

SECTION V. BID/PROPOSAL FORM

BID 2013-04

The undersigned proposes to furnish Building Demolition Services for Otsego County in accordance with the attached specifications stated herein for the price listed below.

TOTAL PROJECT COST \$ \$7400<sup>00</sup>

Project Breakdown:  
529 Arbutus Court \$ \$2800<sup>00</sup>  
5730 Old Stump Road \$ \$1800<sup>00</sup>  
6036 Timberline Trail \$ \$2800<sup>00</sup>

Visited site to view project  yes  no  
Submitted proposed schedule with bid  yes  no  
Submitted references with bid  yes  no

COMPANY NAME: F & F EXCAVATING

ADDRESS: 3517 Old 27 South

SIGNATURE: Ronald H. York

TITLE: OWNER

TELEPHONE: 989-614-0993

EMAIL (if any): F.FEXCAVATING@hotmail.com

FAX: 989-731-1878

DATE: 8-8-13

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ADDRESS: 3517 Old 27 South

SIGNATURE: Ronald York

TITLE: OWNER

TELEPHONE: 989-614-0993

EMAIL (if any): F.F. EXCAVATING@HOTMAIL.COM

FAX: 989-731-1878

DATE: 8-8-13

SECTION V. BID/PROPOSAL FORM

BID 2013-04

The undersigned proposes to furnish Building Demolition Services for Otsego County in accordance with the attached specifications stated herein for the price listed below.

TOTAL PROJECT COST \$ 7,815.00

Project Breakdown:

5730 Old Stump Road (Trash Clean up Only) \$ 2,075.00

6036 Timberline Trail \$ 2,400.00

Optional for County:

529 Arbutus Court \$ 3,340.00

Visited site to view project  yes  no

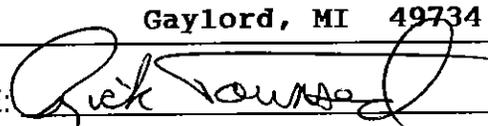
Submitted proposed schedule with bid  yes  no

Submitted references with bid  yes  no

COMPANY NAME: North Central Excavating

ADDRESS: P.O. Box 415

Gaylord, MI 49734

SIGNATURE: 

TITLE: Vice President

TELEPHONE: 989-732-2125

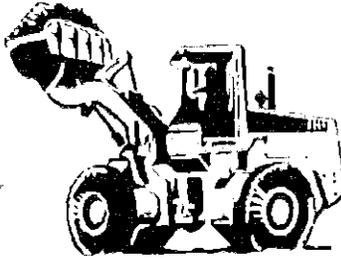
EMAIL (if any): ricktownsend@northcentralexc.com

FAX: 989-732-3745

DATE: August 9, 2013

**NORTH CENTRAL EXCAVATING  
TRUCKING & MASONRY, INC.**

P.O. BOX 415 - GAYLORD, MI 49734  
1-989-732-2125 FAX: 1-989-732-3745  
**OVER 35 YEARS OF SERVICES**



**Proposal 13-338**

Client: Otsego County  
Attn: John Burt  
Project: Project 2013-04 Demolition  
Location: Gaylord, Michigan

Date: 08-09-13

Projects to be completed 1 week total after MDEQ notification period has expired and any utilities have been disconnected/capped.

**References:**

Otsego County: Project 300 Livingston  
John Burt  
989-731-7520

Wolgast Construction: Project Independent Bank Gaylord  
989-921-9708

Integrity Construction: Projects St. Mary School Gaylord, St. Mary church  
Grayling  
Ed Hunt  
989-705-1131 ext. 1

Note: Quote includes removal of UST on Arbutus Court lot only. No soil testing or removal of contaminated soils. If encountered these services would be done on a T&M basis as agreed upon by Otsego County. Deduct \$650.00 from alternate if Otsego County is not responsible for the removal. Quote does not include capping of natural gas on the Timberline property as the pedestal for mobile home units is a stand alone meter base possibly for future connections. Once accepted, any salvage materials to become property of NCET unless other arraignments have been made previously.

A handwritten signature in black ink, appearing to read "Rick Townsend".

Rick Townsend Operations Manager

Date:

Quote Valid for 15 days from date of signature above.

Acceptance: The above prices, specifications and conditions are satisfactory, the undersigned hereby authorizes North Central Excavating, Trucking and Masonry, Inc to perform the above noted work and agrees to the terms and conditions set forth. Payment requirements, half down and the balance to be paid in full upon completion.

Date of Acceptance :

Signature :

Name/Title :

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/29/2013

PRODUCER (517)787-0077 FAX (517)787-9356  
The Craft Agency, Inc.  
2533 Spring Arbor Rd  
P O Box 1187  
Jackson, MI 49204

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	State Auto Mutual Ins Co	25135
INSURER B:	State Auto Prop & Cas Ins Co	25127
INSURER C:		
INSURER D:		
INSURER E:		

INSURED North Central Excavating, Trucking & Masonry  
PO Box 415  
Gaylord, MI 49734

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	PBP2461935	07/31/2013	07/31/2014	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BAP2199553	07/31/2013	07/31/2014	PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$	PBP2461935	07/31/2013	07/31/2014	PROPERTY DAMAGE (Per accident)	\$
					AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC AGG	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$
	OTHER				E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Ted Wray/CSS

*Ted Wray*

Received Time Jul. 29. 9:46AM



# CERTIFICATE OF LIABILITY INSURANCE

NORTHCE

OP ID: SO

DATE (MM/DD/YYYY)

04/22/13

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 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).

<b>PRODUCER</b> Madigan/Pingatore Ins Services 105 W. Water Street Sault Ste. Marie, MI 49783 Sonja J Reinhart	906-635-5233 906-632-1612	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b> <b>FAX (A/C, No):</b>														
<b>INSURED</b> North Central Excavating, Trucking & Masonry, Inc. PO Box 415 Gaylord, MI 49734		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Hastings Mutual Insurance Co.</td> <td style="text-align: center;">14176</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hastings Mutual Insurance Co.	14176	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED \$      RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 9684123	04/11/13	04/11/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH. ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>  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 Sonja J Reinhart
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