



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.

Ken Sutton  
Authorized Signature

CEO  
Title

Ken Sutton  
Printed Name

Date

Absolute Towing and Recovery, Inc.  
Company Name

520-423-0226  
Telephone

7296 S Sunland Gin Rd, Eloy AZ 85131  
Address

City, State, Zip

For clarification of this offer, contact:

Name: Kenny Sutton Phone: 520-423-0226 Fax: 602-278-6688

Email: absolute\_towing226@yahoo.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: PCSO Towing Services - Supplemental

This contract shall henceforth be referenced to as Contract No. 152420. 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 11<sup>th</sup> day of May 2016.

Todd House  
Name (Print)

Chairman  
Title

[Signature]  
Signature

Approved as to form:

[Signature]  
Pinal County Attorney's Office



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### 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.

Absolute Towing and Recovery Inc.

Firm

Authorized Signature

# Original

Title Page

## Absolute Towing and Recovery Inc

7296 S Sunland Gin Road

Eloy, AZ 85131

520-423-0226

Mailing Address:

PO Box 12523

Casa Grande, AZ 85130

RFP-152420 - Supplemental

May 28, 2016

PCSO Towing Services

Ken Sutton Sr.

Owner

Lori Pruitt

Pinal County Finance Department

31 N. Pinal St. Bldg. A

P.O. Box 1348 Florence, AZ 85132



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://pinalcountyaz.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:

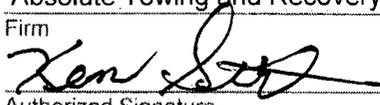
ADDENDUM NO. 1 Acknowledgement \_\_\_\_\_  
Signature Date

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.

Absolute Towing and Recovery, Inc.  
Firm

  
Authorized Signature



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## Responder's Checklist

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

Absolute Towing and Recovery, Inc.

### RESPONDERS CHECKLIST

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



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RFP 152420  
PCSO Towing Services –  
Supplemental

Response Form 1 - Questions

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

**Responder Name:** *Absolute Towing and Recovery, Inc.*

Responders shall complete the following Response Form, indicating their responses in the spaces provided that are marked "Responder Response". 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, and 5 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.

**BRIEF HISTORY OF THE COMPANY:** Ken Sutton Sr. decided after the other two companies were established he became interested in starting a third and final company this became Absolute Towing and Recovery, Inc

**FULL LEGAL NAME:** Absolute Towing and Recovery, Inc.

**LOCATION:** 7296 S Sunland Gin Road, Eloy, AZ 85131. **YEARS IN BUSINESS:** 20 years

- 1.2 Responder shall list current contracts with other entities.  
Casa Grande Police Department, Arizona Department of Public Safety,
- 1.3 Responder shall list equipment, storage lot(s) and personnel commitments they have with other entities (i.e. police departments, local governments, etc.).

**Equipment List:** Flatbeds, heavy duty (hook) two trucks. **Storage:** (District 3) 7296 S Sunland Gin Road, Eloy, AZ 85131

**Other Entities:** AZ Dept. of Public Safety rotation; Casa Grande Police Dept. rotation;

- 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 name, company/entity, phone, and email at a minimum for each reference.

1. AZ Dept. of Public Safety: Trooper Hinrich 520-836-1216, 410 W Centennial Rd, Casa Grande AZ 85122

2. Whitfield Auto & RV Repair; Brad Whitfield; 520-466-5686, Fax 520-4940121, email: whitfieldauto.rvrepair@gmail.com

3. Casa Grande Auto & RV Repair; Mike Tahtinen: 520-836-5376; 3241 E Grogan Dr. Casa Grande, AZ 85194

- 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.



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RFP 152420  
PCSO Towing Services –  
Supplemental

Response Form 1 - Questions

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**2 Method of Approach**

2.1 Responder shall list and describe the dispatching equipment.

**During normal business hours all calls are answered in the office. After hours, weekends and holidays all calls are forwarded to the on-call cell phone. All calls are dispatched to the driver in the closest proximity of the need. All drivers are equipped with a cell phone.**

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

**Recording keeping is done manually, hand written into a 13 column ledger. Information as follows: date, location, agency, time, year, make, model, state, plate #, vin# (last 6), tow/release to, release date, invoice #, truck #, and driver #. Invoice is then filed in a folder by make of vehicle.**

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

**All calls are answered in a timely fashion, during normal business hours the calls are answered in the office, we do not close for lunch, calls are dispatched to driver closest to the incident. After hours and holidays calls are answered by the on-call dispatcher. The driver closest to the incident is dispatched. All drivers are equipped with a cell phone.**

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

**I have had approximately 35 years' experience with the internet, Google Documents are new to us**

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

Ken Sutton Sr 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.



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RFP 152420  
PCSO Towing Services –  
Supplemental

Response Form 1 - Questions

Pinal County  
Finance Department  
31 N. Pinal St.  
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Florence, AZ 85132

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

Responder's justification for the exception:

Responder's suggested changes:

Ken Sutton Sr. 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.

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

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

Cite the specific item in the Scope of Service for which an exception is taken:

Responder's justification for the exception:

**End of Response Form 1 for RFP-152420 PCSO Towing Services - Supplemental**



**PINAL COUNTY**  
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**RFP-152420**  
**PCSO Towing Services – Supplemental**

**Response Form 2 – Tow Designation & Equipment List**

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

**Absolute Towing and Recovery, Inc.**  
**TOW DESIGNATION & EQUIPMENT LIST**

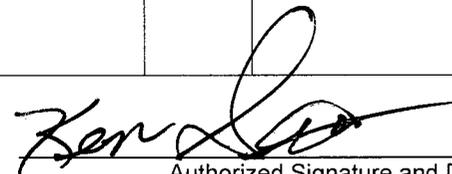
Towing and storage services for public vehicles will be awarded by geographic areas (tow districts) and on a rotational basis per the County defined tow boundaries for PCSO requested services. The responder must have and maintain a properly zoned storage facility within each tow district that they are 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<br>Vehicle will<br>be utilized for<br>(only 1<br>district per<br>vehicle) | Make      | Yr   | VIN #              | LIC #   | MFG<br>GVW | TYPE<br>Light (L)<br>Medium (M)<br>Heavy Duty (H) | Winch<br>Capacity | Vehicle Owner &<br>Inspection Date |
|--|-----------|------|--------------------|---------|------------|---|-------------------|------------------------------------|
| D – 4  | Ford-F650 | 2007 | 3FRWX75B27V4759236 | CJ32441 | 20 K       | L   | 8 K               | Absolute Towing<br>05-06-2009      |
|  |           |      |                    |         |            |   |                   |                                    |
|  |           |      |                    |         |            |   |                   |                                    |
|  |           |      |                    |         |            |   |                   |                                    |
|  |           |      |                    |         |            |   |                   |                                    |

Absolute Towing and Recovery, Inc.

\_\_\_\_\_ Ken Sutton Sr. \_\_\_\_\_  
Firm/Individual

 4-26-16  
Authorized Signature and Date



**PINAL COUNTY**  
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**RFP-152420**  
**PCSO Towing Services – Supplemental**  
**Response Form 3 – Storage Facility List**

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

**Absolute Towing and Recovery, Inc.**  
**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.

| <b>Tow District</b><br>Storage Lot is located in | <b>Location</b> (address and nearest cross streets)           | <b>Capacity</b><br>(# of vehicles) | <b>Lot Size</b><br>(in feet width x length) | <b>Zoning Code</b> | <b>Storage Lot Owner</b> | <b>Security</b><br>(lighting, fencing, etc)  |
|--|---|------------------------------------|---|--------------------|--------------------------|--|
| D 4  | 12117 N Anderson Rd<br>Cross Road<br>Maricopa Casa Grande Hwy | 40                                 | 50 x 75                                     | I 2                | Ken Sutton               | Adequate lighting per contract, locked chain fence, video cameras (4) w/digital recording. |
|  |   |                                    |   |                    |                          |  |
|  |   |                                    |   |                    |                          |  |

**END OF STORAGE FACILITY LIST**



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RFP-152420  
PCSO Towing Services – Supplemental  
Response Form 3 – Storage Facility List

Pinal County  
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**END OF STORAGE FACILITY LIST**



**PINAL COUNTY**  
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**RFP-152420**  
**PCSO Towing Services –**  
**Supplemental**

Response Form 4 – Personnel List

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

**Absolute Towing and Recovery, Inc.**  
**PERSONNEL LIST**

The responder shall provide the following information for all personnel who will be performing work under this contract. Tow truck operators shall adhere to qualifications listed in the Statement of Work. Use additional pages as necessary.

| FULL NAME      | POSITION WITHIN COMPANY | DATE OF BIRTH | DRIVERS LICENSE # AND CLASS | START DATE WITH COMPANY | YEARS EMPLOYED BY CONTRACTOR | EXPERIENCE IN INDUSTRY (YRS) |
|----------------|-------------------------|---------------|-----------------------------|-------------------------|------------------------------|------------------------------|
| Cory Hegwood   | Driver                  | 12/15/1989    | D09362144<br>D              | 6 / 2015                | 1                            | 4                            |
| Ken Sutton Sr. | Driver<br>Owner         | 01/22/1943    | B10951636                   | 02 / 1978               | 38                           | 38                           |
| Robert Lopez   | Driver                  | 05/21/1981    | D00343028                   | 04 / 2016               | 1 month                      | 3                            |
|                |                         |               |                             |                         |                              |                              |
|                |                         |               |                             |                         |                              |                              |
|                |                         |               |                             |                         |                              |                              |
|                |                         |               |                             |                         |                              |                              |
|                |                         |               |                             |                         |                              |                              |
|                |                         |               |                             |                         |                              |                              |
|                |                         |               |                             |                         |                              |                              |
|                |                         |               |                             |                         |                              |                              |

**END OF PERSONNEL LIST**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/17/2015

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).

|   |  |
|---|--|
| PRODUCER<br><b>AAA Arizona, Inc.</b><br>2375 E Camelback Road<br>Suite 500<br>Phoenix AZ 85016        | CONTACT NAME: <b>Jody-Marie Frankovits</b>   |
|   | PHONE (A/C, No, Ext): (602) 393-6000 FAX (A/C, No): (602) 242-6885<br>E-MAIL ADDRESS: <b>jfrankovits@arizona.aaa.com</b> |
| INSURED<br><b>Absolute Towing and Recovery, Inc.</b><br>PO Box 12523<br><br>Casa Grande AZ 85130-0639 | INSURER(S) AFFORDING COVERAGE  |
|   | INSURER A: <b>State National Insurance Comp Inc</b>  |
|   | INSURER B:   |
|   | INSURER C:   |
|   | INSURER D:   |
|   | INSURER E:   |

COVERAGES CERTIFICATE NUMBER: 15-16 Other Lines PCSO 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> MOTOR TRUCK DED \$1,000<br>GENL AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | XNDP0088801   | 7/21/2015               | 7/21/2016               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>MOTORX \$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS<br><input checked="" type="checkbox"/> COMP \$1,000 <input checked="" type="checkbox"/> COLL \$1,000  |           |          | XNDA0088801   | 7/21/2015               | 7/21/2016               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>UM/UIM CSL (EACH) \$ 1,000,000   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          |               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |
| A        | <b>GARAGEKEEPERS LEGAL LIAB</b>   |           |          | XNDA0088801   | 7/21/2015               | 7/21/2016               | LIMIT \$100,000<br>DEDUCTIBLE \$500, \$2,500  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: RFP 152420 Supplemental

As respects liability arising out of the Insured's operations, Pinal County Sheriff's Office is included as Additional Insured as permitted by Forms AA99080409 & GL90070607.

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>Pinal County Sheriff's Office<br>31 N Pinal Street<br>Building A<br>Florence, AZ 85232 | <b>CANCELLATION</b><br><br>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<br><br>John Giuffre/CSRJFR   |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/17/2015

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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).

|   |  |              |
|---|--|--------------|
| PRODUCER<br><b>AAA Arizona, Inc.</b><br>2375 E Camelback Road<br>Suite 500<br>Phoenix AZ 85016        | 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><br>E-MAIL ADDRESS: <b>jfrankovits@arizona.aaa.com</b> |              |
| INSURED<br><b>Absolute Towing and Recovery, Inc.</b><br>PO Box 12523<br><br>Casa Grande AZ 85130-0639 | INSURER(S) AFFORDING COVERAGE  | NAIC #       |
|   | INSURER A: <b>Trav P&amp;C Co of America</b>   | <b>25674</b> |
|   | INSURER B:   |              |
|   | INSURER C:   |              |
|   | INSURER D:   |              |
|   | INSURER E:   |              |

COVERAGES CERTIFICATE NUMBER: 15-16 WC PCSO 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 INSP | SUBR WVD   | POLICY NUMBER         | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|------------|-----------------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |           |            |                       |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMPI/OP AGG \$<br>\$                                      |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |           |            |                       |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |           |            |                       |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
| <b>A</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | <b>Y</b>  | <b>N/A</b> | <b>6JUB2E33233015</b> | <b>7/13/2015</b>        | <b>7/13/2016</b>        | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ <b>1,000,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b> |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: RFP 152420 Supplemental

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>Pinal County Sheriff's Office<br>31 N Pinal Street<br>Building A<br>Florence, AZ 85232 | <b>CANCELLATION</b><br><br>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<br><br>John Giuffre/CSRJFR   |

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