

Town of Windham
Request for Proposals – Snow Plowing & Sanding Services
July 22, 2016

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ROUTE # 1
(Roads off Rt.302, Rt.35, and around Sebago Lake)

To the Windham Town Manager:

Michael Sargent/Sumerian Irrigation hereby declares that they are the only person or persons interested in this bid as principal or principals, and that no other person herein above named has any interest in this proposal, and that this proposal or bid is made without any connections with any person or persons in the employ of the Town of Windham. The bidder agrees, if this proposal is accepted, to perform all work necessary as specified in this bid.

<u>Season</u>	<u>Number of Miles</u>	<u>Cost per Mile</u>	<u>Total Cost</u>
<u>2016/2017</u>	<u>14.26</u>	<u>\$4700.00</u>	<u>\$67022.00</u>
<u>2017/2018</u>	<u>14.26</u>	<u>\$4841.00</u>	<u>\$69032.66</u>
<u>2018/2019</u>	<u>14.26</u>	<u>\$4986.23</u>	<u>\$71103.64</u>
<u>2019/2020</u>	<u>14.26</u>	<u>\$5135.82</u>	<u>\$73236.79</u>
<u>2020/2021</u>	<u>14.26</u>	<u>\$5135.82</u>	<u>\$73236.79</u>
Total of 5 Year Contract			<u>\$353631.87</u>

List of required equipment for this route:

Please list make and model to be used by contractor:

2016 FORD F550 with wing, angle 10Ft plow, 4YD SANDER
2014 International Terrastar with wing, 10Ft angle plow, 5YD SANDER
2016 GMC 3500 with 9.5 Fisher v-plow, 2Yd sander

Contractor Contact Person responsible for this route:

Michael Sargent

Method of contact:

Cell Phone

Ph #'s

595-2478

ROUTE # 2
(Roads off Albion Rd. and around Highland Lake and Forest Lake)

To the Windham Town Manager:

Michael Sargent / Sumerian Irrigation hereby declares that they are the only person or persons interested in this bid as principal or principals, and that no other person herein above named has any interest in this proposal, and that this proposal or bid is made without any connections with any person or persons in the employ of the Town of Windham. The bidder agrees, if this proposal is accepted, to perform all work necessary as specified in this bid.

<u>Season</u>	<u>Number of Miles</u>	<u>Cost per Mile</u>	<u>Total Cost</u>
<u>2016-2017</u>	<u>9.43</u>	<u>\$4700.00</u>	<u>\$44321.00</u>
<u>2017-2018</u>	<u>9.43</u>	<u>\$4841.00</u>	<u>\$45650.63</u>
<u>2018/2019</u>	<u>9.43</u>	<u>\$4986.23</u>	<u>\$47020.15</u>
<u>2019/2020</u>	<u>9.43</u>	<u>\$5135.82</u>	<u>\$48430.78</u>
<u>2020/2021</u>	<u>9.43</u>	<u>\$5135.82</u>	<u>\$48430.78</u>
Total of 5 Year Contract			<u>\$233,853.34</u>

List of required equipment for this route:

Please list make and model to be used by contractor:

2005 FORD F550 with wing, angle dust pan, 4yd Sander
2016 GMC 2500 with XLS 10FT FISHER, 2yd SANDER

Contractor Contact Person responsible for this route:

Michael Sargent

Method of contact:

Phone

Ph #'s 595-2478

Town of Windham
Request for Proposals – Snow Plowing & Sanding Services
July 22, 2016

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SNOWPLOWING AND SANDING SERVICES BID PROPOSAL

Company Name Sumerian Irrigation
Mailing Address P.O Box 883
Naples, ME 04055
Name of Agent: Michael Sargent
Signature: Michael Sargent
Date: 9/7/16
Contact Names
Telephone/Pager/Cell Michael Sargent _____
647-8866 OFFICE _____
595-2478 CELL _____

Attachments: Please attach certificates for the following:

Payment & Performance Bond (100% of Contracts)

Property & Vehicle Damage Insurance (1 million minimum)

Personal Injury Insurance (\$ 400,000 minimum)

Workers Compensations Insurance

List of References

Reference.

Town of Windham
Doug Fortier 892-1909

Tom Gibson 653-8879



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/15/2016

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 Lotfey Dennett Ins Brokers PO Box 15010 Portland ME 04112		CONTACT NAME: Matthew Dennett PHONE (A/C, No, Ext): 2073706773 E-MAIL ADDRESS: matt@lotfeydennett.com FAX (A/C, No):	
INSURED SUMERIAN IRRIGATION LLC PO BOX 883 NAPLES ME 04055-0883		INSURER(S) AFFORDING COVERAGE INSURER A: PROVIDENCE MUT FIRE INS CO INSURER B: GREAT FALLS INSURANCE COMPANY INSURER C: INSURER D: INSURER E: INSURER F:	

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 SUBR INSD 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:		BOP0093150	11/29/2015	11/29/2016	EACH OCCURRENCE \$ 2000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 2000000 GENERAL AGGREGATE \$ 4000000 PRODUCTS - COM/POP AGG \$ 4000000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WCD0830270016	04/02/2016	04/02/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000

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

ADDITIONAL INSUREDS DO NOT APPLY TO WORKERS COMPENSATION. WORKERS COMPENSATION COVERAGE APPLIES TO ALL STATES EXCLUDING MONOPOLISTIC STATES.

CERTIFICATE HOLDER**CANCELLATION**

INSURANCE VERIFICATION

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/07/2016

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

State Farm



State Farm Insurance - John Grillo Agency
94 Auburn St.
Portland, ME
04103

CONTACT

NAME:

PHONE:

(A/C, No, Ext):

E-MAIL:

ADDRESS:

FAX:

(A/C, No):

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: State Farm Mutual Automobile Insurance Company

25178

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Sumerian Irrigation and HomeTown Heat

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COMP/OP AGG \$
						\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY		072 7460-A26-19A	01/26/2016	01/26/2017	
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$ 500,000
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$ 1,000,000
						PROPERTY DAMAGE (Per accident) \$ 500,000
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)

Irrigation and Heating

CERTIFICATE HOLDER

Town Windham
8 School Rd
Windham, ME
04062

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