

CONSULTANT RESPONSE FORM

Firm Name: Calfee Strategic Solutions d/b/a Calfee Zoning

Contact Person: Sean S. Suder

Firm Address: 255 E. Fifth Street, 2800 First Financial Center, Cincinnati, OH 45202

Phone: 513-693-4883

Fax: 513-842-7028

Email: ssuder@calfee.com

Additional Sub-contractors.: Jacobs

Task A: \$110,000

Task B: \$155,000

Task C: \$30,000

Task D: \$35,000

Add Service Stakeholder Interview/Session: \$2,500

Add Service Public Meeting: \$5,000


Signature - Firm Representative

3/20/19
Date

CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with the City of Avondale Estates, Georgia (the "City") has registered with and is participating in a federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontract who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

34 - 07 32302

Federal Work Authorization User Identification Number

7/2/2018

Date of Authorization

Calfee Strategic Solutions db/a Calfee Zoning

Name of Contractor

Zoning Ordinance Rewrite

Name of Project

City of Avondale Estates

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on March 19th, 2019 in Cincinnati (city), Ohio (state).

[Signature]
Signature of Authorized Officer or Agent

Sean S. Suder

Printed Name and Title of Authorized Officer or Agent

Subscribed and Sworn before me this the 19th day of March, 2019.

[Signature]
Notary Public

9/20/20
My Commission Expires



Jennifer Diers
Notary Public, State of Ohio
My Commission Expires 09-20-2020

PRIVATE EMPLOYER EXEMPTION AFFIDAVIT (if Applicable)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation employs 499 or fewer employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91.

Contractor agrees that the employee-number category designated below is applicable to the contractor.

- 500 or more employees.
- 100 to 499 employees.
- 10 to 99 employees.
- Fewer than 10 employees.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on March 19, 2019 in Cincinnati (city), OH (state).

Calfee Strategic Solutions d/b/a Calfee Zoning
Firm/Company/Private Employer Name

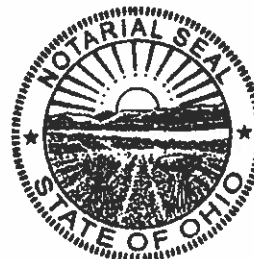

Signature of Authorized Officer or Agent

Sean S. Suder
Printed Name and Title of Authorized Officer or Agent

Subscribed and Sworn before me this the 19th day of March, 2019


Notary Public

9/20/20
My Commission Expires



Jennifer Diers
Notary Public, State of Ohio
My Commission Expires 09-20-2020



Confirmation of Insurance

December 28, 2018

Kathryn A. Seibert
Director of Finance
Calfee, Halter & Griswold LLP
kseibert@calfee.com

Calfee, Halter & Griswold LLP
The Calfee Building
1405 East Sixth Street
Cleveland, OH 44114

Policy Period: January 1, 2019 to January 1, 2020
Coverage: Lawyers Professional Liability Insurance

Limit of Liability

\$30,000,000 each claim/
\$60,000,000 annual aggregate
Defense Costs Within the Limits

Self-Insured Retention

\$250,000 each claim/
\$500,000 aggregate/
\$100,000 maintenance
Loss and Loss Expense

⁽¹⁾ Not Inclusive of applicable Ohio State Excess and Surplus Lines Taxes of 5%.

<u>Insurer</u>	<u>Participation</u>	<u>Policy No.</u>
Endurance American Specialty Ins. Co.	25.00%	LPL10010449002
Aspen Specialty Insurance Company	25.00%	LRADT0N19
Scottsdale Surplus Lines Ins. Co.	16.67%	LWH0000020
Evanston Insurance Company	16.66%	MKLV7PL0003497
Pioneer Underwriting Ltd. (Lloyd's)	8.34%	B0146 LDUSA1904823
AmTrust Syndicate at Lloyd's	8.33%	B0146 LDUSA1904823

THE INSURANCE HEREBY EVIDENCED IS WRITTEN BY AN APPROVED NON-LICENSED INSURER IN THE STATE OF OHIO AND IS NOT COVERED IN CASE OF INSOLVENCY BY THE OHIO INSURANCE GUARANTY ASSOCIATION.

Ryan C. Bartley

Ryan C. Bartley
Assistant Vice President
ProQuest a Division of Alliant

SL Licensee:
Alliant Insurance Services, Inc.
Craig W. Howser
License #: 35882
200 S. Wacker Drive, Suite 3030
Chicago, IL 60606
OH SL Tax: \$39,758.75
(Cuyahoga County)

