Alabama A&M University

Passenger Bus Transportation for Marching Maroon & White (MMW) Marching Band for Remaining Fall 2017 Season

Invitation to Bid (ITB) – 2K17-14B

Deadline: Monday, October 2, 2017 – 2 P.M. CST

Completed Bid Package must be submitted via Sealed Bid in AAMU’s Vendor Registry
REQUEST FOR FORMAL BID

CONTACT

Tim Thornton

PHONE 256 372-5227

DATE 05/31/2017

BID NUMBER 2K17-05B

RESPONSE DUE BY 06/13/2017

2:00 P.M.

WHEN USING FEDEX, UPS, OR ANY EXPRESS PACKAGING/SHIPPING, THE BID NUMBER MUST BE CLEARLY PRINTED ON THE AIR BILL.

VENDOR NO.

ALL BIDS MUST BE SIGNED, SEALED, AND RETURNED IN AN ENVELOPE WITH THE BID NUMBER AND OPENING DATE NOTED ON FRONT. FORWARD ALL BIDS TO THE ADDRESS INDICATED ABOVE. FAILURE TO COMPLY WILL RESULT IN A "NO BID" RESPONSE IN ACCORDANCE WITH ALABAMA COMPETITIVE BID LAW 41-16-24 sub-part b.

THE ABOVE BID NUMBER MUST APPEAR ON ALL BIDS AND RELATED CORRESPONDENCE

<table>
<thead>
<tr>
<th>NO.</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>EA</td>
<td>56 Passenger Bus with TV monitors &amp; all required specs From Huntsville, AL to Baton Rouge, LA Overnight Trip from: Oct. 7 (Departure: 12 A.M. Midnight CST) - Oct. 8, 2017, (Return: 8 P.M. CST)</td>
<td>NO COACHES</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>EA</td>
<td>56 Passenger Bus with TV monitors &amp; all required specs From Huntsville, AL to Birmingham, AL Overnight Trip from: Oct. 26** (**Tentative) (Departure: 1 P.M. CST) - Oct. 28, 2017 (Return: 11 P.M. CST)</td>
<td>2,400 ***</td>
<td>12,000 ***</td>
</tr>
</tbody>
</table>

ONLY HAVE AVAILABILITY ON 10/27/17 - 10/28/17

TOTAL 12,000

SHOULD A PURCHASE ORDER BE ISSUED, THE FOREGOING AND THE TERMS AND CONDITIONS ON THE ATTACHED SHEET SHALL BE APPLICABLE AND BINDING UPON THE VENDOR. I ACKNOWLEDGE THAT I HAVE SIGNATURE AUTHORITY TO SIGN ON BEHALF OF THE COMPANY AND HEREBY AGREE TO ALL GENERAL CONDITIONS OF THIS BID REQUEST.

SIGNATURE  
COMPANY REPRESENTATIVE  
DATE 9/29/17

An affirmative action/equal opportunity institution
Note: In order for an alternate bid to be considered, bidders must supply current catalogs or brochures, including pictorials and specifications.

Please indicate your company classification by circling the appropriate initial: Small Business (SB), a Small Disadvantaged Business (SD), a Black Small Disadvantaged Business (BD), a Woman-Owned Small Business (WB), a Woman-Owned Small Disadvantaged Business (WD), a Black Woman-Owned Small Disadvantaged Business (BW), a Large Business (LB), an Individual (IN), Educational (ED), Non-Profit (NP), a Labor Surplus Area Concern (LS), Disabled Veteran-Owned Small Business (DV), Veteran-Owned Small Business (VS), Historically Underutilized Business Zone (UZ), or a Governmental Agency (GV).

<table>
<thead>
<tr>
<th>F.O.B. Point</th>
<th>TERMS</th>
<th>WARRANTY</th>
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</thead>
<tbody>
<tr>
<td>AAMU DESTINATION</td>
<td>30</td>
<td>QUOTATION EFFECTIVE UNTIL</td>
</tr>
<tr>
<td>ESTIMATED DELIVERY</td>
<td><strong>00152</strong></td>
<td>DEC 31, 2017</td>
</tr>
</tbody>
</table>

*Your company reference number, if applicable with this bid quotation.

Certification Pursuant To Act No. 2006-557
Alabama Law (Section 41-4-116, Code of Alabama 1975) provides that every bid submitted and contract executed shall contain a certification that the vendor, contractor, and all of its affiliates that make sales for delivery into Alabama or leases for use in Alabama are registered, collecting, and remitting Alabama state and local sales, use, and/or lease tax on all taxable sales and leases into Alabama. By submitting this bid, the bidder is hereby certifying that they are in full compliance with Act No. 2006-557, they are not barred from bidding or entering into a contract pursuant to 41-4-116, and acknowledges that the awarding authority may declare the contract void if the certification is false.

**Kingsmen Coach Lines, LLC**

**COMPANY NAME (TYPE OR PRINT)**

**404-362-9339**

**TELEPHONE NUMBER**

**404-362-0254**

**FAX NUMBER**

**B. BARNES**

**SIGNER’S NAME (TYPE OR PRINT)**

**9/29/17**

**DATE**

Alabama Agricultural and Mechanical University prohibits the installation of asbestos on its campus. Suppliers and contractors will not supply any equipment, material, or supplies, which contain asbestos without prior written approval.

Failure to designate Bid Number and Opening Date on the outside of your sealed envelope containing your bid and more than one bid submitted in this envelope will result in a “No Bid” response in accordance with Alabama Competitive Bid Law 41-16-24 subpart b.

Alabama Agricultural and Mechanical University will not accept faxed bids.

Any product that fails to meet the specifications, performance requirements or compatibility requirements will be rejected and returned to the vendor at no cost to the University.

The University reserves the right to award this contract, in whole, in part, or to reject any and all quotations.

Alabama A&M University is an instrumentality of the State and is federal, state and local tax exempt.

**SPECIAL NOTE:**

Manufacturer’s published product data must be included with your bid response for any alternate offerings. Any exception taken to any portion of this Request for Price Quotation must be stated on the bid response sheets or Alabama A&M University will assume compliance with all requirements as stated. The successful bidder will be responsible and accountable for providing those items as specified in its bid response.
AFFIDAVIT 2

I, **Bernard Barnes**, a duly authorized officer or agent of **Kingsmen Coach Lines, LLC** (contractor), do execute this affidavit on behalf of (contractor) and by executing this affidavit, the undersigned contractor verifies its compliance with the Beason-Hammon Alabama Taxpayer and Citizen Protection Act, Act No. 2011-535 (Code of Alabama (1975) § 31-13-9), stating affirmatively that it does not knowingly employ, hire for employment, or continue to employ an unauthorized alien and that the sole proprietorship, partnership, or corporation or other business entity (circle one) which is contracting with Alabama A&M University has registered with and is participating in the federal work authorization program known as “E-verify”, web address https://e-verify.uscis.gov/enroll operated by the United States Citizenship and Immigration Service Bureau of the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603, in accordance with the applicability provisions of the Alabama Immigration Act.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with Alabama A&M University, that the Contractor will secure from such subcontractor(s) verification of compliance with Code of Alabama (1975) § 31-13-9 in a form substantially similar to this affidavit. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to Alabama A&M University, at the time the subcontractor is retained to perform such services.

313507

E-Verify Employment Eligibility Verification User Identification Number

Kingsmen Coach Lines, LLC

Name of Contractor

Signature of Authorized Officer or Agent of Contractor

VIP OPERATIONS

Title of Authorized Officer or Agent of Contractor

BERNARD BARNES

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 20TH DAY OF SEPTEMBER, 2020

Notary Public

My commission Expires: 4/15/2020

[Notary Public Stamp]
Request for Taxpayer Identification Number and Certification

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
   
2. Business name/disregarded entity name, if different from above.
   
3. Check appropriate box for federal tax classification: check only one of the following seven boxes:
   - Individual/sole proprietor or
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership).
   
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)________
   
5. Address (number, street, and apt. or suite no.).
   
6. City, state, and ZIP code.

7. List account number(s) here (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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II  Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 on page 3.

Sign Here

Signature of U.S. person

Date 9/29/17

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/W9.

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 1098 (home mortgage interest), 1098-E (student loan interest), 1098-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? on page 2.

By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners’ share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.
State of Alabama
Disclosure Statement
(Required by Act 2001-955)

ENTITY COMPLETING FORM
Kingsmen Coach Lines, LLC

ADDRESS
P.O. BOX 661 1370 Cedar Grove Rd

CITY, STATE, ZIP
Conley, GA 30288

TELEPHONE NUMBER
(404) 362-9839

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

This form is provided with:
☐ Contract  ☐ Proposal  ☐ Request for Proposal  ☒ Invitation to Bid  ☐ Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?
☒ Yes  ☐ No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

<table>
<thead>
<tr>
<th>STATE AGENCY/DEPARTMENT</th>
<th>TYPE OF GOODS/SERVICES</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ala R.E.M. Band</td>
<td>Motorcoach Transportation</td>
<td>$40,000.00</td>
</tr>
</tbody>
</table>

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?
XXXX Yes  ☐ No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

<table>
<thead>
<tr>
<th>STATE AGENCY/DEPARTMENT</th>
<th>DATE GRANT AWARDED</th>
<th>AMOUNT OF GRANT</th>
</tr>
</thead>
</table>

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

<table>
<thead>
<tr>
<th>NAME OF PUBLIC OFFICIAL/EMPLOYEE</th>
<th>ADDRESS</th>
<th>STATE DEPARTMENT/AGENCY</th>
</tr>
</thead>
</table>

OVER
2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

<table>
<thead>
<tr>
<th>NAME OF FAMILY MEMBER</th>
<th>ADDRESS</th>
<th>NAME OF PUBLIC OFFICIAL/PUBLIC EMPLOYEE</th>
<th>STATE DEPARTMENT/AGENCY WHERE EMPLOYED</th>
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</thead>
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If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

<table>
<thead>
<tr>
<th>NAME OF PAID CONSULTANT/LOYBIST</th>
<th>ADDRESS</th>
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By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed $10,000.00, is applied for knowingly providing incorrect or misleading information.

Signature: ___________________________ Date: 9/29/17

Notary's Signature: ___________________________ Date: 9/29/17 4/5/2020
# Certificate of Liability Insurance

## Certificate Information

**Producer**
Safe Fleet Insurance Services  
Ren Merritt  
3655 N. Point Parkway Ste. 400  
Alpharetta, GA 30006  
Ed Richards

**Insured**
Kingsmen Coach Lines, Inc.  
Attn: Bernard Barnes  
1570 Cedar Grove Rd  
Conley, GA 30288

**Contact Information**
- **Name:** Ed Richards  
- **Phone:** 404-443-1005  
- **Fax:** 309-589-3487  
- **Address:** Ed.Richards@safefleet.biz

**Insurer(s) Affording Coverage**
- **Name:** RLI Transportation  
- **NAIC #:** 13056

## Coverages

### Commercial General Liability
- **Policy Number:** LGB0016031  
- **Policy Effective Date:** 04/27/2017  
- **Policy Expiration Date:** 04/27/2018

- **Limits:**  
  - Each Occurrence: $1,000,000  
  - Premises Liability (Other than premises): $50,000  
  - Medical Expenses: $5,000  
  - Personal & Advertising Injury: $1,000,000  
  - General Aggregate: $2,000,000  
  - Products - Contractors' Liability: $2,000,000

### Automobile Liability
- **Policy Number:** LFB0018871  
- **Policy Effective Date:** 04/27/2017  
- **Policy Expiration Date:** 04/27/2018

- **Limits:**  
  - Combined Single Limit: $5,000,000  
  - Bodily Injury: $5,000,000  
  - Property Damage: $5,000,000

### Umbrella Liability
- **Policy Number:** LFB0018871  
- **Policy Effective Date:** 04/27/2017  
- **Policy Expiration Date:** 04/27/2018

- **Limits:**  
  - Each Occurrence: $5,000,000  
  - Aggregate: $5,000,000

### Workers' Compensation
- **Policy Number:** LFB0018871  
- **Policy Effective Date:** 04/27/2017  
- **Policy Expiration Date:** 04/27/2018

- **Limits:**  
  - Each Accident: $5,000,000  
  - Disability: $5,000,000  
  - Disease: $5,000,000

## Description of Operations / Locations / Vehicles

ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

## Certificate Holder

Alabama A&M University  
Attn: Tim Thornton  
Director of Purchasing  
PO Box 1627  
Normal, AL 35762

## 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**

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