

**REQUEST FOR QUALIFICATIONS**  
**RTQ 2020-010**

**Title: Professional Tennis Services**

**Name: Zoran Radosevic**

**Address: 9004 SW 62<sup>nd</sup> Ter Miami, FL 33173**

**Telephone #: 801-433-7508**

**E-mail: [eliradosevic@yahoo.com](mailto:eliradosevic@yahoo.com)**

**Date: 06/14/2020**

**Submittal Deadline / RTQ Opening: 2:00 p.m., Wednesday, June 17, 2020**

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# CITY OF CORAL GABLES, FL

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


## PROPOSER'S ACKNOWLEDGEMENT

<p><b>RTQ Title: Professional Tennis Services</b></p> <hr/> <p><b>RTQ No. 2020-010</b></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><b>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.</b></p> <p>Contact: Letrice Y. Smith              Title: Procurement Specialist              Telephone: 305-460-5121              Email: <a href="mailto:Lsmith@coralgables.com">Lsmith@coralgables.com</a> / <a href="mailto:contracts@coralgables.com">contracts@coralgables.com</a></p>
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Professional's Name: Zoran Radosevic	FEIN or SS Number: 646-50-7495
Complete Mailing Address: 9004 SW 62 <sup>nd</sup> Ter Miami, FL 33173	Telephone No.: 801-860-4951
	Cellular No.: 801- 433-7508
Indicate type of organization below: Corporation: ___ Partnership: ___ Individual: <u>X</u> Other: ___	Fax No.: N/A
	Email: <a href="mailto:eliradosevic@yahoo.com">eliradosevic@yahoo.com</a>

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

THE PROPOSER CERTIFIES THAT THIS SUBMITTAL IS BASED UPON ALL CONDITIONS AS LISTED IN THE RTQ DOCUMENTS AND THAT THE PROPOSER HAS MADE NO CHANGES IN THE RTQ DOCUMENT AS RECEIVED. THE PROPOSER FURTHER AGREES IF THE RESPONSE IS ACCEPTED, THE PROPOSER WILL EXECUTE AN APPROPRIATE AGREEMENT FOR THE PURPOSE OF ESTABLISHING A FORMAL CONTRACTUAL RELATIONSHIP BETWEEN THE PROPOSER 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 PROPOSER.

 Authorized Name and Signature	Tennis Coach Title	6/14/2020 Date
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# **SOLICITATION SUBMISSION CHECKLIST**

## **Request for Qualifications (RTQ) No. 2020-010**

COMPANY NAME: (Please Print): Zoran Radosevic  
Phone: 801-433-7508 Email: eliradosevic@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 Proposer'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 Proposer's Affidavit and Schedules A through H. PAGE # 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 Proposer 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 I: 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 # 18
- 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 # 20

**-- 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.**

**PROPOSER'S AFFIDAVIT**

**SOLICITATION:** PROFESSIONAL TENNIS SERVICES – RFQ 2019-048


**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 Proposer to be true and correct. The discovery of any omission or misstatements that materially affects the Proposer'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 Proposer 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 - PROPOSER'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 RFQ response. It is to be filled in, executed by the Proposer 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.

ZORAN RADOŠEVIĆ



\_\_\_\_\_  
Authorized Name and Signature

\_\_\_\_\_  
Title

06.12.2020.  
\_\_\_\_\_  
Date

STATE OF Florida

COUNTY OF Miami-Dade

On this 12<sup>th</sup> day of June, 2020, before me the undersigned Notary Public of the State of FL, personally appeared Zoran Radosevic  
(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.

Jazzlene Rivera  
NOTARY PUBLIC, STATE OF FL

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

Personally know to me, or Produced Identification:

FLDL  
(Type of Identification Produced)

NOTARY PUBLIC  
SEAL OF OFFICE:



**Jazzlene Rivera**  
State of Florida  
My Commission Expires 11/25/2023  
Commission No. 02 934775

**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):

Signature Zoran Polunin

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

1. He/she is N/A  
(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: N/A Relationship: N/A

Name: N/A Relationship: N/A

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" 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

Signature Zoran Radonovic

**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: Zoran Radosevic

Address: 9004 SW 62<sup>nd</sup> Ter Miami FL 33173  
Street City State Zip Code

Telephone No: (801) 433-7508 Fax No: ( ) N/A Email: eliradosevic@yahoo.com

How many years has your company been in business under its present name? 16 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 X No \_\_\_\_\_

If Yes, ATTACH COPY of Certification. See Section III for certification

Is your Company Licensed? Yes N/A No \_\_\_\_\_

If Yes, ATTACH COPY of License

Has your company or its senior officers ever declared bankruptcy?

Yes \_\_\_\_\_ No X 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 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- none

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

If Yes \_\_\_\_\_ No X If Yes, explain N/A

**SCHEDULE "E" CITY OF CORAL GABLES – CODE OF ETHICS, CONFLICT OF INTEREST, AND CODE 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.

Signature *Zoran Radosevic*

**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

Signature *Zoran Radosevic*

**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.

I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), **Florida Statutes**, means:

- 3 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.]**

X  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 vendorlist.

[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.

Signature Zoran Paskosenic

**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.

*I do not believe that schedule H is applicable to this proposer but in case it is, a signature is provided below.*

Addendum No: N/A Date: N/A Addendum No: N/A Date: N/A

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

Signature Zoran Paskosenic

# Minimum Requirements

## 3.0 MINIMUM QUALIFICATION REQUIREMENTS

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The following represent the minimum qualification requirements for a Proposer to be deemed responsive by the City, and Proposer shall satisfy each of the following minimum requirements cited below. Each of these minimum qualifications must be addressed in detail in its submittal to determine Proposer's responsiveness. Failure to meet each of the following qualification requirements, and/or failure to provide sufficient detail and/or documentation in its submittal to determine responsiveness by the City, will result in the submittal being deemed non-responsive.

**(A) PROPOSER SHALL:**

- (1) Be regularly engaged in the business of providing the goods and/or services similar in scope and size as described in the Request for Qualifications "Scope of Services" for a minimum of three (3) years, as evidenced in a resume detailing their work experience.
- (2) Have and maintain a Professional Certification with United States Professional Tennis Association (USPTA), and/or the Professional Tennis Registry (PTR).
- (3) In addition to the items 1 and 2 the following are the requirements for the different Professional levels. Proposers shall include the required qualifications for their level of expertise.

### **Tier 3 Qualifications**

Signature \_\_\_\_\_



# United States Professional Tennis Association

Hereby certifies that

**Zoran Radosevic**

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. 29301

**Valid through Dec. 31, 2020**

Z6NU - Y41W - WTXP - WEL9


# United States Professional Tennis Association

Hereby awards this certificate to

**Zoran Radosevic**

for

**14 Years of Service  
2020**

  
President USPTA



  
Chief Executive Officer

Z6NU - Y41W - WTXP - WEL9



## **SECTION 2: Experience and Qualifications**

## **Tennis Employment and Resume:**

# **ZORAN RADOSEVIC**

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9004 SW 62<sup>nd</sup> Terrace 7C, Miami, FL 33173 / 801-433-7508 / eliradosevic@yahoo.com

## **PERSONAL STATEMENT**

As a professional, I am driven by my passion for helping others, a competitive atmosphere and achieving successful outcomes. My ability to build strong relationships is due to my time as a professional soccer player, spent working alongside teammates and developing leadership skills. I understand this, along with strong communication skills to be the cornerstone of business relations, provided I build upon a foundation of integrity. As a multilingual, culturally diverse individual, I embrace new perspectives and all types of people. I am successful in most any environment because I am willing try new adventures with an open-mind and persevere through challenges.

## **EDUCATION**

### **High school diploma and some college**

Economy High School / Banja Luka, Yugoslavia

- Graduated: May 1982
- Completed 2 years of credits for Economic major prior to pursuing a professional soccer career

## **WORK EXPERIENCE**

### **Professional Tennis Coach / Biltmore Tennis Center / Miami, Florida / June 2010-Present**

- Head Professional/Coordinator of adult intermediate and adult beginner classes
- Demonstrated proper tennis techniques, skills and knowledge earning certification through USPTA
- Plan, organize, and coordinate specific instructions to improve client's tennis game
- Create an enjoyable learning environment, while ensuring safety for the clients

### **Professional Tennis Coach / Coach Mike's Tennis Academy / Salt Lake City, Utah / August 2004-May 2010**

- Coordinated and directed over 50 kids in a tennis summer camp
- Produced lesson plans to make a safe, entertaining and instructive setting to further kid's abilities
- Assured customer satisfaction and resolved any emerging problems that customers had
- Trained top junior players that developed into top Division I athletes

### **Fitness Coordinator / North West Recreation Center / Salt Lake City, Utah / December 2000-July 2003**

- Lead group activities in multiple sports such as tennis, basketball, soccer, dance, and fitness
- Organized lesson plans for several other employees to ensure the program ran smoothly
- Maintained program records, which included incident reports, daily attendance, and logs
- Supervised and ensured the safety of over 75 kids

## **CO-CURRICULAR EXPERIENCE**

### **Professional Soccer Player / Team Borac / Team Galenika Belgrade / Team Minusio / August 1982-August 1993**

Banja Luka, Yugoslavia / Belgrade, Yugoslavia / Minusio, Switzerland

- Proven mental toughness in high stress situations, ability to persevere under pressure
- Ability to work with and lead teammates in pursuit of a common goal

### **Volunteer**

Banja Luka, Yugoslavia

- Helped in nursing homes
- Gave free dance classes to orphans

### **Certifications**

- USPTA certified professional tennis coach for 13 years
- First Aid/CPR certification completed in 2019

### **Languages**

- Serbian
- English
- Italian
- Croatian
- German

**Reference Page:**

- 1) Mark Dickson
  - Company Name: Crandon Park Tennis Center
  - Address: 906 Escobar Ave Coral Gables, FL 33134
  - Telephone #: 941-356-2286
  - Email: [DicksonFamily3@gmail.com](mailto:DicksonFamily3@gmail.com)
  
- 2) Nikolai Kostov
  - Company Name: City of Coral Gables Tennis Services Specialist
  - Address: 1120 Andalusia Ave Coral Gables, FL 33134
  - Telephone #: 786-614-9417
  - Email: [nkostov@coralgables.com](mailto:nkostov@coralgables.com)
  
- 3) Jacob Linenfelser
  - Address: 100 Edgewater Drive Apt 309 Coral Gables, FL 33133
  - Telephone #: 305-877-8851
  - Email: [jakelee517@bellsouth.net](mailto:jakelee517@bellsouth.net)

USTA Experience, Certifications, and Years of Experience with USTA

**United States  
Professional Tennis Association**

Hereby certifies that

**Zoran Radosevic**

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. 29301  
**Valid through Dec. 31, 2020**

ZGNU - Y41W - WTXP - WEL9


# United States Professional Tennis Association

Hereby awards this certificate to

**Zoran Radosevic**

for

**14 Years of Service  
2020**

  
President USPTA



  
Chief Executive Officer

Z6NU - Y41W - WTXP - WEL9

# Continuing Education Requirements Documentation



## United States Professional Tennis Association

Education Credits Report  
Mr. Zoran Radosevic

<b>Membership Information</b> <b>Member ID:</b> 29301 <b>Member Type:</b> Certified Member <b>Paid Through:</b> 12/31/2019 <b>Years of Service:</b> 13 <b>Professional Level:</b> Professional <b>Platform Pro Level:</b> None <b>APC Classification:</b> No <b>Wheelchair Certified:</b> No	
<b>Continuing Education Requirements</b> <b>Requirement:</b> 6 education credits every 3-year period. <b>Your Status:</b> You have met the CE requirement for this 3-year period.  <b>Period:</b> 01/01/2017 to 12/31/2019 <b>Credits:</b> 9.00	<b>Elite Professional Requirements</b> <b>Requirement:</b> 6.5 credits from approved specialty courses and webinars, plus written exam and on-court Elite Pro certification requirements.  <b>Your Status:</b> You need 6.5 additional approved specialty course and webinar credits to qualify for advancement to Elite Pro.  <b>Specialty Course / Webinar Credits:</b> 0.00
<b>APC Classification Requirements</b> <b>Requirement:</b> 20 APC-eligible credits every 2-year period plus initial written exam or competency exam. <b>Your Status:</b> You need 11 additional APC-eligible credits to qualify for the APC classification.  <b>Period:</b> 12/13/2017 to 12/13/2019 <b>Credits:</b> 9.00	<b>Lifetime and Yearly Totals</b> <b>Lifetime Total Credits:</b> 19.00 <b>This Year (2019):</b> 3.00 <b>Last Year (2018):</b> 6.00 <b>2 Years Ago (2017):</b> 0.00



## United States Professional Tennis Association

Education Credits Report  
Mr. Zoran Radosevic

<b>Membership Information</b> <b>Member ID:</b> 29301 <b>Member Type:</b> Certified Member <b>Paid Through:</b> 12/31/2020 <b>Years of Service:</b> 14 <b>Professional Level:</b> Professional <b>Platform Pro Level:</b> None <b>APC Classification:</b> No <b>Wheelchair Certified:</b> No	
<b>Continuing Education Requirements</b> <b>Requirement:</b> 6 education credits every 3-year period. <b>Your Status:</b> You need 6 additional educational credits to meet the CE program requirement.  <b>Period:</b> 01/01/2020 to 12/31/2022 <b>Credits:</b> 0.00	<b>Elite Professional Requirements</b> <b>Requirement:</b> 6.5 credits from approved specialty courses and webinars, plus written exam and on-court Elite Pro certification requirements.  <b>Your Status:</b> You need 6.5 additional approved specialty course and webinar credits to qualify for advancement to Elite Pro.  <b>Specialty Course / Webinar Credits:</b> 0.00
<b>APC Classification Requirements</b> <b>Requirement:</b> 20 APC-eligible credits every 2-year period plus initial written exam or competency exam. <b>Your Status:</b> You need 11 additional APC-eligible credits to qualify for the APC classification.  <b>Period:</b> 06/15/2018 to 06/14/2020 <b>Credits:</b> 9.00	<b>Lifetime and Yearly Totals</b> <b>Lifetime Total Credits:</b> 19.00 <b>This Year (2020):</b> 0.00 <b>Last Year (2019):</b> 3.00 <b>2 Years Ago (2018):</b> 6.00

## Completed Courses as of 12/13/2019

(Courses Listed in Reverse Date Order)

Event / Course	Course Date	Credits
TR - USPTA Webinar - New Challenges Mging Complex	11/26/2019	0.50 APC
TR - USPTA Webinar - Achieving excellence through personal develo	11/03/2019	0.50 APC
TR - USPTA Webinar - Time Management - Juggling Like the Experts	11/03/2019	0.50 APC
TR - USPTA Webinar - How to deliver an effective on-court present	11/02/2019	0.50 APC
TR - USPTA Webinar - Navigating the parent/coach relationship	11/02/2019	0.50 APC
TR - USPTA Webinar - Tennis Entrepreneurship	11/02/2019	0.50 APC
TR - USPTA Webinar - How to be promoted in tennis	12/29/2018	0.50 APC
TR - USPTA Webinar - Guidelines to an expert lesson	12/29/2018	0.50 APC
TR - USPTA Webinar - Grow Your Business w/ D&I	12/28/2018	0.50 APC
TR - USPTA Webinar - Feeding	12/28/2018	0.50 APC
TR - USPTA Webinar-How to enhance your tennis program	12/27/2018	0.50 APC
TR - USPTA Webinar - Dev Resilient, Confident Competitor	12/27/2018	0.50 APC
TR - USPTA Webinar - Tennis: A Therapeutic Tool for Individuals w	12/27/2018	0.50 APC
TR - USPTA Webinar - 2019 ITF World Tennis Tour & USTA Comp. Pth	12/27/2018	0.50 APC

Page 1 of 2

APC = APC-eligible  
EPR = Approved Specialty Course or Webinar for Elite Pro

## Completed Courses as of 12/13/2019

(Courses Listed in Reverse Date Order)

Event / Course	Course Date	Credits
TR - USPTA Webinar - High School coaching	12/26/2018	0.50 APC
TR - USPTA Webinar - Supplemental Savings Program	12/26/2018	0.50 APC
TR - USPTA Webinar - How to positively impact your Jr. program	11/13/2018	0.50 APC
TR - Intro to Wheelchair Tennis	11/04/2018	0.50 APC
TR - USPTA Webinar - The first 4 shots	07/17/2016	0.50 APC
TR - USPTA Webinar - Reference points for shot selection	07/17/2016	0.50 APC
TR - USPTA Webinar - Opening the Door to Competition	07/17/2016	0.50 APC
TR - USPTA Webinar - Xs & Os of Adding Fitness	07/09/2016	0.50 APC
TR - USPTA Webinar - Raising Athletic Royalty	07/08/2016	0.50 APC
TR - USPTA Webinar - Obamacare: Its Impact	07/06/2016	0.50 APC
TR - USPTA Webinar - Master Your Social Media Marketing	07/04/2016	0.50 APC
TR - USPTA Webinar - Building Your Tennis IQ	07/03/2016	0.50 APC
TR - On Court with USPTA - Developing the Serve	07/02/2016	0.50 APC
TR - USPTA Webinar - Racquets and Strings	07/02/2016	0.50 APC
TR - On Court with USPTA - Improved FH Technique	07/01/2016	0.50 APC
TR - On Court with USPTA - TAUT	07/01/2016	0.50 APC
USPTA Certification Training Course	05/14/2005	4.00

Page 2 of 2

APC = APC-eligible  
EPR = Approved Specialty Course or Webinar for Elite Pro



World Headquarters

**United States Professional Tennis Association, Inc.**

407-634-3050 • 800-877-8248 • fax 407-477-6100  
e-mail: dues@uspta.org • Web site: uspta.com  
Federal Tax ID: 74-1818176



December 13, 2019

Mr. Zoran Radosevic  
9004 SW 62nd Ter # 7C  
Miami, FL 33173-1670

**Due Date: Dec. 31, 2019**

Payments received after Jan. 31, 2020 will incur a \$15.00 late fee. Call for payment options.

**2020 Membership Dues \$299.00 Membership number: 29301**

USPTA dues may be tax-deductible as a business expense. Call 800-877-8248 before January 31st to opt into a dues payment plan.

**Elevating the standards of tennis-teaching professionals and coaches**


**Continuing Education Requirements**

**Requirement:** 6 education credits every 3-year period.

**Your Status:** Congratulations! You have met the continuing education requirement for this 3 year period.

**Period:** 01/01/2017 to 12/31/2019

**Credits:** 9.00



PAY  
DUES  
ONLINE

Save a stamp! Pay dues online with your credit card at [www.uspta.com](http://www.uspta.com).

**\*\* Return this stub with payment, payable to USPTA, to 11961 Performance Drive, Orlando, FL 32827. \*\*  
Address has recently changed. \*\* Check your records before mailing or using online bill pay through your bank.**

**Full Name:** Mr. Zoran Radosevic  
**Membership number:** 29301  
**Email address:** eliradosevic@yahoo.com  
**Work phone number:**  
(listed on Find-a-Pro)  
**Home phone number:** (801) 433-7508  
**Cell phone number:**

**USPTA Inc.**  
**11961 Performance Drive**  
**Orlando, FL 32827**

Dues payment enclosed: \$\_\_\_\_\_ Donation \$\_\_\_\_\_

**Tax-deductible donation to USPTA Foundation**

Please disregard this invoice if your dues have been paid.

Please use the enclosed envelope for check or money order payments only.  
Credit card payments can be made online at uspta.com.

**Make any corrections/changes below or go online to <https://customer.uspta.org/processor>.**

**Use Home Address for: Mail  Bill  Ship**

Mr. Zoran Radosevic  
9004 SW 62nd Ter # 7C  
Miami, FL 33173-1670

**Use Work Address for: Mail  Bill  Ship**

Mr. Zoran Radosevic  
1150 Anastasia Ave  
Biltmore T. C.  
Miami, FL 33134-6338

## **SECTION 3: Professional Affiliations**

USTA Affiliations

**United States  
Professional Tennis Association**

Hereby certifies that

**Zoran Radošević**

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. 29301  
Valid through Dec. 31, 2020

Z6NU - Y41W - WTXP - WEL9

**United States  
Professional Tennis Association**

Hereby awards this certificate to

**Zoran Radošević**

for

**14 Years of Service  
2020**

*Gary D. Trust*  
President USPTA



*John R. Embree*  
Chief Executive Officer

Z6NU - Y41W - WTXP - WEL9




# USPTA Membership Card

Cut on  
outside line

11961 Performance Dr • Orlando, FL 32827  
800-USPTA-4U • 407-634-3050 • 407-477-6100 Fax  
uspta@uspta.org • www.uspta.com

Unless the card has expired, the cardholder is a member in good standing of the USPTA, and has passed all tests and/or requirements for such membership. Members are governed by the Association's strict Code of Ethics, and are entitled to all benefits of membership. All teaching members are covered by liability insurance while on court, for bodily injury to others, and for damage to property not in the tennis professional's care, custody or control. The territory of coverage is anywhere in the United States, its territories or Canada. At this time, there is no coverage for members who play or teach in other countries or territories.


Fold on  
center line



**Professional**

US Professional Tennis Association

**Zoran Radosevic**  
**Member No. 29301**



Valid through Dec. 31, 2020

**Proof of Insurance**

United States Professional Tennis Association, Inc.  
Elevating the standards of tennis-teaching professionals and coaches



June 15, 2020

Mr. Zoran Radosevic  
9004 SW 62nd Ter # 7C  
Miami, FL 33173-1670

Dear Zoran,

This letter will confirm that, as a certified member of the United States Professional Tennis Association (USPTA), you have liability insurance as outlined below. This USPTA liability policy covers applicants who are being processed, and certified and certain honorary members in the United States, its territories or Canada, and nonmembers who are insured through a certified member's policy.


THE USPTA LIABILITY POLICY INCLUDES \$6 million liability insurance, *while on court*, for bodily injury to others, and for damage to property not in the tennis professional's care, custody or control. It *does not cover* injury to the tennis professional, or damage to his/her property. The accident must have taken place on court, and arisen from the tennis professional's playing, practicing, teaching or officiating in tennis, pickleball, padel, and platform tennis.

<b>Policy Number:</b>	SI8ML01641197
<b>Effective Period:</b>	12/31/2019 - 12/31/2020
<b>For questions or to report an accident, contact:</b>	USPTA World Headquarters 11961 Performance Drive Orlando, FL 32827 Telephone: 800-877-8248

If we may be of further assistance, please do not hesitate to contact us.

Sincerely,

UNITED STATES PROFESSIONAL TENNIS ASSOCIATION, INC.

  
Dillon Chustz  
Membership Department

This coverage is null and void if the member is not a citizen of or does not legally reside and work in the United States, its territories or Canada.

**Certificate of Liability Insurance**

Client#: 44407

USPROFES

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

4/17/2020

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).

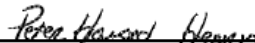
PRODUCER <b>ESP INSURANCE BROKERAGE LLC</b> 306 Main Street Worcester, MA 01608	CONTACT NAME: PHONE (A/C, No, Ext): - FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A : <b>Everest Indemnity Insurance Co.</b> NAIC # <b>10851</b> INSURER B : INSURER C : INSURER D : INSURER E : INSURER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

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 - COMPI/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 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"/> EXCESS LIAB OCCUR <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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE 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.**  
**Zoran Radosevic #29301 City of Coral Gables Insurance Compliance is included as additional insured with respect to general liability as required by written contract.**

CERTIFICATE HOLDER <b>City of Coral Gables Insurance Compliance</b> 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 
--	---

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

City of Coral Gables Insurance  
Compliance  
PO Box 100085-CE  
Duluth , GA 30096

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- 1. In the performance of your ongoing operations; or
- 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.







# United States Professional Tennis Association

Education Credits Report  
Mr. Zoran Radosevic

## Membership Information

<b>Member ID:</b>	29301	<b>Professional Level:</b>	Professional
<b>Member Type:</b>	Certified Member	<b>Platform Pro Level:</b>	None
<b>Paid Through:</b>	12/31/2020	<b>APC Classification:</b>	No
<b>Years of Service:</b>	14	<b>Wheelchair Certified:</b>	No

## Continuing Education Requirements

**Requirement:** 6 education credits every 3-year period.  
**Your Status:** You need 6 additional educational credits to meet the CE program requirement.

**Period:** 01/01/2020 to 12/31/2022  
**Credits:** 0.00

## Elite Professional Requirements

**Requirement:** 6.5 credits from approved specialty courses and webinars, plus written exam and on-court Elite Pro certification requirements.  
**Your Status:** You need 6.5 additional approved specialty course and webinar credits to qualify for advancement to Elite Pro.

**Specialty Course / Webinar Credits:** 0.00

## APC Classification Requirements

**Requirement:** 20 APC-eligible credits every 2-year period plus initial written exam or competency exam.  
**Your Status:** You need 11 additional APC-eligible credits to qualify for the APC classification.

**Period:** 06/15/2018 to 06/14/2020  
**Credits:** 9.00

## Lifetime and Yearly Totals

**Lifetime Total Credits:** 19.00  
**This Year (2020):** 0.00  
**Last Year (2019):** 3.00  
**2 Years Ago (2018):** 6.00

## Completed Courses as of 06/15/2020

(Courses Listed in Reverse Date Order)

Event / Course	Course Date	Credits
TR - USPTA Webinar - New Challenges Mging Complex	11/26/2019	0.50 APC
TR - USPTA Webinar - Achieving excellence through personal develo	11/03/2019	0.50 APC
TR - USPTA Webinar - Time Management - Juggling Like the Experts	11/03/2019	0.50 APC
TR - USPTA Webinar - How to deliver an effective on-court present	11/02/2019	0.50 APC
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TR - USPTA Webinar - Tennis Entrepreneurship	11/02/2019	0.50 APC
TR - USPTA Webinar - How to be promoted in tennis	12/29/2018	0.50 APC
TR - USPTA Webinar - Guidelines to an expert lesson	12/29/2018	0.50 APC
TR - USPTA Webinar - Grow Your Business w/ D&I	12/28/2018	0.50 APC
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TR - USPTA Webinar - Dev Resilient, Confident Competitor	12/27/2018	0.50 APC
TR - USPTA Webinar - Tennis: A Therapeutic Tool for Individuals w	12/27/2018	0.50 APC
TR - USPTA Webinar - 2019 ITF World Tennis Tour & USTA Comp. Pth	12/27/2018	0.50 APC



June 15, 2020

Mr. Zoran Radosevic  
9004 SW 62nd Ter # 7C  
Miami, FL 33173-1670

Dear Zoran,

This letter will confirm that, as a certified member of the United States Professional Tennis Association (USPTA), you have liability insurance as outlined below. This USPTA liability policy covers applicants who are being processed, and certified and certain honorary members in the United States, its territories or Canada, and nonmembers who are insured through a certified member's policy.

THE USPTA LIABILITY POLICY INCLUDES \$6 million liability insurance, *while on court*, for bodily injury to others, and for damage to property not in the tennis professional's care, custody or control. It *does not cover* injury to the tennis professional, or damage to his/her property. The accident must have taken place on court, and arisen from the tennis professional's playing, practicing, teaching or officiating in tennis, pickleball, padel, and platform tennis.

<b>Policy Number:</b>	SI8ML01641197
<b>Effective Period:</b>	12/31/2019 - 12/31/2020
<b>For questions or to report an accident, contact:</b>	USPTA World Headquarters 11961 Performance Drive Orlando, FL 32827 Telephone: 800-877-8248

If we may be of further assistance, please do not hesitate to contact us.

Sincerely,

UNITED STATES PROFESSIONAL TENNIS ASSOCIATION, INC.

Dillon Chustz  
Membership Department

This coverage is null and void if the member is not a citizen of or does not legally reside and work in the United States, its territories or Canada.



# USPTA Membership Card

Cut on  
outside line

11961 Performance Dr • Orlando, FL 32827  
800-USPTA-4U • 407-634-3050 • 407-477-6100 Fax  
uspta@uspta.org • www.uspta.com

Unless the card has expired, the cardholder is a member in good standing of the USPTA, and has passed all tests and/or requirements for such membership. Members are governed by the Association's strict Code of Ethics, and are entitled to all benefits of membership. All teaching members are covered by liability insurance while on court, for bodily injury to others, and for damage to property not in the tennis professional's care, custody or control. The territory of coverage is anywhere in the United States, its territories or Canada. At this time, there is no coverage for members who play or teach in other countries or territories.

Fold on  
center line



**Professional**

**US Professional Tennis Association**

**Zoran Radosevic**  
**Member No. 29301**

Valid through Dec. 31, 2020



# United States Professional Tennis Association

Hereby certifies that

## Zoran Radosevic

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. 29301  
**Valid through Dec. 31, 2020**

Z6NU - Y41W - WTXP - WEL9


# United States Professional Tennis Association

Hereby awards this certificate to

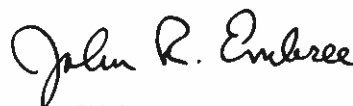
## Zoran Radosevic

for

## 14 Years of Service 2020



President USPTA



Chief Executive Officer



**Client Reference:**

Marc Dickson

Tel: 941-356-2286

Email: [DicksonFamily3@gmail.com](mailto:DicksonFamily3@gmail.com)

**Bidder: Zoran Radosevic**

**Tennis employment title & activities performed: Professional Tennis Coach**

**Description/Scope: Professional Tennis Instructors Services**

**Employment Start/End Date: 11/2017 to 2/2019 Total Amount:**

\*\*\*\*\*

**Please answer the following questions:**

1. Did the Bidder provide qualified and experienced personnel to complete the scope of work in a timely manner and within budget? Yes
2. How would you describe the Bidder's ability to collaborate and communicate with your organization's staff, elected officials (if applicable) and stakeholders: Unsatisfactory, Satisfactory, Good, Very Good, Excellent? Excellent
3. How would you describe the work performed by the Bidder? Unsatisfactory; Satisfactory; Good; Very Good; Excellent? Excellent
4. What difficulties/problems, if any, were encountered with the Bidder during the project? Where these difficulties/problems resolved? No problems; as Assistant Tennis Supervisor, I supervised Zoran's work
5. Would you consider the Bidder for future projects? Yes
6. Comments: No problems; as Assistant Tennis Supervisor, I supervised Zoran's work; the dates of employment listed above were my dates of employment with the City of Coral Gables

\*\*\*\*\*

Name of Individual Completing this Form:

Title: Tennis Facility Manager, Miami-Dade County Parks, Recreation and Open Spaces

Date: June 28, 2020



**Client Reference:**

Jacob Linenfelser

Tel: 305-877-8851

Email: [Jacob.linenfelser@goosehead.com](mailto:Jacob.linenfelser@goosehead.com)

**Bidder: Zoran Radosevic**

**Tennis employment title & activities performed: Guest Representative**

**Description/Scope: Professional Tennis Instructors Services :Open and close facility while checking in guest.**

**Employment Start/End Date: 2013-2017 Total Amount: 4 years**

**Please answer the following questions:**\*\*\*\*\*

1. Did the Bidder provide qualified and experienced personnel to complete the scope of work in a timely manner and within budget? **Zoran Radosevic has been mentor regarding getting things done in a timely manner and within a budget. He has day in, and day out reflected the meaning of being professional, kind, and courteous to each person he has come across. All with completing his job when needed and within the budget given.**
2. How would you describe the Bidder's ability to collaborate and communicate with your organization's staff, elected officials (if applicable) and stakeholders: Unsatisfactory, Satisfactory, Good, Very Good, Excellent? **Excellent**
3. How would you describe the work performed by the Bidder? Unsatisfactory; Satisfactory; Good; Very Good; Excellent? **Excellent**
4. What difficulties/problems, if any, were encountered with the Bidder during the project? Where these difficulties/problems resolved? **Zoran Radosevic has always been a problem solver. There have been plenty of times when the weather effected the tennis programs and Zoran figured a way to entertain the kids and keep the program fun and thriving all in a safe manner. Through thick and thin Zoran pushes through.**
5. Would you consider the Bidder for future projects? **With out a doubt. Zoran is an admirable, excellent, persistent, trust worth person that can accomplish any job big or small.**
6. Comments: **I look forward to seeing Zoran reflect all the things he has taught me and achieve the many goals he has instilled.**

\*\*\*\*\*

Name of Individual Completing this Form: **Jacob Linenfelser**

Title:

Date: 09/14/2020



**Client Reference:**

Nikolai Kostov

Tel: 786-614-9417

Email: [kostovn96@gmail.com](mailto:kostovn96@gmail.com)

**Bidder: Zoran Radosevic**

**Tennis employment title & activities performed:** Guest Services Specialist, Guest Services Representative and Park Attendant.

**Description/Scope: Professional Tennis Instructors Services**

**Employment Start/End Date: 12/20/2016 until 11/29/19 Total Amount: 3 years**

\*\*\*\*\*

**Please answer the following questions:**

1. Did the Bidder provide qualified and experienced personnel to complete the scope of work in a timely manner and within budget?

Yes, Zoran Radosevic is among the best coaches to coordinate both the children and Adult clinics. He has always completed the scope of work in a timely manner and within budget. While contributing to the City of Coral Gables with his athletic experience and great personality, Zoran also makes the working experience more enjoyable.

2. How would you describe the Bidder's ability to collaborate and communicate with your organization's staff, elected officials (if applicable) and stakeholders: Unsatisfactory, Satisfactory, Good, Very Good, Excellent?

Excellent

3. How would you describe the work performed by the Bidder? Unsatisfactory; Satisfactory; Good; Very Good; Excellent?

Excellent

4. What difficulties/problems, if any, were encountered with the Bidder during the project? Where these difficulties/problems resolved?

There were no problems or difficulties encountered with the Bidder

5. Would you consider the Bidder for future projects?





Yes, the Bidder has been previously recognized for his professionalism and athletic ability in working with both adults and children.

6. Comments:

None

\*\*\*\*\*

Name of Individual Completing this Form: Nikolai Kostov

Title:

Date: 9/16/2020