.

LIST EQUIPMENT, STORAGE LOTS AND PERSONNEL COMMITMENTS YOUR COMPANY HAS WITH OTHER ENTITIES:

**EQUIPMENT IS LISTED IN SECTION 2 - RESPONSE FORM 2;**

**STORAGE LOTS ARE LISTED IN SECTION 2 - RESPONSE FORM 3:**

#### **PERSONNEL COMMITMENTS:**

WE ARE CONTRACTED WITH THE CASA GRANDE POLICE DEPARTMENT FOR ALL FATALS AND SEIZURES. WE ARE ALSO ON A ROTATION LIST WITH THE FOLLOWING ENTITIES: CASA GRANDE POLICE DEPARTMENT, THE U.S. BORDER PATROL , ARIZONA DEPT OF SAFETY AND THE PINAL COUNTY SHERIFF'S OFFICE.



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RFP-150720  
PCSO Towing Services  
Response Form 2 –  
Tow Designation & Equipment List

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

**TOW DESIGNATION & EQUIPMENT LIST**

Towing and storage services for public vehicles will be awarded by geographic areas (tow districts) and on a rotational basis per the County defined tow boundaries for PCSO requested services. The responder must have and maintain a properly zoned storage facility within each tow district that they are submitting a proposal for. In addition, the responder shall have a separate tow vehicle for each district they are submitting a proposal for. The same tow vehicle shall not be used for two districts, however a medium duty truck may be used for medium duty and light duty within the same district and a heavy duty truck may be used for heavy duty, medium, and light duty within the same district.

The responder shall provide a detailed list and description of the tow vehicles your company will utilize under this contract. Use additional pages as necessary.

Tow District Vehicle will be utilized for (only 1 district per vehicle)	Make	Yr	VIN #	LIC #	MFG. GVW	TYPE Light (L) Medium (M) Heavy Duty (H)	Winch Capacity	Vehicle Inspection Date & Owner
D1	CHEV	2000	1GBK7HIC7YJ516815	CD08112	25,950	MEDIUM	30,000	RAY GLAY 06/12/15
D2	FORD	2003	3FDNX65Y73MB01018	CD08115	26,000	LIGHT	8,000	RAY GLAY 06/12/15
D1	FORD	2003	3FDNX65Y73MB04601	CE13131	26,000	LIGHT	8,000	RAY GLAY 06/12/15
D3	FORD	2004	3FRWX75F74V673279	CD08118	26,000	MEDIUM	22,000	RAY GLAY 06/12/15
D4	FORD	2005	1FDAX56P95EC21376	CD72817	19,000	LIGHT	16,000	RAY GLAY 06/12/15

RC TOWING LTD, LLC

Firm/Individual

Authorized Signature and Date

11/14/2015

**END OF TOW EQUIPMENT LIST**



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RFP-150720  
 PCSO Towing Services  
 Response Form 3 –  
 Storage Facility List

Pinal County  
 Finance Department  
 31 N. Pinal St.  
 Bldg. A  
 P.O. Box 1348  
 Florence, AZ 85132

**STORAGE FACILITY LIST**

The Responder must have and maintain a properly zoned storage facility within each tow district that they are submitting a proposal for. The responder shall provide a detailed list and description of their vehicle storage facilities that will be utilized under this contract. Use additional pages as necessary.

Tow District Storage Lot is located in	Location (address and nearest cross streets)	Capacity (# of vehicles)	Lot Size (in feet width x length)	Zoning Code	Storage Lot Owner	Security (lighting, fencing, etc)
CASA GRANDE	517 W COTTONWOOD LANE	100	165X150	B.4	RAY CLAY	10' BLOCK WALL; 4' ELECTRICAL SEC FENCE ON TOP
CASA GRANDE	501 W COTTONWOOD LANE	75	100X140	B.4	RAY CLAY	10' BLOCK WALL; 4' ELECTRICAL SECURITY FENCE ON TOP
ARIZONA CITY	13035 KASHMIR	300	160X270	I.1	RAY CLAY	6' BLOCK WALL; RAZOR ON TOP

**END OF STORAGE FACILITY LIST**



**PINAL COUNTY**  
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**RFP-150720  
PCSO Towing Services  
Response Form 4 –  
Personnel List**

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

**PERSONNEL LIST**

All tow truck personnel shall adhere to qualifications listed in the Statement of Work.

The responder shall provide the following information for all personnel who will be performing work under this contract. Use additional pages as necessary.

NAME	DATE OF BIRTH	DRIVERS LICENSE # AND CLASS	START DATE WITH COMPANY	YEARS EMPLOYED BY CONTRACTOR	EXPERIENCE IN INDUSTRY (YRS)
RAY CLAY	12/29/49	B9644443	06/83	33 YRS	55 YRS
LYNDA CLAY	06/23/49	B10389705	06/83	33 YRS	33 YRS
SAM BELLAMY	01/17/67	D02266118	06/00	15 YRS	17 YRS
SHAWN BELLAMY	04/11/89	D0318464	12/13	2 YRS	4 YRS
RAY WILLIAMS	02/08/68	A1438234	10/10	5 YRS	6 YRS

**END OF PERSONNEL LIST**



PINAL COUNTY  
wide open opportunity

RFP-150720  
PCSO Towing Services  
Response Form 5 –  
Insurance Requirements

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

**SEE ATTACHED  
INSURANCE REQUIREMENTS**

Per the terms and conditions of this solicitation, the Responder shall furnish the state certification from insurer(s) for coverage in the minimum amounts stated below. The coverage shall be maintained in full force and effect during the term of the contract and shall not serve to limit any liabilities or any other Contractor obligations.

Name and Address of Insurance Agency:		Company Letter:	Companies Affording Coverage (Include A.M. Best Rating):	
		A		
		B		
Name and Address of Insured:		C		
		D		
TYPE OF INSURANCE	CO. LTR	LIMITS OF LIABILITY MINIMUM – EA. OCCUR.	POLICY NUMBER	DATES OF POLICY
Commercial General Liability or Garage Liability		\$1,000,000.00 per occurrence/ \$2,000,000 general aggregate		
Business Automobile Liability		\$1,000,000.00 per occurrence		
With On-hook Endorsement with no exclusions for "dropped car" or improper towing techniques.				
Garage Keepers Legal Liability – Direct Primary Coverage		\$50,000.00 per vehicle \$100,000.00 (Heavy Duty)		
Statutory Limits Worker's Compensation (Exempt if company is operated as owner/operator, and does not hire employees to perform towing services) Employers Liability		\$100,000.00/ \$100,000.00 \$500,000.00		
Other:				
State of Arizona and the Arizona Department of Public Safety are added as additional insured's as required by statute, contract, purchase order, or otherwise requested. It is agreed that any insurance available to the named insured shall be primary of other sources that may be available.		It is further agreed that no policy shall expire, be canceled or materially changed to affect the coverage available to the state without thirty (30) days written notice to the State. This Certificate is not valid unless countersigned by an authorized representative of the insurance company.		
Name and Address of Certificate Holder:		Date Issued:		
Pinal County Sheriff's Office 971 N Jason Lopez Circle, Bldg C Florence, AZ 85232				

**END OF INSURANCE REQUIREMENTS**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/9/2015

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 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> AAA Arizona, Inc. 2375 E Camelback Road Suite 500 Phoenix AZ 85016	<b>CONTACT NAME:</b> Jody-Marie Frankovits <b>PHONE (A/C, No, Ext):</b> (602) 393-6000 <b>E-MAIL ADDRESS:</b> jfrankovits@arizona.aaa.com	<b>FAX (A/C, No):</b> (602) 242-6885
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> RC Towing Ltd., LLC 509 W Cottonwood Lane Casa Grande AZ 85122	<b>INSURER A:</b> Plaza Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** 15-16 AUTO PKG                      **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 SUBR INSD LWD	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PTOWK007198-00	9/30/2015	9/30/2016	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 3,000,000
						PRODUCTS - COMP/OP AGG	\$ 3,000,000
							\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		PTOWK007198-00	9/30/2015	9/30/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
						UM/UIM CSL (each)	\$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	Motor Truck Cargo		PTOWK007198-00	9/30/2015	9/30/2016	Single Conveyance/\$100,000	Ded. \$1000
A	Garagekeepers		PTOWK007198-00	9/30/2015	9/30/2016	Direct Primary/\$100,000	Ded. \$500/\$2500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: RFP-150720; PCSO Towing Services

As respects liability arising out of the Insured's towing operations, Pinal County Sheriff's Office is included as Additional Insured. Waiver of Subrogation applies in favor of Pinal County Sheriff's Office for losses arising from work performed by the Insured. Please refer to Forms CG20260413, CG24040509 and CA04441013.

<b>CERTIFICATE HOLDER</b>  Pinal County Sheriff's Office 971 N Jason Lopez Circle Building C Florence, AZ 85232	<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  John Giuffre/CSRJFR 

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**THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:  
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured RC Towing Ltd., LLC.	
Endorsement Effective 11/09/2015	Policy Number PTOWK007198-00

**SCHEDULE**

<b>Name of Additional Insured Person(s) or Organization(s):</b> Arizona Department of Public Safety, State of Arizona ATTN: Deborah Paddock Pinal County Sheriff's Office
---

**A. Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule above, but only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

arising out of use of a covered "auto" in your business when such use is pursuant to a written contract or agreement between you and the additional insured.

**B.** With respect to the insurance afforded to the additional insured, the following additional exclusions apply:  
This insurance does not apply to:

1. "Bodily injury" or "property damage" arising out of the maintenance of a covered "auto" by the additional insured;
2. "Bodily injury" or "property damage" for which the additional insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the additional insured would have in the absence of the contract or agreement; and
3. Any "accident" which takes place after the contract or agreement between you and the additional insured is terminated.

C. The insurance provided under this endorsement is excess over any other valid and collectible insurance available to the additional insured, unless you have agreed in a written contract or agreement for this insurance to apply on a primary or non-contributory basis.

**All Other Terms and Conditions Remain Unchanged.**

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Person Or Organization:**

Pinal County Sheriff's Office

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions:**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

Arizona Department of Public Safety, State of Arizona ATTN: Deborah Paddock

Pinal County Sheriff's Office

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<p><b>Named Insured:</b> RC Towing Ltd., LLC.</p> <p><b>Endorsement Effective Date:</b> 11/9/2015</p>
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**SCHEDULE**

<p><b>Name(s) Of Person(s) Or Organization(s):</b> Pinal County Sheriff's Office</p>
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<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>
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The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/9/2015

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 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> AAA Arizona, Inc. 2375 E Camelback Road Suite 500 Phoenix AZ 85016		<b>CONTACT NAME:</b> Jody-Marie Frankovits <b>PHONE (A/C No, Ext):</b> (602) 393-6000 <b>FAX (A/C No):</b> (602) 242-6885 <b>E-MAIL ADDRESS:</b> jfrankovits@arizona.aaa.com															
<b>INSURED</b> RC Towing Ltd., LLC 509 W Cottonwood Lane Casa Grande AZ 85122		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Plaza Insurance Company</td> <td></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> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Plaza Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:																	

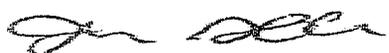
**COVERAGES**                      **CERTIFICATE NUMBER:** 15-16 AUTO PKG                      **REVISION NUMBER:**

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 SUBR INSD 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X Y	PTOWK007198-00	9/30/2015	9/30/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X Y	PTOWK007198-00	9/30/2015	9/30/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM/UIM CSL (each) \$ 1,000,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE      OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo		PTOWK007198-00	9/30/2015	9/30/2016	Single Conveyance/\$100,000      Ded. \$1000
A	Garagekeepers		PTOWK007198-00	9/30/2015	9/30/2016	Direct Primary/\$100,000      Ded. \$500/\$2500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: RFP-150720; PCSO Towing Services

As respects liability arising out of the Insured's towing operations, Pinal County Sheriff's Office is included as Additional Insured. Waiver of Subrogation applies in favor of Pinal County Sheriff's Office for losses arising from work performed by the Insured. Please refer to Forms CA04441013, PIC10320(09/08), CG20260413, and CG24040509.

<b>CERTIFICATE HOLDER</b>  Pinal County Sheriff's Office 971 N Jason Lopez Circle Building C Florence, AZ 85232	<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  John Giuffre/CSRJFR 
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**Lori Pruitt**

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**To:** rctowing@gmail.com  
**Subject:** RFP 150720 PCSO Towing Services - ADDITIONAL INFORMATION REQUESTED  
**Attachments:** 20151123\_142134\_fb95b7dd18.pdf

Good afternoon.

Thank you for submitting your proposal for RFP 150720 – PCSO Towing Services. In reviewing your proposal, we found some incomplete or missing information. To remain in consideration of this award, I ask that you please respond to this request for additional information by **Wednesday, November 25, 2015, at 5pm** Arizona Time.

- Response Form 3 – Please clarify the district # that each of the three storage facilities are located in.

You can respond either by email to [lori.pruitt@pinalcountyaz.gov](mailto:lori.pruitt@pinalcountyaz.gov) or via mail to:

Pinal County Finance Department  
Attn: Lori Pruitt  
RE: RFP 150720 – PCSO Towing Services - Requested Information  
31 N. Pinal Street, Bldg A  
PO Box 1348  
Florence, AZ 85132

If you have any questions, please contact me at 520-866-6262 or [lori.pruitt@pinalcountyaz.gov](mailto:lori.pruitt@pinalcountyaz.gov). Thank you.

Lori Pruitt  
Buyer II  
Pinal County  
520.866.6262

P I N A L C O U N T Y  
*bold open opportunity*



RFP-150720  
 PCSO Towing Services  
 Response Form 3 -  
 Storage Facility List

Pinal County  
 Finance Department  
 31 N. Pinal St.  
 Bldg: A  
 P.O. Box 1348  
 Florence, AZ 85132

**STORAGE FACILITY LIST**

The Responder must have and maintain a properly zoned storage facility within each tow district that they are submitting a proposal for.  
 The responder shall provide a detailed list and description of their vehicle storage facilities that will be utilized under this contract. Use additional pages as necessary.

Tow District Storage Lot is located in	Location (address and nearest cross streets)	Capacity (# of vehicles)	Lot Size (in feet width x length)	Zoning Code	Storage Lot Owner	Security (lighting, fencing, etc)
D3	517 W COTTONWOOD LANE	100	165X150	B.4	RAY CLAY	10' BLOCK WALL; 4' ELECTRICAL SEC FENCE ON TOP
D3	501 W COTTONWOOD LANE	75	100X140	B.4	RAY CLAY	10' BLOCK WALL; 4' ELECTRICAL SECURITY FENCE ON TOP
D2	13035 KASHMIR	300	160X270	I.1	RAY CLAY	6' BLOCK WALL; RAZOR ON TOP

END OF STORAGE FACILITY LIST