

-- 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.

ALFREDO PEREZ
11 SANTILLANE AVE APT 1, CORAL GABLES, FL, 33134
Phone: 305-965-7765 E-Mail: aperez1065a@yahoo.com

TITLE PAGE

RTQ NUMBER: 2020-010

TITLE: ALFREDO PEREZ

FULL NAME: ALFREDO PEREZ

ADDRESS: 11 SANTILLANE AVE APT 1, CORAL GABLES, FL 33134

TELEPHONE NUMBER: 305-965-7765

E-MAIL ADDRESS: aperez1065a@yahoo.com

DATE: 06/11/2020

ALFREDO PEREZ
11 SANTILLANE AVE APT 1, CORAL GABLES, FL, 33134
Phone: 305-965-7765 E-Mail: aperez1065a@yahoo.com

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Request for Qualifications (RTQ) No.2020=010

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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

RTQ Title: Professional Tennis Instructors	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.
RTQ No. 2020-010	Contact: Letrice Y. Smith Title: Procurement Specialist Telephone: 305-460-5121 Email: Lsmith@coralgables.com /contracts@coralgables.com
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.	

Professional's Name: <u>Alfredo Perez</u>	FEIN or SS Number: <u>769-60-3725</u>
Complete Mailing Address: <u>11 Santillane ave APT #1, Coral Gables, FL 33134</u>	Telephone No.:
Indicate type of organization below: Corporation: ___ Partnership: ___ Individual: <input checked="" type="checkbox"/> Other: ___	Cellular No.: <u>(305) 965 7765</u>
	Fax No.:
	Email: <u>aperez1065a@yahoo.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.

Alfredo Perez APerez Alfredo Perez 06/11/2020
Authorized Name and Signature Title Date

SOLICITATION SUBMISSION CHECKLIST

Request to Qualify (RTQ) No. 2020-010

COMPANY NAME: (Please Print): Alfredo Perez
Phone: (305) 965 7765 Email: aperez1065a@yahoo.com

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. 5-12
- 6) Minimum Qualification Requirements: submit detailed verifiable information affirmatively documenting compliance with the Minimum Qualifications Requirements shown in Section 3. PAGE # 13
- 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 # 14-15-23
- 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 # 16-20

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 CODE 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.

Alfredo Perez APerez Alfredo Perez 06/11/2020
Authorized Name and Signature Title Date

STATE OF Florida

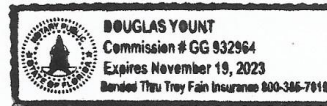
COUNTY OF Miami Dade

On this 11th day of June, 2020, before me the undersigned Notary Public of the State of Florida, personally appeared Alfredo Perez
(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.

Douglas Yount
NOTARY PUBLIC, STATE OF FL

Douglas Yount #GG 932964
(Name of notary Public; Print, Stamp or Type as Commissioned.)



NOTARY PUBLIC
SEAL OF OFFICE:

Personally know to me, or Produced
Identification:

FLDL : F620-000-65-365-D
(Type of Identification Produced)

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 Alfredo Perez
(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: Alfredo Perez

Address: 11 Santillana Ave Apt #1 Coral Gables Florida 33134
Street City State Zip Code

Telephone No: 305 965 7765 Fax No: () Email: aperez1065a@yahoo.com

How many years has your company been in business under its present name? 13 Years

If Professional 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 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):
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" 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.

RTQ 2020-010 Professional Tennis Instructors

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: _____ Date: _____ 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.

ALFREDO PEREZ
11 SANTILLANE AVE APT #1, CORAL GABLES, FL, 33134
Phone: 305-965-7765 e-mail: aperez1065a@yahoo.com

MINIMUM QUALIFICATION REQUIREMENTS:

There will be presented on the next pages the required documents regarding to "Minimum Qualification Requirements" as per the following Table of Contents of this Section

Professional Resume _____	PAGE # 14-15
Professional Certification PTR _____	PAGE # 16
Educational Credits Report PTR _____	PAGE # 17-19
Years of Service Certificate PTR _____	PAGE # 20

Alfredo Perez
11 Santillane Ave, Apt. 1, Coral Gables Fl, 33134
(305)-965-7765
aperez1065a@yahoo.com

OBJECTIVE: To obtain a position where I can apply my acquired skills as a **Tennis Coach.**

EDUCATION:

December 2019

SafeSport Trained

Online Course

December 2016

USTA Coach Youth Tennis

Online Course

February 2010

USTA QuickStart Coaches Workshop

Miami, FL

July 2007

Teaching Essentials Certification "Professional Tennis Registry" Miami, FL

1986-1992

University of Havana "Lic. in Cybernetics-Mathematic"

Havana, Cuba

PROFESISSONAL EXPERINCE

Salvadore Park & Biltmore Tennis Centers

**Coral Gables, FL
2007 till present**

-TENNIS COACH:

- Adults and Junior Tennis Program.
- Provide private and group lessons.
- Spring Breaks, Summer Camps Programs

Salvadore Park & Biltmore Tennis Center

**Coral Gables, FL
2007 till present**

-HEAD OF RACQUET REPAIR

- String Racquets in need of Repair
- Knowledge of working and maintenance of Gamma 6900 Els Stringing Machine
- Maintain and control inventory of Strings for resale at pro shop
- Keep records of all repair jobs and transactions.

Alfredo Perez
11 Santillane Ave, Apt. 1, Coral Gables Fl, 33134
(305)-965-7765
aperez1065a@yahoo.com

"C.V.D. Artemisa " Club

Havana, Cuba
2002-2007

-TENNIS COACH

- Junior Tennis Program (5-10 years of age)

1972-1981 JUNIOR PLAYER

Havana, Cuba

JUNIOR TENNIS PLAYER

In Cuba I participated in several junior tournaments when I was 7 to 16 years old, being among the first in each category.



certifies that according to the guidelines and standards

Alfredo Perez

has completed all requirements and is PTR Certified as

Instructor

This Certification is valid
June 2007 - August 2020

Dan Santorum

Dan Santorum, CEO

Karl Hob

PTR President

PAGE # 16

Continuing Education Report

Thursday, December 12, 2019



Alfredo Perez

Member Number: 60903

Member Type:

Join Date: Tuesday, June 26, 2007

Membership Expires: Monday, August 31, 2020

Continuing Education Requirements 2016 Requirement has been met 2019 Requirement has NOT been met 12 Hours Needed to Meet Requirement	Continuing Education Summary Lifetime Total Hours: 45 Award Level:
Certifications General: Instructor	Special Designations/Certifications Wheelchair Tennis Certified: No Instructing Adaptive Tennis: No International Master Professional: No
Specialist Programs Junior Development: Not Attempted Performance: Not Attempted Adult Development: Not Attempted	Master of Tennis Junior Development: Not Attempted Performance: Not Attempted Adult Development: Not Attempted

Continuing Education Hours on file

Please note that not all activities may be individually recorded in our system.

12/29/201	12 hours	USTA Coach Youth Tennis - Online Course Completion (6 courses)
6		
10/20/200		FL - Key Biscayne Teaching Essentials Workshop
7		
7/21/2007		Miami Teaching Essentials Workshop



HEREBY RECOGNIZES

Alfredo Perez

aperez1065a@yahoo.com

FOR THE SUCCESSFUL COMPLETION OF

SafeSport Trained

COMPLETED ON: 12/19/2019

PAGE # 18

89e50f34-7410-4518-983c-dfad66ba4cab



2010

**quickstart
tennis**
the new way to play tennis
for kids 10 and under

Certificate of Completion

To

Alfredo Perez

For participation in a 3.5 hour USTA QuickStart Coaches Workshop
Miami, FL

February 13, 2010

USTA Florida
Tennis Program Coordinator, South Gold Coast



certifies that according to the guidelines and standards

Alfredo Perez

has completed all requirements and is PTR Certified as

Instructor

This Certification is valid
June 2007 - August 2020

Dan Santorum
Dan Santorum, CEO

Karl Heib
PTR President

ALFREDO PEREZ
11 SANTILLANE AVE APT# 1, CORAL GABLES, FL, 33134
Phone: (305)965-7765 E-Mail: aperez1065a@yahoo.com

SECTION 2:

A) EXPERIENCE AND QUALIFICATIONS:

As per the following Table of Contents for the Section 2 regarding the
"Experience And Qualifications" documents requested are duly listed as below:

Professional Resume _____	PAGE # 14-15
Professional Certification PTR _____	PAGE # 16
Educational Credits Report PTR _____	PAGE # 17-19
Years of Certificate PTR _____	PAGE # 20
Insurance Verification Letter PTR _____	PAGE #22
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/12/2019

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 6669, Hilton Head Island, SC 29938. CONTACT NAME: Erica James, AINS, PHONE (888) 668-8082, FAX (A/C, No):, E-MAIL: erica@coastalplains.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Philadelphia Indemnity Insurance Company, 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSD WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes Commercial General Liability (Policy: PHPK2011024), Automobile Liability, and Umbrella Liability (Policy: PHUB685868).

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Alfredo Perez Effective: September 01, 2019

CERTIFICATE HOLDER: Alfredo Perez, Miami, FL. 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: [Signature]

ALFREDO PEREZ
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