

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Safehaven Security Group. LLC				
Address:	801 N. 24th Street				
City:	Rogers	State:	AR	Zip Code:	72712
Business Designation:	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American				
	AR Certification #: _____		* See Minority and Women-Owned Business Policy		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Doug Elms	Title:	Owner
Phone:	(479)903-1919	Alternate Phone:	
Email:	doug.elms@safehavensecuritygroup.com		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be rejected:

Authorized Signature: Title: Owner 
 Use Ink Only.

Printed/Typed Name: DOUGLAS ELMS Date: 05-14-20

OFFICIAL BID PRICE SHEET

SP-20-0094: ARMED SECURITY GUARD SERVICES

Name of Company: Safehaven Security Group, LLC

Description of Service	Estimated Number of Guards	Estimated Hours per year	Hourly Rate per Guard	Bill Rate	Estimated Bill Rate per Year
Armed Guard Services: Front Desk Coverage	1	2,080	\$15.00	\$24.64	\$51,251.20
Armed Guard Services: Roaming Patrol Coverage	1	2,080	\$14.00	\$24.64	\$51,251.20
<i>Total Estimated Cost for Initial 1-Year Term</i>					\$102,502.40

2.5 GENERAL SERVICE REQUIREMENTS

E. Contractor shall provide the contact name, phone number, and E-mail address of a supervisory Guard to be available through email or phone call, Monday through Friday, 8:00 a.m. to 4:30 p.m. Central Time, excluding State Holidays, to manage ADH's account.

Ed Stahr-Consultant
(479) 244-9353

ed@safehavensecuritygroup.com

ATTACHMENT A - MANDATORY SITE VISIT VERIFICATION FORM

Location, date and time of Mandatory Site Visit:

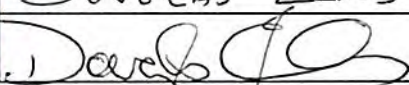
Arkansas Department of Health
4815 West Markham Street
Little Rock, AR 72205

Date: May 6, 2020
Time: 2:00 p.m. Central Time

- Present this Mandatory Site Visit Verification Form to the AR Department of Health representative and the OSP representative for signature upon completion of all Mandatory Site Visits at the ADH location.
- Submit the original signed Mandatory Site Visit Verification Form with bid submission.

This duly signed Mandatory Site Visit Verification Form serves as verification the Prospective Contractor's representative named below was present and participated in the Mandatory Site Visit as required by the Invitation for Bid SP-20-0094, Armed Security Guard Services.

PROSPECTIVE CONTRACTOR'S REPRESENTATIVE INFORMATION

Company:	SAFE HAVEN SECURITY GROUP, LLC.
Representative's Printed Name:	DOUGLAS ELMS
Signature:	


Arkansas Department of Health Authorized Signature

5/6/20
Date


Office of State Procurement Authorized Signature

5/6/2020
Date



STATE OF ARKANSAS
TRANSFORMATION AND SHARED SERVICES
OFFICE OF STATE PROCUREMENT
 1509 West 7th Street, Room 300
 Little Rock, Arkansas 72201-4222

ADDENDUM 1

TO: Vendors Addressed
 FROM: Julia Shackelford, Buyer
 DATE: May 15, 2020
 SUBJECT: SP-20-0094: Armed Security Guard Services

The following changes to the above-referenced IFB have been made as designated below:

- Change of specifications
- Additional specifications
- Change of bid opening time and date
- Cancellation of bid
- Other:

BID OPENING DATE AND TIME

- Bid opening date and time shall remain unchanged.

CHANGE OF SPECIFICATIONS

- **Delete 2.4 E. and replace with the following:**

E. Contractor **shall** provide the contact name, phone number, and E-mail address of a supervisory Guard who **shall** be available to ADH personnel through email or phone call, Monday through Friday, 8:00 a.m. to 4:30 p.m. Central Time to manage ADH's account. (See *Official Bid Price Sheet*.)

- **Delete 2.6 A. 1. and replace with the following:**

1. Days of week: Monday through Friday

- **Delete 2.6 B. 1. and replace with the following:**

1. Days of week: Monday through Friday

ADDITIONAL SPECIFICATIONS

- **Add the following to Section 2.6:**

D. Occasionally, Guards may be requested to provide services on State Holidays. If requested by ADH, the Contractor **shall** provide Guards on State Holidays as requested.

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your bid proposal.

If you have any questions please contact Julia Shackelford at Julia.shackelford@dfa.arkansas.gov or (501) 371-6079

Company: DAFARM Security Group, LLC

Signature: [Handwritten Signature] Date: 05-18-20

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED IN PLACE OF BUSINESS

State of Arkansas

Number

CMPY.0002584

License

Date of Expiration

01/31/2021

This is to certify that

SafeHaven Security Group, LLC

is duly licensed to transact business in the State of Arkansas as a

Class C License: Combination Security and Investigations

*This license is renewable as provided in A.C.A.
17-40-101 Et. Seq.*



Arkansas State Police

Sgt. Dustin J. Morgan

Sergeant Dustin Morgan
Administrator

NON TRANSFERABLE



Douglas O. Elms, Sr.

Commissioned Security Officer
SafeHaven Security Group, LLC



CSO.0003248

Expires: 02/23/2021



Eddie L. Stahr

Commissioned Security Officer
SafeHaven Security Group, LLC



CSO.0005018

Expires: 08/26/2021

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

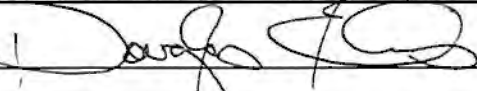
1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature  Title Owner Date 05/18/2020
Vendor Contact Person Ed Stahr Title Consultant Phone No. (479)244-9353

Agency use only

Agency Number _____ Agency Name _____ Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

DIVERSITY

Equal Employment Opportunity Statement

SafeHaven Security Group provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital status, amnesty or status as a covered veteran in accordance with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/26/2019

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 Business Insurance Consultants P. O. Box 2590 Fort Smith, AR 72902 Moises Ledezma, CIC, CLCS	479-783-7005	CONTACT NAME: Susan Noess PHONE (A/C, No, Ext): 479-783-7005 E-MAIL ADDRESS: snoess@bicinsurance.com FAX (A/C, No): 479-783-8179	
	INSURED SafeHaven Security Group, LLC Doug Elms 3406 West Center Street Rogers, AR 72756		INSURER(S) AFFORDING COVERAGE INSURER A: Arch Specialty Insurance Co INSURER B: Everest Denali Ins. Co. INSURER C: Lloyds of London INSURER D: INSURER E: INSURER F:
		NAIC #	10120

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 checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BSPKG0297803 BSPKG0297803	01/01/2020 01/01/2021	01/01/2021 01/01/2021	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 \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BKSPKG0330500	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			BSFXS0062900	01/01/2020	01/01/2021	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	5300004499-191	01/01/2020	01/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Lloyds of London			CFC181182979	01/01/2020	01/01/2021	Cyber Lia 1,000,000

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

CERTIFICATE HOLDER

INFOONL

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