

**SECTION IV. BID/PROPOSAL FORM
 BID 2020-08**

The undersigned proposes to furnish building demolition, disposal, and miscellaneous debris clean-up and disposal services for Otsego County in accordance with the attached specifications stated herein for the price listed below.

No.	Description	Qty	Unit	Total Price
1.	Parcel # 011-820-000-020-00 located at 1908 John Street in Bagley Township.	1	LS	\$ 110,950.00
2.	Parcel # 072-310-000-076-00 located at 2887 Pine Grove St in Hayes Township.	1	LS	\$ 110,090.00
3.	Parcel # 080-030-200-030-00 located at 1531 N Townline Road in Livingston Township.	1	LS	\$ 54,890.00

OVERALL TOTAL: \$ 87,930.00

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

Addendum # 1

COMPANY NAME: E.F. Wilkinson & Sons, Inc.

ADDRESS: 6993 S. Extension Rd

Cheboygan, MI 49721

SIGNATURE: [Signature]

TITLE: Secretary

TELEPHONE: 231-627-5457

EMAIL (if any): efwilkinson6993@gmail.com

FAX: _____

DATE: 9/29/20

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No.	Description	Qty	Unit	Total Price
1.	Parcel # 011-820-000-020-00 located at 1908 John Street in Bagley Township.	1	LS \$	23,584.00
2.	Parcel # 072-310-000-076-00 located at 2887 Pine Grove St in Hayes Township.	1	LS \$	13,661.00
3.	Parcel # 080-030-200-030-00 located at 1531 N Townline Road in Livingston Township.	1	LS \$	39,580.00
OVERALL TOTAL:				\$ 76,825.00

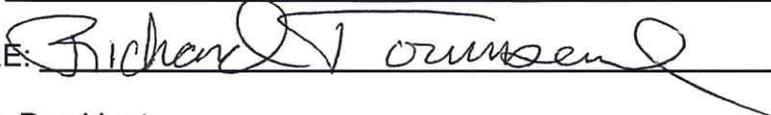
I acknowledge the receipt of the following addendums (list all issued):

Addendum #1 issued 09/21/2020

COMPANY NAME: North Central Excavating, Trucking and Masonry Inc.

ADDRESS: P.O. Box 415

Gaylord, MI 49734

SIGNATURE: 

TITLE: Vice President

TELEPHONE: 989-732-2125

EMAIL (if any): northcentralexcavating@gmail.com

FAX: 989-732-3745

DATE: 09/29/2020

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No.	Description	Qty	Unit	Total Price
1.	Parcel # 011-820-000-020-00 located at 1908 John Street in Bagley Township.	1	LS \$	7,500.00
2.	Parcel # 072-310-000-076-00 located at 2887 Pine Grove St in Hayes Township.	1	LS \$	8,800.00
3.	Parcel # 080-030-200-030-00 located at 1531 N Townline Road in Livingston Township.	1	LS \$	17,800.00
OVERALL TOTAL:				\$ 34,100.00

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

Addendum #1

COMPANY NAME: Dozer Construction

ADDRESS: Po Box 70

Vanderbilt MI 49795

SIGNATURE: 

TITLE: owner

TELEPHONE: 989-448-6275

EMAIL (if any): Dozerj84@gmail.com

FAX: 989-983-4425

DATE: 9-28-2020



P.O. Box 70 Vanderbilt, MI 49795

Dozerjr84@gmail.com

Office 989.983.4217 Fax 989.983.4425

September 27, 2020

Otsego County

225 West Main Street, Suite 203

Gaylord, MI 49735

RE: Similar Projects Completed

Attn: Chris Churches

- 1. Demo of a burned down Hotel in Boyne Falls 2019**
Chris Korona 989-858-6227 Contract price: \$65,000.00
- 2. Demo and abandonments of curb and storm drain**
City of Gaylord, Ed Tholl 989-390-2957 Contract price \$15,000.00
- 3. East Jordan public Schools site clean-up of old auto salvage yard**
Matt Stevenson 231-536-3132 Contract price \$78,000.00

If you have any questions please call.

Thank you,

Jeff O'Rourke

989-448-6275

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No.	Description	Qty	Unit	Total Price
1.	Parcel # 011-820-000-020-00 located at 1908 John Street in Bagley Township.	1	LS	\$ 14,000.00
2.	Parcel # 072-310-000-076-00 located at 2887 Pine Grove St in Hayes Township.	1	LS	\$ 16,000.00
3.	Parcel # 080-030-200-030-00 located at 1531 N Townline Road in Livingston Township.	1	LS	\$ 25,000.00
OVERALL TOTAL:				\$ 55,000.00

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

Bid Change from 10-1-2020 to 9-29-2020

COMPANY NAME: Thomas Trucking Services, Inc.

ADDRESS: 27409 Weddel
Brownstown, mi 48183

SIGNATURE: [Signature]
 TITLE: J.P.

TELEPHONE: 1-734-341-5937

EMAIL (if any): ThomasTruckingServices5260@yahoo

FAX: _____

DATE: 9-23-2020



Otsego County
225 West Main Street
Gaylord, Michigan 49735
Phone (989)731-7520 Fax (989)731-7529

Addendum #1

Bid 2020-08

September 21st, 2020

Potential Contractors:

Thank you for your participation in Otsego County's Request for Proposal process for Bid 2020-08, the demolition and disposal of various foreclosed properties.

We have prepared Addendum Notice Number One (1) to the RFP to provide changes to the RFP.

Please note the receipt of this addendum on the Bid Form.

Changes and/or clarifications are as follows:

1. The bid due date will be changed from Thursday, October 1st at 10:00am to Tuesday, September 29th at 10:00am. Bids will be submitted to the same location as detailed in the RFP. The public bid opening will remain in Room 100 and will take place immediately following the receipt of bids. Again, **bids are now due on Tuesday, September 29th at 10:00am local time.**

Again, please note the receipt of this addendum on the Bid Form.

Thank you,

Christopher Churches
Director of Planning & Zoning, Capital Projects & Grants
Phone: (989) 731-7515
Email: churches@otsegocountymi.gov

P281111

GRETCHEN WHITMER
Governor

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
M&A Company License

Classifications:
House Wrecking (R)

THOMAS TRUCKING SERVICES, INC
27409 WEDDEL AVE
BROWNSTOWN, MI 48183

Qualifying Officer:
Brent Gregory Thomas
Qualifying Officer #
252000012

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

License No.
272000020

Expiration Date:
05/31/2023

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

MICHIGAN^{MI} USA
COMMERCIAL DRIVER LICENSE



T 520 098 288 052 **ISS 01-29-2019**
DOB 01-19-1987 **EXP 01-19-2023** 011987

BRENT GREGORY THOMAS
17432 SUNFLOWER DR
ROCKWOOD, MI 48173-8750

Sex M **Hgt 511** **Eyes BLU**
Lic Type CA **End T**

Restrictions Corrective Lens



BT

DD-0085468884115

Rev 01-21-2011



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/15/2020

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 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 VTC Insurance Group Troy Office 1175 W. Long Lake Ste. 200 Troy MI 48098-4960	CONTACT NAME: Annie Couch PHONE (A/C, No. Ext): (248) 828-3377 E-MAIL ADDRESS: acouch@vtcins.com	FAX (A/C, No): (248) 828-3741
	INSURER(S) AFFORDING COVERAGE	
INSURED Thomas Trucking Services Inc 27409 Weddel Ave Brownstown Twp MI 48183	INSURER A: Selective Ins Co of America NAIC # 12572	
	INSURER B: Safety National Casualty Corporation 15105	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 20-21 Master **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"/> PROJECT <input type="checkbox"/> LOC OTHER:			82412286	7/6/2020	7/6/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
	AUTOMOBILE LIABILITY <input 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						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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	THOMA2C	5/1/2020	4/30/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)
All operations of the named insured.

CERTIFICATE HOLDER Insured's copy	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 Alan Chandler/ACOUC <i>Alan P. Chandler</i>