



**OTSEGO COUNTY ADMINISTRATION
 BID REGISTER LOG/PRELIMINARY TABULATION SHEET**

BID NUMBER: 2019-04 **DATE/TIME BIDS DUE:** Monday, July 8th at 1PM
TITLE: Campground Electrical Upgrades **DATE/TIME OF BID OPENING:** Monday, July 8th at 1:15PM
ADVERTISED: Yes
BID DEPOSIT REQUIRED: N/A **ADDENDUM/DATES:** N/A

BIDS/PROPOSAL RECEIVED

	COMPANY NAME	LOCATION	PRELIMINARY TOTAL BID	PRELIMINARY RANK
1.	Northern Electric Power	Manuelona, MI	\$65,000	2
2.	Chuck's Electric	Gaylord, MI	\$56,311	1
3.	Blanchard Contracting	Houghton Lake, MI	\$68,875	3
4.	Dewitt Electric	Middletown, MI	\$89,700	4
5.				
6.				
7.				
8.				
9.				
10.				

SECTION V. BID/PROPOSAL FORM

BID 2019-04

The undersigned proposes to furnish and provide Otsego County with all materials, supplies, tools, equipment, labor, supervision, and expertise to properly and professionally perform all required services described in this RFP in accordance with the attached specifications stated herein for the price listed below.

No.	Description	Qty	Unit	Unit Price	Total Price
1.	Project Design	1	LS	\$	\$ 4,225
2.	Provision of all necessary labor and equipment to upgrade electrical service to 27 camp sites and 2 cabins	1	LS	\$	\$ 85,475
OVERALL TOTAL:					\$ 89,700

Visited site to view project YES NO

I acknowledge the receipt of the following addendums (list all issued):

Attachment A, Attachment B

COMPANY NAME: DeWitt Electric, LLC

ADDRESS: 11881 Finkbeiner Road

Middleville, Michigan 49333

SIGNATURE: Bruce DeWitt 

TITLE: Owner, Member

TELEPHONE: 616-437-9116

EMAIL (if any): dewitteletric@gmx.com

FAX: _____

DATE: June 27, 2019

References:

Appletree Corporation
555 Cascade West Parkway SE
Grand Rapids, Michigan 49546
Contact: Randy Carlon _ 616-560-3940

Rivertown Contractors
608 Quincy Street SW
Grandville, Michigan 49418
Contact: Budy Windham _ 616-437-0864

Dan Valley Excavating _
Middleville, Michigan 49333
Contact: Rob Dykstra _ 616-437-2648

RICK SNYDER
Governor

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes

N633069

Electrical Contractor License

BRUCE DEWITT
11881 FINKBEINER RD
MIDDLEVILLE, MI 49333

License No.
6104111

Expiration Date:
12/31/2021

This document is duly
issued under the laws of the
State of Michigan

RICK SNYDER
Governor

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes

N633751

Master Electrician License

BRUCE DEWITT
11881 FINKBEINER
MIDDLEVILLE, MI 49333

License No.
6205729

Expiration Date:
12/31/2019

This document is duly
issued under the laws of the
State of Michigan

CERTIFICATE OF INSURANCE

FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN
 ■ FARM BUREAU GENERAL INSURANCE COMPANY OF MICHIGAN

Lansing, Michigan 48909

AMENDED

Name and Address of Certificate Holder:

Bruce Dewitt
 Dewitt Electric LLC
 11881 Finkbeiner Rd
 Middleville, MI 49333

Named Insured and Address:

Bruce Dewitt
 Dewitt Electric LLC
 11881 Finkbeiner Rd
 Middleville, MI 49333

Issue Date: 02/12/2016

We hereby certify that the following policy(ies) of insurance has (have) been or will be issued by the Company to the Named Insured. This certificate is not a contract and that if a policy(ies) will remain in effect until its (their) stated expiration date. In the event of cancellation of any of the insurance policies before the expiration date, the Company will endeavor to mail notice of such cancellation to the Certificate Holder designated above at the Certificate Holder's last known address, but failure to mail such notice shall impose no obligation or liability of any kind upon the Company. 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 policy(ies) of insurance indicated below. The information conveyed in this Certificate of Insurance is only valid for the indicated policy periods. Certificates of Insurance for subsequent policy periods must be requested by the Certificate Holder.

Type of Insurance	Policy Number	Policy Period	Limits of Liability
101-1091 - Auto Liability 101-1091-10 - Liability Coverage (Symbol 7) 101-1091-10-1 - Auto (Symbol 1) Non-Owned Auto (Symbol 9)		Eff. Exp.	Combined Single Limit Each Accident \$
101-1091-10-2 - Compensation		Eff. Exp.	Coverage A - Statutory Coverage B - Bodily Injury by Accident \$ Each Accident (Employer's Liab.) Bodily Injury by Disease \$ Each Employee Bodily Injury by Disease \$ Policy Limit
101-1091-10-3 - General Liability or Other Package ■ 101-1091-10-3-1 - Excluded Products - Combined Operations 101-1091-10-3-1-1 - Advertising Injury 101-1091-10-3-1-2 - Products 101-1091-10-3-1-3 - Non-Owned Auto CERTIFICATE HOLDER'S Auto - Not Insured 101-1091-10-3-1-4 - Products	S 2837154	Eff. 01/12/2018 Exp. 01/12/2019	Each Occurrence \$ 1,000,000 Products Aggregate \$ 2,000,000 General Aggregate \$ 2,000,000 Medical Payments Limit \$ 10,000
101-1091-10-4 - Professional Liability		Eff. Exp.	Each Occurrence \$ General Aggregate \$
101-1091-10-5 - Combined Operations 101-1091-10-5-1 - Products		Eff. Exp.	Each Occurrence \$ Products Aggregate \$
101-1091-10-6 - Products 101-1091-10-6-1 - Products		Eff. Exp.	Limit \$
101-1091-10-7 - Products 101-1091-10-7-1 - Products		Eff. Exp.	Limit \$ Type(s) Described:
101-1091-10-8 - Products 101-1091-10-8-1 - Products		Eff. Exp.	

X _____
 Authorized Signature

4559
 Agent Number

(269) 795-8827
 Agent Phone Number

MICHIGAN CERTIFICATE OF INSURANCE

Frankenmuth Mutual Insurance Company, an authorized Michigan insurer, certifies that it has issued a policy for the described vehicle.

PENALTY FOR OPERATION WITHOUT INSURANCE

YEAR	MARK
2008	FORD ECONOLINE VA
VEHICLE NO	1FTNE14W08DA42734

NOTICE THIS IS NOT A GUARANTEE THAT THE POLICY WILL REMAIN IN EFFECT UNTIL THE STATED EXPIRATION DATE.

POLICY NO.	ISSUE DATE	EFFECTIVE DATE	EXPIRATION DATE
PA 9687886	04/23/2019	06/02/2019	06/02/2020

(NAME OF INSURED)

TO DEWITT, BRUCE
DEWITT, TAMMY

For your identity protection, we no longer print your address on this Certificate of Insurance.

AGENT THE CAMPBELL GROUP

616-541-1500

WARNING: KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES. If you fail to produce it upon a police officer's request, you will be responsible for a civil infraction.

VALID IN US AND CANADA

FRANMUT001

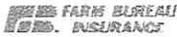
PENALTY FOR OPERATING
MOTOR VEHICLE WITHOUT INSURANCE

Michigan Law (Act 240 of 2011) requires that the owner or registrant of a motor vehicle registered in this state must have insurance or other approved security for the payment of no-fault benefits on the vehicle at all times. An owner or registrant who drives or permits a vehicle to be driven upon a public highway without the proper insurance or other security is guilty of a misdemeanor.

A person convicted of such a misdemeanor shall be fined not less than \$500.00 nor more than \$500.00, imprisoned for not more than 1 year, or both.

A person who supplies false information to the Secretary of State under this section or who issues or sells an invalid Certificate of Insurance is guilty of a misdemeanor punishable by imprisonment for not more than 1 year or a fine of not more than \$1000.00, or both.

This certificate of insurance neither affirmatively nor negatively attests, extends, or alters the coverage afforded by the policy issued by the Company.



CERTIFICATE OF INSURANCE

FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN
 FARM BUREAU GENERAL INSURANCE COMPANY OF MICHIGAN
 Lansing, Michigan 48909

Scan Code:
CERT

Name and Address of Certificate Holder

AMENDED

Named Insured and Address:

Bruce Dewitt
Dewitt Electric LLC
 11881 Finkbeiner Rd
 Middleville, MI 49333

Bruce Dewitt
Dewitt Electric LLC
 11881 Finkbeiner Rd
 Middleville, MI 49333

Issue Date: 02/12/2018

This is to certify that the following policy(ies) of insurance has (have) been or will be issued by the Company to the Named Insured. This certificate is not a guarantee that the policy(ies) will remain in effect until its (their) stated expiration date. In the event of cancellation of any of the insurance policies before the expiration date, the Company will endeavor to mail notice of such cancellation to the Certificate Holder designated above at the Certificate Holder's last known address, but failure to mail such notice shall impose no obligation or liability of any kind upon the Company. 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 policy(ies) of insurance indicated below. The information conveyed in this Certificate of Insurance is only valid for the indicated policy periods. Certificates of insurance for subsequent policy periods must be requested by the Certificate Holder.

Type of Insurance	Policy Number	Policy Period	Limits of Liability
Business Auto Liability * Specifically Described Autos (Symbol 7) <i>Hired Auto (Symbol 8)</i> <i>Non-Owned Auto (Symbol 9)</i>		Eff. Exp.	Combined Single Limit Each Accident \$
Worker's Disability Compensation		Eff. Exp.	Coverage A - Statutory Coverage B - Bodily Injury by Accident \$ Each Accident (Employer's Lab.) Bodily Injury by Disease \$ Each Employee Bodily Injury by Disease \$ Policy Limit
Comprehensive General Liability or Commercial Package ■ Including Excluding Products-Completed Operations Personal Injury and Advertising Injury Liability Coverage is Included <i>Hired Auto Non-Owned Auto</i> CERTIFICATE HOLDER is an Additional Insured Excluding	S 2837154	Eff. 01/12/2018 Exp. 01/12/2019	Each Occurrence \$ 1,000,000 Products Aggregate \$ 2,000,000 General Aggregate \$ 2,000,000 Medical Payments Limit \$ 10,000
Owners and Contractors Protective Liability		Eff. Exp.	Each Occurrence \$ General Aggregate \$
Products - Completed Operations Liability		Eff. Exp.	Each Occurrence \$ Products Aggregate \$
Umbrella Liability		Eff. Exp.	Limit \$
Farmowners Liability Including Products Business Pursuits Excluded Included		Eff. Exp.	Limit \$ Type, Describe:
Other		Eff. Exp.	

X _____
 Authorized Signature

4559
 Agent Number

(269) 795-8827
 Agent Phone Number

SECTION V. BID/PROPOSAL FORM

BID 2019-04

The undersigned proposes to furnish and provide Otsego County with all materials, supplies, tools, equipment, labor, supervision, and expertise to properly and professionally perform all required services described in this RFP in accordance with the attached specifications stated herein for the price listed below.

No.	Description	Qty	Unit	Unit Price	Total Price
1.	Project Design	1	LS	\$	\$ 5,000 ⁰⁰
2.	Provision of all necessary labor and equipment to upgrade electrical service to 27 camp sites and 2 cabins	1	LS	\$	\$ 63,875 ⁰⁰
OVERALL TOTAL:					\$ 68,875⁰⁰

Visited site to view project X YES NO

I acknowledge the receipt of the following addendums (list all issued):

 NO Addendums

COMPANY NAME: Blanchard Contracting INC

ADDRESS: 2650 S. HARRISON Rd (PO Box 412)
 Houghton LAKE, MI 48629

SIGNATURE: D. E. Blanchard

TITLE: President

TELEPHONE: 989-329-5277

EMAIL (if any): blancharddave42@yahoo.com

FAX: N/A

DATE: 7-6-19



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/30/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Diebold Insurance Agency-HL 1414 W. Houghton Lake Dr. P.O. Box 1037 Prudenville MI 48651	CONTACT NAME: Kaitlyn Mulrhead PHONE (A/C, No, Ext): (989) 366-4606 E-MAIL ADDRESS: kaitlyn@dieboldinsurance.com FAX (A/C, No): (989) 366-4540
	INSURER(S) AFFORDING COVERAGE INSURER A: Home Owners Insurance Co. NAIC # 26638 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Blanchard Contracting Inc PO Box 412 Houghton Lake MI 48629	

COVERAGES CERTIFICATE NUMBER: 19-20 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 INSD	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			33059832	02/14/2019	02/14/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Hired auto & Non Owned \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> 19			4708774201	02/14/2019	02/14/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	33059834	02/14/2019	02/14/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER Insured copy reference only	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 

REFERENCE'S

1. Scott Taylor West Houghton lake Camp Ground 989-387-2944
2. Dave Deitzle Wooded Acres Camp Ground 989-965-4730
3. Keith Swan State of Michigan Clear lake State Camp Ground 248-640-6094

SECTION V. BID/PROPOSAL FORM

BID 2019-04

The undersigned proposes to furnish and provide Otsego County with all materials, supplies, tools, equipment, labor, supervision, and expertise to properly and professionally perform all required services described in this RFP in accordance with the attached specifications stated herein for the price listed below.

No.	Description	Qty	Unit	Unit Price	Total Price
1.	Project Design	1	LS	\$	\$ 5500.00
2.	Provision of all necessary labor and equipment to upgrade electrical service to 27 camp sites and 2 cabins	1	LS	\$	\$ 50811.00
OVERALL TOTAL:					\$ 56311.00

Visited site to view project X YES NO

I acknowledge the receipt of the following addendums (list all issued):

COMPANY NAME: CHUCKS ELECTRIC OF GAYLORD, INC.

ADDRESS: 224 MARQUARDT ROAD
GAYLORD MI 49735

SIGNATURE: Mary Dawn Klee

TITLE: SEC-TREASURER

TELEPHONE: 989 732 3396

EMAIL (if any): CHUCKS ELECTRIC OF GAYLORD @ YAHOO.COM

FAX: 989 731 4415

DATE: 7-8-19

CHUCKS ELECTRIC OF GAYLORD INC.

224 MARQUARDT ROAD

GAYLORD, MI 49735

(989)732-3396 phone (989)731-4415 fax

July 8, 2019

To: Otsego County

225 West Main

Gaylord, MI 49735

Job: Otsego County Park

This is based on 29 Units at 9600VA at 42 Percent loads per NEC 487.20. Amps Needed x 125 Percent = 609 Amps, Price is for 800Amp Single phase service with no Main and 6 – 200-Amp circuits only, if more breakers are needed from this panel will need to have a main breaker and more spaces added.

To upgrade to bigger panel for future Add \$ 2300.00

CHUCKS ELECTRIC OF GAYLORD INC.

224 MARQUARDT ROAD

GAYLORD, MI 49735

(989)732-3396 phone (989)731-4415 fax

July 8, 2019

References for Otsego County Park

1. Treetops Resort
Job: Installed Snow Making pedestals
2. Otsego Club
Job: Installed snow Making pedestals
3. Otsego County Park and Recreation
Job: Installed Camping Pedestals



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/08/2019

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).

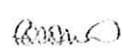
PRODUCER McNamara Insurance Agency 114 North Court P.O. Box 666 Gaylord MI 49734	CONTACT NAME: Donna Makowski PHONE (A/C, No, Ext): (989) 732-6471 E-MAIL ADDRESS: donna@mcinsagency.com	FAX (A/C, No): (989) 732-0942
	INSURER(S) AFFORDING COVERAGE	
INSURED CHUCK'S ELECTRIC OF GAYLORD INC 224 MARQUARDT RD GAYLORD MI 49735-9728	INSURER A: Frankenmuth Mutual HAIC # 13986	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1881003881 **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 INSD	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER			CPP 1997818	08/10/2018	08/10/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROPAGG \$ 2,000,000 Employee Benefits \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> 19			BA 1997818	08/10/2018	08/10/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist BI \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CPP 1997818	08/10/2018	08/10/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MI) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 1997818	08/10/2018	08/10/2019	<input type="checkbox"/> PER STATUTE <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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Olsego County 225 W Main St Gaylord MI 49735	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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SECTION V. BID/PROPOSAL FORM

BID 2019-04

The undersigned proposes to furnish and provide Otsego County with all materials, supplies, tools, equipment, labor, supervision, and expertise to properly and professionally perform all required services described in this RFP in accordance with the attached specifications stated herein for the price listed below.

No.	Description	Qty	Unit	Unit Price	Total Price
1.	Project Design	1	LS	\$ 6,000.00	\$ 6,000.00
2.	Provision of all necessary labor and equipment to upgrade electrical service to 27 camp sites and 2 cabins	1	LS	\$ 59,000.00	\$ 59,000.00
OVERALL TOTAL:					\$ 65,000.00

Visited site to view project

YES NO

I acknowledge the receipt of the following addendums (list all issued):

COMPANY NAME: Northun Power Electric Inc.

ADDRESS: 10154 S. US 131
Mancelona, MI 49659

SIGNATURE: 

TITLE: OWNER

TELEPHONE: 231-587-0056

EMAIL (if any): info@npwrinc.com

FAX: 231-587-9777

DATE: 7/8/19



Office (231) 587-0056

Fax (231) 587-9777

Northern Power Electric Inc.
10154 S U.S. 131 Hwy.
Mancelona, MI 49659 July 8th

July 8th, 2019
Otsego Lake County Park
Administration Office
225 West Main Street, Suite 203
Gaylord, MI 49735
Att: Kyle Ryan

Project: Build a new electrical service with Square D 800-amp single phase outdoor panel. The new service will provide power for 27 campsites and 2 cabins using power pedestals with 20/30/50-amp receptacles. All materials, labor, and trenching fees are included in this quote. Also included is a \$6,000.00 allowance for engineering fees and a \$2,000.00 allowance for permit fees. Not included in this cost are any expenses incurred from the utility company. The engineer will require a site plan in Auto – Cad format to complete the plans.

***Any unforeseen changes are charged at \$75.00 per man-hour plus materials.

NOTE: All Northern Power Electric Employees are state licensed.

EXCLUSIONS AND QUALIFICATIONS:

- This quotation is based on the above scope of work and makes no provisions to provide additional work, not listed above.
- Any changes in the above scope of work by any authority, having jurisdiction, would alter this proposal.
- This quotation is based on the National Electrical Code for estimating purposes.
- Any Patching, Plastering, and Painting of any surfaces are excluded.
- Waste dumpsters provided by others.
- Project is not bid with premium time labor.

Budget Cost: \$65,000.00

Job: Otsego Lake County Campground Upgrade

Date: July 8th, 2019

Thank you again for the opportunity to bid this work for you. I hope you find my quote acceptable to you.

Respectfully,

Marc Archambault

Signature below accepts this price quote and scope of work. Northern Power Electric is authorized to proceed with project.

Name

Date

This price is good for 30 days from