

SECTION I

REQUEST TO QUALIFY (RTQ) No 2020-010

Professional Tennis Instructor

**TITLE PAGE, TABLE OF CONTENTS, REQUIRED FORMS, AND
MINIMUM QUALIFICATION REQUIREMENTS**

Professional Tennis Instructors

RTQ NUMBER: 2020-010

RTQ TITLE: PROFESSIONAL TENNIS INSTRUCTOR

PROFESSIONAL (INDIVIDUAL) NAME: DENISSE RHEAULT

ADDRESS: 21454 SW 88 PL., CUTLER BAY, FL. 33189

TELEPHONE NUMBER: (305) 4915161

Name of Contact Person: Denisse Rheault

E-MAIL ADDRESS: CHAPITOD@AOL.COM

DATE: 06/06/2020

Denisse Rheault
21454 Sw 88th Pl. Cutler Bay, Fl. 33189
chapitod@aol.com
(305) 491-5161

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PROFESSIONAL'S ACKNOWLEDGE FORM

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

RTQ Title: Professional Tennis Instructors RTQ No. 2020-010 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.	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. Contact: Letrice Y. Smith Title: Procurement Specialist Telephone: 305-460-5121 Email: Lsmith@coralgables.com / contracts@coralgables.com
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Professional's Name: DENISSE RHEAULT	FEIN or SS Number:
Complete Mailing Address: 21454 SW 88 PL CUTLER BAY, FL 33189	Telephone No.:
Indicate type of organization below: Corporation: ___ Partnership: ___ Individual: <input checked="" type="checkbox"/> Other: ___	Cellular No.: (305) 491-5161
	Fax No.:
	Email: chapidod@aol.com

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.

DENISSE RHEAULT  _____ 06/06/2020
 Authorized Name and Signature Title Date

SOLICITATION SUBMISSION CHECKLIST

SOLICITATION SUBMISSION CHECKLIST

Request to Qualify (RTQ) No. 2020-010

COMPANY NAME: (Please Print): <u>DENISSE RHEAULT</u> Phone: <u>(305) 491-5161</u> Email: <u>chapidod@aol.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 # 5
- 4) Fill out and submit the Solicitation Submission Check List. PAGE # 6-7
- 5) Fill out, sign, notarize (as applicable), and submit the Professional's Affidavit and Schedules A through H. 8-15
- 6) Minimum Qualification Requirements: submit detailed verifiable information affirmatively documenting compliance with the Minimum Qualifications Requirements shown in Section 3. PAGE # 16-22
- 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 # N/A

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 # 16-23
- 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 # 19

SOLICITATION SUBMISSION CHECKLIST

-- 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

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.

DENISSE RHEAULT  06/06/2020
Authorized Name and Signature Title Date

PROFESSIONAL'S AFFIDAVIT

STATE OF FLORIDA

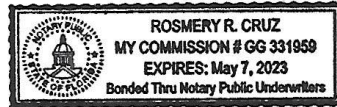
COUNTY OF DADE

On this 8th day of June, 2020, before me the undersigned Notary Public of the State of FL, personally appeared DENISSE RHEAULT
(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 Miami Dade.

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



NOTARY PUBLIC
SEAL OF OFFICE:

Personally know to me, or Produced Identification:

R-430-165-74-649-0
(Type of Identification Produced)

SCHEDULE A AND B

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 Proposer) 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 Proposer) 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 DENISSE RHEAULT
(Owner, Partner, Officer, Representative or Agent)

of the Proposer 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 Proposer's officers or employees are employed by the City, indicate name and relationship below.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

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

SCHEDULE C

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

SCHEDULE "D" CITY OF CORAL GABLES – PROPOSER'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: DENISSE RHEAULT

Address: 21454 SW 88 PL CUTLER BAY FL. 33189
Street City State Zip Code

Telephone No: 305 491-5161 Fax No: () Email: CHAPITOD@AOL.COM

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

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

N/A

Under what former names has your company operated? N/A

At what address was that company located? N/A

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 Proposer's rights, remedies or duties under a contract for the same or similar type services to be provided under this RFQ (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):

N/A

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

If Yes No If Yes, explain

SCHEDULE E-F-G

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.

SCHEDULE G

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 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

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.

MINIMUM QUALIFICATIONS REQUIREMENT
PROFESSIONAL RESUME

Denisse Rheault Chappuzeau

(305) 491-5161

Chapitod@aol.com

21454 SW 88 PL. Miami Fl. 33189

PROFESSIONAL SUMMARY

Capable of training private players and competitive athletes of all skill levels to improve technique, form and skills. Excellent relationship-building, time management and communication skills. Knowledgeable about gameplay rules, regulations, and strategies. Discipline Youth Coach offering more than 20 years expertise in educating children and adults on tennis fundamentals and rules. Professional committed to working with kids between the ages of 4 to 18, as well as adults, developing skills, fitness, and life-long love of sports.

SKILLS

- * USPTR certified
 - * Group instruction
 - * Coaching skills
 - * Team development
 - * Private lessons
 - * Small group practice
 - * Adaptable
 - * Personable and friendly
 - * Healthy lifestyle role model * CPR and First Aid Certified * Self-motivated
-

WORK HISTORY TENNIS PROFESSIONAL

Coral Oaks Tennis Club 01/1996 to 06/01/2019

*Provided both group and private instruction to children aged 4 to 18, which helped improve technique, fitness, and strategy.

*Organized summer camps, spring camps, winter camps for children aged 4 to 16 to develop tennis skills and improve play.

*Delivered high level of energy and enthusiasm to all customer-oriented activities, which helped promote excitement from all participants.

*Worked with players seeking to improve non-competition play by providing instruction. *Coached athletes of all levels in private and group lessons to help improve overall skills, including hand-eye coordination and technique.

*Upheld safety standards at all practices, games and events.

*Promoted proper stretching, warmups and conditioning exercises to prevent sports injuries.

*Attended all practices, meetings and workouts on time.

*Exhibited excellent teamwork and strong work ethic by promoting camaraderie. *Introduced games and drills, which helped students to better develop skills. *Increased player strength, agility and game skills through successful practices. *Encouraged everyone to cultivate a strong work ethic by demonstrating diligence, patience and respect for others. *Organized ladies team practices and league matches.

Tennis Saga Cutler Bay 08/19/ 2019 - Present

Owner and Tennis Director at Tennis Saga

Create, organize, advertise, and maintain the tennis program for the community.

Organize, run, and teach all tennis clinics for children and adults.

Working with players of all levels (beginners, intermediate, advanced)

Working with players of all ages (4 years old to Senior Citizens).

Uphold safety standards at all practices, games and events.

EDUCATION

Miami Dade College, Miami FL.

AWARDS AND ACHIEVEMENTS

Miami Dade College National Champion 1996-1997

Accomplished junior player in Chile winning numerous tournaments under the ages of 10-12-14-16.

Award for ending the year ranked first in the nation 1984 (Chile).

PROFESSIONAL CERTIFICATION PTR



certifies that according to the guidelines and standards

Denise Rheault

has completed all requirements and is PTR Certified as

Professional - Adult Development



This Certification is valid

June 2007 - August 2009; September 2014 - August 2015
December 2016 - August 2020


Dan Santorum, CEO


PTR President

LIABILITY INSURANCE

		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 09/30/2019		
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 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 Coastal Plains Insurance PO Box 6869 Hilton Head Island SC 29938		CONTACT NAME: Erica James, AINS PHONE (A/C, No, Ext): (888) 668-8082 FAX (A/C, No): EMAIL ADDRESS: erica@coastalplains.com		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		
INSURED Professional Tennis Registry P. O. Box 4739 Hilton Head Island SC 29938				NAIC # 18058		
COVERAGES CERTIFICATE NUMBER: CL1971597044 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	INSURANCE	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 type="checkbox"/> LOC OTHER:		PHPK2011024	09/01/2019	09/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		PHUB685688	09/01/2019	09/01/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
Denise Rheault, PTR Member # 60848 Effective: October 1, 2019						
CERTIFICATE HOLDER Denise Rheault Cutler Bay, Florida			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 			

ACORD 25 (2016/03)




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ADDITIONAL INSURANCE

CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 04/07/2020																																							
<p>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.</p> <p>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).</p>																																									
PRODUCER Coastal Plains Insurance PO Box 6869 Hilton Head Island SC 29938	CONTACT NAME: Erica James, AINS PHONE (AC, Ho, Ext): (888) 668-8082 FAX (AC, No): E-MAIL ADDRESS: erica@coastalplains.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Philadelphia Indemnity Insurance Company 18058 INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____																																								
COVERAGES CERTIFICATE NUMBER: CL1971597044 REVISION NUMBER:																																									
<p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>INSR LTR</th> <th>TYPE OF INSURANCE</th> <th>ADDL SUBR INSD WVD</th> <th>POLICY NUMBER</th> <th>POLICY EFF (MM/DD/YYYY)</th> <th>POLICY EXP (MM/DD/YYYY)</th> <th>LIMITS</th> </tr> </thead> <tbody> <tr> <td rowspan="5">A</td> <td rowspan="5"> <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 type="checkbox"/> LOC OTHER: _____ </td> <td rowspan="5">Y</td> <td rowspan="5">PHPK2011024</td> <td rowspan="5">09/01/2019</td> <td rowspan="5">09/01/2020</td> <td>EACH OCCURRENCE \$ 1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000</td> </tr> <tr> <td>MED EXP (Any one person) \$ EXCLUDED</td> </tr> <tr> <td>PERSONAL & ADV INJURY \$ 1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE \$ 3,000,000</td> </tr> <tr> <td>PRODUCTS - COM/PO/AGG \$ 3,000,000</td> </tr> <tr> <td rowspan="5">A</td> <td rowspan="5"> <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ _____ RETENTION \$ 10,000 </td> <td rowspan="5"></td> <td rowspan="5">PHUB685688</td> <td rowspan="5">09/01/2019</td> <td rowspan="5">09/01/2020</td> <td>EACH OCCURRENCE \$ 5,000,000</td> </tr> <tr> <td>AGGREGATE \$ 5,000,000</td> </tr> <tr> <td>PER STATUTE</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT \$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE \$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT \$</td> </tr> <tr> <td></td> <td> <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below </td> <td>Y / N</td> <td>N / A</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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 type="checkbox"/> LOC OTHER: _____	Y	PHPK2011024	09/01/2019	09/01/2020	EACH OCCURRENCE \$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	MED EXP (Any one person) \$ EXCLUDED	PERSONAL & ADV INJURY \$ 1,000,000	GENERAL AGGREGATE \$ 3,000,000	PRODUCTS - COM/PO/AGG \$ 3,000,000	A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ _____ RETENTION \$ 10,000		PHUB685688	09/01/2019	09/01/2020	EACH OCCURRENCE \$ 5,000,000	AGGREGATE \$ 5,000,000	PER STATUTE	OTHER	E.L. EACH ACCIDENT \$	E.L. DISEASE - EA EMPLOYEE \$	E.L. DISEASE - POLICY LIMIT \$		<input checked="" type="checkbox"/> 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 / A			
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<p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</p> <p>[Job #: 535 Job Type:] 60848 Certificate Holder is listed as Additional Insured #535 with respects to PTR Member#60848 Denise Rheault 21454 SW 88th Pl Cutler Bay FL 33189-3772</p> <p>"The City of Coral Gables is added as an additional insured"</p>																																									
CERTIFICATE HOLDER City of Coral Gables P.O. 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 																																								

CPR CERTIFICATION

HEARTSAVER	
	
Denisse Rheault has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Heartsaver® First Aid CPR AED Program.	
Optional modules completed: Exam, Child CPR AED, Infant CPR	
Issue Date 2/24/2019	Recommended Renewal Date 02/2021
Training Center Name Life-Line Med. Trainings, Corp.	Instructor Name Gerardo Novo
Training Center ID FL20376	Instructor ID 10110053644
Training Center Address 9020 SW 137th AVE. Miami FL 33186 USA	eCard Code 196001368788
Training Center Phone Number (305) 273-0011	QR Code 
<small>To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards. © 2016 American Heart Association. All rights reserved. 15-3002 3/16</small>	

LIST OF REFERENCES

Denisse Rheault
21454 Sw 88Pl. Cutler Bay, Fl. 33189
Phone: (305) 491-5161 e-mail address: chapitod@aol.com

REF#1

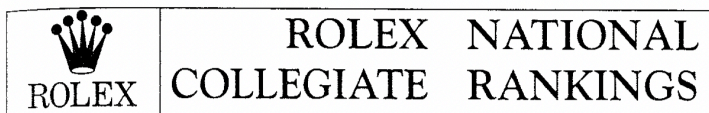
Name: Susan Dunn
Address: 6945 Veronese St, Coral Gables, Fl. 33146
Phone # :(305) 310-9563
E-Mail : sgdunn1947@gmail.com

REF #2

Name: Emily Jaffe
Address: 7199 Sw 64 St, Miami, Fl. 33143
Phone #: (305) 772-5920
E-Mail : mcycling@aol.com

REF #3

Name: Ashleigh Samlut
Address: 5740 San Vicente St., Coral Gables, Fl. 33146
Phone #: (305) 793-1035
E-Mail: asamlut99@samlut.com



ADMINISTERED BY THE INTERCOLLEGIATE TENNIS ASSOCIATION

1997 WOMEN'S JUNIOR COLLEGE DIVISION II

TEAM

- | | |
|--------------------------------------|---|
| 1. Miami Dade-Wolfson | 9. Chattanooga State Tech & CC |
| 2. College of Lake County | 10. Johnson County Community College |
| 3. Collin County Community College | t11. Enterprise State Community College |
| t3. Pima Community College | t11. Jefferson State Community College |
| 5. DeKalb College | 13. Temple College |
| t6. Hinds Community College | 14. Barton County Community College |
| t6. Sinclair Community College | t15. Belleville Area College |
| 8. Central Alabama Community College | t15. Kilgore College |

SINGLES

- | | |
|---|--|
| 1. Julia Sapozhnikova, College of Lake County | 24. Susan Sarabla, Miami Dade-Wolfson |
| 2. Maria Thihe, Central Alabama | 25. Marie Villarreal, Collin County CC |
| 3. Alejandra Gomez, Chattanooga State Tech & CC | 26. Katie McMahan, Hinds CC |
| 4. Claudia Loyola, Pima CC | 27. Sarah Lesenski, College of Lake County |
| 5. Anna Hallbergson, Miami Dade-Wolfson | 28. Shannon Reed, DeKalb College |
| 6. Viola Madej, DeKalb College | 29. Ann Hadd, Pima CC |
| 7. Jodi Saunders, Jefferson State CC | 30. Debbie Deross, Sinclair CC |
| 8. Elissa Bennett, Collin County CC | 31. Carrie Robbins, Barton CC |
| 9. Kelli Kay, Kilgore College | 32. Andrea Hernandez, Miami Dade-Wolfson |
| 10. Jocelyn McQueen, Sinclair CC | 33. Anne Davenport, Pima CC |
| 11. Shantaire McKinney, Enterprise CC | 34. Jenny Mayor, College of Lake County |
| 12. Courtney Jay, Johnson County CC | 35. Debbie Hung, Collin County CC |
| 13. Ashley Query, Barton County CC | 36. Ana Mileno Sanso, Miami Dade-Wolfson |
| 14. Kim Pearson, Temple | 37. Tonya Goucher, Pima CC |
| 15. Pollyanna McGowan, Jefferson Davis CC | 38. Martine Castrillon, Miami Dade-Wolfson |
| 16. Caroline Donders, Collin County CC | 39. Jan Williams, Sinclair CC |
| 17. Keabetswe Mogonediswa, Central Alabama CC | 40. Denise Chappuzeau, Miami Dade-Wolfson |
| 18. Minja Banjanin, DeKalb College | 41. Mandy Howell, Hinds CC |
| 19. Erick Offerdahl, College of Lake County | 42. Lacy Graham, Mesa CC |
| 20. Olga Kataeva, Chattanooga State Tech & CC | 43. Mandy Herndon, Hinds CC |
| 21. Melissa Trinidad, Sinclair CC | 44. Allison Weseman, DeKalb College |
| 22. Melanie Davis, Hinds CC | 45. Stephanie Crowe, Enterprise CC |
| 23. Courtney Mosten, Temple | |

DOUBLES

- | | |
|---|--|
| 1. Mogonediswa/Thihe, Central Alabama | 14. Dodd/Jay, Johnson County |
| 2. Bennett/Donders, Collin County | 15. Mostyn/Pearson, Temple |
| 3. Sapozhnikova/Offerdahl, Coll. of Lake County | 16. DeRoss/Hike, Sinclair |
| 4. Hallberson/Sarabla, Miami Dade-Wolfson | 17. Chappuzeau/Hernandez, Miami Dade-Wolfson |
| 5. Davenport/Loyola, Pima College | 18. Banjanin/Weseman, DeKalb College |
| 6. Madej/Reed, DeKalb | 19. Cres/Harman, Enterprise |
| 7. Hung/Villarreal, Collin County | 20. Hadd/Hagen, Pima |
| 8. Lesinski/Mayer, College of Lake County | 21. Weaver/Wren, Jefferson State |
| 9. Brown/Kay, Kilgore | 22. Castrillon/Sanso, Miami Dade-Wolfson |
| 10. Query/Robins, Barton | 23. Kirkman/Leckman, College of Lake County |
| 11. McKinney/Stewart, Enterprise | 24. Westoff/Wheeler, Johnson County |
| 12. Davis/McMahon, Hinds | |
| 13. Kelly/Sanders, Jefferson State | |

Women's Section

ACHIEVEMENTS

Miami Dade College National Champion 1996-1997
Accomplished junior player in Chile winning numerous
tournaments under the ages of 10-12-14-16.
Award for ending the year ranked First in the Nation 1984
(Chile).

SECTION II

EXPERIENCE AND QUALIFICATIONS

1997 through 2019 Tennis Teaching Professional at Coral Oaks Tennis Club.

2019 - present Owner and Tennis Director at Tennis Saga.

PTR Certified

CPR Certified