NORTH MIAMI
FLORIDA
776 N.E. 125 Street, North Miami, Florida 33161

Council Report

To: The Honorable Mayor and City Council

From: Derrick Corker, Parks and Recreation Manager
Parks and Recreation Department

Date: September 23, 2014

RE **A RESOLUTION OF THE VICE MAYOR AS ACTING MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI, FLORIDA, APPROVING THE CITY ADMINISTRATION'S SELECTION OF THE FAMILY RANCH INC., TO PROVIDE THE LABOR, SUPERVISION, MATERIALS, EQUIPMENT, TOOLS, MACHINERY, EXPERTISE, AND OTHER SERVICES NECESSARY FOR COMPREHENSIVE EQUINE MANAGEMENT SERVICES AT THE ENCHANTED FOREST ELAINE GORDON PARK EQUESTRIAN CENTER, IN ACCORDANCE WITH THE TERMS, CONDITIONS, AND SPECIFICATIONS CONTAINED IN THE REQUEST FOR PROPOSAL NO. 45-13-14A**

RECOMMENDATION

It's recommended that the Mayor and Council approve Staff recommendation to select The Family Ranch, Inc as the Management Services provider, and authorize the execution of an agreement to maintain the Enchanted Forest Elaine Gordon Park Equestrian Center Management and Operation.

BACKGROUND

RFP 45-13-14 was advertised on 6/2/2014 and was cancelled due to a discrepancy in the pre-proposal conference. The solicitation was then re-advertised as RFP 45-13-14a on 6/30/14. Two (2) proposals were received, from Enchanted Stables, Inc and The Family Ranch, Inc. The Family Ranch Inc was deemed the responsive and responsible proposer, while Enchanted Stables, Inc was deemed non-responsive due to the failure of acknowledging an addendum.

The initial term of the contract shall be for two (2) years with the first six (6) months being a trial period. If the services provided by the contractor(s) are satisfactory as determined by the City at the conclusion of the six-month trial period, the contract term will continue. This contract shall remain in effect for the entirety of the initial term; provided that the services rendered by the contractor(s) during the contract period are satisfactory. In the event services are scheduled to end because of the expiration of this contract, the contractor shall continue the service upon the request of the City.

The Family Ranch Inc proposed to pay the City $500.00 per month with revenue of 10% of all proceeds. Moreover, in an email correspondence with the contractor, Fabian Ingallina was a

previous boarder at the former Rock'n'in Ranch where he provided maintenance and management of the ranch and currently owns seven horses, which he cares for in Davie and Ocala. Mr. Ingallina is a member of the Paso Fino Horse Association (PFHA) and is currently certified and in good standing with the American Society of Equine Appraisers. Mr. Ingallina indicated that Nicolas Billon, who has owned horses for several years in the past, will be the full time staff member handling the daily operations at the equestrian park. Documents for Mr. Billon are attached.

FUNDING SOURCE
Revenue Generating

ATTACHMENTS
Resolution & Agreement
Award Recommendation Memo
Tabulation
Certificate of Riding Lessons & Grooming Lessons
Email Correspondence
Sunbiz
Background Check

RESOLUTION NO. _____

A RESOLUTION OF THE VICE MAYOR AS ACTING MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI, FLORIDA, APPROVING THE CITY ADMINISTRATION'S SELECTION OF THE FAMILY RANCH INC., TO PROVIDE THE LABOR, SUPERVISION, MATERIALS, EQUIPMENT, TOOLS, MACHINERY, EXPERTISE, AND OTHER SERVICES NECESSARY FOR COMPREHENSIVE EQUINE MANAGEMENT SERVICES AT THE ENCHANTED FOREST ELAINE GORDON PARK EQUESTRIAN CENTER, IN ACCORDANCE WITH THE TERMS, CONDITIONS, AND SPECIFICATIONS CONTAINED IN THE REQUEST FOR PROPOSAL NO. 45-13-14A; AND FURTHER AUTHORIZING THE CITY MANAGER TO EXECUTE AN AGREEMENT WITH THE FAMILY RANCH INC., IN SUBSTANTIALLY THE ATTACHED FORM, FOR THE PROVISION OF SERVICES; PROVIDING FOR AN EFFECTIVE DATE AND FOR ALL OTHER PURPOSES.

WHEREAS, on June 30, 2014, the City of North ("City") advertised ***Request for Proposal Enchanted Forest Elaine Gordon Park Equestrian Center Management and Operation Services RFP No. 45-13-14a***, as subsequently amended ("RFP"), to provide the labor, supervision, materials, equipment, tools, machinery, expertise, and other services necessary for comprehensive equine management services, including the management, maintenance and operation of the Worksite encompassing facilities, office area, restrooms, stables, corrals, public pony rides, riding lessons, horse camp, horse training, horse care and maintenance, horse boarding and veterinarian care, in accordance with the terms, conditions, and specifications contained in the RFP ("Services); and

WHEREAS, The Family Ranch Inc. ("Contractor"), timely submitted its proposal which was evaluated by City Administration as responsive, and which had demonstrated qualifications and references that were advantageous to the City in the procurement of Services; and

WHEREAS, the Contractor has expressed its capability, expertise and willingness to perform the Services, at a monthly fee payable to the City in the amount of not less than Five Hundred Dollars ($500.00) per month, in addition to ten (10) percent of Contractor's gross monthly sales; and

WHEREAS, the City Manager respectfully requests that the Vice Mayor as Acting Mayor and City Council approve the selection of Contractor, in order to provide the much needed Services at the Enchanted Forest Elaine Gordon Park Equestrian Center; and

WHEREAS, the Vice Mayor as Acting Mayor and City Council, find that entering into an agreement with Contractor for the provision of Services in substantially the attached form, is advantageous to the public health, safety and welfare, and thereby, is in the best interest of the City.

NOW THEREFORE, BE IT RESOLVED BY THE VICE MAYOR AS ACTING MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI, FLORIDA:

Section 1. Selection Approval. The Vice Mayor as Acting Mayor and City Council of the City of North Miami, Florida, hereby approve the City administration's selection of The Family Ranch Inc., to provide the labor, supervision, materials, equipment, tools, machinery, expertise, and other services necessary for comprehensive equine management services at the Enchanted Forest Elaine Gordon Park Equestrian Center, in accordance with the terms, conditions, and specifications contained in the Request for Proposal No. 45-13-14a.

Section 2. Authority of City Manager. The Vice Mayor as Acting Mayor and City Council of the City of North Miami, Florida, hereby authorize the City Manager to execute an agreement with The Family Ranch Inc., in substantially the attached form, for the provision of services.

Section 3. Effective Date. This Resolution shall become effective immediately upon adoption.

PASSED AND ADOPTED by a _____ vote of the Vice Mayor as Acting Mayor and City Council of the City of North Miami, Florida, this _____ day of September, 2014.

_____
PHILIPPE BIEN-AIME
VICE MAYOR AS ACTING MAYOR

ATTEST:

_____
MICHAEL A. ETIENNE, ESQ.
CITY CLERK

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

_____
REGINE M. MONESTIME
CITY ATTORNEY

SPONSORED BY: CITY ADMINISTRATION

Moved by: _____

Seconded by: _____

Vote:

Vice Mayor as Acting Mayor Philippe Bien-Aime	_____ (Yes)_____ (No)
Councilperson Scott Galvin	_____ (Yes)_____ (No)
Councilperson Carol Keys, Esq.	_____ (Yes)_____ (No)
Councilperson Marie Erlande Steril	_____ (Yes)_____ (No)

CITY OF NORTH MIAMI

ENCHANTED FOREST / ELAINE GORDON PARK EQUESTRIAN CENTER MANAGEMENT AND OPERATIONS SERVICES AGREEMENT (RFP No. 45-13-14a)

THIS EQUESTRIAN CENTER MANAGEMENT AND OPERATIONS SERVICES AGREEMENT ("Agreement") is made and entered into this _____ day of _____, 2014, by and between the **City of North Miami**, a Florida municipal corporation, located at 776 NE 125th Street, North Miami, FL ("City") and **The Family Ranch Inc.**, a for-profit corporation organized and existing under the laws of the State of Florida, having its principal business office at 1721 NE 143rd Street, North Miami, FL 33181 ("Contractor"). The City and Contractor shall collectively be referred to as the "Parties", and each may individually be referred to as a "Party".

RECITALS

WHEREAS, on June 30, 2014, the City of North ("City") advertised ***Request for Proposal Enchanted Forest Elaine Gordon Park Equestrian Center Management and Operation Services RFP No. 45-13-14a***, as subsequently amended ("RFP"), to provide the labor, supervision, materials, equipment, tools, machinery, expertise, and other services necessary for comprehensive equine management services, including the management, maintenance and operation of the Worksite encompassing facilities, office area, restrooms, stables, corrals, public pony rides, riding lessons, horse camp, horse training, horse care and maintenance, horse boarding and veterinarian care, in accordance with the terms, conditions, and specifications contained in the RFP; and

WHEREAS, in response to the RFP, Contractor submitted its sealed proposal and related documents expressing the capability, willingness and expertise necessary to perform the Services, pursuant to RFP requirements; and

WHEREAS, the Proposal was reviewed and selected by City administration as responsive, and whose qualifications and references demonstrated to be the most advantageous to the City in the procurement of Services; and

WHEREAS, on September 23, 2014, the Vice Mayor as acting Mayor and City Council passed and adopted Resolution No. _____-____, approving the selection of Contractor, and authorized the City Manager and City Attorney to execute this Agreement, for the provision of Services in accordance with the terms, conditions, and specifications contained in the Contract Documents.

NOW THEREFORE, in consideration of the mutual terms and conditions set forth herein and other good and valuable consideration, the Parties hereto agree as follows:

ARTICLE 1 - RECITALS

1.1 The recitals are true and correct and are hereby incorporated into and made a part of this Agreement.

ARTICLE 2 - DEFINITIONS

2.1 The following words, terms and phrases, when used in this Agreement, shall have the following meanings and shall be applicable to both the singular and plural forms thereof:

Agreement – this written Agreement between the City and Contractor covering the Services to be performed, including the Contract Documents that are attached hereto or incorporated by reference.

Change Order – a written document signed by the Parties authorizing an addition, deletion or revision to the Services pursuant to this Agreement and within the general scope of services; or an adjustment to a time schedule or compensation, issued on or after the effective date of this Agreement.

Contract Documents – shall consist of the RFP and all corresponding amendments; Contractor's response to the RFP, as amended ("Proposal"); City's Proposal tabulation; City's Recommendation of Award; Certificates of Insurance; copies of current licenses and permits; any additional documents which are required to be submitted under this Agreement; and all amendments, modifications and supplements, and Change Orders, issued on or after the effective date of this Agreement. Contract Documents are hereby incorporated into and made part of this Agreement. Nothing contained in the Contract Documents shall be construed to create a contractual relationship of any kind: 1) between the City and a Subcontractor or supplier, or 2) between any persons or entities other than the City and Contractor.

Day – shall mean a consecutive "calendar day," unless specifically designated otherwise.

Fees – are the monthly amounts to be paid by Contractor to the City for the use of the Worksite, consisting of a minimum monthly payment of Five Hundred Dollars ($500.00) in addition to ten (10) percent of Contractor's monthly gross sales.

Permitting Authority – means the City of North Miami, Miami-Dade County, the State of Florida, and/or any other governmental entity having jurisdiction over the Contractor and the Services.

Project Manager – a designated representative of the City fully acquainted with the Services and with authority to render decisions necessary to ensure and oversee the proper rendition of Services by Contractor. The Project Manager will provide direct interface with the Contractor, with respect to the City's responsibilities and Contractor's obligations hereunder.

Services – means the act of providing the labor, supervision, materials, equipment, tools, machinery, expertise, and other services necessary for comprehensive equine management services, including the management, maintenance and operation of the Worksite, encompassing facilities, office area, restrooms, stables, corrals, public pony rides, riding lessons, horse camp, horse training, horse care and maintenance, horse boarding and veterinarian care, to be provided by the Contractor in fulfilling its obligations to the City

under this Agreement, in accordance with the terms, conditions, and specifications contained in the Contract Documents.

Subcontractor – a person or entity retained by Contractor to provide labor, materials, equipment, services or supplies, necessary to complete a specific portion of Services. Subcontractor shall include all sub-Subcontractors, retained directly or indirectly by Contractor.

Worksite – means the area where Services are to be rendered by Contractor encompassing the park area, facilities, office area, restrooms, stables, corrals, and all portions of the park devoted to pony rides, riding lessons, horse camp, horse training, horse care and maintenance, horse boarding and veterinarian care, situated within the Enchanted Forest Elaine Gordon Park, 1725 NE 135th Street, North Miami, Florida.

ARTICLE 3 – INTENT OF AGREEMENT

3.1 Execution of this Agreement is a representation that Contractor has carefully examined the Contract Documents and the Worksite, and represents that the Contractor is thoroughly familiar with the nature and location of the Services, the Worksite, the specific conditions under which the Services are to be performed, and all matters which may in any way affect the Services rendered to the City. The Contractor further represents that, as a result of such examinations and investigations, the Contractor thoroughly understands the Contract Documents and their intent and purpose, and is familiar with all applicable codes, ordinances, laws, regulations and rules as they apply to the Services, and that the Contractor will abide by same. Claims for additional time in providing Services (or a portion thereof), or for a reduction of Fees payable to the City as a result of the Contractor's failure to follow the foregoing procedure and to familiarize itself with all local conditions and the Contract Documents, will not be permitted.

3.2 The intent of the Contract Documents is to include all items necessary for the proper execution and completion of Services by the Contractor. Contract Documents are complimentary, and what is required by any one shall be as binding as if required by all; performance by the Contractor shall be required only to the extent consistent with the Contract Documents and reasonably inferable from them as being necessary to produce the intended results.

3.3 In the event of any conflict between the Contract Documents or any ambiguity or missing specification or instruction, the following priority is hereby established:

3.3.1 Specific written direction from the Project Manager.

3.3.2 This Agreement.

3.3.3 The RFP.

3.3.4 The Proposal.

3.4 The Parties agree that Contractor is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error found in the RFP prior to Contractor submitting its Proposal or the right to clarify same shall be waived.

ARTICLE 4 – TERM OF AGREEMENT

4.1 Subject to City authorized adjustments, the Term of Agreement shall be as follows:

4.1.1 The initial term of Agreement shall commence on the first calendar day of the month succeeding approval of the Agreement by the Vice Mayor as acting Mayor and City Council, upon a fully executed Agreement between the Parties.

4.1.2 The initial term shall be a period of two (2) years with the first six (6) months being a trial period. If at the conclusion of this trial period the Services provided by Contractor are to the City's satisfaction, then the Agreement may continue and remain in effect for the initial term period remaining.

4.1.3 Following the initial term period, the City reserves the right to renew this Agreement in writing for an additional term of one (1) year.

4.1.4 Notwithstanding the foregoing Term of Agreement, this Agreement may be terminated by the City at any time, in accordance with Article 15 or Article 16.

4.2 Contractor agrees that Services shall be rendered to the City on schedule, diligently and uninterrupted. Contractor shall be required to show just cause for delays or for additional time requests. Failure to achieve timely Services shall be regarded as a breach of this Agreement and subject to the appropriate remedies available hereunder and at law.

4.3 When, in the opinion of the City, reasonable grounds for uncertainty exist with respect to the Contractor's ability to perform Services or any portion thereof, the City may request that the Contractor, within a reasonable time frame set forth in the City's request, provide adequate assurances to the City in writing, of Contractor's ability to perform in accordance with terms of this Agreement. In the event that the Contractor fails to provide the City the requested assurances within the prescribed time frame, the City may treat such failure as a repudiation or breach of this Agreement, and resort to any remedy for breach provided for in this Agreement or at law.

ARTICLE 5 – GUARANTEED MINIMUM PAYMENT TO CITY

5.1 In consideration of the right and privilege of providing Services on the Worksite, Contractor shall pay the City the following two monthly minimum fee amounts (collectively referred to as "Fees"):

5.1.1 A monthly fee of not less than Five Hundred Dollars ($500.00); and

5.1.2 A monthly Percentage of Gross Sales of not less than ten (10) percent.

5.2 The cutoff date for the Fees shall be the last business day of the month. Contractor shall submit no later than the tenth day of the following month Contractor's statement of sales along with the corresponding Fees pursuant to this Article.

5.3 The Contractor shall not withhold payment of Fees, or any portion thereof, to the City. Any Fees not timely paid by Contractor shall be subject to a late penalty amount prorated daily at a rate of twelve (12) percent, per annum.

5.4 Should Contractor fail to pay the City any Fee amount on each of the payment due dates, such failure shall constitute a default by the Contractor and City may send notice to Contractor of such default. In the event Contractor fails to cure the default within thirty (30) Days, the City, at its option, may immediately terminate this Agreement. Any extension of time for payment of Fees beyond the thirty (30) Day grace period must be authorized by the City. The prevailing Party in any case regarding the collection of Fees shall be entitled to court costs and attorneys' fees.

5.5 All Fees shall be paid to the City at City's address indicated herein.

5.6 No payment by Contractor or receipt by City of a lesser amount than the amount owed under this Agreement shall be deemed to be other than a part payment on account by Contractor. Any endorsement or statement on any check or letter accompanying any check or payment of Fees shall not be deemed an accord or satisfaction. City may accept any such check or payment without prejudice to City's right to recover the balance of such Fees or pursue any other remedy.

5.7 The making of final payment shall not constitute a waiver of any claims by the City (or third party) and shall not relieve the Contractor of the responsibility for negligence or defects in Services to the extent within the period provided by law and by the warranties provided herein. Upon written notice by the City, the Contractor shall remedy any defects due thereto and pay all expenses for any damages resulting therefrom.

5.8 Fees paid by Contractor shall be subject of verification by audit.

ARTICLE 6 – CONTRACTOR'S SCOPE OF SERVICES

6.1 Contractor hereby agrees that it will exert every reasonable and diligent effort to ensure that all labor and services employed by Contractor, including that of its Subcontractors for Services, shall be in accordance with the Contract Documents and shall incorporate the requirements set forth by applicable rules, regulations, codes and statutes of Permitting Authority.

6.2 Contractor covenants to furnish its best skill and judgment in furthering the interests of the City. Contractor agrees to furnish efficient business administration and superintendence and use its best efforts to furnish Services in the best, safest and soundest way and in the most expeditious manner consistent with the best interest of the City.

6.3 Contractor shall provide the Services as set forth in the Contract Documents, and render full and prompt cooperation with the City in all aspects of Contractor's performance of such Services.

6.4 Contractor acknowledges that this Agreement requires the performance of all things necessary for or incidental to the effective and complete performance of Services under this Agreement. All things not expressly mentioned in this Agreement but necessary in carrying out its intent are required by this Agreement, and Contractor shall perform the same as though they were specifically mentioned, described and delineated herein.

6.5 Contractor shall furnish all labor, materials, tools, supplies, and other items required to perform the Services that are necessary for the completion of this Agreement. Services shall be accomplished to the satisfaction of the City's Project Manager.

6.6 Contractor warrants that all Services which may reasonably be inferred from the Contract Documents as being required to produce the intended result will be supplied by Contractor at its own cost, whether or not specifically called for.

6.7 Contractor warrants and accepts that any and all work, materials, services or equipment necessitated by Permitting Authorities as are applicable to bring Services into conformity with the Contract Documents and all applicable laws, codes, regulations, procedures, or considered inside the contemplation of the Contract Documents, shall be deemed the responsibility of the Contractor at no cost to the City or subject to a reduction of Fees payable to City.

6.8 Community Benefits. The City believes in doing business with persons and business entities which adhere to corporate principles confirming a commitment for being good corporate citizens, and which value the goals and importance of community goodwill by providing tangible benefits back to the community in which they do business. As such, the City will seek those persons and business entities which are willing and cable of establishing a relationship with the City to identify, develop and furnish benefits back to the local community.

6.8.1 As an inducement for the City to enter into this Agreement, Contractor may be requested to provide Community Benefits, as identified and approved by the City Manager. The approved Community Benefits submitted by Contractor shall be incorporated into and shall become a part of this Agreement with the City. Such Community Benefits shall be exclusive of the City of North Miami's Local Preference requirement, under Section 7-151 of the City Code of Ordinances.

6.9 Contractor shall strive to ensure maximum local business and workforce preference requirements are realized in the rendition of Services.

6.10 Contractor shall supervise and achieve performance of Services, using the highest quality established by industry standards. The Contractor shall be solely responsible for and have control over the means, methods, techniques, sequences and safety procedures and for coordinating all portions of Services under this Agreement, unless Contract Documents or the Project Manager provide other specific instructions concerning these matters.

6.11 Contractor shall be responsible to the City for the acts and omissions of the Contractor's employees, Subcontractors and their agents and their employees, and other persons performing portions of the Services.

6.12 Contractor shall not be relieved of obligations to perform Services in accordance with the Contract Documents either by activities, tests, inspections or approvals required or performed by Permitting Authorities or persons other than the Contractor.

6.13 Contractor shall be responsible for and coordinate any and all inspections required by the Permitting Authorities having jurisdiction over Services and/or the Worksite. Failure to obtain any required approval because of failure of the Contractor to conform to the Contract Documents shall not extend the Term of Agreement.

6.14 Contractor shall employ sufficient, competent personnel who shall be in attendance at the Worksite during the performance of Services.

6.15 Contractor shall secure all necessary permits from Permitting Authorities, the cost of which shall be paid by Contractor.

6.16 Unless otherwise provided in the Contract Documents, the Contractor shall provide and pay for all labor, materials, equipment, tools, equipment and machinery, water, heat, utilities, transportation and other facilities and services necessary for the proper execution and completion of Services.

6.17 Contractor shall develop and maintain a program to assure quality control and safety measures related to the provision of Services. Contractor shall supervise all Subcontractors providing instructions to each when their work does not conform to the requirements of the Contract Documents and shall continue to exert its influence and control over each Subcontractor to ensure that corrections are made in a timely manner so as to not affect the efficient rendition of Services. The City shall be the final judge of performance and acceptability of Services.

6.18 Contractor shall enforce strict discipline and good order among the Contractor's employees and Subcontractors while on the Worksite. The Contractor shall not permit employment of unfit persons or persons not skilled in tasks assigned to them.

6.19 Contractor shall perform Services in accordance with the Contract Documents. If the Contractor performs Services knowing it to be contrary to laws, statutes, ordinances, building codes, and rules and regulations without such notice to the City, it shall assume full responsibility for such Services, and shall bear the attributable costs to comply accordingly.

6.20 Contractor shall keep the Worksite premises and surrounding areas free from accumulation of waste, garbage or materials as a result of rendering Services. Failure to clean Worksite as provided herein may cause the City to do so, and the cost incurred thereof shall be charged Contractor.

6.21 Contractor accepts, understands and agrees that these provisions of the Agreement constitute a material inducement for the City to enter into this Agreement and that the City has indeed relied on these particular provisions in making its decision to enter into this Agreement with Contractor.

ARTICLE 7 – CITY'S RESPONSIBILITY

7.1 The City shall designate a Project Manager who shall be fully acquainted with the Worksite and shall define the lines of City authority to approve Change Orders and render decisions promptly and furnish information expeditiously to Contractor.

7.2 As more particularly set forth in the RFP, the City shall furnish the Worksite with the existing improvements "as is" with access to certain utilities.

7.3 The City expects the Contractor to recognize, coordinate and comply with the requirements of Permitting Authorities.

ARTICLE 8 - CHANGES IN SERVICES

8.1 The City, without invalidating this Agreement, may order changes in the Services within the general scope of this Agreement. The City's compensation of Fees may be adjusted accordingly upon an executed amendment to this Agreement. All such changes in the Services shall be authorized by Change Order, subject to any limitations in the Contract Documents.

ARTICLE 9 – SUBCONTRACTORS

9.1 By an appropriate written agreement, the Contractor shall require that each Subcontractor be bound to the Contractor by the terms of the Contract Documents, and to assume toward the Contractor all the obligations and responsibilities which the Contractor by these Contract Documents, assumes towards the City. Said agreements shall preserve and protect the rights of the City under the Contract Documents with respect to the Services to be performed by the Subcontractor so that the subcontracting thereof will not prejudice such rights.

9.2 The Contractor shall make available to each proposed Subcontractor, prior to the execution of a subcontract, copies of the Contract Documents to which the Subcontractor will be bound to.

ARTICLE 10 - INDEPENDENT CONTRACTOR

10.1 Contractor has been procured and is being engaged by the City as an independent contractor, and not as an agent or employee of the City. Accordingly, Contractor shall not attain, nor be entitled to, any rights or benefits under the Civil Service or Pension Ordinances of the City, nor any rights generally afforded classified or unclassified employees of the City. Contractor further understands that Florida workers' compensation benefits available to employees of the City, are not available to Contractor. Therefore, Contractor agrees to provide workers' compensation insurance, as required by Florida law, for any employee or agent of Contractor rendering Services to the City under this Agreement.

ARTICLE 11 - ENVIRONMENTAL AND SAFETY REQUIREMENTS

11.1 Contractor shall be responsible for initiating, maintaining and supervising all safety precautions and programs in connection with the performance of this Agreement.

11.2 Contractor shall take all reasonable precautions for the safety of, and shall provide all reasonable protection to prevent damage, injury or loss to:

11.2.1 Employees, Subcontractors, agents, invitees, attendees, and members of the public on or about the Worksite and all other persons who may be affected thereby.

11.2.2 The Worksite premises and area, horses, equipment, materials, and appliances used, or to be incorporated in the provision of Services, under the care, custody or control of the Contractor or Subcontractors.

11.2.3 Other public or private property at the Worksite and adjacent thereto, including trees, shrubs, lawns, walks, pavements, roadways, structures and utilities not designated for removal, relocation or replacement in the course of providing Services.

11.2.4 All alcoholic beverages, smoking and drugs shall be prohibited from the Worksite.

11.3 Contractor shall give notices and comply with applicable laws, ordinances, rules, regulations and lawful orders of Permitting Authorities and public authorities bearing on the safety of persons or property, their protection from damage, injury or loss.

11.4 Contractor shall erect and maintain, as required by existing conditions and performance of the Agreement, reasonable safeguards for safety and protection, including posting danger signs and other warnings against hazards, promulgating safety regulations and notifying users of adjacent sites and utilities.

11.5 Contractor shall promptly remedy any damage and loss to property caused in whole or in part by the Contractor, a Subcontractor, or anyone directly or indirectly employed by any of them, or by anyone for whose acts they may be liable and for which the Contractor is responsible, except damage or loss attributable to acts or omissions of the City or anyone directly or indirectly employed by the City and whose acts are not attributable to the fault or negligence of the Contractor.

11.6 Contractor shall designate a responsible person at the Worksite whose duty shall be prevention of accidents or injury to property or person.

11.7 Contractor shall not load or permit any part of the Worksite to be so loaded or congested, so as to endanger the Worksite, any property, or produce a decrease in safety.

11.8 Contractor shall promptly report to the City and all accidents arising out of or in connection with the Services.

ARTICLE 12 – TESTS AND INSPECTIONS

12.1 Contractor shall allow tests, inspections and approvals required by the Contract Documents or by laws, ordinances, rules, regulations or orders of public authorities having jurisdiction to be conducted on the Worksite at all reasonable times. Unless otherwise provided,

the Contractor shall make arrangements for such tests, inspections and approvals with the appropriate Permitting Authority, and shall bear all related costs of tests, inspections and approvals. The Contractor shall give the Project Manager timely notice of when and where tests and inspections are to be made so as to allow him or her, the opportunity to observe such procedures, if needed. The Contractor shall support and cooperate with all tests, inspections and findings.

12.2 If such procedures for testing, inspection or approval reveal failure of any portion of the Services to comply with requirements established by the Contract Documents, the Contractor shall bear all costs made necessary by such failure including those of repeated procedures.

12.3 Required certificates of testing, inspection or approval shall, unless otherwise required by the Contract Documents, be secured by the Contractor and copies promptly delivered to the City.

12.4 Tests or inspections conducted pursuant to the Contract Documents shall be made promptly to avoid unreasonable delay in the provision of Services.

ARTICLE 13 – CORRECTION OF SERVICES

13.1 Contractor shall promptly correct those portions of Services rejected by the Permitting Authorities or failing to conform to the requirements of the Contract Documents. The Contractor shall bear costs of correcting such rejected Services, including any additional testing and inspections.

13.2 Contractor shall bear the cost of correcting or replacing damaged or destroyed portions or sections of the Worksite caused by the Contractor.

ARTICLE 14 - CONFLICTS OF INTEREST

14.1 Contractor represents and warrants to the City that it has not employed or retained any person or company employed by the City to solicit or secure this Agreement and that it has not offered to pay, paid, or agreed to pay any person any fee, commission, percentage, brokerage fee, or gift of any kind contingent upon or in connection with, the award of this Agreement.

14.2 Contractor covenants that no person under its employ who presently exercises any functions or responsibilities on behalf of the City in connection with this Agreement has any personal financial interest, directly or indirectly, with Contractor. Contractor further covenants that, in the performance of this Agreement, no person having such conflicting interest shall be employed.

ARTICLE 15 – CITY'S RIGHT TO TERMINATE AGREEMENT

15.1 The City shall have the right to terminate this Agreement, in its sole discretion at any time, with or without cause, upon thirty (30) Days written notice to Contractor. The City shall not be liable to Contractor for any compensation, or for any consequential or incidental damages or loss of profits.

15.2 In the event of termination, Contractor shall stop Services on the date specified in the written notice and take such action as may be necessary for the protection and preservation of the Worksite.

15.3 Contractor understands and agrees that termination of this Agreement under this section shall not release Contractor from any obligations accruing prior to the effective date of termination.

ARTICLE 16 - DEFAULT

16.1 In the event the Contractor fails to comply with any provision of this Agreement, the City may declare the Contractor in default by written notification, specifying the basis for such default, and advising the Contractor that such default must be cured immediately or this Agreement with the City will be terminated. Notwithstanding, the City may, in its sole discretion, allow the Contractor to rectify the default to the City's reasonable satisfaction within a thirty (30) Day period. The City may grant an additional period of such duration as the City shall deem appropriate without waiver of any of the City's rights hereunder, so long as the Contractor has commenced curing default and is effectuating a cure with diligence and continuity during such thirty (30) Day period or any other period which the City prescribes. The default notice shall specify the date the Contractor shall discontinue the Services as the termination date.

16.2 An event of default shall mean a breach of this Agreement by Contractor. Without limiting the generality of the foregoing and in addition to those instances referred to herein as a breach, an event of default, shall include the following:

16.2.1 Contractor has not delivered Services or a portion thereof, on a timely basis.

16.2.2 Contractor has refused or failed, except in case for which an extension of time is provided, to supply enough properly skilled staff personnel.

16.2.3 Contractor has become insolvent (other than as interdicted by the bankruptcy laws), or has assigned the proceeds received for the benefit of the Contractor's creditors, or the Contractor has taken advantage of any insolvency statute or debtor/creditor law or if the Contractor's affairs have been put in the hands of a receiver.

16.2.4 Contractor has failed to obtain the approval of the City where required by this Agreement.

16.2.5 Contractor has failed to provide "adequate assurances" as required by this Agreement.

16.2.6 Contractor has failed in the representation of any warranties stated herein.

16.2.7 Monetary Default. The non-payment of any Fees due to City which continues for thirty (30) Days after notice from City.

16.2.8 Prohibited Liens. If Contractor fails to comply with any obligation regarding liens and does not remedy such failure within 30 Days after notice from City.

16.2.9 Contractor's failure to timely pay any applicable taxes.

16.2.10 Contractor's failure to pay on a timely basis Fees or utility charges.

16.2.11 Contractor's failure to maintain the Worksite or the minimum insurance coverage as required herein.

16.2.12 Contractor's failure to provide access to Permitting Authorities.

16.2.13 Contractor's failure to comply with certain local preference or community benefits requirements.

16.3 In the event the City shall terminate this Agreement for default, the City or its designated representatives, may immediately take possession of its real property, in addition to Contractor's personal property, including all equipment, materials, products, documentation, reports and data.

ARTICLE 17 - NOTICES

17.1 All notices, demands, correspondence and other communications between the Parties shall be deemed sufficiently given under the terms of this Agreement when dispatched by registered or certified mail, postage prepaid, return receipt requested, addressed as follows or as the same may be changed from time to time:

For Contractor:	The Family Ranch Inc. Attn: Fabian Ingallina, President 1721 NE 143rd Street North Miami, FL 33181 Phone: (305) 801-3211 Fax: (___) ___-____ Email: Fabianfl@gmail.com
To City:	City of North Miami Attn: City Manager 776 N.E. 125th Street North Miami, Florida 33161
With a copy to:	City Attorney City of North Miami 776 N.E. 125th Street North Miami, Florida 33161

17.2 Either Party may at any time designate a different address and/or contact person by giving notice as provided above to the other Party. Such notices shall be deemed given upon receipt by the addressee.

17.3 In the event there is a change of address and the moving Party fails to provide notice to the other Party, then notice sent as provided in this Article shall constitute adequate notice.

ARTICLE 18 - INDEMNIFICATION

18.1 Contractor shall defend, indemnify and hold harmless the City, its officers and employees from and against any and all claims, costs, losses and damages including, but not limited to reasonable attorney's fees, caused by the negligent acts or omissions of the Contractor, its officers, directors, agents, partners, Subcontractors, employees and managers in the performance of Services under this Agreement.

18.2 Contractor shall be fully responsible to City for all acts and omissions of the Contractor, its employees, Subcontractors, suppliers, or other persons directly or indirectly employed by its Subcontractors or suppliers, and any other persons or organizations performing or furnishing supplies under a direct or indirect agreement with Contractor. Nothing in the Contract Documents shall create any contractual relationship between City and any such Subcontractor, supplier or other person or organization, nor shall it create any obligation on the part of City to pay or to cause the payment of any money due any Subcontractor, supplier, employee or agent except as may otherwise be required by law.

18.3 The purchase of insurance by the Contractor with respect to the obligations required herein shall in no event be construed as fulfillment's or discharge of such obligations.

18.4 If any Subcontractor, supplier, laborer, or materialmen of Contractor or any other person directly or indirectly acting for or through Contractor files or attempts to file a mechanic's or construction lien against the real property on which the Services are performed or any part or against any personal property or improvements or make a claim against any monies due or to become due from the City to Contractor or from Contractor to a Subcontractor, for or on account of any Services, labor, construction services, material, equipment, or other items furnished in connection with the Services, Contractor agrees to satisfy, remove, or discharge such lien or claim at its own expense by bond, payment, or otherwise within Ten (10) Days of the filing or from receipt of written notice from the City.

18.5 Contractor has visited the Worksite and is familiar with the local conditions under which the Services are to be performed, and relieves the City from any liability in regard to any matter not immediately brought to the attention of the City.

18.6 Nothing contained in this Agreement is any way intended to be a waiver of the limitation placed upon the City's liability as set forth in Chapter 768, Florida Statutes (2014). Additionally, the City does not waive sovereign immunity, and no claim or award against the City shall include attorney's fees, investigative costs or pre-judgment interest.

ARTICLE 19 - WARRANTY

19.1 The Contractor warrants to the City that Services shall comply with the terms, conditions, and specifications required by Contract Documents.

19.2 If any lien or claim is unsatisfied, the Contractor shall refund to the City all monies that the latter may be compelled to pay in discharging such liens or claims, including all costs and reasonable Attorney's fees.

ARTICLE 20 - INSURANCE

20.1 Prior to the execution of this Agreement, the Contractor shall submit certificate(s) of insurance evidencing all required insurance coverage, as more particularly described in the RFP, with the following minimum coverage:

20.1.1 Commercial General Liability - With project dedicated minimum limits of One Million Dollars ($1,000,000.00) per occurrence for bodily injury and property damage. This coverage shall also include personal and advertising injury, medical payments and products completed operations to be maintained for three (3) years after completion of Services.

20.1.2 Commercial Automobile Liability - With minimum limit of One Million Dollars ($1,000,000.00) covering any automobile including non-owned, hired or leased vehicles.

20.1.3 Worker's Compensation - As required by the State of Florida with statutory limits, and Employer's Liability with a minimum limit of One Million Dollars ($1,000,000.00) per accident for bodily injury or disease.

20.2 Contractor shall not commence Services under this Agreement until after Contractor has obtained all of the minimum insurance coverage prescribed in the RFP and the policies of such insurance detailing the provisions of coverage have been received and approved by the City.

20.3 Contractor shall not permit any Subcontractor to begin Services until after similar minimum insurance to cover Subcontractor has been obtained and approved.

20.4 In the event the insurance certificate provided by Contractor or Subcontractor indicates that the insurance shall terminate and lapse during the term of this Agreement, Contractor shall furnish, at least Thirty (30) Days prior to expiration of the date of the insurance, a renewed certificates of insurance as proof that equal and like coverage and extension is in effect. Contractor shall not continue to perform the Services required by this Agreement unless all required insurance coverage remains in full force and effect.

20.5 All insurance policies required of the Contractor shall be written by a company with a Best's rating of B+ or better and duly authorized and licensed to do business in the State of Florida and be executed by duly licensed managers upon whom service of process may be made in Miami-Dade County, Florida.

ARTICLE 21 – CITY'S LIMITATION OF LIABILITY

21.1 The City desires to enter into this Agreement only if in so doing the City can place a limit on the City's liability for any cause of action arising out of the Agreement, so that its liability will never exceed the agreed sum of One Thousand Dollars ($1,000.00). Contractor

expresses its willingness to enter into this Agreement with Contractor's recovery from the City for any action or claim arising from this Agreement to be limited to a maximum amount of One Thousand Dollars ($1,000.00).

21.2 Accordingly, and notwithstanding any other term or condition of this Agreement, Contractor agrees that the City shall not be liable to Contractor for damages in an amount in excess of One Thousand Dollars ($1,000.00), for any action or claim for breach of contract or for any action or claim arising out of this Agreement. Nothing contained in this paragraph or elsewhere in this Agreement is in any way intended to be a waiver of the limitation placed upon City's liability as set forth in Chapter 768, Florida Statutes (2104). Additionally, the City does not waive sovereign immunity, and no claim or award against the City shall include attorney's fees, investigative costs or pre-judgment interest.

ARTICLE 22 - FORCE MAJEURE

22.1 A "Force Majeure Event" shall mean an act of God, act of governmental body or military authority, fire, explosion, power failure, flood, storm, hurricane, sink hole, other natural disasters, epidemic, riot or civil disturbance, war or terrorism, sabotage, insurrection, blockade, or embargo. In the event that either Party is delayed in the performance of any act or obligation pursuant to or required by the Agreement by reason of a Force Majeure Event, the time for required completion of such act or obligation shall be extended by the number of days equal to the total number of days, if any, that such Party is actually delayed by such Force Majeure Event. The Party seeking delay in performance shall give notice to the other Party specifying the anticipated duration of the delay, and if such delay shall extend beyond the duration specified in such notice, additional notice shall be repeated no less than monthly so long as such delay due to a Force Majeure Event continues. Any Party seeking delay in performance due to a Force Majeure Event shall use its best efforts to rectify any condition causing such delay and shall cooperate with the other Party to overcome any delay that has resulted.

ARTICLE 23 - EMERGENCIES

23.1 In any emergency affecting the safety of persons or property, the Contractor shall act at the Contractor's discretion, to prevent threatened damage, injury or loss.

ARTICLE 24 - OWNERSHIP OF DOCUMENTS

24.1 All documents developed by Contractor under this Agreement shall be delivered to the City by the Contractor upon completion of the Services and shall become property of the City, without restriction or limitation of its use. The Contractor agrees that all documents generated hereto shall be subject to the applicable provisions of the Public Records Law, under Chapter 119, Florida Statutes (2014).

24.2 The Contractor shall additionally comply with Section 119.0701, Florida Statutes (2014), including without limitation, the following conditions: (1) keep and maintain public records that ordinarily and necessarily would be required by the City to perform this service; (2) provide the public with access to public records on the same terms and conditions as the City would at the cost provided by Chapter 119, Florida Statutes (2014), or as otherwise provided by law; (3) ensure that public records that are exempt or confidential and exempt from disclosure are not disclosed, except as authorized by law; (4) meet all requirements for retaining public records

and transfer, at no cost to the City, all public records in its possession upon termination of this Agreement and destroy any duplicate public records that are exempt or confidential and exempt from disclosure requirements; and (5) all electronically stored public records must be provided to the City in a format compatible with the City's information technology systems.

24.3 It is further understood by and between the Parties that any information, writings, tapes, Contract Documents, reports or any other matter whatsoever which is given by the City to the Contractor pursuant to this Agreement shall at all times remain the property of the City and shall not be used by the Contractor for any other purposes whatsoever without the written consent of the City.

24.4 In the event the Agreement is terminated, Contractor agrees to provide the City all such documents within Ten (10) Days from the date the Agreement is terminated.

ARTICLE 25 - AUDITS

25.1 The City, or its duly authorized representatives or other governmental agencies shall, until the expiration of three (3) years after the expiration of this Agreement and any extension thereof, have access to and the right to examine and reproduce any of the Contractor's books, documents, papers and records and of its Subcontractors and suppliers which apply to all matters of Contractor's Services to the City. Such records shall subsequently conform to Generally Accepted Accounting Principles requirements, as applicable, and shall only address those transactions related to this Agreement.

25.2 Contractor agrees to maintain an accounting system that provides accounting records that are supported with adequate documentation, and adequate procedures for determining the allowability and applicability of Fees.

ARTICLE 26 - SURVIVAL OF TERMS

26.1 The Parties acknowledge that any of the obligations in this Agreement will survive the term, termination and cancellation hereof. Accordingly, the respective obligations of the Contractor and the City under this Agreement, which by nature would continue beyond the termination, cancellation or expiration thereof, shall survive termination, cancellation or expiration hereof.

ARTICLE 27 - TAXES

27.1 The City is exempt from Federal Excise and State taxes. The applicable tax exemption number or certificate shall be made available upon request.

27.2 In addition to the Fees payable pursuant to Article 5, Contractor shall assume full responsibility for and shall pay all applicable taxes and assessments that accrue in the provision of Services, or to the improvements thereon, including sales, use and property taxes (if any).

ARTICLE 28 - JESSICA LUNSFORD ACT

28.1 In accordance with the requirements of Sections 435.04 and 435.05, Florida Statutes (2014) as well as with the requirements of HB 1877, The Jessica Lunsford Act (2005), effective September 1, 2005, as amended, and to the extent required by applicable law, the Contractor agrees that all of its employees who provide or may provide Services under this Agreement have

completed all background screening requirements as outlined in the above-referenced statutes. Contractor agrees to bear any and all costs associated with acquiring the required background screenings. Contractor agrees that it has an ongoing duty to maintain and update this list as new employees are hired and in the event that any previously screened employee fails to meet the statutory standards. The Contractor further agrees to notify the City immediately upon becoming aware that one of its employees, who was previously certified as completing the background check and meeting the statutory standards, is subsequently arrested or convicted of any disqualifying offense.

ARTICLE 29 - MISCELLANEOUS PROVISIONS

29.1 This Agreement incorporates and includes all prior negotiations, correspondence, conversations, agreements, and understandings applicable to the matters contained in this Agreement. The Parties agree that there are no commitments, agreements, or understandings concerning the subject matter of this Agreement that are not contained in this Agreement, and that this Agreement contains the entire agreement between the Parties as to all matters contained herein. Accordingly, it is agreed that no deviation from the terms hereof shall be predicated upon any prior representations or agreements, whether oral or written. It is further agreed that any oral representations or modifications concerning this Agreement shall be of no force or effect, and that this Agreement may be modified, altered or amended only by a written amendment duly executed by both Parties hereto or their authorized representatives.

29.2 No waiver or breach of any provision of this Agreement shall constitute a waiver of any subsequent breach of the same or any other provision hereof, and no waiver shall be effective unless made in writing.

29.3 All representations, indemnifications, warranties and guarantees made in, required by, or given in accordance with this Agreement, as well as all continuing obligations indicated in the Contract Documents, shall survive final payment, completion and acceptance of the Services and termination or completion of the Agreement.

29.4 Should any provision, paragraph, sentence, word or phrase contained in this Agreement be determined by a court of competent jurisdiction to be invalid, illegal or otherwise unenforceable under the laws of the State of Florida, such provision, paragraph, sentence, word or phrase shall be deemed modified to the extent necessary in order to conform with such laws, or if not modifiable, then same shall be deemed severable, and in either event, the remaining terms and provisions of this Agreement shall remain unmodified and in full force and effect or limitation of its use.

29.5 This Agreement shall be construed and enforced according to the laws of the State of Florida. Venue in any proceedings between the Parties shall be in Miami-Dade County, Florida.

29.6 The Contractor agrees to comply with and observe all applicable federal, state, and local laws, rules, regulations, codes and ordinances, as they may be amended from time to time.

29.7 Services shall not be subcontracted, transferred, conveyed, or assigned under this Agreement in whole or in part to any other person, firm or corporation without the prior written consent of the City.

29.8 The professional Services to be provided by Contractor pursuant to this Agreement shall be non-exclusive, and nothing herein shall preclude the City from engaging other firms to perform Services.

29.9 This Agreement shall be binding upon the Parties herein, their heirs, executors, legal representatives, successors and assigns.

29.10 The Contractor agrees that it shall not discriminate as to race, sex, color, creed, national origin, or disability, in connection with its performance under this Agreement.

29.11 All other terms, conditions and requirements contained in the RFP, which have not been modified by this Agreement, shall remain in full force and effect.

29.12 In the event of any dispute arising under or related to this Agreement, the prevailing Party shall be entitled to recover all actual attorney fees, costs and expenses incurred by it in connection with that dispute and/or the enforcement of this Agreement, including all such actual attorney fees, costs and expenses at all judicial levels, including appeal, until such dispute is resolved with finality.

29.13 This Agreement may be executed in two or more counterparts, each of which shall constitute an original but all of which, when taken together, shall constitute one and the same Agreement.

[*The remainder of this page is intentionally left blank.*]

IN WITNESS WHEREOF, the Parties have executed this Agreement by their respective proper officers duly authorized the day and year first written above.

ATTEST:

Corporate Secretary or Witness:

By: _____

Print Name: _____

Date: _____

The Family Ranch Inc., a Florida for-profit corporation,

"Contractor":

By: _____

Print Name: _____

Date: _____

ATTEST:

By: _____
Michael A. Etienne
City Clerk

City of North Miami, a Florida municipal Corporation:
"City"

By: _____
Aleem A. Ghany
City Manager

APPROVED AS TO FORM AND LEGAL SUFFICIENCY:

By: _____
Regine M. Monestime
City Attorney

NORTH MIAMI FLORIDA PURCHASING

MEMORANDUM

To: Derrick Corker, Parks & Recreation Manager

From: Linda Julien, Buyer

Date: August 25, 2014

RE: Recommendation of Award: RFP 45-13-14a Enchanted Forest Elaine Gordon Park Equestrian Center Management and Operation.

History

RFP 45-13-14 was advertised on 6/2/2014 and re-advertised as RFP 45-13-14a on 6/30/14. Proposals were received from the Family Ranch Inc and Enchanted Stables Inc. The Family Ranch Inc was deemed responsive and Enchanted Stables Inc was deemed non-responsive (see bid tabulation). On 8/8/2014 Derrick Corker, Patrick Dulcio, Khalid Salahuddin, Jeff Geimer, Ron Jackson and myself met with The Family Ranch, Inc to discuss their methodology on managing the horse stables. Moreover, on 8/26/2014 an email was sent to the Family Ranch Inc (see attachment) and they promptly responded to the email on 8/27/2014.

A recommendation to award The Family Ranch, Inc is being proposed. They are the lowest responsive and responsible proposer and qualify for local preference. Please indicate below if you wish to move forward with the award.

Reason / Recommendation:

Family Ranch, Inc. is the recommended vendor I selected.

Attachment

Bid tabulation
Email correspondence

Solicitation Title: Enchanted Forest Elaine Gordon Park Equestrian Center Management & Operation

Solicitation No.: 45-13-14a

Opening Date: Tuesday, July 22, 2014

Respondent:	The Family Ranch Inc		Enchanted Stables, Inc	
Address:	1721 NE 143rd St North Miami, FL 33181		12865 W Dixie Highway North Miami, Fl 33161	
Contact Person:	Fabian Ingallina		Frank Wolland	
Phone/Cell:	305-801-3211		3058998538	
Email Address:	Fabianinf1@gmail.com		Fwolland@wolland.com	
Required Forms/Contracts:	Yes	No	Yes	No
Minimum Qualification				
State of Florida Active Sunbiz Report	x		x	
Qualification & Experience	x		x	
Methodology & Approach to the Project	x		x	
Price Soliciattion	x		x	
State of Florida active Sunbiz Report	x		x	
Professional Licenses/Certifications	x		x	
Acknowledged Addendum	x			x
A-14 References	x		x	
Required Forms				
A-1 Public Entity Crimes	x		x	
A-2 Non-Collusive Certificate	x		x	
A-3 Local Preference	x		x	
A-5 Acknowledgement of Addenda	x		x	
A-6 Bidder's Disclosure of Subcontractors & Suppliers	x		x	
A-7 Insurance Requirements	x		x	
Respondent Status:	Responsive		Non-Responsive	

No.	Item(s)	Qty.	Unit	Unit Price	Extended Total	Unit Price	Extended Total
1.)	Monthly Fee (Min 500)	1	1	$ 500.00	$ 500.00	$ 500.00	$ 500.00
2.)	Monthly Percentage of Sales	1	1	10%	10%	7%	7%

Prepared By: _____
(Signature)

Reviewed By: _____
(Signature)

*Enchanted Stables failed to acknowledge addendum therefore made bidder non responsive

American Society of Equine Appraisers

This is to certify that Ayleen A. Ingallina
is an accredited member in good standing of the society and is entitled to all the rights and privileges as a member of:
The American Society of Equine Appraisers.

Jay Frost
President

Appraiser # 05725
Expiration Date LIFETIME

American Society of Equine Appraisers

This is to certify that Fabian Ingallina
is an accredited member in good standing of the society and is entitled to all the rights and privileges as a member of:
The American Society of Equine Appraisers.

Jay Frost
President

Appraiser # 05387
Expiration Date LIFETIME

Parks and Recreation EF Stables Potential Bidders

Name	Address	Phone	email
Flora Blumin		305-905-7700	angel62379@hotmail.com
Ellyn Robinson		305-663-7595	EllynR9868@aol.com
Melissa McGoey	M & M Stables Davie, FL	954-881-5017	rodeolissa@yahoo.com
Roberto Fabian Ingallina		305-801-3211	fabianinf1@gmail.com
Nathalie Billon		786-683-6960	NathalieBillon@msn.com

Not a working number. Sent an email. See attached.

Not a working number. Sent an email. See attached.

Left voicemail, followed by an email. See attached.

Responsive Bidder

Works w/ Fabian Ingallina, the responsive bidder

Julien, Linda

From: EllynR9868@aol.com
Sent: Thursday, September 18, 2014 11:08 AM
To: Julien, Linda
Subject: Re: Enchanted Forest Elaine Gordon Park Equestrian Center Management and Oper...

Hello Linda,
Regarding our phone call this morning...I can suggest the following to pursue in your attempts to find a qualified person to run the Equestrian Center at Enchanted Forest.
I am a member of the South Florida SPCA.. our job is to rescue abandoned and abused horses that are reported to us through law enforcement.
If you can resend the letter to me so that it has the job requirements in the body of the letter I can print it and put it up on the Bulletin Board at 2 Feed stores in Davie. It might catch the eye of interested horse people. Also the Director of the Amelia Earhart farm might be helpful to with contacts .
Laurie@helpthehorses.org. She is not interested but maybe she will pass it on to horse people in her network.
Also a note to South Florida Trailriders in hopes they will post the job offering.
Their website is www.sftrdade.org. a note can be sent to Andrea Sante at Pasocorto.com
Broward County Trailriders website www.flahorse.com/sftrb
or email website contact olson791@aol.com Carol Olson
Finishline Feed in Hallandale has a huge customer list... maybe they can post the opportunity.
Good Luck. I hope you get a great person to have a quality Equestrian Center.

Ellyn

Ellyn Robinson, Coordinator
Special Projects
www.helpthehorses.org
South Florida SPCA Horse Rescue
cell: 305.663.7595
"A good man will take care of his horses and dogs, not only when they are young, but also when they are old and past service."..Plutarch

In a message dated 9/18/2014 8:35:56 A.M. Eastern Daylight Time, ljulien@northmiamifl.gov writes:

> Good morning,
>
> I hope this email finds you well!
>
> In early June, the Purchasing department advertised RFP No 45-13-14- Enchanted Forest Elaine Gordon Park Equestrian Center Management and Operation Services, followed by a pre-solicitation conference on June 17, 2014 at 10AM. We are curious as to why your company did not submit a proposal? Your feedback is greatly appreciated, thank you.

Sincerely,

Linda Julien, MPA

Buyer

Purchasing Department

776 NE 125th Street

North Miami, FL 33161

Phone (305)895-9886

Click here to view our advertised bids

The City of North Miami is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. E-mail messages are covered under such laws and thus subject to disclosure. All E-mail sent and received is captured by our servers and kept as a public record.

From: Julien, Linda
Sent: Thursday, September 18, 2014 8:36 AM
Subject: Enchanted Forest Elaine Gordon Park Equestrian Center Management and Operation

Good morning,

I hope this email finds you well!

In early June, the Purchasing department advertised RFP No 45-13-14- Enchanted Forest Elaine Gordon Park Equestrian Center Management and Operation Services, followed by a pre-solicitation conference on June 17, 2014 at 10AM. We are curious as to why your company did not submit a proposal? Your feedback is greatly appreciated, thank you.

Sincerely,

Linda Julien, MPA
Buyer

Purchasing Department
776 NE 125th Street
North Miami, FL 33161
Phone (305)895-9886

Click here to view our advertised bids

From: **Julien, Linda** <ljulien@northmiamifl.gov>
Date: Tue, Aug 26, 2014 at 11:05 AM
Subject: FW: 45-13-14a RFP Enchanted Forest Elaine Gordon Park Equestrian Center
To: "fabianinf1@gmail.com" <fabianinf1@gmail.com>
Cc: "Wedemier, Dejenaba" <dwedemier@northmiamifl.gov>, "Corker, Derrick" <dcorker@northmiamifl.gov>

Good morning Fabian,

I hope this email finds you well. We have a couple questions that we would like to have addressed.

Regarding the 45-13-14a RFP Enchanted Forest Elaine Gordon Park Equestrian Center. I have a few concerns about the bidder and the services they will be providing. Please have them address the following concerns:

1. Who will be the Full Time staff member handling the day to day operates at the Equestrian Center? I need to see their background check
(Level II) screenings and History of Experience.
2. Provide Instructors Certificate of Riding Lessons & Grooming Lessons that will be offered to the community.
3. Camera System – Who will be installing the security system? (Approval Company or City?) Will the cameras be the City's if the contract is not renew? Who will be responsible for the maintenance of the system?
4. After Hours Activities – Provide a list of dates and times that they will need to access the park after hours?
5. Storage Equipment – What type of storage unit will be uses on site? Who will be responsible for the care and maintenance?
6. Volunteers – All volunteers must be supervised by an adult that is 21 years old at all times.

Please provide a response by noon tomorrow (8/27/2014).

Thank you!

Linda Julien, MPA

Buyer

1. Who will be the Full Time staff member handling the day to day operates at the Equestrian Center? I need to see their background check (Level II) screenings and History of Experience. Nicolas Billon' s background is attached and no criminal record could be found in any states. He has own a horse in Miami for several years and owned a few horses and a stables that was open to the public back in France. He will be in charge of the daily operation of the business when it reopens while I am out of town. Any person hired to work around the kids on a daily basis will be checked to make sure they have no criminal record and that we can trust them around the children.

2. Provide Instructors Certificate of Riding Lessons & Grooming Lessons that will be offered to the community. They are attached.

3. Camera System – Who will be installing the security system? (Approval Company or City?) Will the cameras be the City's if the contract is not renew? Who will be responsible for the maintenance of the system?

We did not select a company or system yet as we do not have the approval or the limitations of the city to do so, but we believe that it will be a very simple system and wireless free system http://www.vuezone.com - The Family Ranch Inc will be responsible for the maintenance of the system and it will be removed if the contract is not renewed.

4. After Hours Activities – Provide a list of dates and times that they will need to access the park after hours? There is not set date and time schedule yet as it will depend on rodeo schedule in Davie, as soon as the schedule is available we will provide it to the personal named by the City - However we can already tell you that rodeo night is on Wednesday about twice a month, the horses will be leaving before closing hours and should return around 10:30pm / 11:00pm - it usually take about 20 mn to unload the horses and the tack, feed the horses.. I Fabian, will always be present as my daughter, my horse and my trailer would be involved in the competition.

5. Storage Equipment – What type of storage unit will be uses on site? Who will be responsible for the care and maintenance? Not sure of what you are referring to, as we will have on premises at all time a wheel barrel, shovel and racks that will be stored in the office. The rest of the equipment will be brought in and out of the premises on a daily basis as I am leaving a few blocks away from the ranch and have personally full storage capacity at my house. Care and maintenance of the said equipment is the family ranch full responsibility.

6. Volunteers – All volunteers must be supervised by an adult that is 21 years old at all times. We understand and fully agree

Please provide a response by noon tomorrow (8/27/2014).

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Profit Corporation

THE FAMILY RANCH INC

Filing Information

Document Number	P14000056018
FEI/EIN Number	NONE
Date Filed	06/30/2014
State	FL
Status	ACTIVE
Effective Date	07/01/2014

Principal Address

1721 NE 143 STREET
NORTH MIAMI, FL 33181

Mailing Address

1721 NE 143 STREET
NORTH MIAMI, FL 33181

Registered Agent Name & Address

INGALLINA, FABIAN
1721 NE 143 STREET
NORTH MIAMI, FL 33181

Officer/Director Detail

Name & Address

Title P

INGALLINA, FABIAN
1721 NE 143 STREET
NORTH MIAMI, FL 33181

Title VP

INGALLINA, PATRICIA
1721 NE 143 STREET
NORTH MIAMI, FL 33181

Annual Reports

No Annual Reports Filed

Document Images

06/30/2014 -- Domestic Profit View image in PDF format

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State of Florida, Department of State

INTELIUS PREMIER

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Welcome, **Nathalie!** Go to Intelius.com | Sign Out

MY SERVICES

SEARCH BY: NAME | PHONE | EMAIL

Find Anyone

First Name (optional) | Last Name | City, State (optional) | Search Now

Profile for Nicolas D Billon

« Search Results « My List

Nicolas D Billon

Age: **50** (Born Dec 21, 1963)

None

Add Notes...

Contact Information

Phone
(305) 868-2169

Relatives

Nathalie Billon (Age: 49) (spouse)
Natacha Billon (Age: 23)

Verify Current Phone & Address

Find out which address(es) and landline phone number(s) in this profile are current according to available utility records. Excludes mobile phone numbers.

Add to Profile

Criminal Records

No criminal records found on 08/26/2014.
See Criminal Check Disclaimer below

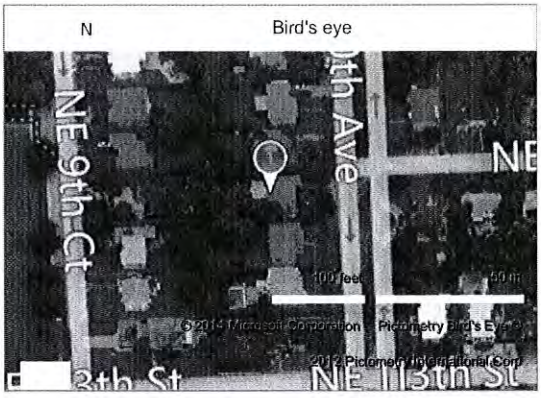
We searched the following in states where records are available:

Case Records	No Records Found
Sentencing Records	No Records Found
Disposition Records	No Records Found
Other Criminal Records	No Records Found

View State-by-State Results

Criminal Check Disclaimer
It's important for you to understand the limitations of Criminal Check results and not assume that this

Addresses Show All Addresses



1. **11400 NE 10th AVE Biscayne Park**
   Miami, FL 33161
   (305) 868-2169
2. 7601 E Treasure DR #263 NORTH
   Miami Beach, FL 33141
   (305) 868-2169
3. 7945 Harding AVE
   Miami Beach, FL 33141
   (305) 868-2169
4. Ne10th AVE
   Miami, FL 33161

Property Details
No property record found.

Local Census Data

Total households	149,077
Families	58%
Male / Female	49% / 51%

Income

Avg. Household	$48,750
Less $10K	17%
$10k to $14,999	10%
$15k to $24,999	17%
$25k to $34,999	13%
$35k to $49,999	14%
$50k to $74,999	13%
$75k to $99,999	6%
$100k to $149,999	6%
$150k to $199,999	2%
$200k or more	3%

Education

High School Degree	28%
College Degree	14%
Graduate Degree	8%

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data provides a complete or accurate representation of a person's criminal history:

- Records are available for the majority of states and counties, but not for every state and county.
- Records can be incomplete or contain inaccuracies.
- False matches are possible, especially for individuals with common names.

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NORTH MIAMI
FLORIDA

COVER PAGE & CONTACT PERSON INFORMATION

ENCHANTED FOREST ELAINE GORDON PARK EQUESTRIAN CENTER MANAGEMENT AND OPERATION SERVICES

RFP 45-13-14a

Include this sheet as the very first page of your Proposal. Please complete the entire form in its entirety. The contact person indicated should be someone the City may contact for any questions or provide any correspondence related to this Solicitation.

Legal Name of Proposer(s):	THE FAMILY RANCH INC
Federal Employee Identification (FEIN) Number:	32-0443696
Mailing Address:	1721 NE 143 STREET
City, State, Zip Code:	NORTH MIAMI FL 33181
Contact Persons Name:	FABIAN INGALLINA
Title:	PRESIDENT
Email Address:	FABIANINF1@GMAIL.COM
Telephone Number:	305-801-3211
Fax Number:	305-675-0851

NORTH MIAMI
FLORIDA

PRICE PROPOSAL FORM

ENCHANTED FOREST ELAINE GORDON PARK EQUESTRIAN CENTER MANAGEMENT AND OPERATION SERVICES

RFP 45-13-14

The prices listed below shall include the total cost to complete the services including but not limited to materials, labor, equipment, bonds, insurances, etc, as necessary to ensure proper delivery of services and/or products requested by the City of North Miami.

1.) Monthly Fee ($500 Minimum) $ 500.00/00

2.) Monthly Percentage of Sales 10% of Ponys and Horses

1. I hereby certify that I am authorized to act on behalf of the Respondent, individual, partnership, corporation or association making this Proposal and that all statements made in this document are true and correct to the best of my knowledge. I agree to hold this offer open for a period of one hundred and eighty (180) days from the deadline for receipt of Proposals; or, if I am selected as the Top-Ranked Offeror, for such further period as is necessary for obtaining Contract signature and approval.

2. I understand and agree to be bound by the conditions contained in the Request for Proposal and shall conform with all requirements of the Request for Proposal.

NORTH MIAMI
FLORIDA

NARRATIVE DESCRIPTION
PROPOSAL SUBMITTAL CHECKLIST

ENCHANTED FOREST ELAINE GORDON PARK EQUESTRIAN CENTER MANAGEMENT AND OPERATION SERVICES

RFP 45-13-14 a

This checklist is provided for Proposer's convenience only and identifies the sections of this submittal document to be completed and submitted with each response. Any Proposal received without any one or more of these sections may be rejected as being non-responsive. Please be advised that this checklist may not necessarily complete include all of the requirements listed throughout this Solicitation. It sets guidelines for consideration, and may be added to as the need arises.

Company Name: The Family Ranch Inc.

No.	Narrative Description City	Checklist
1.)	Qualification & Experience	✓
2.)	Methodology & Approach to the Project	✓
3.)	Price Solicitation Form	✓
4.)	State of Florida active Sunbiz Report	✓
5.)	Professional Licenses/Certifications	✓
6.)	References (City Form A-14)	✓

FOR PURCHASING OFFICE USE ONLY
☐ Responsive ☐ Non-Responsive ☐ Other: _____
Comment: _____

NORTH MIAMI
FLORIDA

CITY FORMS CHECKLIST

ENCHANTED FOREST ELAINE GORDON PARK EQUESTRIAN CENTER MANAGEMENT AND OPERATION SERVICES

RFP 45-13-14a

This checklist is provided for Proposer's convenience only and identifies the sections of this submittal document to be completed and submitted with each response. Any Proposal received without any one or more of these sections may be rejected as being non-responsive. Please be advised that this checklist may not necessarily complete include all of the requirements listed throughout this Solicitation. It sets guidelines for consideration, and may be added to as the need arises.

No.	City Contract Forms	Checklist
1.)	A-1 Public Entity Crimes Affidavit	✓
2.)	A-2 Non- Collusive Proposal Certificate	✓
3.)	A-3 Local Preference Affidavit *(optional)*	✓
4.)	A-5 Acknowledgement of Addenda *(if applicable)*	✓
5.)	A-6 Disclosure of Subcontractors & Suppliers *(if applicable)*	✓
6.)	A-7 Insurance Requirements	✓

All of the City's Forms can be found on our website at: http://www.northmiamifl.gov/business/purchasing/forms.asp. These forms are fill –in forms. Please ensure to include all applicable forms with your Proposal documents signed and notarized as required. Emailed forms will NOT be accepted.

FOR PURCHASING OFFICE USE ONLY
☐ Responsive ☐ Non-Responsive ☐ Other: _____
Comment: _____

Fabian Ingallina
The Family Ranch Inc.

Email: Fabianinf1@gmail.com
Phone: (305) 801-3211
The Family Ranch proposal

4. Qualification & Experience

Qualification of Organization

Fabian Ingallina was a previous boarder at the former Rock'n'in Ranch. He is the current owner of 7 horses whom he works with and takes care of in Davie and some in Ocala. Also a member of PFHA, and the Bergeron rodeo grounds in Davie. Fabian Ingallina has experience in the maintenance of a ranch and management as he took care of the former Rock'n'in Ranch while Sherley Chance, owner at the time, was hospitalized. He has the constant support of previous boarders, who have experience in horse care, that are looking forward to the reopening of the ranch.

With the combination of experience and passion, the Family Ranch Inc. will be the perfect fit. The objective of the Family Ranch Inc. is to provide an environment and experience for families that they cannot get anywhere else in Miami.

Size of Organization

Our hours of operation will be from sunrise to sundown, Monday through Sunday. Although we will be open, services will only be available from 4 pm – sundown from Mondays through Fridays, 10:30am – 5pm on weekends and holidays. The ranch will hold a maximum of 1 horse per stall or 2 ponies per stall. The ranch will have a minimum of 1 employee and one lead volunteer present at all times during hours of service.

Description of services provided by The Family Ranch

The Family Ranch will be providing a wide variety of services to fit the communities needs. Riding lessons will be provided for English style and western style. Riders will be taught basic riding skills and technics. Horse training will be available for timed events such as barrel racing, reining, and starting horsemanship. Rides will be accommodated for young children and people with disabilities. Lessons on care will also be available to teach the basics of keeping a horse healthy. During the summer, a summer camp will be

available where children can ride, play games, groom horses, have arts and craft, and learn to care for the horses' basic needs. Birthday parties will be available with rides, arts and crafts, and games upon request and reservation. A photographer will be on site at least one day out of the weekend to take and print out photos for customers.

5. **Methodology**

As previously stated, services will only be available from 4 pm – sundown from Mondays through Fridays, 10:30am – 5pm on weekends and holidays.

Every morning an employee will feed, turn out the horses, clean the stalls and turn outs. At closing the employee will feed the horses again. The horses will be turned out in rotation, half will be turned out at night and the other half throughout the day. The employee will be paid weekly by the manager/supervisor. Feed will be delivered once a week to the ranch. A booklet will be kept so boarders can write down their weekly orders to fit every horse's personal needs.

Horse boarding will be available with the options of full, partial, or minimal board. Full board includes AM and PM feeding and stall cleaning along with the boarding of the horse; Partial board will included AM feeding with the boarding of the horse; Minimal board will only include the boarding of the horse and it will be at the owner's responsibility to feed and take care of his/her horse(s). If the owner is not paying full board they are expected to come daily before closing time to care for their horse. If the boarder does not meet expected minimal care of their horse, an employee will care for the horse and the owner will be fined accordingly. Leasing of horses will also be available for customers who feel they are not ready to buy a horse but would love to care for one as their own.

All animals are required to be properly vaccinated and papered before entering the property. All horses and ponies will have their feet trimmed and shoed by a Ferrier every 6 weeks. All of the animal's teeth will be floated and annual tests will be done.

All precautions will be taken to ensure the safety of the horses, employee, boarders, riders, and volunteers. Boarders, riders and volunteers will be required to sign a waiver agreeing to the stated ranch rules. All volunteers will be expected to be wearing the proper clothing which includes company t-shirts. All boarders 15 and under will be expected to wear a helmet with the supervision of an adult when riding. All customers 17 and under will be required wear

helmet when riding and have the supervision of both an instructor and guardian at all times.

THE FAMILY RANCH INC
1725 NE 135th Street
North Miami, FL 33161

WAVER FOR HORSE and PONY USE

I _____fully understand that horseback riding and working around horses can be dangerous. I also fully understand that riding or working around horses can lead to injury or even death.

I hereby hold Fabian Ingallina, The Family Ranch inc, and the City of North Miami, harmless and not responsible for any injuries whatsoever that may result from my use of their horses or any animals supplied by them. I also understand that they have taken every precaution to ensure that the animals they provide are safe for my use. However, I understand that horses are large animals that may, by nature, be easily frightened and are unpredictable, and that I am using them at my own risk. Further, I will not make any claims, now or in the future, for any injures sustained while riding or working near the horses.

DATE: _____

Name:
_____

Address: _____

City, State, and ZIP Code:
_____

Signature: _____

Electronic Articles of Incorporation For

P14000056018
FILED
June 30, 2014
Sec. Of State
msolomon

THE FAMILY RANCH INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

THE FAMILY RANCH INC

Article II

The principal place of business address:

1721 NE 143 STREET
NORTH MIAMI, FL. 33181

The mailing address of the corporation is:

1721 NE 143 STREET
NORTH MIAMI, FL. 33181

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

100

Article V

The name and Florida street address of the registered agent is:

FABIAN INGALLINA
1721 NE 143 STREET
NORTH MIAMI, FL. 33181

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: FABIAN INGALLINA

P14000056018
FILED
June 30, 2014
Sec. Of State
msolomon

Article VI

The name and address of the incorporator is:

FABIAN INGALLINA
1721 NE 143 STREET

NORTH MIAMI FL 33181

Electronic Signature of Incorporator: FABIAN INGALLINA

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
FABIAN INGALLINA
1721 NE 143 STREET
NORTH MIAMI, FL. 33181

Title: VP
PATRICIA INGALLINA
1721 NE 143 STREET
NORTH MIAMI, FL. 33181

Article VIII

The effective date for this corporation shall be:

07/01/2014

SS-4 Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 32-0443696

1 Legal name of entity or individual for whom the EIN is being requested

THE FAMILY RANCH INC

2 Trade name of business (if different from name on line 1) 3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box) 5a Street address (if different) (Do not enter a P.O. box.)

1751 NE 143 STREET

4b City, state, and ZIP code (if foreign, see instructions) 5b City, state, and ZIP code (if foreign, see instructions)

NORTH MIAMI FL 33181

6 County and state where principal business is located

MIAMI DADE FLORIDA

7a Name of responsible party 7b SSN, ITIN, or EIN

ROBERTO FABIAN INGALLINA 595-80-4485

8a Is this entity a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☑ No 8b If 8a is "Yes," enter the number of LLC members ▶

8c If 8a is "Yes," was the LLC organized in the United States? ☐ Yes ☐ No

9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.

☐ Sole proprietor (SSN) ☐ Estate (SSN of decedent)
☐ Partnership ☐ Plan administrator (TIN)
☐ Corporation (enter form number to be filed) ▶ 1120 ☐ Trust (TIN of grantor)
☐ Personal service corp. ☐ National Guard ☐ State/local government
☐ Church or church-controlled organization ☐ Farmers' cooperative ☐ Federal government/military
☐ Other nonprofit organization (specify) ▶ ☐ REMIC ☐ Indian tribal governments/enterprises
☐ Other (specify) ▶ Group Exemption Number (GEN) if any ▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated: State: Foreign country:

10 Reason for applying (check only one box)

☐ Banking purpose (specify purpose) ▶
☐ Started new business (specify type) ▶ PONY HORSE BACK RIDES
☐ Changed type of organization (specify new type) ▶
☐ Purchased going business
☐ Hired employees (Check the box and see line 13.)
☐ Created a trust (specify type) ▶
☐ Compliance with IRS withholding regulations
☐ Created a pension plan (specify type) ▶
☐ Other (specify) ▶

11 Date business started or acquired (month, day, year) (see instructions) 12 Closing month of accounting year DECEMBER

07-01-2014

13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

Agricultural Household Other

14 If you expect your employment tax liability to be $1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be $1,000 or less if you expect to pay $4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter.

15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

16 Check one box that best describes the principal activity of your business.

☐ Health care & social assistance ☐ Wholesale agent/broker
☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Unemployment (see instructions)
☐ Manufacturing ☐ Finance & insurance ☑ Other (specify) SERVICE

17 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

PONY AND HORSE BACK RIDES STALLES RENTAL

18 Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No

If "Yes," write previous EIN here ▶

Third Party Designee

Nathalie Bilbao 786 683 6960
1751 NE 143 St Ave. Miami FL 33161 305 615 0851

Name and title (type or print clearly) ▶ Roberto Fabian INGALLINA 305 801 3211
President Date ▶ 06/30/2014 305 615 0851

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055A Form SS-4 (Rev. 12-2013)

JUL 07 2014

02448837547

EIN JUL 07 2014

FORM A-1

NORTH MIAMI
FLORIDA

SWORN STATEMENT UNDER SECTION 287.133(3)(a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

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

1. This sworn statement is submitted to City of North Miami
[print name of public entity]

by Fabian Ingalluna
[print individual's name and title]

for The Family Ranch Inc
[print name of entity submitting sworn statement]

whose business address is 1721 NE 143 Street North Miami

and (if applicable) its Federal Employer Identification Number (FEIN) is 32-0443696 (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____.)

2. I understand that a "public entity crime" as defined in Paragraph 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 business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes,** means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133 (1)(a), **Florida Statutes,** means:

   1. A predecessor or successor of a person convicted of a public entity crime; or

   2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

FORM A-1

NORTH MIAMI FLORIDA

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[indicate which statement applies.]**

☒ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **[attach a copy of the final order]**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

_____
[signature]

Sworn to and subscribed before me this 30 day of June, 20 14.

Personally known X

OR Produced identification _____ Notary Public - State of Florida

I524766500701D My commission expires May 20, 2018
(Type of Identification)

(Printed typed or stamped Commissioned name of Notary Public)

MARIA RODRIGUEZ
Commission # FF 124695
Expires May 20, 2018
Bonded Thru Troy Fain Insurance 800-385-7019

6.30.2014

NORTH MIAMI
FLORIDA

FORM "A-2"
NON-COLLUSIVE BIDDER CERTIFICATE
STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Before me, the undersigned authority, on this day personally appeared Fabian Fonseca Urdaneta (Authorized Officer), who being by me duly sworn, deposes and says:

1. That he/she is the president of the corporation/partnership known and styles as The Family Ranch Inc duly formed under the laws of the State of FL, on 07/01, 2014 is duly authorized to represent such corporation/partnership in the making of this Affidavit and certification.

2. That The Family Ranch Inc (corporation/partnership) has not, within 6 months next preceding the date of this affidavit, entered into any combination, contract, obligation, or agreement to create nor that may tend to create or to carry out any restriction on secret, competitive bidding on the procurement of Enchanted Farms Equestrian to fix, maintain, increase, or reduce the price set out in the Proposal (bid) on the Project; to fix or maintain any standard or figure whereby the price bid in the Proposal is or has been in any manner affected, controlled, or established; or in any other manner to prevent or lessen competition in the bidding for the Project.

3. That The Family Ranch Inc (corporation/partnership) has not, during such time, entered into, executed, or carried out any contract, obligation, or agreement with any person, corporation, or association of persons not to bid on this Project below a common standard or figure, to keep the price thereof at fixed or graded figures, to preclude a fair and unrestricted competition in the bidding of this Project, to regulate, fix or limit the bidding on the Project, or to abstain from engaging in the bidding on the Project, or any portion thereof.

4. That The Family Ranch Inc (corporation/partnership) has not within 6 months next preceding the date of this Affidavit, either directly or through the instrumentality of trustees or otherwise, acquired assets shares, bonds, franchise, or other rights in or physical properties of any other corporation or partnership for the purpose of preventing or lessening, or in a manner that tends to affect or lessen, competition in the bidding on this Project.

5. That The Family Ranch Inc (corporation/partnership) has not within such time entered into any agreement or understanding to refuse to buy from or sell to any other person, corporation, firm, or association of person who bids on the Project.

NORTH MIAMI
FLORIDA

6. That no officer of The Family RANCH INC. has, within Affiant's knowledge, during such 6 months made on behalf of its or for its benefit any such contract or agreement as is specified in this Affidavit.

7. That these representations and warranties will be true at the time of the bid opening.

By: _____

Its: _____

Authority Warranted

SWORN TO and subscribed before me this 30 day of June, 2014.

_____

Notary Public

My Commission Expires:
MAY 20, 2018

MARIA RODRIGUEZ
Commission # FF 124695
Expires May 20, 2018
Bonded Thru Troy Fain Insurance 800-[illegible]

06-30-2014

LOCAL PREFERENCE FORM A - 3

NORTH MIAMI
FLORIDA

LOCAL PREFERENCE CERTIFICATION

SECTION 1: GENERAL TERM

Local Preference

The evaluation of competitive bids is subject to Section 7-151 of Ordinance 1244 which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with either of the following objective criteria as of the bid or proposal submission date stated in the solicitation. The following criteria meet the local preference requirements:

1. A business that has a valid local business tax receipt, issued by the City of North Miami at least one year prior to bid or proposal submission, that is appropriate for the goods, services or construction to be purchased **AND**;
2. A business that has a physical business address located within the limits of the City of North Miami from which the vendor operates or performs business. Post Office Boxes are not verifiable and shall not be used for the purpose of establishing said physical address **OR**;
3. A business has at least ten (10%) of its total workforce residing in the City of North Miami or subcontractors at least ten percent (10%) of its total contractors in the City prior to the City's issuance of the solicitation for supplies or services **OR**;
4. The local preference may be applied to firms that subcontract at least ten percent (10%) of the contractual amount of a City project to subcontractor who is physically located within the City of North Miami.

The preference is used to evaluate the submittals received from bidders. A preference of ten percent (10%) shall be given to the local businesses total evaluation points of their proposal or ten percent (10%) shall be given to the local businesses total price of their bid.

Comparison of Qualifications

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the City from giving any other preference permitted by law instead of preferences granted, nor prohibit the City to select the bid or proposal which is the most responsible and in the best interests of the City.

SECTION 2: AFFIRMATION

LOCAL PREFERENCE CERTIFICATION: The local preference may be applied to businesses located within the limits of the City of North Miami. **A copy of a current Business Tax Receipt must be attached.**

☒ Place a check mark here only if affirming bidder meets requirements for Local Preference. **Failure to complete this certification at this time (by checking the box above) shall render the vendor ineligible for Local Preference.**

WORKFORCE LOCAL PREFERENCE CERTIFICATION: The local preference may be applied to businesses with a least ten percent (10%) of its total workforce residing within the geographical boundaries of the City.

☒ Place a check mark here only if affirming bidder meets requirements for workforce Local Preference. **Failure to complete this certification at this time (by checking the box above) shall render the vendor ineligible for Workforce Local Preference.**

SUBCONTRACTOR LOCAL PREFERENCE CERTIFICATION: The local preference may be applied to businesses that subcontract at least ten percent (10%) of the contractual amount of a City project to subcontractor who are physically located within the City of North Miami. **(Must complete Forms A-3A: Participation Schedule & A-3B: Statement of Intent)**

☒ Place a check mark here only if affirming bidder meets requirements for Subcontractor Local Preference. **Failure to complete this certification at this time (by checking the box above) shall render the vendor ineligible for Subcontractor Local Preference.**

Company Name: The Family Ranch Inc.

Authorized Signature: _____

Revised 12/23/10

LOCAL PREFERENCE FORM A – 3A

NORTH MIAMI FLORIDA

CITY OF NORTH MIAMI LOCAL BUSINESS PARTICIPATION SCHEDULE

RFP/IFB # 45-13-14a Title: Enchanted Forest Horse Corral Equestrian Center

Bidder/Proposer The Family RANCH Inc. / Fabian INSalina

Address, City, State and Zip 1721 NE 143 Street North Miami FL 33181

Contact Person Fabian INSalina Tel # 305 801 3211 Fax #

ORGANIZATION STATUS

Business Association	Date Engaged	Business Name	Business Address	Business Telephone #	Work to Be Performed: % of Work	Type of Work	Dollar Amount
Bidder/ Proposer	07/21/14	The Family Ranch Inc	1721 NE 143 Street	305 801 3211	60%	Ranch Management	
Local Business							
Local Business							
Local Business							
					100%	Total Participation	
						Total Contract	$ 0.0

The listing of a Local Business shall constitute a representation by the bidder/proposer to the City of North Miami that the bidder/proposer believes such Local Business to be technically and financially qualified and available to perform the work described. Bidders/Proposers are advised that the information contained will be verified.

I certify that the above information is true to the best of my knowledge: _____ President 07/22/2014

Authorized Bidder/Proposer Signature — Title — Date

Revised 12/16/11

LOCAL PREFERENCE FORM A - 3B

NORTH MIAMI FLORIDA

STATEMENT OF INTENT

RFP/IFB NO. 45-13-14 9

A signed "Statement of Intent" shall be completed by both the proposer/bidder and the owner or authorized principal of each Local Business listed in the Participation Schedule Form A-3A.

The Family RANCH INC agrees to perform work on the above contract as (check one)
Name of Local Business

○ a partnership; ⊗ a corporation; ○ an individual; ○ a joint venture

Local Business Contractor

The Local Business will enter into a formal agreement, conditioned upon the Bidder/Proposer executing a contract with the City of North Miami for the work with The Family RANCH INC.
Name of Local Business

Item No.	Type of Work	Date Engaged	Agreed Price (Or Agreed Percentage)	% of Work
1.	Management of Equestrian Center	7/8/24		100 %
2.			$	%
3.			$	%
	TOTAL VALUE OF WORK		$0.0	0.0 %

Fabian Ingalina — President — 07/24/24
Local Business Contact Name (Please Print) — **Title** — **Date**

The Family RANCH INC — 1721 NE 143 Street North Miami FL 33181
Local Business Address, City, State & Zip Code

FabianInFL@gmail.com — 3058013211 — **Authorized Local Business Signature**
Local Business E-Mail address — **Phone Number**

President — 07/24/24
Authorized Bidder/Proposer Signature — **Title** — **Date**

NOTE: A copy of the Local Vendor Business Tax Receipt and signatures of Local Business and Bidder/Proposer are required.

NORTH MIAMI
FLORIDA

FORM A-5

ADDENDUM TO BID DOCUMENTS

IFB NUMBER: 45-13-14a

BID OPENING DATE: 06/30/2014.

To All Bidders:

It is the Bidder's responsibility to assure receipt of all addenda. The Bidder should verify with the designated Contracting Officer prior to submitting a proposal that all addenda have been received. Bidder's are required to acknowledge the number of addenda received as part of their proposals.

This form must be returned with your bid as acknowledgement of receipt of all addenda issued for this RFP,RFQ or IFB and must signed in the space provided below. Bidder's failure to return this form will be deemed non-responsive and will not be considered for contract award.

Please initial to acknowledge receipt of addenda pertaining to this contract:

Addendum No. 1	X
Addendum No. 2	
Addendum No. 3	
Addendum No. 4	
Addendum No. 5	
Addendum No. 6	
Addendum No. 7	
Addendum No. 8	
Addendum No. 9	
Addendum No. 10	

Acknowledged by:
Name: Fabian Ingolina
Signature:
Date: 07/02/2014.

NORTH MIAMI
FLORIDA

Form "A-6"

BIDDER'S DISCLOSURE OF
SUBCONTRACTORS AND SUPPLIERS

RFQ, RFP OR IFB NO. 45-13-149.

DISCIPLINE Equestrian Management and operation Services

Team Composition Plan

Please provide the following for tracking purposes only:

Business Association	Business Name	*Business Address*	*Business Phone #*	Describe Type of Work to be Performed	% of Work	Diversity Class. *
Prime Contractor	The Family Ranch Inc	1721 NE 143 Street North Miami FL 33181	305 801 3211	Manage-Ment	100%	H
Subcontractor						
Subcontractor						
Subcontractor						
Subcontractor						
Subcontractor						
Subcontractor						
Subcontractor						
Subcontractor						
Subcontractor						
Joint Venture						

Diversity Classification:

A = *Asian American* B = *African American* F = *American Woman*

(H) = *Hispanic American* N = *Native American* (L) = *Local Vendor (North Miami)*

PETER BARRON 954-331-8133
PBARRON @ Southwest ranches INSURANCE.COM

AMERICAN EQUINE INSURANCE GROUP EQUINE LIABILITY QUOTE

PRODUCER NUMBER: 111 QUOTE NUMBER: 521326

QUOTE PRINTED ON JULY 7, 2014 12:00PM

Application did not transmit legibly and will not scan into the policy. Please send clear darker copy.

*** THIS IS A SAMPLE QUOTE ***

PREMIUM	$1,080.00
FHCF	$14.04
BALANCE	$1,094.04

PROPOSED CARRIER: DIAMOND STATE INSURANCE COMPANY NAIC # 42048

PROPOSED INSURED: FABIAN INGALLINAS
THE FAMILY RANCH INC.
1721 NE 143 STREET
NORTH MIAMI FL 33181

ADDITIONAL LOCATION: ENCHANTED FOREST ELAINE GORDON PARK
1725 NE 135 STREET
NORTH MIAMI FL 33181

COVERAGE EXISTS ONLY FOR THE FOLLOWING ADDITIONAL INSUREDS:
ADDL. INSURED NAME THE CITY OF NORTH MIAMI

COMMERCIAL GENERAL LIABILITY	LIMIT
GENERAL AGGREGATE	$1,000,000
EACH OCCURRENCE	$1,000,000
PRODUCTS & COMPLETED OPERATIONS	NOT COVERED
PERSONAL AND ADVERTISING INJURY	NOT COVERED
DAMAGE TO PREMISES RENTED TO YOU	$50,000
MEDICAL PAYMENTS	$5,000
EQUINE PROFESSIONAL ANY ONE HORSE	$100,000
EQUINE PROFESSIONAL HORSE AGGREGATE	$250,000
CARE CUSTODY OR CONTROL MAXIMUM 20 HORSES:	
CCC LIMIT PER HORSE	$5,000
CCC LIMIT ANNUAL AGGREGATE	$25,000
INCIDENTAL TRANSIT ONLY UP TO A RADIUS OF 100 MILES	

SAMPLE

OPTIONAL ENDORSEMENTS:	
EQUINE PROFESSIONAL LIABILITY	INCLUDED
CARE, CUSTODY OR CONTROL	INCLUDED
EQUINE PERSONAL LIABILITY	INCLUDED
RACE HORSE OWNERS LIABILITY	NOT INCLUDED

ACTIVITIES SUMMARY:	
OWNED/LEASED HORSES ON PREMISES	COVERED
OWNED/LEASED HORSES OFF PREMISES	NOT COVERED
BREEDING ON PREMISES	NOT COVERED
BREEDING OFF PREMISES	NOT COVERED
BOARDING NON-COMMERCIAL	COVERED
BOARDING COMMERCIAL	COVERED
HORSE SALES	NOT COVERED
TRAINING NON-COMMERCIAL	NOT COVERED

Equine Commercial General Liability

Madden Equine Insurance
3417 Bent Oak Hwy., Adrian, MI 49221
Fax 888-433-1811 / 800-753-9192

American Equine Insurance Group AEIG

Producer: MADDEN EQUINE Number: 111
Policy and/or Renewal #:
Expiration Date:
Requested Effective Date:

Note: ***Incomplete applications will be returned to the applicant.***

Applicant: Fabian Ingallinas Business Name: The Family Ranch Inc

Mailing Address: 1721 ne 143 Street

City: North Miami County: Miami Dade State: Fl Zip: 33181

Phone: 3058013211 Fax: 3056750851 Contact Person: Fabian Ingallinas/Nathalie Billon 786-683-6960

Website: E-mail: fabianinf1@gmail.com

Applicant's Ownership Structure: Individual ☐ Corporation ☑ Association ☐ Partnership ☐

Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.

Use:

Address: Enchanteed Forest Elaine Gordon Park - 1725 NE 135 Street

City: North Miami County: Miami DAde State: FL Zip: 33181

Does the applicant: Own ☐ *or* Lease ☑ the facilities utilized by the applicant.

Is applicant currently insured? Yes ☐ No ☑

Most recent or present insurance company: **Annual premium: $**

Pay Plan Desired? Yes ☑ No ☐ ***Ask your broker for more information.***

Has the applicant had any liability claims or reported incidents in the past five years? Yes ☐ No ☑

Has the applicant had coverage cancelled or refused in the past five years? *(Not applicable in Missouri.)* Yes ☐ No ☑

Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.

Are there any prior criminal convictions or pending criminal charges against any person named on the policy? Yes ☐ No ☑
If yes, attach a separate sheet and explain.

Has any person named on the policy ever been suspended from, or had membership terminated by, any equine association? Yes ☐ No ☑
If yes, attach a separate sheet and explain.

Limits of Liability

Each Occurrence Limit *(Select one)*			**$300,000**	☐	**$500,000**	☐	**$1,000,000** ☑
General Aggregate Limit			**$300,000**		**$500,000**		**$1,000,000**
Fire Damage Limit (Any one Fire)			$50,000		$50,000		$50,000
Medical Payments (Any one Person)			$5,000		$5,000		$5,000
Double Aggregate Limit desired	**Yes** ☑	**No**	**$600,000**		**$1,000,000**		**$2,000,000**
Triple Aggregate Limit desired *(Note: Only available with $1,000,000 Occurrence Limit)*	**Yes** ☐	**No** ☑	**N/A**		**N/A**		**$3,000,000**

Excess Coverage desired **Yes** ☐ **No** ☑ *(Note: Requires $1,000,000 Occurrence Limit, and $2M or $3M Aggregate Limit.)*

Excess limits (Each Occurrence and General Aggregate) $1m ☐ $2m ☐ $3m ☐ $4m ☐ $5m ☐

Optional Coverages *– Subject to eligibility and underwriting approval.*

Equine Personal Liability desired	**Yes** ☐	**No** ☑	**Products and Completed Operations desired**	**Yes** ☐	**No** ☑
Race Horse Owner's Liability desired	**Yes** ☐	**No** ☑	**Personal and Advertising Injury desired**	**Yes** ☐	**No** ☑
Equine Professional Liability desired	**Yes** ☐	**No** ☑			

Note: ***If you have activities which are not described within the application, they must be listed with explanations, volume of activity, and revenues for coverage to be considered. Any events or activities not described/disclosed are not covered.***

Additional Insureds

List Additional Insureds and describe their connection to your equine activities. Independent Trainers, Instructors, and Clinicians are not eligible as Additional Insureds and should be listed on the next page for coverage consideration. Do not list employees.

Name:	Address:	Relationship:
1. The City of North Miami	776 N.E. 125th Street North Miami, Fl 33161	Property owner
2.		
3.		

Summary of Equine Activities

Description of your operation: Small ranch of 14 stalls in the main building of 6600sqft , a pony ring of 5000sqt and a coral of 14000sqft The Family Ranch Inc will board a few horses and will be open to the public for pony and horse back ride in the coral area.

Years experience with horses: 5 years Professional years operating this type of an operation as a business: 2 years

Please describe your equine education, competition experience, officiating, judging, instructors licenses, etc.: supervised the running of that same location during the previous ownership.

If you are not the primary manager, Manager's Name: Age: Years Exp:

24-hour supervision of facility	Yes ☐	No ☑
Emergency numbers posted	Yes ☑	No ☐
Safety & Barn Rules posted and written out	Yes ☑ *Enclose copies.*	No ☐
Current liability waivers utilized	Yes ☑ *Enclose copies.*	No ☐
State Equine Activity signs posted	Yes ☑	No ☐
Fire Drills conducted	Yes ☑	No ☐
No Smoking signs posted	Yes ☑	No ☐
Smoke Alarms	Yes ☑	No ☐
Smoking allowed in barns	Yes ☐	No ☑
Shoes with heels required for riders	Yes ☑	No ☐

Riding Helmets are Required:

- ☐ By everyone ALL OF THE TIME
- ☑ 18 and under ALL OF THE TIME
- ☑ Everyone while jumping/speed work
- ☐ Only 18 and under while jumping
- ☐ Not required

Is all fencing in good condition? Yes ☑ No ☐

Describe security measures and type of fencing utilized to prevent horse(s) from having access to public roads: The ranch is closed by gates and wood fences and enclosed in the middle of a public park only open from sunset and sundown. The all park area is completly fenced and locked during the night.

Coverage will be provided only for exposures marked "Yes." Remember, any events or activities not described/disclosed are not covered.

Owned / Leased Horses

Total number of horses you own:	3
Total number of horses you lease from others:	0
Maximum number of horses you own or lease from others taken off premises (horse shows etc.):	0
Maximum number of horses you lease to others on premises:	0
Maximum number of horses you lease to others off premises:	0
Maximum number of horses used for **Riding Instruction / School Horses:**	2

Do you use any horses for driving, pulling, or work? Yes ☐ No ☑

If yes, please explain:

Do you own Race Horses? Yes ☐ No ☑ If yes, number of Race Horses owned:

If yes, please indicate breed, type of racing activity your horse(s) participate in, and give a brief description of your Race Horse participation. (Note: If racing is your primary activity, please complete the Race Horse Owner's & Trainer's CGL application.)

Breeding Yes ☐ No ☑

Average Stud Fee charged:	$
Total number of stallions standing stud (Live and A.I.) on premises:	
Total number of stallions, that you own or have partial ownership, standing at stud (Live and A.I.) off premises:	
Total number of mares covered annually on premises:	
Total number of mares, which you own, covered annually off premises:	

Boarding Yes ☑ No ☐

What is the total number of horses boarded monthly:	Maximum:	10	Minimum:	0	Average: 5
Average number of horses on:	Full Board:	5	Pasture Board:	0	
Monthly charge per horse:	Full Board:	$ 250	Pasture Board:	$ 0	
Total number of stalls on premises:		14			

Horse Sales Yes ☐ No ☑

How many horses do you sell annually: Owned by you:_____ Owned by others:_____ Total:_____

Average value of horses sold: Owned by you:$_____ Owned by others:$_____

Training Yes ☐ No ☑

Average number of horses in full training monthly, ***including Independent Trainers'*** On Premises Training: _____

Average number of training rides ***weekly*** on horses not in full training: _____

Independent Trainers Yes ☐ No ☑ *(Must be 18 years or older)*

1._____ Years Exp._____ 2._____ Years Exp._____

3._____ Years Exp._____ 4._____ Years Exp._____

Riding Instruction Yes ☑ No ☐ Anyone under 21 giving riding instruction: Yes ☑ No ☐

Type of instruction: basic riding and care instructions

Operation's Total Riding Instruction, both On and Off Premises, ***including Independent Instructors'*** *On Premises Instruction.*

Total lessons given annually: 350 Average number of ***weekly*** lessons given on *Client's Own* horse(s): 7

Average cost per lesson: $ 20 Average number of ***weekly*** lessons given on *School/Insured's* horse(s): 0

Any Day Camp activities? Yes ☐ No ☑ *(If yes, the Equestrian Day Camp Supplemental Application must be completed.)*

Independent Instructors Yes ☐ No ☑ *(Must be 18 years or older)*

1._____ Years Exp._____ 2._____ Years Exp._____

3._____ Years Exp._____ 4._____ Years Exp._____

Officiating/Judging Yes ☐ No ☑ Total show days Judging / Officiating annually: _____

On Premises Riding Clinics Yes ☑ No ☐ Total Clinic Days: 12 No. of participants per day: 5

Clinic Dates: not yet set

Description of Clinic: not defined yet

Off Premises Riding Clinics Yes ☐ No ☑ Total Clinic Days:_____ No. of participants per day:_____

Clinic Dates:_____

Description of Clinic:_____

Note: ***If dates have not been set, Written Notice of the clinic must be received in our office prior to the clinic date. Coverage is not provided for clinic dates that have not been declared to the Company in advance of the clinic.***

Host Shows / Events Yes ☐ No ☑

Please provide a description of the show/event (such as show, rodeo, gymkhana, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or last year's flyer. Use extra pages as necessary.

Hosted Sanctioned Show Days per year: 0 Sanctioning Organization(s):_____

Event/Show date(s):_____

Description of event:_____ Description of event activities:_____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event Day: _____

Maximum number of participants: _____ Maximum number of spectators: _____

Hosted Non-Sanctioned Show Days per year: 0

Event/Show date(s):_____

Description of event:_____ Description of event activities:_____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event Day: _____

Maximum number of participants: _____ Maximum number of spectators: _____

Note: ***If dates have not been set, Written Notice of the show/event must be received in our office prior to the show/event date. Coverage is not provided for show/event dates that have not been declared to the Company in advance of the show/event.***

Tack Store / Retail Sales Yes ☐ No ☑ *(Tack manufacturing and repair not eligible.)* Annual Gross Revenue from Sales:_____

*If yes, please describe types of items sold and locations where items are sold:*_____

Arena / Facility Rentals

Do you rent your facility to others? Yes ☐ No ☑

If yes, please explain to whom, how often, and for what types of events. Please also submit the written guidelines for use of the facility and any rental agreements / user guides.

Pony Rides Yes ☑ No ☐ *(If yes, the Pony Rides Supplemental Application must be completed.)*

Horse Drawn Vehicle Rides Yes ☐ No ☑ *(If yes, the Horse Drawn Vehicle Rides Supplemental Application must be completed.)*

Do you own dogs? Yes ☐ No ☑ *If yes, how many, what type, and for what purpose:* _____

Are other dogs permitted at your facility or at any events you host? Yes ☐ No ☑

If yes, please explain your policy regarding dogs: _____

Has any dog you own or any dog you allow on your premises bitten or caused injury to anyone, shown aggressive, threatening, or unpredictable behavior, or required special handling to prevent injury to others? *(If yes, attach details on a separate page.)* Yes ☐ No ☑

Other animals on premises? Yes ☐ No ☑ *If yes, how many, what type, and for what purpose:* _____

Hunting on premises? Yes ☐ No ☑ *If yes, by:* ☐ Owners ☐ Others Do you charge a fee? Yes ☐ No ☑

Please explain hunting activities: _____

Swimming pool on premises? Yes ☐ No ☑

If yes, do you have a security fence around your pool? Yes ☐ No ☑

Is the pool for your personal use only? Yes ☐ No ☑

If no, please explain: _____

Is alcohol permitted on premises? Yes ☐ No ☑

If yes, describe: _____

Is alcohol sold, served, or furnished on premises? Yes ☐ No ☑

If yes, describe: _____

Note: ***The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.***

Is **CARE, CUSTODY OR CONTROL (CCC)** coverage desired? Yes ☑ No ☐

The CCC rates below include incidental transportation coverage for transportation of non-owned horses in your care while in the Continental U.S. and Canada. ***Coverage is not available to Commercial Haulers.*** **Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.**

Select from the limits below. Premiums shown are for up to 20 horses.

	Maximum Limit Per Horse	*Aggregate Limit Per Year*	*Annual Base Premium*	*Per horse over 20 horses*
☑ 1)	**$5,000**	**$25,000**	$300.00	$5.00
☐ 2)	**$5,000**	**$50,000**	$375.00	$8.00
☐ 3)	**$10,000**	**$50,000**	$400.00	$9.00
☐ 4)	**$10,000**	**$100,000**	$475.00	$10.00
☐ 5)	**$15,000**	**$100,000**	$500.00	$13.00
☐ 6)	**$25,000**	**$100,000**	$550.00	$15.00
☐ 7)	**$25,000**	**$250,000**	$600.00	$17.00
☐ 8)	**$25,000**	**$300,000**	$700.00	$18.00
☐ 9)	**$50,000**	**$300,000**	$1,100.00	$20.00
☐ 10)	**$100,000**	**$300,000**	$1,400.00	$25.00
☐ 11)	**$100,000**	**$500,000**	*Submit for Quote*	
☐ 12)	**$250,000**	**$500,000**	*Submit for Quote*	
☐ 13)	**$500,000**	**$1,000,000**	*Submit for Quote*	

If only local transportation coverage is desired, mark "No" and $100 will be deducted from the total CCC premium. No ☑

(If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy.)

Average number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): 5

Maximum number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): 10

Maximum value of an individual non-owned horse in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): 2000

Do you transport horses in your Care, Custody or Control? Yes ☐ No ☑

If yes, how often, for what reasons, and for whom you transport horses:

Do you transport horses not usually in your Care, Custody or Control? *(Coverage not provided for Commercial Haulers.)* Yes ☐ No ☑

If yes, please describe:

Type and capacity of your horse trailer(s):

Are your horse trailers in good repair? Yes ☐ No ☐

Are your horse trailers on a regular maintenance program? Yes ☐ No ☐

Annual Gross Revenues from Equine Activities

Leasing out horses:	$ 0	Breeding:	$ 0	Boarding:	$ 20000	Horse Sales:	$ 0
Training:	$ 0	Riding Instruction:	$ 7000	Day Camps:	$ 0	Officiating:	$ 0
Riding Clinics:	$ 0	Hosting Shows:	$ 0	Tack/Retail Sales:	$ 0	Arena Rentals:	$ 0
Pony Rides:	$ 10000	Horse Vehicle Rides:	$ 0	Other ( ):	$	*(Explain below.)*	

Total Annual Gross Revenue: $ 37000.00

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.

(REMEMBER: EXPOSURES NOT DECLARED ARE *NOT* COVERED.)

Regulatory Fraud Warnings

In Arkansas, Louisiana, and New Mexico

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES INCLUDING CONFINEMENT IN PRISON.

In Colorado, District of Columbia, Maine, Tennessee, and Virginia

WARNING: It is a crime to knowingly provide false, incomplete or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer or any other person. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In Florida and Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony.

In Kentucky, New York, and Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. In New York, the civil penalties may not exceed five thousand dollars and the stated value of the claim for each such violation.

In New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!

I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued. I/We understand that this application is not a binder. I/We understand that the Company requires that I/we obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability coverage.

(Must be signed and dated)

X *Applicant's Signature:*

Print name: Fabian Ingallinas *Date:*

NORTH MIAMI
FLORIDA

REFERENCES (Form A-14)

List a minimum of three (3)

Name: Jorge Cordido Contact: Jorge David Cordido

Address: 19001 NE 20 Av

City: North Miami Beach State: FL Zip: 33179

Contact Person:

Phone: 786 443 8512 E-Mail: davidcordido@msc.com

Type of Job Performed & Cost took care of my horse for 3 years very well

Name: Hernan Varsalona Contact:

Address: 430 NE 210 Circle terrace

City: Miami State: FL Zip: 33179

Contact Person:

Phone: 305 467 2395 E-Mail: Hernan.Varsalona@Hotmail.com

Type of Job Performed & Cost took care of my Horse for 2 years I am very Happy wile his Experience

Name: Nathalie Billon Contact:

Address: 11400 NE 10 AVE

City: Miami State: Fl Zip: 33161

Contact Person: Nathalie Billon

Phone: 786 683 6968 E-Mail: Billon.N@gmail.com

Type of Job Performed & Cost Worked with my daughter and her horses. Very pleased with his work.

PRINT

NORTH MIAMI
FLORIDA

REFERENCES (Form A-14)

List a minimum of three (3)

Name: Daniella Passariello Contact: Daniella Pasariello

Address: 555 NE 30 st Apt 801

City: Miami State: Fl Zip: 33137

Contact Person: Daniella Passariello

Phone: 786-683-9443 E-Mail: dannipass@hotmail.com

Type of Job Performed & Cost Took my Family and I on his horses and taught us how to ride, and care for a horse

Name: Madison White Contact: Madison White

Address: 8341 NW 24 court

City: Pemproke Pines State: FL Zip:

Contact Person: Madison White

Phone: 954-704-1578 E-Mail: Madgill0825@Gmail.com

Type of Job Performed & Cost Fabians daughter Ayleen competed in the rodeo and gave me tips on how to do better.

Name: Dana Gordon Contact: Dana Gordon

Address: 500 S shore Drive

City: Miami Beach State: Fl Zip: 33141

Contact Person: Dana Gordon

Phone: (305) 335-1181 E-Mail: circusofsix@gmail.com

Type of Job Performed & Cost cared and taught my Family of 6 to ride and buy our first horse. former Board

PRINT

NORTH MIAMI
FLORIDA

REFERENCES (Form A-14)

List a minimum of three (3)

Name: Xelene Martinez Contact: Xelene Martinez

Address: 490 NE 129 St

City: North Miami State: Fl Zip: 33161

Contact Person: Xelene Martinez

Phone: 786-447-9977 E-Mail: COOLXelene@aol.com

Type of Job Performed & Cost Cared for My personal-animals while away, supplied better quality feed.

3

Name: Ilana Balog Contact: Ilana Balog

Address: 3335 N 36 Ave

City: Hollywood State: FL Zip: 33021

Contact Person: Ilana Balog

Phone: 954-740-1879 E-Mail: imadbalog@gmail.com

Type of Job Performed & Cost Have boarded at the same barn for two years, have taken care of my horse multiple times while I was awa

Name: Janet G. Contact: Janet G.

Address: 3540 N 54th ave

City: Hollywood State: Fl Zip: 33321

Contact Person: Janet

Phone: (781) 370-0745 E-Mail: Janet.Gc@hotmail.com

Type of Job Performed & Cost Family took care of my horses, and taught me how to take care of my first two horses

PRINT

NORTH MIAMI
FLORIDA

REFERENCES (Form A-14)

List a minimum of three (3)

Name: GASTON KOJUSNER Contact: VETERINARY

Address: 5731 SW 163 AV SOUTHWEST RANCHES

City: SOUTH WEST RANCHES State: FLORIDA Zip: 33331

Contact Person:

Phone: 305-244-0848 E-Mail:

Type of Job Performed & Cost Horse Vet Willing to work with us.

Name: Contact:

Address:

City: State: Zip:

Contact Person:

Phone: E-Mail:

Type of Job Performed & Cost

Name: Contact:

Address:

City: State: Zip:

Contact Person:

Phone: E-Mail:

Type of Job Performed & Cost

PRINT

FORM A-1

NORTH MIAMI
FLORIDA

SWORN STATEMENT UNDER SECTION 287.133(3)(a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

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

1. This sworn statement is submitted to City of North Miami
[print name of public entity]

by Fabian Ingalusa
[print individual's name and title]

for The Family Ranch Inc
[print name of entity submitting sworn statement]

whose business address is 1721 NE 143 Street North Miami

and (if applicable) its Federal Employer Identification Number (FEIN) is 32-0443696 (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____.)

2. I understand that a "public entity crime" as defined in Paragraph 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 business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes,** means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133 (1)(a), **Florida Statutes,** means:

   1. A predecessor or successor of a person convicted of a public entity crime; or

   2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

FORM A-1

NORTH MIAMI FLORIDA

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[indicate which statement applies.]**

☒ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **[attach a copy of the final order]**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

_____
[signature]

Sworn to and subscribed before me this 30 day of June, 20 14.

Personally known X

OR Produced identification _____ Notary Public - State of Florida

I524T665007O ID My commission expires May 20, 2018
(Type of Identification)

(Printed typed or stamped Commissioned name of Notary Public)

MARIA RODRIGUEZ
Commission # FF 124695
Expires May 20, 2018
Bonded Thru Troy Fain Insurance 800-385-7019

6.30.2014

NORTH MIAMI
FLORIDA

FORM "A-2"
NON-COLLUSIVE BIDDER CERTIFICATE
STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Before me, the undersigned authority, on this day personally appeared Fabian Fonseca (Authorized Officer), who being by me duly sworn, deposes and says:

1. That he/she is the president of the corporation/partnership known and styles as The Family Ranch Inc duly formed under the laws of the State of FL, on 07/01, 2014 is duly authorized to represent such corporation/partnership in the making of this Affidavit and certification.

2. That The Family Ranch Inc (corporation/partnership) has not, within 6 months next preceding the date of this affidavit, entered into any combination, contract, obligation, or agreement to create nor that may tend to create or to carry out any restriction on secret, competitive bidding on the procurement of Enchanted Farrol Equestrian to fix, maintain, increase, or reduce the price set out in the Proposal (bid) on the Project; to fix or maintain any standard or figure whereby the price bid in the Proposal is or has been in any manner affected, controlled, or established; or in any other manner to prevent or lessen competition in the bidding for the Project.

3. That The Family Ranch Inc (corporation/partnership) has not, during such time, entered into, executed, or carried out any contract, obligation, or agreement with any person, corporation, or association of persons not to bid on this Project below a common standard or figure, to keep the price thereof at fixed or graded figures, to preclude a fair and unrestricted competition in the bidding of this Project, to regulate, fix or limit the bidding on the Project, or to abstain from engaging in the bidding on the Project, or any portion thereof.

4. That The Family Ranch Inc (corporation/partnership) has not within 6 months next preceding the date of this Affidavit, either directly or through the instrumentality of trustees or otherwise, acquired assets shares, bonds, franchise, or other rights in or physical properties of any other corporation or partnership for the purpose of preventing or lessening, or in a manner that tends to affect or lessen, competition in the bidding on this Project.

5. That The Family Ranch Inc (corporation/partnership) has not within such time entered into any agreement or understanding to refuse to buy from or sell to any other person, corporation, firm, or association of person who bids on the Project.

NORTH MIAMI
FLORIDA

6. That no officer of The Family Ranch Inc. has, within Affiant's knowledge, during such 6 months made on behalf of its or for its benefit any such contract or agreement as is specified in this Affidavit.

7. That these representations and warranties will be true at the time of the bid opening.

By: _____

Its: _____

Authority Warranted

SWORN TO and subscribed before me this 30 day of June, 2014.

_____

Notary Public

My Commission Expires:
MAY 20, 2018

MARIA RODRIGUEZ
Commission # FF 124695
Expires May 20, 2018
Bonded Thru Troy Fain Insurance 800-385-7019

06-30-2014

LOCAL PREFERENCE FORM A - 3

NORTH MIAMI
FLORIDA

LOCAL PREFERENCE CERTIFICATION

SECTION 1: GENERAL TERM

Local Preference

The evaluation of competitive bids is subject to Section 7-151 of Ordinance 1244 which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with either of the following objective criteria as of the bid or proposal submission date stated in the solicitation. The following criteria meet the local preference requirements:

1. A business that has a valid local business tax receipt, issued by the City of North Miami at least one year prior to bid or proposal submission, that is appropriate for the goods, services or construction to be purchased **AND**;
2. A business that has a physical business address located within the limits of the City of North Miami from which the vendor operates or performs business. Post Office Boxes are not verifiable and shall not be used for the purpose of establishing said physical address **OR**;
3. A business has at least ten (10%) of its total workforce residing in the City of North Miami or subcontractors at least ten percent (10%) of its total contractors in the City prior to the City's issuance of the solicitation for supplies or services **OR**;
4. The local preference may be applied to firms that subcontract at least ten percent (10%) of the contractual amount of a City project to subcontractor who is physically located within the City of North Miami.

The preference is used to evaluate the submittals received from bidders. A preference of ten percent (10%) shall be given to the local businesses total evaluation points of their proposal or ten percent (10%) shall be given to the local businesses total price of their bid.

Comparison of Qualifications

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the City from giving any other preference permitted by law instead of preferences granted, nor prohibit the City to select the bid or proposal which is the most responsible and in the best interests of the City.

SECTION 2: AFFIRMATION

LOCAL PREFERENCE CERTIFICATION: The local preference may be applied to businesses located within the limits of the City of North Miami. **A copy of a current Business Tax Receipt must be attached.**

☒ Place a check mark here only if affirming bidder meets requirements for Local Preference. **Failure to complete this certification at this time (by checking the box above) shall render the vendor ineligible for Local Preference.**

WORKFORCE LOCAL PREFERENCE CERTIFICATION: The local preference may be applied to businesses with a least ten percent (10%) of its total workforce residing within the geographical boundaries of the City.

☒ Place a check mark here only if affirming bidder meets requirements for workforce Local Preference. **Failure to complete this certification at this time (by checking the box above) shall render the vendor ineligible for Workforce Local Preference.**

SUBCONTRACTOR LOCAL PREFERENCE CERTIFICATION: The local preference may be applied to businesses that subcontract at least ten percent (10%) of the contractual amount of a City project to subcontractor who are physically located within the City of North Miami. **(Must complete Forms A-3A: Participation Schedule & A-3B: Statement of Intent)**

☒ Place a check mark here only if affirming bidder meets requirements for Subcontractor Local Preference. **Failure to complete this certification at this time (by checking the box above) shall render the vendor ineligible for Subcontractor Local Preference.**

Company Name: The Family Ranch Inc.

Authorized Signature: _____

Revised 12/23/10

LOCAL PREFERENCE FORM A – 3A

NORTH MIAMI FLORIDA

CITY OF NORTH MIAMI LOCAL BUSINESS PARTICIPATION SCHEDULE

RFP/IFB # 45-13-149 Title: Enchanted Forest Elaine Gordon Equestrian Center

Bidder/Proposer The Family RANCH Inc / Fabian Ingallina

Address, City, State and Zip 1721 NE 143 Street North Miami fl 33181

Contact Person Fabian Ingallina Tel # 305 801 3211 Fax #

ORGANIZATION STATUS

Business Association	Date Engaged	Business Name	Business Address	Business Telephone #	Work to Be Performed: % of Work	Type of Work	Dollar Amount
Bidder/ Proposer	07/2/14	The Family Ranch Inc	1721 NE 143 Street	305 801 3211	100%	RANCH Management	
Local Business							
Local Business							
Local Business							
					100%	Total Participation	
						Total Contract	$ 0.0

The listing of a Local Business shall constitute a representation by the bidder/proposer to the City of North Miami that the bidder/proposer believes such Local Business to be technically and financially qualified and available to perform the work described. Bidders/Proposers are advised that the information contained will be verified.

I certify that the above information is true to the best of my knowledge: _____ President 07/22/2014

Authorized Bidder/Proposer Signature — Title — Date

Revised 12/16/11

LOCAL PREFERENCE FORM A - 3B

NORTH MIAMI FLORIDA

STATEMENT OF INTENT

RFP/IFB NO. 45-13-14 9

A signed "Statement of Intent" shall be completed by both the proposer/bidder and the owner or authorized principal of each Local Business listed in the Participation Schedule Form A-3A.

The Family RANCH INC agrees to perform work on the above contract as (check one)
Name of Local Business

○ a partnership; ⊗ a corporation; ○ an individual; ○ a joint venture

Local Business Contractor

The Local Business will enter into a formal agreement, conditioned upon the Bidder/Proposer executing a contract with the City of North Miami.for the work with The Family RANCH INC.
Name of Local Business

Item No.	Type of Work	Date Engaged	Agreed Price (Or Agreed Percentage)	% of Work
1.	Management of Equestrian Center	7/8/14		100 %
2.			$	%
3.			$	%
	TOTAL VALUE OF WORK		$0.0	0.0 %

Fabian Ingalina — President — 07/24/14
Local Business Contact Name (Please Print) — Title — Date

The Family RANCH INC — 1721 NE 143 Street North Miami FL 33181
Local Business Address, City, State & Zip Code

FabianInFL@gmail.com — 3058013211 — Authorized Local Business Signature
Local Business E-Mail address — Phone Number

President — 07/24/14
Authorized Bidder/Proposer Signature — Title — Date

NOTE: A copy of the Local Vendor Business Tax Receipt and signatures of Local Business and Bidder/Proposer are required.

NORTH MIAMI
FLORIDA

FORM A-5

ADDENDUM TO BID DOCUMENTS

IFB NUMBER: 45-13-14a

BID OPENING DATE: 06/30/2014.

To All Bidders:

It is the Bidder's responsibility to assure receipt of all addenda. The Bidder should verify with the designated Contracting Officer prior to submitting a proposal that all addenda have been received. Bidder's are required to acknowledge the number of addenda received as part of their proposals.

This form must be returned with your bid as acknowledgement of receipt of all addenda issued for this RFP,RFQ or IFB and must signed in the space provided below. Bidder's failure to return this form will be deemed non-responsive and will not be considered for contract award.

Please initial to acknowledge receipt of addenda pertaining to this contract:

Addendum No. 1	[X]
Addendum No. 2	[ ]
Addendum No. 3	[ ]
Addendum No. 4	[ ]
Addendum No. 5	[ ]
Addendum No. 6	[ ]
Addendum No. 7	[ ]
Addendum No. 8	[ ]
Addendum No. 9	[ ]
Addendum No. 10	[ ]

Acknowledged by:
Name: Fabian Delgado
Signature:
Date: 07/02/2014.

NORTH MIAMI
FLORIDA

Form "A-6"

BIDDER'S DISCLOSURE OF
SUBCONTRACTORS AND SUPPLIERS

RFQ, RFP OR IFB NO. 45-13-149.

DISCIPLINE Equestrian Management and Operation Services

Team Composition Plan

Please provide the following for tracking purposes only:

Business Association	Business Name	*Business Address*	*Business* Phone #	Describe Type of Work to be Performed	% of Work	Diversity Class. *
Prime Contractor	The Family Ranch Inc	17211 NE 143 Street North Miami FL 33181	305 801 3211	Management	100%	H
Subcontractor						
Subcontractor						
Subcontractor						
Subcontractor						
Subcontractor						
Subcontractor						
Subcontractor						
Subcontractor						
Joint Venture						

Diversity Classification:

A = Asian American *B = African American* *F = American Woman*

(H) = Hispanic American *N = Native American* *(L) = Local Vendor (North Miami)*

PETER BARON

954-331-8133
PBARON @ Southwest ranchers
INSURANCE.COM

AMERICAN EQUINE INSURANCE GROUP EQUINE LIABILITY QUOTE

PRODUCER NUMBER: 111 QUOTE NUMBER: 521326

QUOTE PRINTED ON JULY 7, 2014 12:00PM

Application did not transmit legibly and will not scan into the policy. Please send clear darker copy.

*** THIS IS A SAMPLE QUOTE ***

	PREMIUM	$1,080.00
FHCF		$14.04
	BALANCE	$1,094.04

PROPOSED CARRIER: DIAMOND STATE INSURANCE COMPANY NAIC # 42048

PROPOSED INSURED: FABIAN INGALLINAS
THE FAMILY RANCH INC.
1721 NE 143 STREET
NORTH MIAMI FL 33181

ADDITIONAL LOCATION: ENCHANTED FOREST ELAINE GORDON PARK
1725 NE 135 STREET
NORTH MIAMI FL 33181

COVERAGE EXISTS ONLY FOR THE FOLLOWING ADDITIONAL INSUREDS:
ADDL. INSURED NAME THE CITY OF NORTH MIAMI

COMMERCIAL GENERAL LIABILITY	LIMIT
GENERAL AGGREGATE	$1,000,000
EACH OCCURRENCE	$1,000,000
PRODUCTS & COMPLETED OPERATIONS	NOT COVERED
PERSONAL AND ADVERTISING INJURY	NOT COVERED
DAMAGE TO PREMISES RENTED TO YOU	$50,000
MEDICAL PAYMENTS	$5,000
EQUINE PROFESSIONAL ANY ONE HORSE	$100,000
EQUINE PROFESSIONAL HORSE AGGREGATE	$250,000
CARE CUSTODY OR CONTROL MAXIMUM 20 HORSES:	
CCC LIMIT PER HORSE	$5,000
CCC LIMIT ANNUAL AGGREGATE	$25,000
INCIDENTAL TRANSIT ONLY UP TO A RADIUS OF 100 MILES	

SAMPLE

OPTIONAL ENDORSEMENTS:	
EQUINE PROFESSIONAL LIABILITY	INCLUDED
CARE, CUSTODY OR CONTROL	INCLUDED
EQUINE PERSONAL LIABILITY	INCLUDED
RACE HORSE OWNERS LIABILITY	NOT INCLUDED

ACTIVITIES SUMMARY:	
OWNED/LEASED HORSES ON PREMISES	COVERED
OWNED/LEASED HORSES OFF PREMISES	NOT COVERED
BREEDING ON PREMISES	NOT COVERED
BREEDING OFF PREMISES	NOT COVERED
BOARDING NON-COMMERCIAL	COVERED
BOARDING COMMERCIAL	COVERED
HORSE SALES	NOT COVERED
TRAINING NON-COMMERCIAL	NOT COVERED

Equine Commercial General Liability

Madden Equine Insurance
3417 Bent Oak Hwy., Adrian, MI 49221
Fax 888-433-1811 / 800-753-9192

American Equine Insurance Group | AEIG

Producer: MADDEN EQUINE Number: 111
Policy and/or Renewal #:
Expiration Date:
Requested Effective Date:

Note: ***Incomplete applications will be returned to the applicant.***

Applicant: Fabian Ingallinas Business Name: The Family Ranch Inc

Mailing Address: 1721 ne 143 Street

City: North Miami County: Miami Dade State: Fl Zip: 33181

Phone: 3058013211 Fax: 3056750851 Contact Person: Fabian Ingallinas/Nathalie Billon 786-683-6960

Website: E-mail: fabianinf1@gmail.com

Applicant's Ownership Structure: Individual ☐ Corporation ☑ Association ☐ Partnership ☐

Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.

Use:

Address: Enchanteed Forest Elaine Gordon Park - 1725 NE 135 Street

City: North Miami County: Miami DAde State: FL Zip: 33181

Does the applicant: Own ☐ *or* Lease ☑ the facilities utilized by the applicant.

Is applicant currently insured? Yes ☐ No ☑

Most recent or present insurance company: **Annual premium: $**

Pay Plan Desired? Yes ☑ No ☐ ***Ask your broker for more information.***

Has the applicant had any liability claims or reported incidents in the past five years? Yes ☐ No ☑

Has the applicant had coverage cancelled or refused in the past five years? *(Not applicable in Missouri.)* Yes ☐ No ☑

Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.

Are there any prior criminal convictions or pending criminal charges against any person named on the policy? Yes ☐ No ☑
If yes, attach a separate sheet and explain.

Has any person named on the policy ever been suspended from, or had membership terminated by, any equine association? Yes ☐ No ☑
If yes, attach a separate sheet and explain.

Limits of Liability

Each Occurrence Limit *(Select one)*			**$300,000** ☐	**$500,000** ☐	**$1,000,000** ☑
General Aggregate Limit			**$300,000**	**$500,000**	**$1,000,000**
Fire Damage Limit (Any one Fire)			$50,000	$50,000	$50,000
Medical Payments (Any one Person)			$5,000	$5,000	$5,000
Double Aggregate Limit desired	**Yes** ☑	**No**	**$600,000**	**$1,000,000**	**$2,000,000**
Triple Aggregate Limit desired *(Note: Only available with $1,000,000 Occurrence Limit)*	**Yes** ☐	**No** ☑	**N/A**	**N/A**	**$3,000,000**

Excess Coverage desired Yes ☐ No ☑ *(Note: Requires $1,000,000 Occurrence Limit, and $2M or $3M Aggregate Limit.)*

Excess limits (Each Occurrence and General Aggregate) $1m ☐ $2m ☐ $3m ☐ $4m ☐ $5m ☐

Optional Coverages *– Subject to eligibility and underwriting approval.*

Equine Personal Liability desired	Yes ☐ No ☑	**Products and Completed Operations desired**	Yes ☐ No ☑
Race Horse Owner's Liability desired	Yes ☐ No ☑	**Personal and Advertising Injury desired**	Yes ☐ No ☑
Equine Professional Liability desired	Yes ☐ No ☑		

Note: ***If you have activities which are not described within the application, they must be listed with explanations, volume of activity, and revenues for coverage to be considered. Any events or activities not described/disclosed are not covered.***

Additional Insureds

List Additional Insureds and describe their connection to your equine activities. Independent Trainers, Instructors, and Clinicians are not eligible as Additional Insureds and should be listed on the next page for coverage consideration. Do not list employees.

Name:	Address:	Relationship:
1. The City of North Miami	776 N.E. 125th Street North Miami, Fl 33161	Property owner
2.		
3.		

Summary of Equine Activities

Description of your operation: Small ranch of 14 stalls in the main building of 6600sqft , a pony ring of 5000sqt and a coral of 14000sqft The Family Ranch Inc will board a few horses and will be open to the public for pony and horse back ride in the coral area.

Years experience with horses: 5 years Professional years operating this type of an operation as a business: 2 years

Please describe your equine education, competition experience, officiating, judging, instructors licenses, etc.: supervised the running of that same location during the previous ownership.

If you are not the primary manager, Manager's Name: _____ Age: _____ Years Exp: _____

24-hour supervision of facility	Yes ☐	No ☑
Emergency numbers posted	Yes ☑	No ☐
Safety & Barn Rules posted and written out	Yes ☑ *Enclose copies.*	No ☐
Current liability waivers utilized	Yes ☑ *Enclose copies.*	No ☐
State Equine Activity signs posted	Yes ☑	No ☐
Fire Drills conducted	Yes ☑	No ☐
No Smoking signs posted	Yes ☑	No ☐
Smoke Alarms	Yes ☑	No ☐
Smoking allowed in barns	Yes ☐	No ☑
Shoes with heels required for riders	Yes ☑	No ☐

Riding Helmets are Required:

- ☐ By everyone ALL OF THE TIME
- ☑ 18 and under ALL OF THE TIME
- ☑ Everyone while jumping/speed work
- ☐ Only 18 and under while jumping
- ☐ Not required

Is all fencing in good condition? Yes ☑ No ☐

Describe security measures and type of fencing utilized to prevent horse(s) from having access to public roads: The ranch is closed by gates and wood fences and enclosed in the middle of a public park only open from sunset and sundown. The all park area is completly fenced and locked during the night.

Coverage will be provided only for exposures marked "Yes." Remember, any events or activities not described/disclosed are not covered.

Owned / Leased Horses

Total number of horses you own:	3
Total number of horses you lease from others:	0
Maximum number of horses you own or lease from others taken off premises (horse shows etc.):	0
Maximum number of horses you lease to others on premises:	0
Maximum number of horses you lease to others off premises:	0
Maximum number of horses used for **Riding Instruction / School Horses:**	2

Do you use any horses for driving, pulling, or work? Yes ☐ No ☑

If yes, please explain: _____

Do you own Race Horses? Yes ☐ No ☑ If yes, number of Race Horses owned: _____

If yes, please indicate breed, type of racing activity your horse(s) participate in, and give a brief description of your Race Horse participation. (Note: If racing is your primary activity, please complete the Race Horse Owner's & Trainer's CGL application.) _____

Breeding Yes ☐ No ☑

Average Stud Fee charged:	$
Total number of stallions standing stud (Live and A.I.) on premises:	
Total number of stallions, that you own or have partial ownership, standing at stud (Live and A.I.) off premises:	
Total number of mares covered annually on premises:	
Total number of mares, which you own, covered annually off premises:	

Boarding Yes ☑ No ☐

What is the total number of horses boarded monthly:	Maximum: 10	Minimum: 0	Average: 5	
Average number of horses on:	Full Board: 5	Pasture Board: 0		
Monthly charge per horse:	Full Board: $ 250	Pasture Board: $ 0		
Total number of stalls on premises:	14			

Horse Sales Yes ☐ No ☑

How many horses do you sell annually: Owned by you:_____ Owned by others:_____ Total:_____

Average value of horses sold: Owned by you:$_____ Owned by others:$_____

Training Yes ☐ No ☑

Average number of horses in full training monthly, ***including Independent Trainers'*** On Premises Training: _____

Average number of training rides ***weekly*** on horses not in full training: _____

Independent Trainers Yes ☐ No ☑ *(Must be 18 years or older)*

1._____ Years Exp._____ 2._____ Years Exp._____

3._____ Years Exp._____ 4._____ Years Exp._____

Riding Instruction Yes ☑ No ☐ Anyone under 21 giving riding instruction: Yes ☑ No ☐

Type of instruction: basic riding and care instructions

Operation's Total Riding Instruction, both On and Off Premises, ***including Independent Instructors'*** *On Premises Instruction.*

Total lessons given annually: 350 Average number of ***weekly*** lessons given on *Client's Own* horse(s): 7

Average cost per lesson: $ 20 Average number of ***weekly*** lessons given on *School/Insured's* horse(s): 0

Any Day Camp activities? Yes ☐ No ☑ *(If yes, the Equestrian Day Camp Supplemental Application must be completed.)*

Independent Instructors Yes ☐ No ☑ *(Must be 18 years or older)*

1._____ Years Exp._____ 2._____ Years Exp._____

3._____ Years Exp._____ 4._____ Years Exp._____

Officiating/Judging Yes ☐ No ☑ Total show days Judging / Officiating annually: _____

On Premises Riding Clinics Yes ☑ No ☐ Total Clinic Days: 12 No. of participants per day: 5

Clinic Dates: not yet set

Description of Clinic: not defined yet

Off Premises Riding Clinics Yes ☐ No ☑ Total Clinic Days:_____ No. of participants per day:_____

Clinic Dates:_____

Description of Clinic:_____

Note: ***If dates have not been set, Written Notice of the clinic must be received in our office prior to the clinic date. Coverage is not provided for clinic dates that have not been declared to the Company in advance of the clinic.***

Host Shows / Events Yes ☐ No ☑

Please provide a description of the show/event (such as show, rodeo, gymkhana, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or last year's flyer. Use extra pages as necessary.

Hosted Sanctioned Show Days per year: 0 Sanctioning Organization(s):_____

Event/Show date(s):_____

Description of event:_____ Description of event activities:_____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event Day: _____

Maximum number of participants: _____ Maximum number of spectators: _____

Hosted Non-Sanctioned Show Days per year: 0

Event/Show date(s):_____

Description of event:_____ Description of event activities:_____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event Day: _____

Maximum number of participants: _____ Maximum number of spectators: _____

Note: ***If dates have not been set, Written Notice of the show/event must be received in our office prior to the show/event date. Coverage is not provided for show/event dates that have not been declared to the Company in advance of the show/event.***

Tack Store / Retail Sales Yes ☐ No ☑ *(Tack manufacturing and repair not eligible.)* Annual Gross Revenue from Sales:_____

*If yes, please describe types of items sold and locations where items are sold:*_____

Arena / Facility Rentals

Do you rent your facility to others? Yes ☐ No ☑

If yes, please explain to whom, how often, and for what types of events. Please also submit the written guidelines for use of the facility and any rental agreements / user guides.

Pony Rides Yes ☑ No ☐ *(If yes, the Pony Rides Supplemental Application must be completed.)*

Horse Drawn Vehicle Rides Yes ☐ No ☑ *(If yes, the Horse Drawn Vehicle Rides Supplemental Application must be completed.)*

Do you own dogs? Yes ☐ No ☑ *If yes, how many, what type, and for what purpose:*

Are other dogs permitted at your facility or at any events you host? Yes ☐ No ☑

If yes, please explain your policy regarding dogs:

Has any dog you own or any dog you allow on your premises bitten or caused injury to anyone, shown aggressive, threatening, or unpredictable behavior, or required special handling to prevent injury to others? *(If yes, attach details on a separate page.)* Yes ☐ No ☑

Other animals on premises? Yes ☐ No ☑ *If yes, how many, what type, and for what purpose:*

Hunting on premises? Yes ☐ No ☑ *If yes, by:* ☐ Owners ☐ Others Do you charge a fee? Yes ☐ No ☑

Please explain hunting activities:

Swimming pool on premises? Yes ☐ No ☑

If yes, do you have a security fence around your pool? Yes ☐ No ☑

Is the pool for your personal use only? Yes ☐ No ☑

If no, please explain:

Is alcohol permitted on premises? Yes ☐ No ☑

If yes, describe:

Is alcohol sold, served, or furnished on premises? Yes ☐ No ☑

If yes, describe:

Note: ***The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.***

Is **CARE, CUSTODY OR CONTROL (CCC)** coverage desired? Yes ☑ No ☐

The CCC rates below include incidental transportation coverage for transportation of non-owned horses in your care while in the Continental U.S. and Canada. ***Coverage is not available to Commercial Haulers.*** **Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.**

Select from the limits below. Premiums shown are for up to 20 horses.

		Maximum Limit Per Horse	*Aggregate Limit Per Year*	*Annual Base Premium*	*Per horse over 20 horses*
☑	1)	**$5,000**	**$25,000**	$300.00	$5.00
☐	2)	**$5,000**	**$50,000**	$375.00	$8.00
☐	3)	**$10,000**	**$50,000**	$400.00	$9.00
☐	4)	**$10,000**	**$100,000**	$475.00	$10.00
☐	5)	**$15,000**	**$100,000**	$500.00	$13.00
☐	6)	**$25,000**	**$100,000**	$550.00	$15.00
☐	7)	**$25,000**	**$250,000**	$600.00	$17.00
☐	8)	**$25,000**	**$300,000**	$700.00	$18.00
☐	9)	**$50,000**	**$300,000**	$1,100.00	$20.00
☐	10)	**$100,000**	**$300,000**	$1,400.00	$25.00
☐	11)	**$100,000**	**$500,000**	*Submit for Quote*	
☐	12)	**$250,000**	**$500,000**	*Submit for Quote*	
☐	13)	**$500,000**	**$1,000,000**	*Submit for Quote*	

If only local transportation coverage is desired, mark "No" and $100 will be deducted from the total CCC premium. No ☑

(If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy.)

Average number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): 5

Maximum number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): 10

Maximum value of an individual non-owned horse in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): 2000

Do you transport horses in your Care, Custody or Control? Yes ☐ No ☑

If yes, how often, for what reasons, and for whom you transport horses:

Do you transport horses not usually in your Care, Custody or Control? *(Coverage not provided for Commercial Haulers.)* Yes ☐ No ☑

If yes, please describe:

Type and capacity of your horse trailer(s):

Are your horse trailers in good repair? Yes ☐ No ☐

Are your horse trailers on a regular maintenance program? Yes ☐ No ☐

Annual Gross Revenues from Equine Activities

Leasing out horses:	$ 0	Breeding:	$ 0	Boarding:	$ 20000	Horse Sales:	$ 0
Training:	$ 0	Riding Instruction:	$ 7000	Day Camps:	$ 0	Officiating:	$ 0
Riding Clinics:	$ 0	Hosting Shows:	$ 0	Tack/Retail Sales:	$ 0	Arena Rentals:	$ 0
Pony Rides:	$ 10000	Horse Vehicle Rides:	$ 0	Other ( ):	$	*(Explain below.)*	

Total Annual Gross Revenue: $ 37000.00

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.

(REMEMBER: EXPOSURES NOT DECLARED ARE *NOT* COVERED.)

Regulatory Fraud Warnings

In Arkansas, Louisiana, and New Mexico

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES INCLUDING CONFINEMENT IN PRISON.

In Colorado, District of Columbia, Maine, Tennessee, and Virginia

WARNING: It is a crime to knowingly provide false, incomplete or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer or any other person. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In Florida and Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony.

In Kentucky, New York, and Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. In New York, the civil penalties may not exceed five thousand dollars and the stated value of the claim for each such violation.

In New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!

I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued. I/We understand that this application is not a binder. I/We understand that the Company requires that I/we obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability coverage.

(Must be signed and dated)

X *Applicant's Signature:*

Print name: Fabian Ingallinas *Date:*

NORTH MIAMI
FLORIDA

REFERENCES (Form A-14)

List a minimum of three (3)

Name: Jorge Candido Contact: Jorge David Candido

Address: 19001 NE 20 Av

City: North Miami Beach State: FL Zip: 33179

Contact Person:

Phone: 786 443 9512 E-Mail: davidcandido@miac.com

Type of Job Performed & Cost took care of my horse for 3 years very well

Name: Hernan Varsalona Contact:

Address: 430 NE 210 Circle terrace

City: Miami State: FL Zip: 33179

Contact Person:

Phone: 305 457 2395 E-Mail: Hernan.Varsalona@Hotmail.com

Type of Job Performed & Cost took care of my horse for 2 years I am very happy wile his Experince

Name: Nathalie Billon Contact:

Address: 11400 NE 10 AVE

City: Miami State: Fl Zip: 33161

Contact Person: Nathalie Billon

Phone: 786 683 6960 E-Mail: Billon.N@gmail.com

Type of Job Performed & Cost Worked with my daughter and her horses. Very pleased with his work.

PRINT

NORTH MIAMI
FLORIDA

REFERENCES (Form A-14)

List a minimum of three (3)

Name: DaniellaPassariello Contact: Daniella Pasariello

Address: 555 NE 30 st Apt 801

City: Miami State: Fl Zip: 33137

Contact Person: Daniella Passariello

Phone: 786-683-9443 E-Mail: dannipass@hotmail.com

Type of Job Performed & Cost Took my Family and I on his horses and taught us how to ride, and care for a horse

Name: Madison White Contact: Madison White

Address: 8341 NW 24 court

City: Pemproke Pines State: FL Zip:

Contact Person: Madison White

Phone: 954-704-1578 E-Mail: Madgil10825@Gmail.com

Type of Job Performed & Cost Fabians daughter Ayleen competed in the rodeo and gave me tips on how to do better.

Name: Dana Gordon Contact: Dana Gordon

Address: 500 S shore Drive

City: Miami Beach State: Fl Zip: 33141

Contact Person: Dana Gordon

Phone: (305) 335-1181 E-Mail: circusofsix@gmail.com

Type of Job Performed & Cost cared and taught my Family of 6 to ride and buy our first horse. former Board

PRINT

NORTH MIAMI
FLORIDA

REFERENCES (Form A-14)

List a minimum of three (3)

Name: Xelene Martinez Contact: Xelene Maitinez

Address: 490 NE 129 St

City: North Miami State: FL Zip: 33161

Contact Person: Xelene Martinez

Phone: 786-447-9977 E-Mail: COOLXelene@aol.com

Type of Job Performed & Cost Cared for My personal-animals while away, supplied better quality feed.

3

Name: Ilana Balog Contact: Ilana Balog

Address: 3735 N 36 Ave

City: Hollywood State: FL Zip: 33021

Contact Person: Ilana Balog

Phone: 954-740-1879 E-Mail: imadbalog@gmail.com

Type of Job Performed & Cost Have boarded at the same barn for two years, have taken care of my horse multiple times while I was awa

Name: Janet G. Contact: Janet G.

Address: 3540 N 54th ave

City: Hollywood State: FL Zip: 33321

Contact Person: Janet

Phone: (787) 370-0745 E-Mail: JanetGC@hotmail.com

Type of Job Performed & Cost Family took care of my horses, and taught me how to take care of my first two horses

PRINT

NORTH MIAMI
FLORIDA

REFERENCES (Form A-14)

List a minimum of three (3)

Name: GASTON KOJUSNER Contact: VETERINARY

Address: 5731 SW 163 AV SOUTHWEST RANCHES

City: SOUTH WEST RANCHES State: FLORIDA Zip: 33331

Contact Person:

Phone: 305-244-0848 E-Mail:

Type of Job Performed & Cost Horse vet working to work with us.

Name: Contact:

Address:

City: State: Zip:

Contact Person:

Phone: E-Mail:

Type of Job Performed & Cost

Name: Contact:

Address:

City: State: Zip:

Contact Person:

Phone: E-Mail:

Type of Job Performed & Cost

PRINT