

ES1932/ES1932i

ELECTRIC SCISSOR LIFT

JLG
reachingout[®]

Performance

Platform Height—Elevated (Indoor / Outdoor)		
ES1932i	19 ft / NA	5.8 m / NA
ES1932	19 ft / 19 ft	5.8 m / 5.8 m
Platform Capacity (Indoor / Outdoor)		
ES1932i	507 lb / NA	230 kg / NA
ES1932	507 lb / 507 lb	230 kg / 230 kg
Capacity on Platform Extension		
ES1932i / ES1932	265 lb	120 kg
Number of Occupants (Indoor / Outdoor)		
ES1932i	1 / 0	
ES1932	2 / 1	
Lift/Lower Time		
ES1932i / ES1932	22/24 seconds	
Maximum Drive Height (Indoor)		
ES1932i	Fully Elevated	
Maximum Drive Height (Outdoor)		
ES1932i	N/A	
ES1932	Fully Elevated	
Weight*		
ES1932i	2,675 lb	1,213 kg
ES1932	3,353 lb	1,521 kg
Ground Bearing Pressure		
ES1932i	103 psi	7.2 kg/cm ²
ES1932	114 psi	8.0 kg/cm ²
Drive Speed—Elevated		
ES1932i/ES1932	0.5 mph	0.8 km/h
Drive Speed—Lowered		
ES1932i/ES1932	3.0 mph	4.8 km/h
Gradeability		
ES1932i/ES1932	25%	
Tilt Rating - Side To Side (Indoor / Outdoor)		
ES1932i	2.75 degrees / NA	
ES1932	1.75 degrees / 1.50 degrees	
Tilt Rating - Fore and Aft		
ES1932i	2.75 degrees	
ES1932	3.75 degrees	
Turning Radius (Inside)		
ES1932i/ES1932	0	0
Turning Radius (Outside)		
ES1932i/ES1932	66 in.	1.7 m

* Certain options or country standards will increase weight.

Standard Specifications

Power Source

Batteries	
ES1932i/ES1932	4 x 6V 220 amp-hr
Charger	27 amp
Drive	
ES1932i/ES1932	24V DC

Hydraulic Reservoir

• Capacity (at Full mark)		
ES1932i/ES1932	4.5 gal.	17 L
• Pump	Fixed Displacement Gear	

Tires

• Tire Size/Type (Non-Marking)		
ES1932i/ES1932	12.7 x 4 in.	323 x 102 mm

Brakes

- Multi-Disc Friction



Standard Features

- QuikFold Rails
- USB Charger & Phone Holder
- CAN-Enabled Charger
- Load Sensing System
- Self-Closing Gate
- Proportional Controls
- Electric Drive
- Battery Condition Indicator
- AC Receptacle in Platform
- All Motion Alarm
- 27 amp Multi-Function Universal Charger
- Horn
- Hourmeter
- Tilt Alarm and Light
- Lanyard Attach Points
- Movable, Removable Platform Control
- Nickel Plated Pins
- Lubrication Free Scissor Arm Bushings
- Scissor Maintenance Prop
- Active Pothole Protection System
- Lifting and Tie Down Points
- Fork Lift Pockets
- Manual Descent Cable
- Foot-Actuated Deck Extension
- Steel Swing-Out Doors
- Variable Tilt Visual Zone Indicator
- Diamond Tread Steel Deck
- Greaseless Kingpin Joints
- Analyzer Port for Diagnostics
- Dynamic Braking
- Removable Ladder
- ANSI A92.20 Compliant

Accessories & Options

- Coiled Platform Control Box Cable
- Drive Motor Covers
- Flashing Amber Beacon - LED
- Dual Flashing Amber Beacons - LED
- MDI (Ground)
- Anti-Vandalism PKG
- Eagle Performance Charger
- 900W Inverter
- White Noise Alarm
- ClearSky™
- SkySense Level I
- JLG™ Mobile Control
- CleanGuard
- Pipe Racks
- Panel Carrier
- Platform Worklights
- QuikAccess Platform
- Electrician's Package
- Electrician's Tree
- JLG Workstation
- Plumber Package

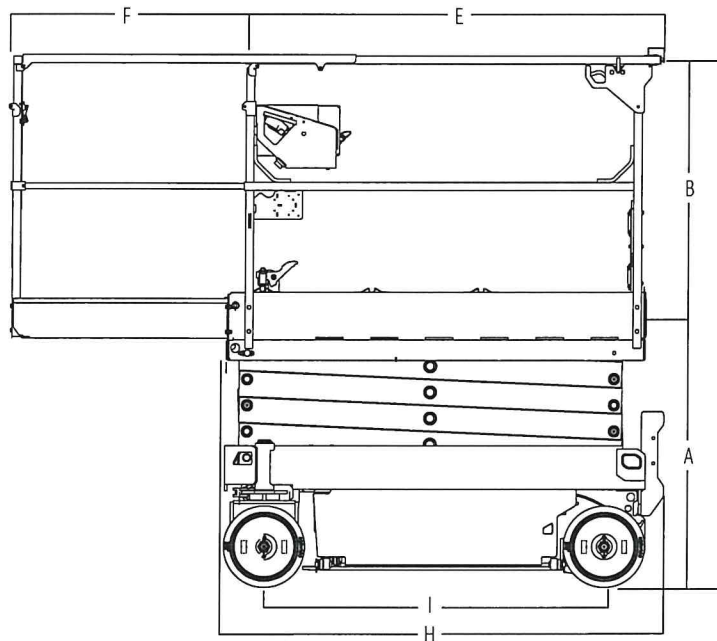
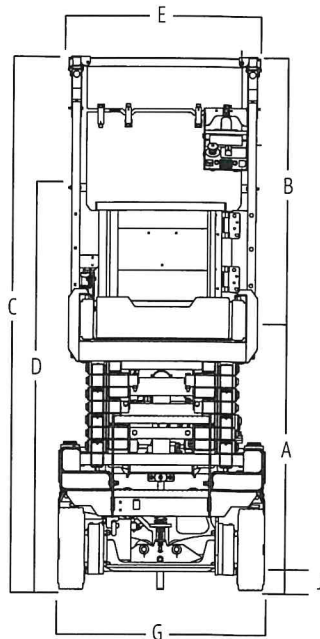
ES1932/ES1932i

ELECTRIC SCISSOR LIFT



Dimensions

All dimensions are approximate.



A. Platform Height – Lowered		
ES1932i / ES1932	38.6 in.	1.0 m
B. Platform Railing Height		
ES1932i / ES1932	43.3 in.	1.10 m
C. Overall Height (Rails Raised)		
ES1932i / ES1932	82.8 in.	2.1 m
D. Overall Height (Rails Lowered)		
ES1932i / ES1932	78.2 in.	1.99 m
E. Platform Size		
ES1932i / ES1932	62.7 in x 25.4 in.	1.59 m x .64 m

F. Platform Extension		
ES1932i / ES1932	36.0 in.	91.0 cm
G. Overall Width		
ES1932i / ES1932	32.0 in.	81.0 cm
H. Overall Length		
ES1932i / ES1932	68.7 in.	1.7 m
I. Wheelbase		
ES1932i / ES1932	53.0 in.	1.3 m
J. Ground Clearance (Pothole Protection Not Deployed)		
ES1932i / ES1932	2.8 in.	7.0 cm

The JLG “1 & 5” Warranty

We provide coverage for one (1) full year, and cover all specified major structural components for five (5) years. Due to continuous product improvements, we reserve the right to make specification and/or equipment changes without prior notification. This machine meets or exceeds applicable ANSI and CSA requirements based on machine configuration as originally manufactured for intended applications. Please reference the serial number plate on the machine for additional information.

Part No.: 3131509
R042720_A92.20
Printed in USA



JLG Industries, Inc.

1 JLG Drive
McConnellsburg, PA 17233-9533
Telephone 717-485-5161
Toll-free in US 877-JLG-LIFT
Fax 717-485-6417
www.jlg.com

An Oshkosh Corporation Company



MANUFACTURER CERTIFICATION

FSA20-VEL28.0 Pursuit, Administrative & Other Vehicles,
FSA20-VEH18.0 Heavy Vehicles
FSA 20-EQU18.0 Heavy Equipment

This is to certify that Southern States ToyotaLift is the manufacturer
(Vendor/Respondent's Name) or a

manufacturer's authorized dealer of ALL JLG PRODUCT LINES
(Manufacturer/Brand Name)

in the State of Florida.

By:

Manufacturer Name: JLG INDUSTRIES

Address: 13224 FOUNTAINHEAD PLAZA

City, State, Zip: HAGERSTOWN, MD. 21742

Office Phone: 800-488-4314 Mobile Phone: 352-262-5438

E-mail: ghlivers@jlg.com

Signature: [Signature]

Title: SR - DISTRICT MANAGER

PLEASE NOTE: This certification form must be executed by an authorized employee of the manufacturer ONLY. Dealers/Representatives are not authorized to execute this certification form on behalf of the manufacturer. The manufacturer must execute this certification form even if they are offering their own products. Failure to submit this certification form with your response as required shall result in the disqualification of the response.

CONTRACT SIGNATURE PAGE

BID NO. FSA20-EQU18.0 - HEAVY EQUIPMENT

The undersigned declares that he or she has read, understands, accepts and will comply with the terms, conditions and specifications of this bid and any addenda issued. The failure or omission to review this document shall in no way relieve dealer principal or dealer's authorized agent of obligations with respect to this bid. The submission of a bid and signature below shall be taken as evidence of acceptance of the terms and conditions of this bid.

The undersigned further declares that no other persons other than the dealer principal or dealer's authorized agent herein named has any interest in this bid or in the contract to be taken, and that it is made without any connection with any other person or persons making proposal for the same article, and is in all respects fair and without collusion or fraud.

The undersigned further declares that he or she has carefully examined the specifications and is thoroughly familiar with its provisions and with the quality, type and grade of materials required.

The undersigned further declares that he or she has provided a discount on all factory options included in this bid, and such discount will be included in all customer orders.

The undersigned further declares that he or she understands the financial responsibility associated with this bid as stated and further declares that he or she has the ability to meet the financial responsibility associated with this bid.

The undersigned further declares that he or she proposes to furnish the articles called for within the specified time in this proposal for the price stated on the bid form, and guarantees that parts and service for the articles listed below are available within the State of Florida, to wit:

Check the Applicable Box: ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC

Federal Employer Identification Number (FEIN): 27-4411209

Please indicate if you are: ☐ MBE

(PLEASE PRINT)

Firm Name: Southern States Material Handling

Address: 115 S. 78th St.

City: Tampa

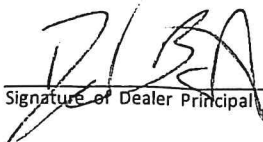
State: FL

Zip: 33619

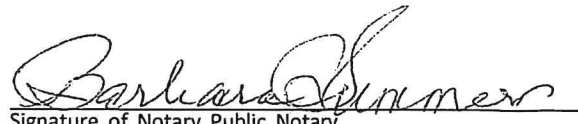
Phone: 813-621-1000

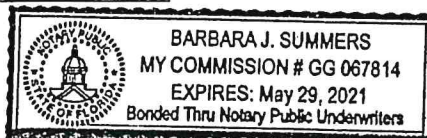
Fax: 83-252-8082

The foregoing instrument was acknowledged before me this 20th day of August, by David Bailey, who is personally known to me or who has produced identification and who did take an oath.


Signature of Dealer Principal

David Bailey
Typed Name of Dealer Principal


Signature of Notary Public Notary
Public State of _____
My Commission Expires on _____
Stamped Seal:



The foregoing instrument was acknowledged before me this _ day of _ , by
_ , who is personally known to me or who has
produced identification and who did take an oath.



Signature of Dealer's Authorized Agent

- Shane Polson
Typed Name of Dealer's Authorized Agent

dbailey@sstlift.com
Email of Dealer Principal

Signature of Notary Public
Notary Public State of _
My Commission Expires on _
Stamped Seal:

spolson@sstlift.com
Email of Dealer's Authorized Agent

OFFICERS OF CORPORATION OR MEMBERS OF PARTNERSHIP

1. - Name: Lance Landeche Title: Vice President

115 S. 78th St., Tampa, Fl 33619

Address, City, State, Zip:

2. - Name: Guy Heyl Title: CFO

115 S. 78th St., Tampa, Fl. 33619

Address, City, State, Zip:

3. - Name: Robert Webb Title: Vice President

115 S. 78th St., Tampa, Fl. 33619

Address, City, State, Zip:



INSURANCE CHECKLIST

- ✓ 1. Comprehensive General Liability (occurrence form), limits of liability \$1,000,000.00 per occurrence for bodily injury property damage to include Premises/Operations; Products, Completed Operations and Contractual Liability. Contractual Liability and Contractual Indemnity (Hold harmless endorsement exactly as written in "insurance requirements" of specifications). General aggregate \$3,000,000.00.
- ✓ 2. Automobile Liability - \$1,000,000.00 each occurrence - owned/non-owned/hired automobiles included, if vehicles or equipment are transported or delivered via driving the vehicle to the purchaser.
- ✓ 3. The FSA must be named as an additional insured on the liability policies; and it must be stated on the certificate.
- ✓ 4. Garage Insurance - \$1,000,000.00 (if applicable for vendors that provide upfitting and options for awarded specification items, and warranty work). If garage insurance is not provided, specify reason here or attach a letter on company letterhead:

- ✓ 5. Thirty (30) days written cancellation notice required.
- ✓ 6. Best's guide rating B+:VI or better, latest edition.
- ✓ 7. The certificate must include the bid number and bid title and list FSA as the Certificate Holder.

Bidder and Insurance Agent Statement:

We understand the insurance requirements of these specifications, as noted by the items checked above, and that evidence of this insurance is required no later than five (5) business days before the contract award date.

Bidder: Southern States Toyota Lift

Signature: [Signature]

Date: 8.21.2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/24/2020

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 MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
CN102145273-SSMH-08-C-20-21	INSURER(S) AFFORDING COVERAGE	
INSURED Southern States Material Handling, Inc. Southern States TOYOTALift Florida Lift Systems, LLC 115 S. 78th Street Tampa, FL 33619	INSURER A : Tokio Marine America Insurance Company	NAIC # 10945
	INSURER B : Mitsui Sumitomo Insurance USA, Inc.	22551
	INSURER C : Mitsui Sumitomo Insurance Company of America	20362
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-007352249-16 **REVISION NUMBER:** 8

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CLL 6405985-09	08/01/2020	08/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BVR8405419	08/01/2020	08/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A	WCP9111213	08/01/2020	08/01/2021	<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

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

Florida Sheriffs Association is Additional Insured under General Liability and Auto Liability as required by written agreement or contract as respects operations of the Named Insured.

***Products Liability is specifically excluded for the following:

1. TMH- Toyota related products Sold or Distributed by Toyota Material Handling, Inc.
2. Former TIEM - Toyota Industrial Equipment Manufacturing, Inc.
3. TTM - Toyota Textile Machinery, Inc.
4. ACTIS Manufacturing, Ltd. LLC
5. MACI - Michigan Automotive Compressor, Inc.

CERTIFICATE HOLDER

Florida Sheriffs Association
2617 Mahan Drive
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
of Marsh USA Inc.

Manashi Mukherjee

Manashi Mukherjee

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AGENCY CUSTOMER ID: CN102145273

LOC #: Chicago



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA INC.		NAMED INSURED Southern States Material Handling, Inc. Southern States TOYOTALift Florida Lift Systems, LLC 115 S. 78th Street Tampa, FL 33619
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

CONTINUED FROM DESCRIPTION SECTION:

6. TACG - TD Automotive Compressor Georgia, LLC.

FSA DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

Southern States ToyotaLift does:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Shane Polson

Digitally signed by Shane Polson
DN: cn=Shane Polson, o=Southern States ToyotaLift, ou=Sales,
email=Spolson@sslift.com, c=US
Date: 2020.07.28 09:19:13 -04'00'

Bidder's Signature



7-27-2020

Date