

Iowa Department of Transportation
Purchasing Section
Contract

Model Year 2020 Trucks, Vans and SUVs

Contract Number:7853

This "Agreement" shall be effective as of the signature date ("Effective Date") of the Iowa Department of Transportation, Administrative Services Division hereinafter ("Agency"), having its principal offices at 800 Lincoln Way, Ames, IA 50010 and

CHARLES GABUS FORD
of 4545 MERLE HAY RD DES MOINES, IA 50310 (hereinafter "Supplier")

1. In consideration of One **Hundred Ten Thousand Nine and 00/100 (\$110,009.00)** payable as set forth in the solicitation specifications Supplier hereby agrees to furnish goods or services or both as herein specified per purchasing proposal 22611, with responses due on AUGUST 28, 2019 at the following agreed upon prices(s) or rate(s):

Item	Quantity	Unit of Measure	Unit Price	Discount	Total
HDPU-A(O) Ford F150 Regular Cab, 4x2, Long Box, Orange Paint	3	EACH	24,787.0000	0.00	74,361.00
FSCV-D Ford Transit Full Size, Ext. Length Cargo Van, 2 Passenger	1	EACH	35,648.0000	0.00	35,648.00

2. The parties agree that the following documents shall be considered part of this contract:
 - a. Agency's solicitation including standard terms and conditions dated AUGUST 28, 2019
 - b. Supplier's response with attachments, if any;
 - c. Certificate of Insurance listing the Iowa Department of Transportation as additional insured, if required.
3. Contract period
Begin Date: as executed by "Agency" signature date
End Date is for a period of 12 months from Begin Date unless otherwise specified.
Specified Date: N/A.
4. Contract renewal options Yes X No
Number of available renewals after the original contract period one in 12 month increments.
5. The parties agree that time is of the essence of this contract and that it contains all of the terms and conditions agreed upon by them.

6. By executing the Contract the Supplier certifies it is either (a) registered with the Iowa Department of Revenue, collects, and remits Iowa sales and use taxes as required by Iowa Code chapter 423; or (b) not a "retailer" or a "retailer maintaining a place of business in this state" as those terms are defined in Iowa Code Section 423.1. The Supplier also acknowledges that the Agency may declare the contract void if the above certification is false. The Supplier also understands that fraudulent certification may result in the Agency or its representative filing for damages for breach of contract.
7. The parties agree that if Supplier fails to comply with the terms of this contract, Supplier may be subject to liquidated damages, not as a penalty, the amount specified in the proposal instructions.
8. Supplier certifies they are not in violation of Iowa Code 314.2.
9. Additional terms, if any: N/A.

Supplier Contact Information

Contact person: Greg Gioffredi
 Email: ggioffredi@charlesgabus.com
 Phone: 515-270-5573
 Fax: 515-270-2192

 Agency Internal Coding - Cost Center: 755000 OBJ. 701 FUNC. 044
 Performance Bond required Yes ___ No X

CHARLES GABUS FORD

(Supplier)

By *Greg Gioffredi* *Greg Gioffredi*

Date 9-6-19

Iowa Department of Transportation
 Administrative Services Division
 Renee R. Shirley, Director of Purchasing
 (Agency)

By *Renee R. Shirley*

Date 9-16-19

Contract Number: 7853



CERTIFICATE OF GARAGE INSURANCE

DATE (MM/DD/YYYY)
09/04/2019

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 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 Ally Risk Services Inc 500 Woodward Ave Detroit, MI 48226	CONTACT NAME: Dealer Products PHONE (A/C, No, Ext): 800-729-4622 Option #4 FAX (A/C, No): 866-955-6665 E-MAIL ADDRESS: certificates@ally.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Harco National Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **PROD / CUSTOMER ID:** **CERTIFICATE #:** **REVISION #:**

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	GARAGE LIABILITY <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS USED IN GARAGE BUSINESS <input checked="" type="checkbox"/> Any Auto			CPP0007505-00	11/01/2018	11/01/2019	AUTO ONLY (Ea accident)	\$1,000,000
A	GARAGE KEEPERS LIABILITY <input checked="" type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/> DIRECT BASIS <input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS			CPP0007505-00	11/01/2018	11/01/2019	<input checked="" type="checkbox"/> COMP/OTC SPECIFIED PERILS LOC <input checked="" type="checkbox"/> COLLUSION LOC <input type="checkbox"/> LOC	\$700,000 \$ \$700,000 \$
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			Included in Garage Liability			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS \$			BU0007505-00	11/01/2018	11/01/2019	EACH OCCURRENCE \$10,000,000 AGGREGATE \$30,000,000 \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under REMARKS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Proof of Insurance. General Liability is included in Garage Liability. A 30 day notice of cancellation applies except in the event of non-payment in which a 10 day notice applies.

CERTIFICATE HOLDER
 IOWA DEPARTMENT OF TRANSPORTATION
 ATTN: PURCHASING SECTION
 800 LINCOLN WAY
 AMES, IA 50010
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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www.iowadot.gov

Purchasing Section
800 Lincoln Way | Ames, Iowa, 50010
Phone: 515-239-1310 | Email: DOT.purchasing@iowadot.us

Date: September 6, 2019

RE: Contract documents

Attached is the contract agreement. Please print, sign, date, and mail by September 12, 2019.

Mail to:

Iowa Department of Transportation
Purchasing Section
800 Lincoln Way
Ames, IA 50010

Submit the required items indicated with "X":

Required	Additional Documentation
	Certificate of liability insurance in which the Iowa DOT is listed as additional insured.
	Contractor Performance Bond

The countersigned contract will be returned electronically upon execution.

Sincerely,

The Purchasing Section

To sign up for electronic payment please complete and mail or fax the Electronic Fund Transfer (EFT) form separately to:
Dept. of Administrative Services-State Accounting Enterprise
Attn: EFT Coordinator
Hoover State Office Building, 3rd Fl.
Des Moines, IA 50319
Fax: 515-281-5255

Electronic Fund Transfer (EFT) form can be found at:
https://das.iowa.gov/sites/default/files/acct_sae/man_for_ref/forms/eft_authorization_form.pdf