



UTILITRUCK

**RATED
CAPACITY**

UP TO
1,250 LBS

**MOVE
UP TO 6
PASSENGERS**

**MAX SPEED
FORWARD
UP TO**

**25
MPH**

**TOW
UP TO
1,500 LBS**



Shown With Options

Columbia's Utilitruck is Built For Work on college campuses, park systems, military bases or industrial complexes. With zero emissions, your Utilitruck is even friendly to indoor environments!

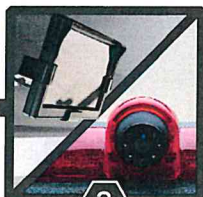
Frequently used in commercial fleets, you can rest assured the Utilitruck will also have a positive impact on your bottom line!

The Utilitruck is available as a low-speed-vehicle, and is engineered for safety, with 4-wheel hydraulic brakes, an AC-powered drive system, and automotive-grade lighting, controls and steering.²

LSV



1



2



3

1 Ladder Rack

2 Back-up Camera

3 2nd Row Seat



COLUMBIA

BUILT FOR WORK



Dimensions

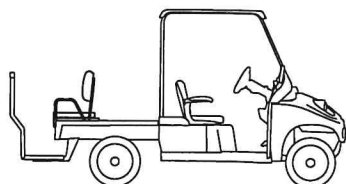
Power Train

Width:	47 in.	Motor:	48-volt, AC induction, NEMA class H temperature rated
Step Height:	12.5 in.	Batteries:	Eight, 6-volt, 232 amp hour, 122 minute, deep cycle
Ground Clearance:	7.5 in.	Controller Rating:	450 amp

Performance

Chassis

Max Speed:	25 MPH	Brakes:	4-wheel hydraulic, front discs, rear drums, automatic parking brake
Range ¹ :	Up to 40 miles	Suspension:	Front – Double A-arm independent coil spring over shock absorbers Rear– Independent leaf springs with rubber helper springs
		Tires:	205/65-10 10-ply DOT rated



2+2 | 4 Passengers

Length: 131 in.

Wheel Base: 74 in.

Turning Radius: 219 in.

Rated Capacity ²: 900 lbs.

Vehicle Weight: 1,700 lbs.



2X | 2 Passengers

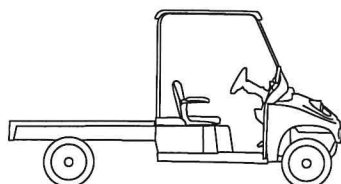
Length: 113 in.

Wheel Base: 74 in.

Turning Radius: 219 in.

Rated Capacity ²: 1,000 lbs.

Vehicle Weight: 1,600 lbs.



2XL | 2 Passengers

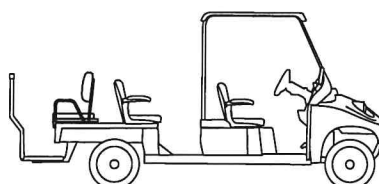
Length: 137 in.

Wheel Base: 98 in.

Turning Radius: 304 in.

Rated Capacity ²: 1,250 lbs.

Vehicle Weight: 1,750 lbs.



4+2 | 6 Passengers

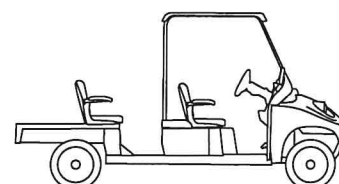
Length: 155 in.

Wheel Base: 98 in.

Turning Radius: 304 in.

Rated Capacity ²: 1,100 lbs.

Vehicle Weight: 1,900 lbs.



4X | 4 Passengers

Length: 137 in.

Wheel Base: 98 in.

Turning Radius: 304 in.

Rated Capacity ²: 1,150 lbs.

Vehicle Weight: 1,850 lbs.

Features, options, specifications, color availability and model designation are subject to change without notice. Some vehicles are pictured with options that may be available at extra cost or may not be available on some models. Ask your dealer about the availability of options and verify that the vehicle you order includes the equipment you require.

¹ Range will vary depending on temperature, grade, payload and driving style. | Rated Capacity Includes personnel, cargo, options and accessories.

² The Summit Utilitruck may be equipped as a street legal vehicle which meets or exceeds the requirements of NHTSA CFR title 49-571.500
Check with your local municipality for specific laws and regulations for LSV vehicles.

Columbia Vehicle Group, Inc.

A Nordic Group Company | Business Ventures Since 1947

1115 Commercial Ave. Reedsburg, WI 53959

columbiavehicles.com



COLUMBIA



TOMBERLIN

**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 Columbia Electric Vehicles
(Manufacturer/Brand Name)

in the State of Florida.

By:

Manufacturer Name: Columbia Vehicle Group, Inc

Address: 1115 Commercial Ave.

City, State, Zip: Reedsburg, WI 53459

Office Phone: (800) 222-4653 Mobile Phone: 951-288-9557

E-mail: tmorris@columbiausa.com

Signature: [Signature]

Title: NATIONAL SALES 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

Phone: 813-621-1000

State: FL

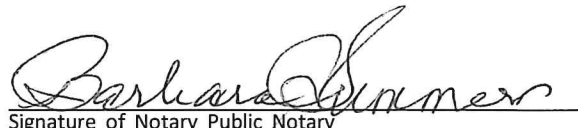
Zip: 33619

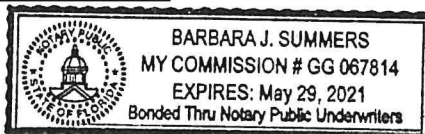
Fax: 83-252-8082

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

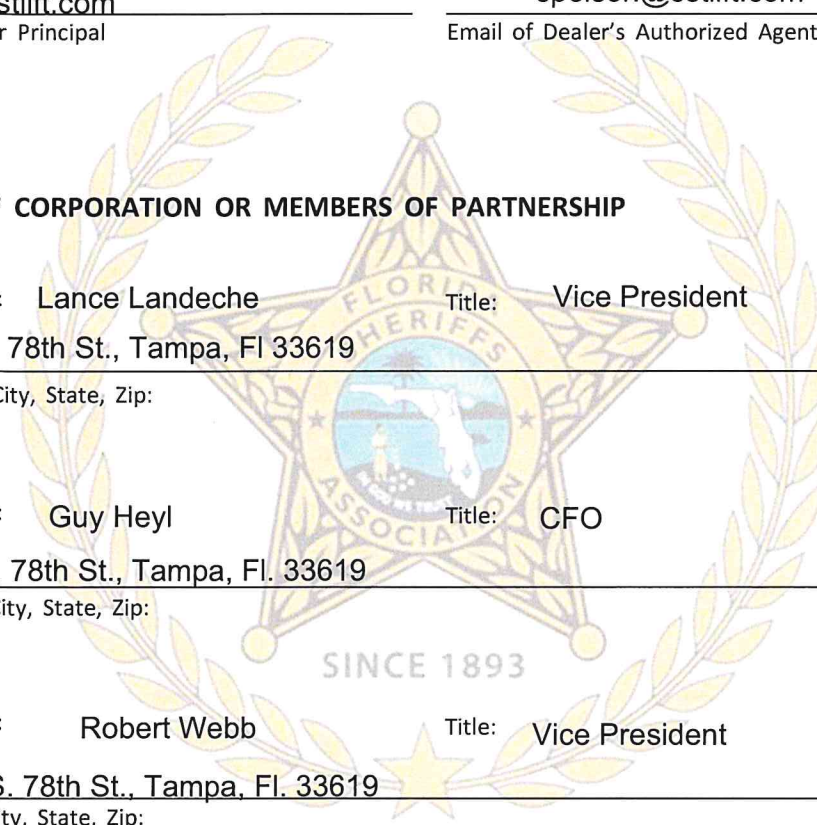
115 S. 78th St., Tampa, Fl. 33619

Address, City, State, Zip:

3. - Name: Robert Webb Title: Vice President

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

Address, City, State, Zip:



INSURANCE CHECK LIST

- _____ 1. Workers' Compensation and Employer's Liability per the statutory limits of the State of Florida.
- ✓ _____ 2. 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
- ✓ _____ 3. Automobile Liability - \$1,000,000.00 each occurrence - owned/non-owned/hired automobiles included.
- _____ 4. Excess Liability - \$ _____ .00 per occurrence to follow the primary coverages.
- _____ 5. The FSA must be named as an additional insured on the liability policies; and it must be stated on the certificate. Coverage periods must be clearly defined.
- ✓ _____ 6. Other insurance as indicated:
- | | |
|--|------------------------|
| <input type="checkbox"/> Builders Risk completed value | \$ _____ |
| <input type="checkbox"/> Liquor Liability | \$ _____ |
| <input type="checkbox"/> Fire Legal Liability | \$ _____ |
| <input type="checkbox"/> Protection and Indemnity | \$ _____ |
| <input type="checkbox"/> Employee Dishonesty Bond | \$ _____ |
| <input checked="" type="checkbox"/> Other (Garage) | \$ <u>1,000,000.00</u> |
- _____ 7. Thirty (30) days written cancellation notice required.
- _____ 8. Best's guide rating B+:VI or better, latest edition.
- _____ 9. The certificate must state the bid number and title BIDDER AND INSURANCE AGENT STATEMENT:

Proposer 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 may be required within five (5) days after bid opening.

Bidder: Southern States Toyota Lift

Signature: _____

Date: 7-27-2020



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: [Handwritten 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 RETENTION \$						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	Y/N 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

CANCELLATION

Florida Sheriffs Association
2617 Mahan Drive
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
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