

BID/PROPOSAL CERTIFICATION

Please Note: If responding to this solicitation through BidSync, the electronic version of the bid response will prevail, unless a paper version is clearly marked **by the bidder** in some manner to indicate that it will supplant the electronic version. All fields below must be completed. If the field does not apply to you, please note N/A in that field.

If you are a foreign corporation, you may be required to obtain a certificate of authority from the department of state, in accordance with Florida Statute §607.1501 (visit <http://www.dos.state.fl.us/>).

Company: (Legal Registration) _____ MS,SHINEON _____ EIN 820714295
(Optional): _____

Address: _____ 1991 _____ NW _____ 74
AVE _____

City: _____ SUNRISE _____ State: _____ FL _____ Zip: _____
33313 _____

Telephone No. _____ 9544705089 _____ FAX No. _____ Email: _____

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): _____

Total Bid Discount (section 1.05 of General Conditions): _____

Does your firm qualify for MBE or WBE status (section 1.09 of General Conditions): MBE _____ WBE _____

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

Addendum No.	Date Issued	Addendum No.	Date Issued	Addendum No.	Date Issued
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n/a					

VARIANCES: If you take exception or have variances to any term, condition, specification, scope of service, or requirement in this competitive solicitation you must specify such exception or variance in the space provided below or reference in the space provided below all variances contained on other pages within your response. Additional pages may be attached if necessary. No exceptions or variances will be deemed to be part of the response submitted unless such is listed and contained in the space provided below. The City does not, by virtue of submitting a variance, necessarily accept any variances. If no statement is contained in the below space, it is hereby implied that your response is in full compliance with this competitive solicitation. If you do not have variances, simply mark N/A. **If submitting your response electronically through BIDSINC you must also click the "Take Exception" button.**

The below signatory hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid/proposal. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this bid/proposal. The below signatory also hereby agrees, by virtue of submitting or attempting to submit a response, that in no event shall the City's liability for respondent's direct, indirect, incidental, consequential, special or exemplary damages, expenses, or lost profits arising out of this competitive solicitation process, including but not limited to public advertisement, bid conferences, site visits, evaluations, oral presentations, or award proceedings exceed the amount of Five Hundred Dollars (\$500.00). This limitation shall not apply to claims arising under any provision of indemnification or the City's protest ordinance contained in this competitive solicitation.

Submitted by:

MS.SHINEON LLC _____

revised 04/10/15

ORIGINAL
BID

Name (printed) MAJORIE WALKER

Signature MWALKER

12/28/18 _____
Date:

OWNER _____
Title

CONTRACT PAYMENT METHOD BY P-CARD

THIS FORM MUST BY SUBMITTED WITH YOUR RESPONSE

The City of Fort Lauderdale has implemented a Procurement Card (P-Card) program which changes how payments are remitted to its vendors. The City has transitioned from traditional paper checks to payment by credit card via MasterCard or Visa. This allows you as a vendor of the City of Fort Lauderdale to receive your payment fast and safely. No more waiting for checks to be printed and mailed.

Payments will be made utilizing the City's P-Card (MasterCard or Visa). Accordingly, firms must presently have the ability to accept credit card payment or take whatever steps necessary to implement acceptance of a credit card before the commencement of a contract.

Please indicate which credit card payment you prefer:

_____ MasterCard

_____CHECK_____ Visa Card

Company Name: _____MS,SHINEON LLC_____

MAJORIE WALKER

MWALKER

Name (Printed)

Signature

12/28/18

OWNER

Date

Title

LOCAL BUSINESS PRICE PREFERENCE CERTIFICATION STATEMENT

The Business identified below certifies that it qualifies for the local business price preference classification as indicated herein, and further certifies and agrees that it will re-affirm it's local preference classification annually no later than thirty (30) calendar days prior to the anniversary of the date of a contract awarded pursuant to this ITB. Violation of the foregoing provision may result in contract termination.

- (1) _____ is a **Class A** Business as defined in City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. A copy of the City of Fort Lauderdale current year Business Tax Receipt and a complete list of full-time employees and evidence of their addresses shall be provided within 10 calendar days of a formal request by the City.
Business Name
- (2) _____ is a **Class B** Business as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. A copy of the Business Tax Receipt or a complete list of full-time employees and evidence of their addresses shall be provided within 10 calendar days of a formal request by the City.
Business Name
- (3) _____ is a **Class C** Business as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. A copy of the Broward County Business Tax Receipt shall be provided within 10 calendar days of a formal request by the City.
Business Name
- (4) _____ requests a **Conditional Class A** classification as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. Written certification of intent shall be provided within 10 calendar days of a formal request by the City.
Business Name
- (5) _____ requests a **Conditional Class B** classification as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. Written certification of intent shall be provided within 10 calendar days of a formal request by the City.
Business Name
- (6) _____ is considered a **Class D** Business as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186 and does not qualify for Local Preference consideration.
Business Name

Ms.SHINEON LLC

BIDDER'S COMPANY: _____

AUTHORIZED MWALKER	COMPANY	PERSON:	Majorie	walker
		NAME	SIGNATURE	DATE 12/28/18

**CONTRACTOR'S CERTIFICATE OF COMPLIANCE WITH
NON-DISCRIMINATION PROVISIONS OF THE CONTRACT**

The completed and signed form should be returned with the Contractor's submittal. If not provided with submittal, the Contractor must submit within three business days of City's request. Contractor may be deemed non-responsive for failure to fully comply within stated timeframes.

Pursuant to City Ordinance Sec. 2-17(a)(i)(ii), bidders must certify compliance with the Non-Discrimination provision of the ordinance.

- (a) Contractors doing business with the City shall not discriminate against their employees based on the employee's race, color, religion, gender (including identity or expression), marital status, sexual orientation, national origin, age, disability or any other protected classification as defined by applicable law.

Contracts. Every Contract exceeding \$100,000, or otherwise exempt from this section shall contain language that obligates the Contractor to comply with the applicable provisions of this section.

The Contract shall include provisions for the following:

- (i) The Contractor certifies and represents that it will comply with this section during the entire term of the contract.
- (ii) The failure of the Contractor to comply with this section shall be deemed to be a material breach of the contract, entitling the City to pursue any remedy stated below or any remedy provided under applicable law.

MWALKER

MAJORIE WALKER

Authorized Signature

Print Name and Title

12/28/18

Date

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and free from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

<u>NAME</u>	<u>RELATIONSHIPS</u>
N/A	N/A
N/A	

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

SECTION VI - COST PROPOSAL PAGE

Proposer agrees to supply the products and services at the prices bid below in accordance with the terms, conditions and specifications contained in this RFP.

Cost to the City: Contractor shall quote firm, fixed, costs for all services identified in this request for proposal. These firm fixed costs for the project include any costs for travel and miscellaneous expenses. No other costs will be accepted.

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	LOCATIONS	DESCRIPTION	OPERATING HOURS	SERVICES PER YEAR	PRICE PER SERVICE (svc)	TOTAL ANNUAL COST PER LOCATION
1.	Bayview Park 4401 Bayview Dr. Located at northside of park. (Estimated Square Footage – 455 sqft.)	One Men and Women restroom. 1 Service per Day - Must be cleaned by 12-noon daily.	7AM to 8PM	365 SVC	\$ 113.75 /svc	\$ 41,518
2.	Floranada Park Located at 5100 NE 14 Way, on north side of the school by baseball fields third base. (Estimated Square Footage – 88 sqft.)	One Men and Women restroom. 1 Service per Day – Must be cleaned by 12-noon daily.	7AM to 8PM	365 SVC	\$ 22.00 /svc	\$ 8,030
3.	George English Park Located at 1101 Bayview Dr. (Estimated Square Footage – 600 sqft.)	One Men and Women restroom. 1 Service per Day – Must be cleaned by 12-noon daily.	7AM to 8PM	365 SVC	\$ 150.00 /svc	\$ 54,750
4.	George English Park Administrative Office Located at 1101 Bayview Dr. (Estimated Square Footage – 200 sqft.)	One unisex restroom with shower. 1 Service per Week– Must be cleaned once per week, by 12-noon.	7AM to 4PM	52 SVC	\$ 50.00 /svc	\$ 2,600
5.	Holiday Park multi-fields Located at 800 North Federal Highway. Located very close to Park Rangers office. (Estimated Square Footage – 660 sqft.)	One Men and Women restroom. 2 Services per Day - Must be cleaned 2 times a day. One cleaning by 9-am and the other must be 4 hours after first cleaning.	7AM to 8PM	730 SVC	\$ 165.00 /svc	\$ 120,450
6.	Holiday Park Baseball fields, Located at most northern end of park, by NE 12 Way. (Estimated Square Footage – 744 sqft.)	One Men and Women restroom. 1 Service per Day – Must be cleaned by 12-noon daily.	7AM to 8PM	365 SVC	\$186.00 /svc	\$ 67,890
7.	Holiday Park Jimmy Evert Tennis Center. Located at 800 North Federal Highway. (Estimated Square Footage – 648 sqft.)	One Men and Women restroom with showers. 1 Service per Day – Must be cleaned by 12-noon daily.	7AM to 4PM	365 SVC	\$ 162 /svc	\$ 59,130
8.	Floyd Hull Stadium – inside the Park at the corner of SW 8th Avenue & SW 28 Street	One Men and One Women restrooms (in the new concessions)	7AM to 6PM	365 SVC	\$ /svc	\$

	(Estimated Square Footage – 288 sqft.)	1 Service per Day – Must be cleaned before 12-noon daily.				
9.	Floyd Hull Stadium Across from Morton Center – Outfield area (Estimated Square Footage – 260 sqft.)	One Men and Women restroom (Madera-Tyrell Building) 1 Service per Day – Must be cleaned by 12-noon daily.	7AM to 6PM	365 SVC	\$ 65 ____/s vc	23,725
10.	Dottie Mancini Park. Located at 6400 NE 22 Ave. (Estimated Square Footage – 52 sqft.)	One unisex restroom. 1 Service per Day – Must be cleaned by 12-noon daily.	7AM to 8PM	365 SVC	\$ ____/svc	\$ ____
11.	Sunset Park. Located at 3775 SW 16 St., beside the school (Estimated Square Footage – 120 sqft.)	One Men and Women restroom. 1 Service per Day – Must be cleaned by 12-noon daily.	7AM to 8PM	365 SVC	\$ ____/svc	\$ ____
12.	Parks Yard Restroom. Located at 220 SW 14 Ave., by the Foremen and Supervisors offices. (Estimated Square Footage – 314 sqft.)	Unisex bathroom and hallway with shower. Also, cleaning of the ladies restroom (3 sinks and 3 toilets and one utility sink) at the front of the building. 2 Services per Week (Monday and Thursday), by 12-noon.	7AM to 3PM	52 SVC	\$ 78.50 ____ /svc	\$ 4,082 ____
13.	Las Olas Esplanade at Riverwalk. Located directly across from the IMAX complex. (Estimated Square Footage – 1737 sqft.)	One Men and Women restroom. 1 Service per Day – Must be cleaned by 12-noon daily.	7AM to 8PM	365 SVC	\$ 434,25 ____ /svc	\$ 158,501 ____
14.	Riverland Park Located at 4000 Riverland Rd., on the north side of the park. (Estimated Square Footage – 120 sqft.)	One Men and Women restroom. 1 Service per Day – Must be cleaned by 12-noon daily.	7AM to 8PM	365 SVC	30 \$ ____/svc	\$ 10,950 ____ –
15.	Mills Pond Baseball Restrooms 2201 NW 9 Ave. (by concession stand) Gated park entrance. (Estimated Square Footage – 184 sqft.)	One Men and Women restroom. 1 Service per Day – Must be cleaned by 12-noon daily.	7AM to 6PM	365 SVC	\$ ____/svc	\$ ____
16.	Mills Pond at the Multi-fields. Location is at southern end of park. Gated park entrance. (Estimated Square Footage – 668 sqft.)	One Men and Women restroom. 1 Service per Day – Must be cleaned by 12-noon daily.	7AM to 6PM	365 SVC	\$ 167 ____ /svc	\$ 60,955 ____ –

17.	Mills Pond Maintenance Located at: 2201 NW 9 Ave (Estimated Square Footage – 42 sqft.)	One unisex restroom – 1 Service per day	8AM to 4PM	365 SVC	\$ _____/svc	\$ _____
18.	Palm Aire Park Located at 3354 NW 63 St. (Estimated Square Footage – 636 sqft.)	One Men and Women restroom. 1 Service per Day – Must be cleaned by 12-noon daily.	8AM to 4PM	365 SVC	\$ _____/svc	\$ _____
19.	South Beach Restrooms Located at the beach at A1A and Harbor Drive, across from Bahia Mar Hotel and Marina (Estimated Square Footage – 1290 sqft.)	One Men and Women restroom. <u>Monday through Friday:</u> Must be cleaned three (3) times a day at 7 am, 12 noon, and 4 pm. <u>Weekends:</u> must be cleaned six (6) times a day at 6 am, 9 am, 12 noon, 3 pm, 5 pm, 7 pm.	6AM to 8PM	1404 SVC	\$ 322 _____/svc	117,530 \$ _____
20.	Fort Lauderdale Stadium Located at 1301 NW 55 Street (Estimated Square Footage – 260 sqft.)	Men and Women Restroom used for Soccer behind the left field bleachers, Main Men and Womens Bathrooms located behind the food court area and Men and Women restrooms located behind the outfield bleachers. 3 cleanings per week - MWF	8AM to 9PM	168 SVC	\$ 65 _____/s vc	\$ _____10,920 —
21.	Cooley's Landing Restrooms – 420 SW 7 Ave (Estimated Square Footage – 612 sqft.)	One Men and Women restroom. 1 Service per Day –	6AM to 7PM	365 SVC	\$ 153 _____/svc	\$ 55,845 _____ —
22.	Hardy Park Located at 25 SW 9 Street (Estimated Square Footage – 600 sqft.)	One Men and Women restroom. 1 Service per Day –	8AM to 9PM	365 SVC	\$ 150.00 _____/svc	\$ 54,750 _____ —
23.	Morton Activity Center Located at 2890 SW 8 Ave (Estimated Square Footage – 400 sqft.)	One Men and One Women Restroom – 1 Service per Day	8AM to 5PM	365 SVC	\$ 100 _____/svc	\$ 36,500 _____ —
24.	15th Street Boat Basin/Cox Landing Located at: 1784 SE 15 Street (Estimated Square Footage – 288 sqft.)	Need a daily cleaning of all the picnic tables under the pavilion by the restroom room. They will also need to wash the floor washed down daily and empty the 2 garbage can on eastside of the pavilion .This structure is	8AM to 5PM	365 SVC	\$ _____/svc	\$ _____

		<p>25'x16'.</p> <p>The bathroom structure is 20'x 15 and the mens and ladies bathroom both have one toilet and one sink in each room. The soap, toilet paper and paper towel dispensers need to be filled daily and the baby changing tables need to be cleaned daily. The garbage cans in each bathroom also need to be emptied daily. Clean 2 drinking fountains.</p> <p>The walls and floor and light fixtures need to fall under the same cleaning schedule as the other bathrooms.</p> <p>The fish cleaning table also needs to be cleaned daily with the right chemicals and no abrasive material should be used on it. Please report any damage or functioning issues. The floor also needs to be cleaned daily and lighting and walls should be cleaned on the same schedule as stated in contract. The garbage can will need to be cleaned daily as well.</p> <p>This whole facility needs to be cleaned daily before 12 noon.</p>				
25.	<p>Mangurian Park Located at: 3850 N Federal Hwy (Estimated Square Footage – 288 sqft.)</p>	<p>One Men and One Women Restroom (1 service per day)</p>	8AM to 9PM	365 SVC	\$ _____/svc	\$ _____

26.	Osswald Park Located at: 2220 NW 21 Ave (Estimated Square Footage – 630 sqft.)	One Men and One Woman Restroom – 1 cleaning per day	8AM to 9PM	365 SVC	\$ _____/svc	\$ _____

(All cleaning schedules as outlined in Contract are subject to change by City)

TOTAL ANNUAL COST \$ _____ 0.25 per

sqf _____

Special Events:

In addition, the City of Fort Lauderdale occasionally hosts special events which require a restroom monitor be present to ensure the restroom facilities are kept clean during City sponsored special events. Please indicate your cost for a restroom monitor below. This shall be a flat rate, regardless of nights/weekends/holidays.

\$ 200 _____ per hour

BUSINESS NAME: SHINE-ON
LOCATION ADDRESS: 1991 NW 74 AVE
ISSUE DATE: December 14, 2018
EXPIRATION DATE: September 30, 2019

MAX RECEIPT NUMBER: 19-00025637
BUSINESS CLASS: HOME OCCUPATIONS
CONTROL NUMBER: 0026100

BUSINESS TAX PAID:	134.01
PENALTY PAID:	0.00
ADDITIONAL CHARGES TOTAL PAID:	0.00
TOTAL PAID:	134.01

Additional Charges Breakdown.....

Comments: MUST ADHERE TO HOME OCCUPATION GUIDELINES

RECEIPT MUST BE CONSPICUOUSLY DISPLAYED TO PUBLIC VIEW AT BUSINESS LOCATION.

NOTICE: THIS RECEIPT BECOMES NULL & VOID IF OWNERSHIP, BUSINESS NAME, OR ADDRESS IS CHANGED.

TAXPAYER MUST APPLY TO BUSINESS TAX DIVISION FOR TRANSFER.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/25/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Secured Insurance Services, INC. 6051 West Commercial Boulevard Tamarac FL 33319		CONTACT NAME: GEORGETTE CRANDALL PHONE (A/C, No, Ext): (888) 224-2216 FAX (A/C, No): (954) 586-0300 E-MAIL ADDRESS: info@siscovered.com	
INSURED MS SHINEON LLC 1991 NW 74TH AVE SUNRISE FL 33319		INSURER(S) AFFORDING COVERAGE INSURER A: GRANADA INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			0185FL00104436-0	12/15/2017	12/15/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

JANITORIAL SERVICES

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE