

Request to Qualify (RTQ) No. 2020-010

Professional Tennis Instructors

Zurab Zhvania

901 Wallace St

Coral Gables, FL 33134

Email: zzhvania@hotmail.com

Tel: (850) 567-2397

Date: 6/17/2020

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CITY OF CORAL GABLES, FL

2800 SW 72nd Avenue, Miami, FL 33155
 Finance Department / Procurement Division
 Tel: 305-460-5102 / Fax: 305-261-1601


PROFESSIONAL'S ACKNOWLEDGEMENT

<p>RTQ Title: Professional Tennis Instructors</p> <hr/> <p>RTQ No. 2020-010</p> <p>A cone of silence is in effect with respect to this RTQ. The Cone of Silence prohibits certain communication between potential vendors and the City. For further information, please refer to the City Code Section 2-1027 of the City of Coral Gables Procurement Code.</p>	<p>Electronic submittals must be received prior to 2:00 p.m., Wednesday June 17, 2020 via PublicPurchase; and are to remain valid for 120 calendar days. Submittals received after the specified date and time will not be opened.</p> <p>Contact: Letrice Y. Smith Title: Procurement Specialist Telephone: 305-460- 5121 Email: Lsmith@coralgables.com / contracts@coralgables.com</p>
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Professional's Name: <u>Zurab Zhvania</u>	FEIN or SS Number: <u>711-71-4168</u>
Complete Mailing Address: <u>901 Wallace St, Coral Gables FL 33134</u>	Telephone No.:
Indicate type of organization below: Corporation: ___ Partnership: ___ Individual: <input checked="" type="checkbox"/> Other: ___	Cellular No.: <u>(850) 567-2397</u>
	Fax No.:
	Email: <u>zzhvania@hotmail.com</u>

ATTENTION: THIS FORM ALONG WITH ALL REQUIRED RTQ FORMS MUST BE COMPLETED, SIGNED (PREFERABLY IN BLUE INK), AND SUBMITTED WITH THE RESPONSE PRIOR TO THE SUBMITTAL DEADLINE. FAILURE TO DO SO MAY DEEM PROFESSIONAL AS NON-RESPONSIVE.

THE PROFESSIONAL CERTIFIES THAT THIS SUBMITTAL IS BASED UPON ALL CONDITIONS AS LISTED IN THE RTQ DOCUMENTS AND THAT THE PROFESSIONAL HAS MADE NO CHANGES IN THE RTQ DOCUMENT AS RECEIVED. THE PROFESSIONAL FURTHER AGREES IF THE RESPONSE IS ACCEPTED, THE PROFESSIONAL WILL EXECUTE AN APPROPRIATE AGREEMENT FOR THE PURPOSE OF ESTABLISHING A FORMAL CONTRACTUAL RELATIONSHIP BETWEEN THE PROFESSIONAL AND THE CITY OF CORAL GABLES FOR THE PERFORMANCE OF ALL REQUIREMENTS TO WHICH THIS RTQ PERTAINS. FURTHER, BY SIGNING BELOW PREFERABLY IN BLUE INK, ALL RTQ PAGES ARE ACKNOWLEDGED AND ACCEPTED AS WELL AS ANY SPECIAL INSTRUCTION SHEET(S) IF APPLICABLE. THE UNDERSIGNED HEREBY DECLARES (OR CERTIFIES) ACKNOWLEDGEMENT OF THESE REQUIREMENTS AND THAT HE/SHE IS AUTHORIZED TO BIND PERFORMANCE OF THIS RTQ FOR THE ABOVE PROFESSIONAL.

Zurab Zhvania  _____ 06/17/2020
 Authorized Name and Signature Title Date

SOLICITATION SUBMISSION CHECKLIST

Request to Qualify (RTQ) No. 2020-010

COMPANY NAME: (Please Print): <u>Zurab Zhvania</u>	
Phone: <u>(850) 567-2397</u>	Email: <u>zzhvania@hotmail.com</u>

Please provide the PAGE NUMBER in the blanks provided as to where compliance information is located in your Submittal for each of the required submittal items listed below:

SUBMITTAL - SECTION I: TITLE PAGE, TABLE OF CONTENTS, REQUIRED FORMS, AND MINIMUM QUALIFICATION REQUIREMENTS.

- 1) Title Page: Show the RTQ number and title, your full name, address, telephone number, contact information including telephone, e-mail address, and date. PAGE # 1
- 2) Provide a Table of Contents in accordance with and in the same order as the respective "Sections" listed below. Clearly identify the material by section and page number. PAGE # 2
- 3) Fill out, sign, and submit the Professional's Acknowledgement Form. PAGE # 3
- 4) Fill out and submit the Solicitation Submission Check List. PAGE # 4
- 5) Fill out, sign, notarize (as applicable), and submit the Professional's Affidavit and Schedules A through H. 6
- 6) Minimum Qualification Requirements: submit detailed verifiable information affirmatively documenting compliance with the Minimum Qualifications Requirements shown in Section 3. PAGE # 14
- 7) Indicate whether the Professional is a State of Florida and/or County Certified Small Business or Minority Business Enterprise. If so, indicate the certifying organization or jurisdiction and include a copy of the certification with your submittal. PAGE # NA

SUBMITTAL - SECTION II: EXPERIENCE AND QUALIFICATIONS

- 1) Provide a complete history and description of your experience with Tennis Employment, including, but not limited to; the number of years in tennis and list of places that you have worked/coached. Provide the names of at least three (3) references, not related to you that can verify your experience. Including their contact name, company name (if applicable), address, telephone number and email. PAGE # _____
- 2) Provide evidence of any and all Professional Certifications with any and all Tennis organizations, including the United States Professional Tennis Association (USPTA), United States Tennis Association (USTA), and the Professional Tennis Registry (PTR). Evidence can be in the form of certificate copies, organization correspondence, or other organization documents. PAGE # _____

--NOTICE--

BEFORE SUBMITTING YOUR RTQ RESPONSE MAKE SURE YOU:

1. Carefully read and have a clear understanding of the RTQ, including the Scope of Services and enclosed Professional Services Agreement (*draft*).
2. Carefully follow the Submission Requirements outlined in Section 6 of the RTQ.
3. **Prepare and submit a RESPONSE electronically via PublicPurchase.**
4. Make sure your Response is submitted prior to the submittal deadline. **Late responses will not be accepted.**

FAILURE TO SUBMIT THIS CHECKLIST AND THE REQUESTED DOCUMENTATION MAY RENDER YOUR RESPONSE SUBMITTAL NON-RESPONSIVE AND CONSTITUTE GROUNDS FOR REJECTION. THIS PAGE IS TO BE RETURNED WITH YOUR RESPONSE PACKAGE.

PROFESSIONAL'S AFFIDAVIT


SOLICITATION: PROFESSIONAL TENNIS INSTRUCTORS – RTQ 2020-010

SUBMITTED TO: City of Coral Gables
Procurement Division
2800 SW 72 Avenue
Miami, Florida 33155

The undersigned acknowledges and understands the information contained in response to this solicitation and the referenced Schedules A through H shall be relied upon by Owner awarding the contract and such information is warranted by the Professional to be true and correct. The discovery of any omission or misstatements that materially affects the Professional's ability to perform under the contract shall be cause for the City to reject the solicitation submittal, and if necessary, terminate the award and/or contract. I further certify that the undersigned name(s) and official signatures of those persons are authorized as (*Owner, Partner, Officer, Representative or Agent of the Professional that has submitted the attached Response*). Schedules A through H are subject to Local, State and Federal laws (as applicable); both criminal and civil.

- SCHEDULE A - STATEMENT OF CERTIFICATION
- SCHEDULE B - NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT
- SCHEDULE C - DRUG-FREE STATEMENT
- SCHEDULE D - PROFESSIONAL'S QUALIFICATION STATEMENT
- SCHEDULE E - CODE OF ETHICS, CONFLICT OF INTEREST, AND CONE OF SILENCE
- SCHEDULE F - AMERICANS WITH DISABILITIES ACT (ADA)
- SCHEDULE G - PUBLIC ENTITY CRIMES
- SCHEDULE H - ACKNOWLEDGEMENT OF ADDENDA

This affidavit is to be furnished to the City of Coral Gables with its RTQ response. It is to be filled in, executed by the Professional and notarized. If the response is made by a Corporation, then it should be executed by its Chief Officer. This document **MUST** be submitted with the response.

Zurab Zhvania  _____ 06/17/2020
Authorized Name and Signature Title Date

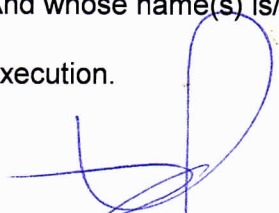
STATE OF Florida

COUNTY OF Miami Dade

On this 17th day of June, 2020, before me the undersigned Notary Public of

the State of Florida, personally appeared Zurab Zhvaniq
(Name(s) of individual(s) who appeared before Notary)

And whose name(s) is/are subscribes to within the instrument(s), and acknowledges it's execution.



NOTARY PUBLIC, STATE OF Florida



Commission # GG 102865
Expires July 30, 2021
Bonded Thru Budget Notary Services

(Name of notary Public; Print, Stamp or Type as Commissioned.)

NOTARY PUBLIC
SEAL OF OFFICE:

Personally know to me, or Produced Identification:

FL DRIVER'S License
(Type of Identification Produced)



JASON GARCIA
Commission # GG 102865
Expires July 30, 2021
Bonded Thru Budget Notary Services

SCHEDULE "A" - CITY OF CORAL GABLES – STATEMENT OF CERTIFICATION

Neither I, nor the firm, hereby represented has:

- a. employed or retained for a commission, percentage brokerage, contingent fee, or other consideration, any firm or person (other than a bona fide employee working solely for me or the Professional) to solicit or secure this contract.
- b. agreed, as an express or implied condition for obtaining this contract, to employ or retain the services of any firm or person in connection with carrying out the contract, or
- c. paid, or agreed to pay, to any firm, organization or person (other than a bona fide employee working solely for me or the Professional) any fee, contribution, donation or consideration of any kind for, or in connection with, procuring or carrying out the contract except as here expressly stated (if any):

SCHEDULE "B" - CITY OF CORAL GABLES - NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT

1. He/she is Owner
(Owner, Partner, Officer, Representative or Agent)

of the Professional that has submitted the attached response.

- 2. He/she is fully informed with respect to the preparation and contents of the attached response and of all pertinent circumstances respecting such response;
- 3. Said response is made without any connection or common interest in the profits with any other persons making any response to this solicitation. Said response is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Coral Gables is directly or indirectly interested therein. If any relatives of Professional's officers or employees are employed by the City, indicate name and relationship below.

Name: _____

Relationship: _____

Name: _____

Relationship: _____

- 4. No lobbyist or other Professional is to be paid on a contingent or percentage fee basis in connection with the award of this Contract.

SCHEDULE "C" CITY OF CORAL GABLES – VENDOR DRUG-FREE STATEMENT

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

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 solicitation 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 solicitation, 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 form complies fully with the above requirements.

The company submitting this solicitation has established a Drug Free workplace program in accordance with State Statute 287.087

SCHEDULE "D" CITY OF CORAL GABLES – PROFESSIONAL'S QUALIFICATION STATEMENT

The undersigned declares the truth and correctness of all statements and all answers to questions made hereinafter:

GENERAL COMPANY INFORMATION:

Company Name: Zurab Zhvania

Address: 901 Wallace St Coral Gables, FL 33134
Street City State Zip Code

Telephone No: (250) 567-2397 Fax No: () Email: z2hvania@hotmail.com

How many years has your company been in business under its present name? 15 Years

If Professional is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statute:

Under what former names has your company operated?

At what address was that company located?

Is your Company Certified? Yes No If Yes, ATTACH COPY of Certification

Is your Company Licensed? Yes No If Yes, ATTACH COPY of License

Has your company or its senior officers ever declared bankruptcy?

Yes No If yes, explain:

LEGAL INFORMATION:

Please identify each incident **within the last five (5) years** where a civil, criminal, administrative, other similar proceeding was filed or is pending, if such proceeding arises from or is a dispute concerning the Professional's rights, remedies or duties under a contract for the same or similar type services to be provided under this RTQ **(A response is required. If applicable, please indicate "none" or list specific information related to this question. Please be mindful that responses provided for this question will be independently verified)**:

Has your company ever been debarred or suspended from doing business with any government entity?

If Yes No If Yes, explain

SCHEDULE "E" CITY OF CORAL GABLES – CODE OF ETHICS, CONFLICT OF INTEREST, AND CONE OF SILENCE

THESE SECTIONS OF THE CITY CODE CAN BE FOUND ON THE CITY'S WEBSITE, UNDER GOVERNMENT, CITY DEPARTMENT, PROCUREMENT, PROCUREMENT CODE (CITY CODE CHAPTER 2 ARTICLE VIII); SEC 2-1023; SEC 2-606; AND SEC 2-1027, RESPECTIVELY.

IT IS HEREBY ACKNOWLEDGED THAT THE ABOVE NOTED SECTIONS OF THE CITY OF CORAL GABLES CITY CODE ARE TO BE ADHERED TO PURSUANT TO THIS SOLICITATION.

SCHEDULE "F" CITY OF CORAL GABLES - AMERICANS WITH DISABILITIES ACT (ADA) DISABILITY NONDISCRIMINATION STATEMENT

I understand that the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any sub-contractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and service, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. 12101,12213 and 47 U.S.C. Sections 225 and 661 including Title I, Employment; Title 11, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Sections 5553.501-553.513, Florida Statutes

The Rehabilitation Act of 1973, 229 U.S.C. Section 794

The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

SCHEDULE "G" CITY OF CORAL GABLES - STATEMENT PURSUANT TO SECTION 287.133 (3) (a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

1. I understand that a "public entity crime" as define in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any Proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
2. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

3. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), **Florida Statutes**, means:
1. A predecessor or successor of a person convicted of a public entity crime; or 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
4. I understand that a "person" as defined in Paragraph 287.133(1)(e), **Florida Statutes**, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which Proposals or applies to Proposal on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
5. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[Must indicate which statement below applies.]**

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list.

[Attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

SCHEDULE "H" CITY OF CORAL GABLES - ACKNOWLEDGEMENT OF ADDENDA

1. The undersigned agrees, if this RTQ is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the RTQ, any associated addendum and Contract Documents within the contract time indicated in the RTQ and in accordance with the other terms and conditions of the solicitation and contract documents.
2. Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the Request for Proposal.

Addendum No: 1 Date: 05/29/2020 Addendum No: _____ Date: _____

Addendum No: _____ Date: _____ Addendum No: _____ Date: _____

Addendum No: _____ Date: _____ Addendum No: _____ Date: _____

Failure to adhere to changes communicated via any addendum may render your response non-responsive.

EXPERIENCE AND QUALIFICATIONS

Professional Summary

High Performance oriented Tennis Professional with 15 years of experience across diverse age and level ranges. Previous and current clients include highly ranked junior players at state and national level, student-athletes at highly ranked Division I, II and III Universities, ITF ranked adults and starting professionals on ITF Pro Circuit. Extensive experience with TDM and tournament desk management, able to work in high stress environment directing and organizing large crowds. USPTA Certified professional since 2011, awarded touring coach of the year in 2017. Fluent in English, Russian and Georgian.

Work Experience

Men's tennis Assistant coach at Florida A&M University 2006-2010

Reference: Dr. Carl B. Goodman, email: carl.goodman@famu.edu, Tel: 850-412-7113

Freelance tennis Instructor from 2006 to 2010 Serving Tallahassee, FL area.

Reference: John Vinson, email: johnvinsontennis@gmail.com, Tel: 850-524-7430

Independent Tennis Professional For City of Coral Gables From 2011 to 2020.

Reference: Mark Dickson, Tennis Facility Manager

Tel: (941) 356-2286 email: mark.dickson@miamidade.gov

Crandon Park Tennis Center

Tennis Ranking

Played Division I tennis for 4 years at Florida A&M University 2003 to 2006 with overall record of 35-36 positions 1 thru 6.

Highest UTR rating 12.68 recorded on 2/20/17, current rating 10.2 as of 06/17/2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/27/2020

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 any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER ESP INSURANCE BROKERAGE LLC 306 Main Street Worcester, MA 01608	CONTACT NAME: PHONE (A/C, No, Ext): - FAX (A/C, No):	
	E-MAIL ADDRESS:	
INSURED United States Professional Tennis Association Inc. 11961 Performance Drive Orlando, FL 32827	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Everest Indemnity Insurance Co.	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		
		NAIC # 10851

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 INSR	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		SI8ML01641191	12/31/2019	12/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 15,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 OTHER AGG \$2M Per Coach
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X		SI8EX01038191	12/31/2019	12/31/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
USPTA Members are insured for General Liability for playing, teaching or officiating in tennis, pickleball and platform tennis or operating a tennis ball machine for practicing or teaching.
Zurab Zhvania #61030 City of Coral Gables is included as additional insured with respect to general liability as required by written contract.

CERTIFICATE HOLDER City of Coral Gables PO Box 100085-CE Duluth, GA 30096	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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United States Professional Tennis Association

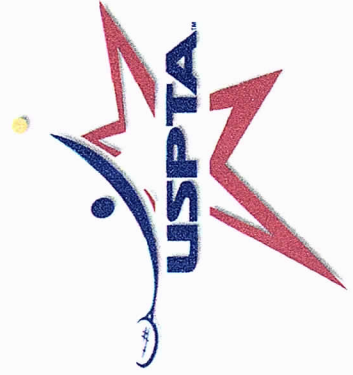
Hereby certifies that

Zurab Zhvania

has successfully completed all requirements, including an extensive examination of teaching, playing and business skills, necessary for the rating of

Professional

John R. Embree
Chief Executive Officer



Membership No. 61030

Valid through Dec. 31, 2019

VG7K - 3JUC - UJ2U - 3GFX

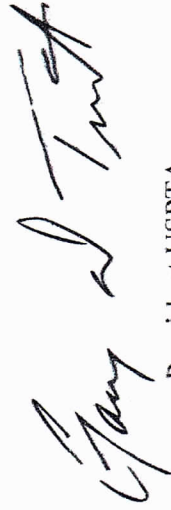
United States Professional Tennis Association

Hereby awards this certificate to

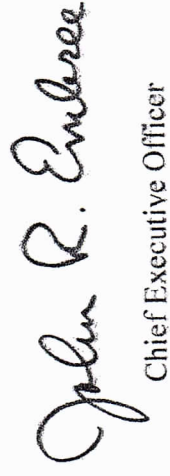
Zurab Zhvania

for

**8 Years of Service
2019**


President USPTA




Chief Executive Officer

UNITED STATES PROFESSIONAL TENNIS ASSOCIATION



hereby certifies that

Zurab Zhvania

has excelled in career development and achieved
Education Level 1 by earning 12 credits in 2019.

A handwritten signature in black ink, appearing to read 'Feisal Hassan'.

Feisal Hassan
President

A handwritten signature in black ink, appearing to read 'John R. Embree'.

John R. Embree
Chief Executive Officer