

The undersigned hereby declares that: Royal Auction Group, Inc. has examined and accepts the specifications, terms, and conditions presented in this Solicitation, satisfies all legal requirements to do business with the County, and to furnish **AUCTION SERVICES** for which Submittals were advertised to be received no later than 3:00 P.M. Eastern time on the date stated in the solicitation or as noted in an addenda. Furthermore, the undersigned is duly authorized to execute this document and any contracts or other transactions required by award of this Solicitation.

All pricing will be FOB Destination unless otherwise specified in this solicitation document. Pricing submitted will remain valid for a ninety (90) day period.

Vendor will accept payment through the County Credit Card-based payment system: YES

1.0 TERM OF CONTRACT

The Contract will be awarded for an initial one (1) year term with the option for two (2) subsequent two (2) year renewals. Renewals are contingent upon mutual written agreement.

The Contract will commence upon the related Notice to Proceed. The Contract remains in effect until completion of the expressed and implied warranty periods. The County reserves the right to negotiate for additional services/items similar in nature not known at time of solicitation.

2.0 METHOD OF PAYMENT

Contractor shall remit the auction proceeds to the County within fifteen (15) business days after the auction closing. Any fees owed the Contractor shall be deducted from the amount remitted to the County.

3.0 CERTIFICATION REGARDING LAKE COUNTY TERMS AND CONDITIONS:

I certify that I have reviewed the [General Terms and Conditions for Lake County Florida](#) and accept the Lake County General Terms and Conditions dated 5/6/21 as written including the Proprietary/Confidential Information section. YES Failure to acknowledge may result in Submittal being deemed non-responsive.

4.0 CERTIFICATION REGARDING FELONY CONVICTION:

Has any officer, director, or an executive performing equivalent duties, of the bidding entity been convicted of a felony during the past ten (10) years? NO

5.0 CONFLICT OF INTEREST DISCLOSURE CERTIFICATION:

Except as listed below, no employee, officer, or agent of the firm has any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and, this Submittal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud. None

6.0 CERTIFICATION REGARDING BACKGROUND CHECKS:

Under any County Contract that involves Contractor or subcontractor personnel working in proximity to minors, the Vendor hereby confirms that any personnel so employed will have successfully completed an initial, and subsequent annual, Certified Background Check, completed by the Contractor at no additional cost to the County. The County retains the right to request and review any associated records with or without cause, and to require replacement of any Contractor

employee found in violation of this requirement. Contractor shall indemnify the County in full for any adverse act of any such personnel in this regard. Additional requirements may apply in this regard as included within any specific contract award. YES

7.0 DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

The County does not establish specific goals for minority set-asides however, participation by minority and non-minority qualified firms is strongly encouraged. If the firm is a minority firm or has obtained certification by the State of Florida, Office of Supplier Diversity, (OSD) (CMBE), please indicate the appropriate classification(s) not applicable not applicable and enter OSD Certification Number None and enter effective date Click or tap to enter a date. to date Click or tap to enter a date.

8.0 RECIPROCAL VENDOR PREFERENCE:

Vendors are advised the County has established, under Lake County Code, Chapter 2, Article VII, Sections 2-221 and 2-222; a process under which a local vendor preference program applied by another county may be applied in a reciprocal manner within Lake County. The following information is needed to support application of the Code:

- A. Primary business location of the responding Vendor: Zephyrhills, FL
- B. Does the responding vendor maintain a significant physical location in Lake County at which employees are located and business is regularly transacted: Choose an item. If “yes” is checked, provide supporting detail: Click or tap here to enter text.

9.0 GENERAL VENDOR INFORMATION:

Firm Name: Royal Auction Group, Inc.

Street Address: 2738 Gall Blvd.

City: Zephyrhills State and ZIP Code: FL, 33541

Mailing Address (if different): Click or tap here to enter text.

Telephone: 813-715-7920 Fax: Click or tap here to enter text.

Federal Identification Number / TIN: 59-1308949

DUNS Number: 020978227

10.0 SUBMITTAL SIGNATURE:

I hereby certify the information indicated for this Submittal is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an authorized representative of this Vendor and/or empowered to execute this Submittal on behalf of the Vendor. I, individually and on behalf of the Vendor, acknowledge and agree to abide by all terms and conditions contained in this solicitation as well as any attachments, exhibits, or addenda.

Name of Legal Representative Submitting this Proposal: *Brandon Roy*

Date: 8/27/2021

Print Name: Brandon Roy

Title: President

Primary E-mail Address: broy@royalauctiongroup.com

Secondary E-mail Address: gfrazier@royalauctiongroup.com

The individual signing this Submittal affirms that the facts stated herein are true and that the response to this Solicitation has been submitted on behalf of the aforementioned Vendor.

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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation
ROYAL AUCTION GROUP, INC.

Filing Information

Document Number 369280
FEI/EIN Number 59-1308949
Date Filed 09/03/1970
State FL
Status ACTIVE
Last Event NAME CHANGE AMENDMENT
Event Date Filed 07/11/2017
Event Effective Date NONE

Principal Address

7061 Alico Rd.
Fort Myers, FL 33912

Changed: 04/02/2021

Mailing Address

7061 Alico Rd.
FORT MYERS, FL 33912

Changed: 04/02/2021

Registered Agent Name & Address

ROY BRANDON
7061 Alico Rd
Fort Myers, FL 33912

Name Changed: 03/22/2019

Address Changed: 03/18/2020

Officer/Director Detail

Name & Address

Title DIRECTOR, PRESIDENT, TREASURER

ROY, BRANDON

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Royal Auction Group Inc.

2 Business name/disregarded entity name, if different from above
Royal Auction Group Inc.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the USA)

5 Address (number, street, and apt. or suite no.) See instructions.
7061 ALICORd

6 City, state, and ZIP code
Fort Myers, FL 33912

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidance on whose number to enter.

Social security number

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or

Employer identification number

59	-	1	3	0	8	9	4	9
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

4-1-21

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1099 (home mortgage interest), 1099-E (student loan interest), 1099-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is Backup Withholding*, later.



REAL FLORIDA • REAL CLOSE
Office of Procurement Services

P.O. Box 7800 • 315 W. Main St., Suite 441 • Tavares, FL 32778

SOLICITATION: Auction Services

08/16/2021

Vendors are responsible for the receipt and acknowledgement of all addenda to a solicitation. Confirm acknowledgement by including an electronically completed copy of this addendum with submittal. Failure to acknowledge each addendum may prevent the submittal from being considered for award.

THIS ADDENDUM DOES NOT CHANGE THE DATE FOR RECEIPT OF PROPOSALS.

QUESTIONS/RESPONSES

- Q1. Section 1.12.1 states “ALL surplus shall be removed from County property. No auctions on County property. No bidders/buyers on County property”. In our experience there have been the rare times that certain items which are not advantageous for the county or vendor to move to their facility (very large equipment, boats, fill dirt, etc.). In those rare instances can the item(s) be sold on County property?
All surplus shall be removed from County property to be auctioned. With prior County Project Manager permission, heavy equipment may be left on County property during the auction and picked up within thirty (30) days after the auction closes by the buyer if accompanied by Contractor. County reserves the right to charge a storage fee after the initial thirty (30) day period. Contractor shall be responsible to any damage done to County property during pick up.
- Q2. Section 1.12.3 states that “Services shall include, but not be limited to, loading, unloading, transporting property to the auction site, and temporary storage”. If items are driven via a dealers/transporters tag on the road will the same insurance limits of \$1,000,000 be required on the dealers/transporter’s tags to properly insure the county should anything happen? And who is responsible for County property if contract Auctioneer drives vehicles to their facility and damage them or get in an accident along the way? Or will all items have to be transported via towing to negate any transportation damages or accident liability?
Exhibit B – Insurance Requirements auto liability remains as described regardless if transported via dealer tag or not. Contractor is responsible to ensure any subcontractor complies with the County’s limit requirements.
- Q3. For items at the county facility that need to be loaded onto a truck via forklift, will the county load said items with a forklift?
Yes, by authorized County forklift drivers only.
- Q4. As per 2.2.1 “Depending on size, store all items under roof and in-doors and/or a secured area” does this mean that all items such as office furniture, electronics, and other items that maybe depreciated rapidly by being in the open elements MUST be stored in a safe place out of the elements?
Yes. Contractor shall protect the value of all items so the County receives the best possible price.

- Q5. As per 2.3 “Be open and available to the public per the County’s policy for sale of surplus items with no admission fees, access charges or bid deposits”. Does this extend to all Auctions (Live and On-Line) that are conducted by the Vendor? And can a bid deposit be required if a customer has been delinquent and not paid with regards to payments in the past?
This extends to all auctions conducted. A bid deposit may be allowed based on existing customer’s past delinquencies.
- Q6. As per 4.1 “Auctions conducted on behalf of the County shall charge no buyer’s premium”. Does this include any fees such as credit card processing fees? Or OnLine purchasing fees?
Yes.
- Q7. Does the County currently lease any vehicles that wouldn’t be offered for Auction?
Yes. The County’s light duty fleet is mostly leased and will not be disposed of through this contract.
- Q8. Must the contractor submit sales tax to the State on the County’s behalf?
Contractor is responsible to submit all sales tax to the State on the County’s behalf.
- Q9. On the pricing sheet it asks for the rate for:
 - Pickup of items (load) less than 3/4 ton
 - Pickup of items (load) 3/4 to one ton
 - Pickup of items (load) greater than one ton
But we were under the impression that the contractor furnishes the transportation services included within the commission charged to the county, was this a typo?
Contractor is responsible to transport items at no additional cost to the County.
- Q10. Under the insurance requirements #5, is it a necessary requirement? We sell for 70+ Government Agencies that do not require errors and omission policies. Can it be omitted?
Professional Liability and specialty insurances are not required.
This sentence:
Professional liability and specialty insurance (medical malpractice, engineers, architect, consultant, environmental, pollution, errors and omissions, etc.) insurance as applicable, with minimum limits of \$1,000,000 and annual aggregate of \$2,000,000.
shall be removed from Exhibit B – Insurance Requirements.
- Q11. As an online auctioneer, we do not possess an Auctioneer’s license for the State of FL, although we regular sell titled vehicles, we are not licensed within the State of FL, we do not provide title transfer services, we do not have an Auctioneer Surety Bond or Licenses and Permit Bond, we do not dispose of unsold items but they may be relisted at no charge, the way we operate surplus is kept on your property and buyers pick it up once they pay, and we do not pick up surplus as it is kept on your property. Can these requirements be omitted?
No. These requirements remain as part of the solicitation requirements.

ACKNOWLEDGEMENT

ADDENDUM NO. 1

21-0543

Firm Name: Royal Auction Group, Inc.

I hereby certify that my electronic signature has the same legal effect as if made under oath; that I am an authorized representative of this vendor and/or empowered to execute this submittal on behalf of the vendor.

Signature of Legal Representative Submitting this Bid: *Brnadon Roy*

Date: 8/18/2021

Print Name: Brandon Roy

Title: President

Primary E-mail Address: BRoy@RoyalAuctionGroup.com

Secondary E-mail Address: GFrazier@RoyalAuctionGroup.com



REAL FLORIDA • REAL CLOSE
Office of Procurement Services

P.O. Box 7800 • 315 W. Main St., Suite 441 • Tavares, FL 32778

SOLICITATION: Auction Services

08/20/2021

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QUESTIONS/RESPONSES

- Q1. Under Section 4.1 in the Scope of Services, it is stated that auctions conducted on behalf of the County shall charge no buyers premium. If it is proven that charging a buyer's premium, in addition to, or in lieu of a seller's premium, will in no way negatively impact, and even positively impact, the values of the items sold and therefore bring more taxpayer value to Lake County, will the County consider that type of proposal?

No. Exhibit A – Scope of Work stands as written.

- Q2. Noticed when filling out the pricing sheet, some of the boxes only allow numbers and some only allow currency. I tried to put a % and a decimal in one box and it won't allow it.

A revised Attachment 2 – Pricing Sheet has been uploaded to the website and the cells from line items 1-10 have been updated to “General” to allow of the percentage and decimal points to be used if necessary.

ACKNOWLEDGEMENT

Firm Name: Royal Auction Group, Inc.

I hereby certify that my electronic signature has the same legal effect as if made under oath; that I am an authorized representative of this vendor and/or empowered to execute this submittal on behalf of the vendor.

Signature of Legal Representative Submitting this Bid: *George L. Frazier*

Date: 8/21/2021

Print Name: George Frazier

Title: VP of Operations

Primary E-mail Address: Gfrazier@RoyalAuctionGroup.com

Secondary E-mail Address: BRoy@RoyalAuctionGroup.com



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
5/5/2021

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

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

PRODUCER Bruce Hendry Insurance, LLC. 711 W. Main Street Immokalee, FL 34142 L023031	CONTACT NAME:		
	PHONE (A/C No, Ext):	239-657-3614	FAX (A/C; No): 239-657-6468
	E-MAIL ADDRESS:	karen@brucehendryinsurance.com	
INSURED ROYAL AUCTION GROUP, INC. LAND AUCTION SERVICES PO BOX 61567 NORTH FORT MYERS, FL 33906	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A:	COVINGTON SPECIALTY INS CO	
	INSURER B:	Progressive Express Ins Co.	10193
	INSURER C:	F C B & I Fund	
	INSURER D:	Nautilus Insurance Co	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			VBA806246 00	04/30/2021	04/30/2022	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY			01500826-1	12/03/2020	12/03/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							PIP \$ 10,000
D	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			BINDER #21-006490	04/30/2021	04/30/2022	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	DED RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			10659503-2020	11/08/2020	11/08/2021	WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

EQUIPMENT AUCTIONS
Primary and Non-Contributory Included

CERTIFICATE HOLDER Pinellas County, A Political Subdivision of The State of Florida 400 S Fort Harrison Ave Clearwater, FL 33756	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 