

PROPOSAL RESPONSE COVER SHEET

THIS PAGE IS TO BE COMPLETED AND INCLUDED AS THE COVER SHEET FOR YOUR RESPONSE TO THE REQUEST FOR PROPOSALS.

The Board of County Commissioners, Leon County, reserves the right to accept or reject any and/or all bids in the best interest of Leon County.

Keith M. Roberts, Purchasing Director

John Dailey, Chairman
Leon County Board of County Commissioners

This bid response is submitted by the below named firm/individual by the undersigned authorized representative.

BY MORRIS ALLEN & ASSOCIATES, Inc.
(Firm Name)
[Signature]
(Authorized Representative)
Dr. Walter L. Davis, Jr.
(Printed or Typed Name)

ADDRESS 3017 Powell Road
Suite 2

CITY, STATE, ZIP TALLAHASSEE, FL 32308

TELEPHONE (850) 421-7770

FAX (850) 576-7771

ADDENDA ACKNOWLEDGMENTS: (IF APPLICABLE)

Addendum #1 dated 3/3/11 Initials [Signature] Addendum #3 dated _____ Initials _____
Addendum #2 dated 3/8/11 Initials [Signature] Addendum #4 dated _____ Initials _____

PLEASE MARK WHICH CATEGORIES FOR WHICH YOU WISH TO BE CONSIDERED:

- a. Stormwater Engineering
- b. Roadway Design
- c. Traffic and Intersection Engineering
- d. Structural Engineering
- e. Geotechnical Services
- f. Environmental Support Services
- g. Construction Engineering and Inspection Services
- h. Surveying
- i. Subdivision and Site Development Engineering
- j. Parks and Recreational Facility Engineering
- k. Utility Engineering

2010-11

CITY OF TALLAHASSEE BUSINESS TAX CERTIFICATE
LOCAL BUSINESS TAX RECEIPT

2010-11

TAX CERTIFICATE EXPIRES SEPTEMBER 30, 2011

DBA: MORRIS ALLEN & ASSOCIATES, INC

Account Number: 60408

Location: 3017 POWELL RD STE 2

Address: TALLAHASSEE FL 32308

Type Code	Sub Code	Type Description:
850	J	Service - Consultants

MORRIS ALLEN & ASSOCIATES, INC
WALTER (DR) DAVIS, JR

The firm, corporation, organization, business or individual whose name appears herein has paid a business tax for the business activities indicated above, subject to city, state and federal laws. This certificate must be conspicuously displayed at the location of the business activity. A change of location from the stated business location on this certificate as well as a change in ownership requires a transfer. (See reverse side.)

**AFFIDAVIT CERTIFICATION
IMMIGRATION LAWS**

Leon County will not intentionally award County contracts to any contractor who knowingly employs unauthorized alien workers, constituting a violation of the employment provisions contained in 8 U.S.C. Section 1324 A(e) (Section 274a(e) of the Immigration and Nationality Act ("INA").

Leon County may consider the employment by any Contractor of Unauthorized Aliens a violation of Section 274A(e) of the INA. **Such violation by the Recipient of the employment provision contained in Section 274A(e) of the INA shall be ground for unilateral cancellation of the contract by Leon County.**

BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name: MORRIS ALLEN & ASSOCIATES, Inc.

Signature: *[Handwritten Signature]* Title: PRESIDENT/CEO

STATE OF FL
COUNTY OF LEON

Sworn to and subscribed before me this 11th day of MARCH, 2011.

Personally known _____

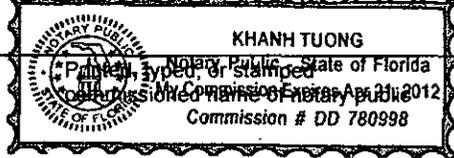
[Handwritten Signature]
NOTARY PUBLIC

OR Produced identification

Notary Public - State of FLORIDA

DRIVERS LICENSE
(Type of identification)

My commission expires: APRIL 21, 2012



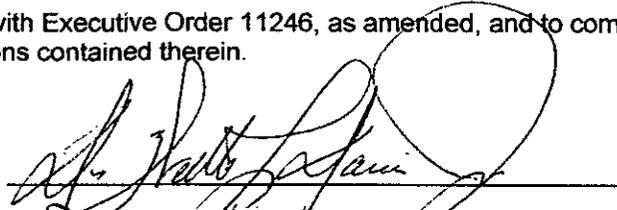
The signee of this Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made.

**LEON COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION,
AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.**

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION STATEMENT

1. The contractors and all subcontractors hereby agree to a commitment to the principles and practices of equal opportunity in employment and to comply with the letter and spirit of federal, state, and local laws and regulations prohibiting discrimination based on race, color, religion, national region, sex, age, handicap, marital status, and political affiliation or belief.
2. The contractor agrees to comply with Executive Order 11246, as amended, and to comply with specific affirmative action obligations contained therein.

Signed:



Title:

PRESIDENT/CEO

Firm:

MORRIS ALLEN & ASSOCIATES, INC

INSURANCE CERTIFICATION FORM

To indicate that Bidder/Respondent understands and is able to comply with the required insurance, as stated in the bid/RFP document, Bidder/Respondent shall submit this insurance sign-off form, signed by the company Risk Manager or authorized manager with risk authority.

A. Is/are the insurer(s) to be used for all required insurance (except Workers' Compensation) listed by Best with a rating of no less than A:VII?

YES NO

Commercial General
Liability:

Indicate Best Rating:
Indicate Best Financial Classification:

 A
 IX

Business Auto:

Indicate Best Rating:
Indicate Best Financial Classification:

 A++
 XV

Professional Liability:

Indicate Best Rating:
Indicate Best Financial Classification:

 A
 XV

1. Is the insurer to be used for Workers' Compensation insurance listed by Best with a rating of no less than A:VII?

YES NO

Indicate Best Rating:

Indicate Best Financial Classification:

 IX A

If answer is NO, provide name and address of insurer:

2. Is the Respondent able to obtain insurance in the following limits (next page) for this professional services agreement?

YES NO

Insurance will be placed with Florida admitted insurers unless otherwise accepted by Leon County. Insurers will have A.M. Best ratings of no less than A:VII unless otherwise accepted by Leon County.

Required Coverage and Limits

The required types and limits of coverage for this bid/request for proposals are contained within the solicitation package. Be sure to carefully review and ascertain that bidder/proposer either has coverage or will place coverage at these or higher levels.

Required Policy Endorsements and Documentation

Certificate of Insurance will be provided evidencing placement of each insurance policy responding to requirements of the contract.

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be declared to and approved by the County. At the option of the County, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the County, its officers, officials, employees and volunteers; or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.

Endorsements to insurance policies will be provided as follows:

Additional insured (Leon County, Florida, its Officers, employees and volunteers) - General Liability & Automobile Liability

Primary and not contributing coverage- General Liability & Automobile Liability

Waiver of Subrogation (Leon County, Florida, its officers, employees and volunteers)- General Liability, Automobile Liability, Workers' Compensation and Employer's Liability

Thirty days advance written notice of cancellation to County - General Liability, Automobile Liability, Worker's Compensation & Employer's Liability.

Professional Liability Policy Declaration sheet as well as claims procedures for each applicable policy to be provided

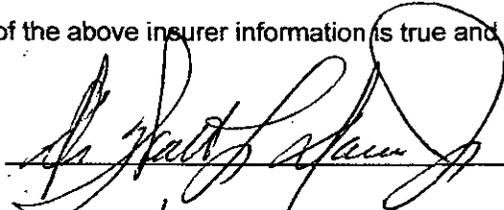
Please mark the appropriate box:

Coverage is in place

Coverage will be placed, without exception

The undersigned declares under penalty of perjury that all of the above insurer information is true and correct.

Name Dr. Walter L. Davis, Jr.
Typed or Printed

Signature 

Date 3/11/2011

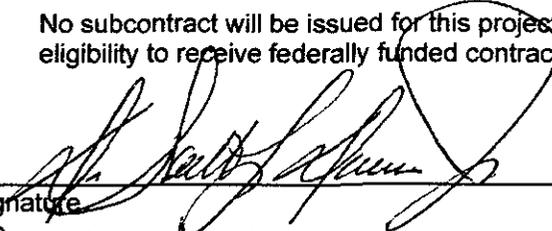
Title President / CEO
(Company Risk Manager or Manager with Risk

Authority)

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
And OTHER RESPONSIBILITY MATTERS
PRIMARY COVERED TRANSACTIONS**

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - b) Have not within a three-year period preceding this been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of these offenses enumerated in paragraph (1)(b) of this certification; and
 - d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
3. No subcontract will be issued for this project to any party which is debarred or suspended from eligibility to receive federally funded contracts.

Signature


PRESIDENT / CEO

Title

MORRIS ALLEN & ASSOCIATES, INC.

Contractor/Firm

3017 POWELL ROAD, SUITE 2 TALLAHASSEE, FL 32308

Address

The undersigned, as a duly authorized representative of the vendor listed herein, certifies to the best of his/her knowledge and belief, that the vendor meets the definition of a "Local Business." For purposes of this section, "local business" shall mean a business which:

- a) Has had a fixed office or distribution point located in and having a street address within Leon, Gadsden, Wakulla, or Jefferson County for at least six (6) months immediately prior to the issuance of the request for competitive bids or request for proposals by the County; and
- b) Holds any business license required by Leon County (or one of the other local counties), and, if applicable, the City of Tallahassee; and
- c) Is the principal offeror who is a single offeror; a business which is the prime contractor and not a subcontractor; or a partner or joint venturer submitting an offer in conjunction with other businesses.

Please complete the following in support of the self-certification and submit copies of your County and City business licenses. Failure to provide the information requested will result in denial of certification as a local business.

Business Name: <u>MORRIS ALLEN & ASSOCIATES, Inc.</u>	
Current Local Address: <u>3017 Powell Road, Suite 2 TALLAHASSEE, FL 32308</u>	Phone: <u>850.421.7770</u> Fax: <u>850.576.7771</u>
If the above address has been for less than six months, please provide the prior address. <u>N/A</u>	
Length of time at this address:	
Home Office Address: <u>3017 Powell Road, Suite 2 TALLAHASSEE, FL 32308</u>	Phone: <u>850.421.7770</u> Fax: <u>850.576.7771</u>

[Signature] Signature of Authorized Representative 3/11/11 Date

STATE OF FL
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 11th day of MARCH, 2011.

By DR WALTER DAVIS, of MORRIS ALLEN & ASSOCIATES, INC.
(Name of officer or agent, title of officer or agent) (Name of corporation acknowledging)

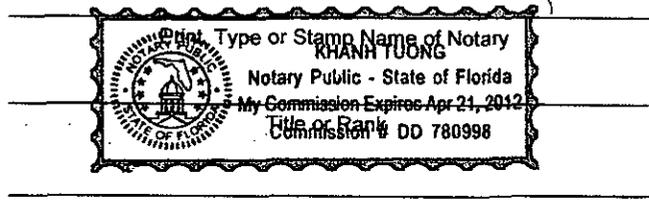
a FLORIDA corporation, on behalf of the corporation. He/she is personally known to me
(State or place of incorporation)

or has produced DRIVERS LICENSE as identification.
(type of identification)

[Signature]
Signature of Notary

Return Completed form with supporting documents to:

Leon County Purchasing Division
1800-3 Blair Stone Road
Tallahassee, Florida 32308



Serial Number, If Any



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/30/11

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 Cove Insurance North 1530 Metropolitan Blvd Tallahassee, FL 32308 Charles R. Higgins		850-681-2683 850-514-2683	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: MORRI-2	FAX (A/C, No):
INSURED Morris Allen & Associates Dr. Walter Davis 3017 Powell Road Tallahassee, FL 32308	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Aspen Specialty Insurance Co INSURER B: Technology Insurance Company INSURER C: Burlington Insurance Co. 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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			447B000274	12/01/10	12/01/11	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 - COM/OP AGG \$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	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"/>	TWC3254627	11/13/10	11/13/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liab			447B000274	11/13/10	11/13/11	Prof. Lia 1mil/2mil

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

CERTIFICATE HOLDER Morris Allen & Associates Inc. 3017 Powell Road, Ste 2 Tallahassee, FL 32308	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 Charles R. Higgins <i>Charles R. Higgins</i>
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VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

INSURED

DR WALTER LEON DAVIS JR
4860 LAKE PARK DR
TALLAHASSEE, FL 32311-1224

Policy Number: 0458210408
Effective Date: 12-23-10
Expiration Date: 06-23-11
Registered State: FLORIDA

To whom it may concern:

This letter is to verify that we have issued the policyholder coverage under the above policy number for the dates indicated in the effective and expiration date fields for the vehicle listed. This should serve as proof that the below mentioned vehicle meets or exceeds the financial responsibility requirement for your state.

This verification of coverage does not amend, extend or alter the coverage afforded by this policy.

Vehicle Year: 1998
Make: FORD
Model: EXPLORER
VIN: 1FMYU22X1WUA90317

COVERAGES	LIMITS	DEDUCTIBLES
BODILY INJURY LIABILITY	\$1MIL/\$1MIL	
PROPERTY DAMAGE LIABILITY	\$100,000	
MEDICAL PAYMENTS	\$5,000	
PERSONAL INJURY PROTECTION	BASIC	NON-DED/INSD&REL
UNINSURED MOTORIST/NONSTACKED	\$300,000/\$500,000	

____ Lienholder ____ Additional Insured ____ Interested Party

Additional Information:

Issued 03/11/2011

If you have any additional questions, please call 1-800-841-3000.

CAUTIONARY NOTE: THE CURRENT COVERAGES, LIMITS, AND DEDUCTIBLES MAY DIFFER FROM THE COVERAGES, LIMITS, AND DEDUCTIBLES IN EFFECT AT OTHER TIMES DURING THE POLICY PERIOD. THIS VERIFICATION OF COVERAGE REFLECTS THE COVERAGES, LIMITS AND DEDUCTIBLES AS OF THE ISSUED DATE OF THIS DOCUMENT WHICH IS SHOWN UNDER "ADDITIONAL INFORMATION" OR IF AN ISSUED DATE IS NOT SHOWN, THE DATE OF THIS FACSIMILE.

PROPOSAL RESPONSE COVER SHEET

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Keith M. Roberts, Purchasing Director

John Dailey, Chairman
 Leon County Board of County Commissioners

This bid response is submitted by the below named firm/individual by the undersigned authorized representative.

BY MORRIS ALLEN & ASSOCIATES, Inc.
 (Firm Name)
W. Walter L. Davis, Jr.
 (Authorized Representative)
DR. WALTER L. DAVIS, JR.
 (Printed or Typed Name)
 ADDRESS 3017 Powell Road
Suite 2
 CITY, STATE, ZIP TALLAHASSEE, FL 32308
 TELEPHONE (850) 421-7770
 FAX (850) 576-7771

ADDENDA ACKNOWLEDGMENTS: (IF APPLICABLE)

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BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name: MORRIS ALLEN & ASSOCIATES, Inc.

Signature: *[Handwritten Signature]* Title: PRESIDENT/CEO

STATE OF FL
COUNTY OF LEON

Sworn to and subscribed before me this 11th day of MARCH, 2011.

Personally known _____

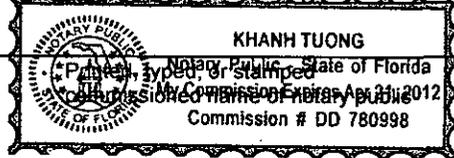
OR Produced identification

DRIVERS LICENSE
(Type of identification)

[Handwritten Signature]
NOTARY PUBLIC

Notary Public - State of FLORIDA

My commission expires: APRIL 21, 2012



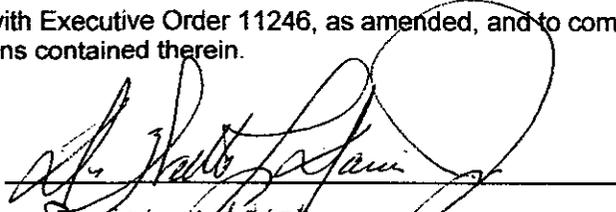
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2. The contractor agrees to comply with Executive Order 11246, as amended, and to comply with specific affirmative action obligations contained therein.

Signed:



Title:

PRESIDENT/CEO

Firm:

MORRIS ALLEN & ASSOCIATES, INC

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YES NO

Commercial General Liability:	Indicate Best Rating: Indicate Best Financial Classification:	<u> A </u> <u> IX </u>
Business Auto:	Indicate Best Rating: Indicate Best Financial Classification:	<u> A++ </u> <u> XV </u>
Professional Liability:	Indicate Best Rating: Indicate Best Financial Classification:	<u> A </u> <u> XV </u>

1. Is the insurer to be used for Workers' Compensation insurance listed by Best with a rating of no less than A:VII?

YES NO

Indicate Best Rating: _____
Indicate Best Financial Classification: IX A

If answer is NO, provide name and address of insurer:

2. Is the Respondent able to obtain insurance in the following limits (next page) for this professional services agreement?

YES NO

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Additional insured (Leon County, Florida, its Officers, employees and volunteers) -
General Liability & Automobile Liability

Primary and not contributing coverage-
General Liability & Automobile Liability

Waiver of Subrogation (Leon County, Florida, its officers, employees and volunteers)- General
Liability, Automobile Liability, Workers' Compensation and Employer's Liability

Thirty days advance written notice of cancellation to County - General Liability,
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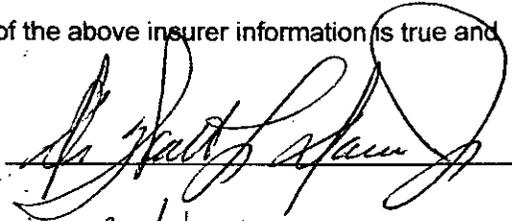
Please mark the appropriate box:

Coverage is in place

Coverage will be placed, without exception

The undersigned declares under penalty of perjury that all of the above insurer information is true and correct.

Name Dr. Walter L. Davis, Jr.
Typed or Printed

Signature 

Date 3/11/2011

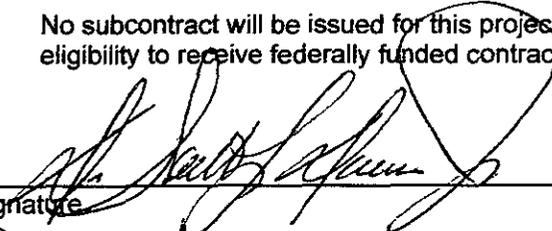
Title President / CEO
(Company Risk Manager or Manager with Risk

Authority)

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And OTHER RESPONSIBILITY MATTERS
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 - c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of these offenses enumerated in paragraph (1)(b) of this certification; and
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Signature



PRESIDENT / CEO

Title

MORRIS Allen & Associates, Inc.

Contractor/Firm

Contractor/Firm

3017 Powell Road, Suite 2 Tallahassee, FL 32308

Address

Address



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/30/11

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 Cove Insurance North 1530 Metropolitan Blvd Tallahassee, FL 32308 Charles R. Higgins		860-681-2683 850-514-2683	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: MORRI-2	FAX (A/C, No):
INSURED Morris Allen & Associates Dr. Walter Davis 3017 Powell Road Tallahassee, FL 32308	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A : Aspen Specialty Insurance Co			
	INSURER B : Technology Insurance Company			
	INSURER C : Burlington Insurance Co.			
	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.

INBR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
C	<input checked="" type="checkbox"/> GENERAL LIABILITY		447B000274	12/01/10	12/01/11	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			
						PERSONAL & ADV INJURY \$ 1,000,000			
						GENERAL AGGREGATE \$ 2,000,000			
						PRODUCTS - COMP/OP AGG \$ Included			
	GEN'L AGGREGATE LIMIT APPLIES PER:								
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT				\$			
		<input type="checkbox"/> LOC				\$			
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$			
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$			
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$			
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$			
	<input type="checkbox"/> HIRED AUTOS					\$			
	<input type="checkbox"/> NON-OWNED AUTOS					\$			
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$			
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$			
	<input type="checkbox"/> DEDUCTIBLE					\$			
	<input type="checkbox"/> RETENTION \$					\$			
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		TWC3254627	11/13/10	11/13/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N							E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A							E.L. DISEASE - EA EMPLOYEE \$ 500,000
A	Professional Liab		447B000274	11/13/10	11/13/11	Prof. Lia 1ml/2ml			

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

CERTIFICATE HOLDER Morris Allen & Associates Inc. 3017 Powell Road, Ste 2 Tallahassee, FL 32308	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 Charles R. Higgins <i>Charles R. Higgins</i>
---	--

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VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

INSURED

Policy Number: 0458210408
Effective Date: 12-23-10
Expiration Date: 06-23-11
Registered State: FLORIDA

DR WALTER LEON DAVIS JR
4860 LAKE PARK DR
TALLAHASSEE, FL 32311-1224

To whom it may concern:

This letter is to verify that we have issued the policyholder coverage under the above policy number for the dates indicated in the effective and expiration date fields for the vehicle listed. This should serve as proof that the below mentioned vehicle meets or exceeds the financial responsibility requirement for your state.

This verification of coverage does not amend, extend or alter the coverage afforded by this policy.

Vehicle Year: 1998
Make: FORD
Model: EXPLORER
VIN: 1FMYU22X1WUA90317

COVERAGES	LIMITS	DEDUCTIBLES
BODILY INJURY LIABILITY	\$1MIL/\$1MIL	
PROPERTY DAMAGE LIABILITY	\$100,000	
MEDICAL PAYMENTS	\$5,000	
PERSONAL INJURY PROTECTION	BASIC	NON-DED/INSD&REL
UNINSURED MOTORIST/NONSTACKED	\$300,000/\$500,000	

____ Lienholder ____ Additional Insured ____ Interested Party

Additional Information:

Issued 03/11/2011

If you have any additional questions, please call 1-800-841-3000.

CAUTIONARY NOTE: THE CURRENT COVERAGES, LIMITS, AND DEDUCTIBLES MAY DIFFER FROM THE COVERAGES, LIMITS, AND DEDUCTIBLES IN EFFECT AT OTHER TIMES DURING THE POLICY PERIOD. THIS VERIFICATION OF COVERAGE REFLECTS THE COVERAGES, LIMITS AND DEDUCTIBLES AS OF THE ISSUED DATE OF THIS DOCUMENT WHICH IS SHOWN UNDER "ADDITIONAL INFORMATION" OR IF AN ISSUED DATE IS NOT SHOWN, THE DATE OF THIS FACSIMILE.

2010-11

CITY OF TALLAHASSEE BUSINESS TAX CERTIFICATE
LOCAL BUSINESS TAX RECEIPT

2010-11

TAX CERTIFICATE EXPIRES SEPTEMBER 30, 2011

DBA: MORRIS ALLEN & ASSOCIATES, INC

Account Number: 60408

Location: 3017 POWELL RD STE 2

Address: TALLAHASSEE FL 32308

Type Code	Sub Code	Type Description:
850	J	Service - Consultants

MORRIS ALLEN & ASSOCIATES, INC
WALTER (DR) DAVIS, JR

The firm, corporation, organization, business or individual whose name appears herein has paid a business tax for the business activities indicated above, subject to city, state and federal laws. This certificate must be conspicuously displayed at the location of the business activity. A change of location from the stated business location on this certificate as well as a change in ownership requires a transfer. (See reverse side.)

PROPOSAL RESPONSE COVER SHEET

THIS PAGE IS TO BE COMPLETED AND INCLUDED AS THE COVER SHEET FOR YOUR RESPONSE TO THE REQUEST FOR PROPOSALS.

The Board of County Commissioners, Leon County, reserves the right to accept or reject any and/or all bids in the best interest of Leon County.

Keith M. Roberts, Purchasing Director

John Dailey, Chairman
Leon County Board of County Commissioners

This bid response is submitted by the below named firm/individual by the undersigned authorized representative.

BY MORRIS ALLEN & ASSOCIATES, Inc.
(Firm Name)
W. Walter L. Davis, Jr.
(Authorized Representative)
Dr. Walter L. Davis, Jr.
(Printed or Typed Name)
ADDRESS 3017 Powell Road
Suite 2
CITY, STATE, ZIP TALLAHASSEE, FL 32308
TELEPHONE (850) 421-7770
FAX (850) 576-7771

ADDENDA ACKNOWLEDGMENTS: (IF APPLICABLE)

Addendum #1 dated 3/3/11 Initials WLD Addendum #3 dated _____ Initials _____
Addendum #2 dated 3/8/11 Initials WLD Addendum #4 dated _____ Initials _____

PLEASE MARK WHICH CATEGORIES FOR WHICH YOU WISH TO BE CONSIDERED:

- a. Stormwater Engineering
- b. Roadway Design
- c. Traffic and Intersection Engineering
- d. Structural Engineering
- e. Geotechnical Services
- f. Environmental Support Services
- g. Construction Engineering and Inspection Services
- h. Surveying
- i. Subdivision and Site Development Engineering
- j. Parks and Recreational Facility Engineering
- k. Utility Engineering

**AFFIDAVIT CERTIFICATION
IMMIGRATION LAWS**

Leon County will not intentionally award County contracts to any contractor who knowingly employs unauthorized alien workers, constituting a violation of the employment provisions contained in 8 U.S.C. Section 1324 A(e) (Section 274a(e) of the Immigration and Nationality Act ("INA").

Leon County may consider the employment by any Contractor of Unauthorized Aliens a violation of Section 274A(e) of the INA. **Such violation by the Recipient of the employment provision contained in Section 274A(e) of the INA shall be ground for unilateral cancellation of the contract by Leon County.**

BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name: MORRIS ALLEN & ASSOCIATES, Inc.

Signature: *[Handwritten Signature]* Title: PRESIDENT/CEO

STATE OF FL
COUNTY OF LEON

Sworn to and subscribed before me this 11th day of MARCH, 2011.

Personally known _____

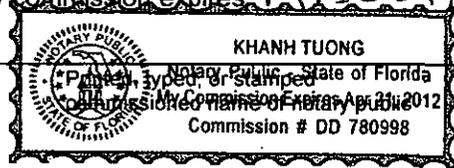
[Handwritten Signature]
NOTARY PUBLIC

OR Produced identification

Notary Public - State of FLORIDA

DRIVERS LICENSE
(Type of identification)

My commission expires: APRIL 21, 2012



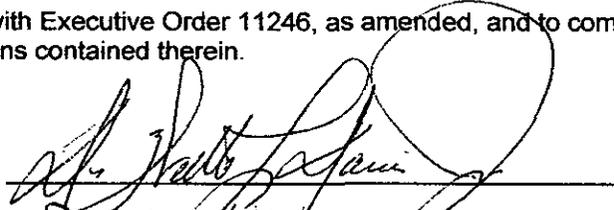
The signee of this Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made.

**LEON COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION,
AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.**

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION STATEMENT

1. The contractors and all subcontractors hereby agree to a commitment to the principles and practices of equal opportunity in employment and to comply with the letter and spirit of federal, state, and local laws and regulations prohibiting discrimination based on race, color, religion, national region, sex, age, handicap, marital status, and political affiliation or belief.
2. The contractor agrees to comply with Executive Order 11246, as amended, and to comply with specific affirmative action obligations contained therein.

Signed:



Title:

PRESIDENT/CEO

Firm:

MORRIS ALLEN & ASSOCIATES, INC

INSURANCE CERTIFICATION FORM

To indicate that Bidder/Respondent understands and is able to comply with the required insurance, as stated in the bid/RFP document, Bidder/Respondent shall submit this insurance sign-off form, signed by the company Risk Manager or authorized manager with risk authority.

A. Is/are the insurer(s) to be used for all required insurance (except Workers' Compensation) listed by Best with a rating of no less than A:VII?

YES NO

Commercial General Liability:	Indicate Best Rating: Indicate Best Financial Classification:	<u> A </u> <u> IX </u>
Business Auto:	Indicate Best Rating: Indicate Best Financial Classification:	<u> A++ </u> <u> XV </u>
Professional Liability:	Indicate Best Rating: Indicate Best Financial Classification:	<u> A </u> <u> XV </u>

1. Is the insurer to be used for Workers' Compensation insurance listed by Best with a rating of no less than A:VII?

YES NO

Indicate Best Rating: _____
Indicate Best Financial Classification: IX A

If answer is NO, provide name and address of insurer:

2. Is the Respondent able to obtain insurance in the following limits (next page) for this professional services agreement?

YES NO

Insurance will be placed with Florida admitted insurers unless otherwise accepted by Leon County. Insurers will have A.M. Best ratings of no less than A:VII unless otherwise accepted by Leon County.

Required Coverage and Limits

The required types and limits of coverage for this bid/request for proposals are contained within the solicitation package. Be sure to carefully review and ascertain that bidder/proposer either has coverage or will place coverage at these or higher levels.

Required Policy Endorsements and Documentation

Certificate of Insurance will be provided evidencing placement of each insurance policy responding to requirements of the contract.

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be declared to and approved by the County. At the option of the County, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the County, its officers, officials, employees and volunteers; or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.

Endorsements to insurance policies will be provided as follows:

Additional insured (Leon County, Florida, its Officers, employees and volunteers) -
General Liability & Automobile Liability

Primary and not contributing coverage-
General Liability & Automobile Liability

Waiver of Subrogation (Leon County, Florida, its officers, employees and volunteers)- General
Liability, Automobile Liability, Workers' Compensation and Employer's Liability

Thirty days advance written notice of cancellation to County - General Liability,
Automobile Liability, Worker's Compensation & Employer's Liability.

Professional Liability Policy Declaration sheet as well as claims procedures for each applicable policy to be provided

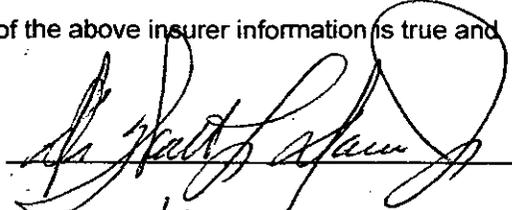
Please mark the appropriate box:

Coverage is in place

Coverage will be placed, without exception

The undersigned declares under penalty of perjury that all of the above insurer information is true and correct.

Name Dr. Walter L. Davis, Jr.
Typed or Printed

Signature 

Date 3/11/2011

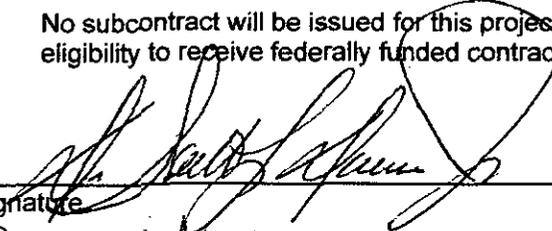
Title President / CEO
(Company Risk Manager or Manager with Risk

Authority)

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
And OTHER RESPONSIBILITY MATTERS
PRIMARY COVERED TRANSACTIONS**

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - b) Have not within a three-year period preceding this been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of these offenses enumerated in paragraph (1)(b) of this certification; and
 - d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
3. No subcontract will be issued for this project to any party which is debarred or suspended from eligibility to receive federally funded contracts.

Signature


PRESIDENT / CEO

Title

MORRIS ALLEN & ASSOCIATES, Inc.

Contractor/Firm

3017 Powell Road, Suite 2 Tallahassee, FL 32308

Address

The undersigned, as a duly authorized representative of the vendor listed herein, certifies to the best of his/her knowledge and belief, that the vendor meets the definition of a "Local Business." For purposes of this section, "local business" shall mean a business which:

- a) Has had a fixed office or distribution point located in and having a street address within Leon, Gadsden, Wakulla, or Jefferson County for at least six (6) months immediately prior to the issuance of the request for competitive bids or request for proposals by the County; and
- b) Holds any business license required by Leon County (or one of the other local counties), and, if applicable, the City of Tallahassee; and
- c) Is the principal offeror who is a single offeror; a business which is the prime contractor and not a subcontractor, or a partner or joint venturer submitting an offer in conjunction with other businesses.

Please complete the following in support of the self-certification and submit copies of your County and City business licenses. Failure to provide the information requested will result in denial of certification as a local business.

Business Name: <u>MORRIS ALLEN & ASSOCIATES, Inc.</u>	
Current Local Address: <u>3017 Powell Road, Suite 2 TALLAHASSEE, FL 32308</u>	Phone: <u>850.421.7770</u> Fax: <u>850.576.7771</u>
If the above address has been for less than six months, please provide the prior address. <u>N/A</u>	
Length of time at this address:	
Home Office Address: <u>3017 Powell Road, Suite 2 TALLAHASSEE, FL 32308</u>	Phone: <u>850.421.7770</u> Fax: <u>850.576.7771</u>

[Signature] Signature of Authorized Representative 3/11/11 Date

STATE OF FL
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 11th day of MARCH, 2011.

By DR WALTER DAVIS of MORRIS ALLEN & ASSOCIATES, INC.
(Name of officer or agent, title of officer or agent) (Name of corporation acknowledging)

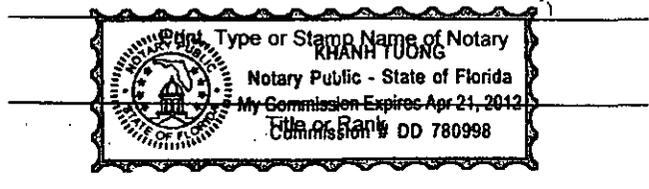
a FLORIDA corporation, on behalf of the corporation. He/she is personally known to me
(State or place of incorporation)

or has produced DRIVERS LICENSE as identification.
(type of identification)

[Signature]
Signature of Notary

Return Completed form with supporting documents to:

Leon County Purchasing Division
1800-3 Blair Stone Road
Tallahassee, Florida 32308



Serial Number, If Any



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/30/11

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 Cove Insurance North 1830 Metropolitan Blvd Tallahassee, FL 32308 Charles R. Higgins		850-681-2683 850-514-2683	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: MORRI-2	FAX (A/C, No):
INSURED Morris Allen & Associates Dr. Walter Davis 3017 Powell Road Tallahassee, FL 32308		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Aspen Specialty Insurance Co		
		INSURER B: Technology Insurance Company		
		INSURER C: Burlington Insurance Co.		
		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	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> GENERAL LIABILITY		447B000274	12/01/10	12/01/11	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:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG \$ Included
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$
	DEDUCTIBLE					AGGREGATE \$
	RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	TWC3254627	11/13/10	11/13/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 500,000
A	Professional Liab		447B000274	11/13/10	11/13/11	E.L. DISEASE - POLICY LIMIT \$ 500,000
						Prof. Lia 1ml/2ml

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

CERTIFICATE HOLDER	CANCELLATION
Morris Allen & Associates Inc. 3017 Powell Road, Ste 2 Tallahassee, FL 32308	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 Charles R. Higgins <i>Charles R. Higgins</i>

VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

INSURED

Policy Number: 0458210408

Effective Date: 12-23-10

Expiration Date: 06-23-11

Registered State: FLORIDA

DR WALTER LEON DAVIS JR
4860 LAKE PARK DR
TALLAHASSEE, FL 32311-1224

To whom it may concern:

This letter is to verify that we have issued the policyholder coverage under the above policy number for the dates indicated in the effective and expiration date fields for the vehicle listed. This should serve as proof that the below mentioned vehicle meets or exceeds the financial responsibility requirement for your state.

This verification of coverage does not amend, extend or alter the coverage afforded by this policy.

Vehicle Year: 1998
Make: FORD
Model: EXPLORER
VIN: 1FMYU22X1WUA90317

COVERAGES	LIMITS	DEDUCTIBLES
BODILY INJURY LIABILITY	\$1MIL/\$1MIL	
PROPERTY DAMAGE LIABILITY	\$100,000	
MEDICAL PAYMENTS	\$5,000	
PERSONAL INJURY PROTECTION	BASIC	NON-DED/INSD&REL
UNINSURED MOTORIST/NONSTACKED	\$300,000/\$500,000	

 Lienholder Additional Insured Interested Party

Additional Information:

Issued 03/11/2011

If you have any additional questions, please call 1-800-841-3000.

CAUTIONARY NOTE: THE CURRENT COVERAGES, LIMITS, AND DEDUCTIBLES MAY DIFFER FROM THE COVERAGES, LIMITS, AND DEDUCTIBLES IN EFFECT AT OTHER TIMES DURING THE POLICY PERIOD. THIS VERIFICATION OF COVERAGE REFLECTS THE COVERAGES, LIMITS AND DEDUCTIBLES AS OF THE ISSUED DATE OF THIS DOCUMENT WHICH IS SHOWN UNDER "ADDITIONAL INFORMATION" OR IF AN ISSUED DATE IS NOT SHOWN, THE DATE OF THIS FACSIMILE.

2010-11

CITY OF TALLAHASSEE BUSINESS TAX CERTIFICATE
LOCAL BUSINESS TAX RECEIPT

2010-11

TAX CERTIFICATE EXPIRES SEPTEMBER 30, 2011

DBA: MORRIS ALLEN & ASSOCIATES, INC

Account Number: 60408

Location: 3017 POWELL RD STE 2

Address: TALLAHASSEE FL 32308

Type Code	Sub Code	Type Description:
850	J	Service - Consultants

MORRIS ALLEN & ASSOCIATES, INC
WALTER (DR) DAVIS, JR

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