

BID TABULATION - EQUIPMENT AND OPERATOR SERVICES 2012

EQUIPMENT & OPERATOR SERVICES 2012 BID OPENING 12-27-11	TAYLOR EXCAVATING COMPANY	GATEWAY SEWER & DRAIN INC	SCRUBBY INC
	3917 REAVIS BARRACKS RD SAINT LOUIS MO 63125-2309	PO BOX 522 HIGH RIDGE MO 63049-0522	1838 N BROADWAY ST LOUIS MO 63102
AFFIDAVIT COMPLETED	YES	YES	NO
COPY OF INSURANCE PROVIDED	YES	YES	YES
COMMENTS:	ATTACHED PRICE RATE SHEET	ATTACHED PRICE RATE SHEET	ATTACHED PRICE RATE SHEET



JEFFERSON COUNTY
DEPARTMENT OF ADMINISTRATIVE SERVICES
 729 MAPLE ST / PO BOX 100
 HILLSBORO MO 63050
 WWW.JEFFCOMO.ORG

Invitation for Bid: EQUIPMENT AND OPERATOR SERVICES 2012

Date Issued: 11-18-11

BIDS SHALL BE ACCEPTED UNTIL: TUESDAY, DECEMBER 27, 2011 AT 2:00 P.M. LOCAL TIME.

Specification Contact: **WILLIAM KOEHRER**
 Department of the Public Works
 636-797-5369

Contract Contact: **VICKIE PRATT**
 Department of Administrative Services
 636-797-5382

Mail (3) Three Complete Copies With Vendor And Bid Information As Shown In Sample:

SAMPLE ENVELOPE

<i>VENDOR NAME</i>	
<i>VENDOR ADDRESS</i>	
<i>CONTACT NUMBER</i>	DEPARTMENT OF THE COUNTY CLERK
	JEFFERSON COUNTY MISSOURI
	729 MAPLE ST / PO BOX 100
	HILLSBORO MO 63050-0100
SEALED BID: (BID NAME)	

Contract Term:
4-1-12 to 3-31-13

The undersigned certifies that he/she has the authority to bind this company in an agreement/contract to supply the commodity or service in accordance with all terms, conditions, and pricing specified. Prices are firm during this agreement term, unless agreed upon in writing by the County. The County has the option to renew this agreement at the same terms and conditions as the original agreement for one additional one-year term with the written consent of the successful bidder. Price increases for renewals are not authorized unless approved in writing by the County.

Vendor Information:

<u>TAYLOR EXCAVATING CO., INC.</u>	<u>WILLIAM R. TAYLOR JR.</u>	
Company Name	Authorized Agent (Print)	
<u>3917 REAVIS BARRACKS RD.</u>	<u>William R. Taylor Jr.</u>	
Address	Signature	
<u>ST. LOUIS, MO 63125</u>	<u>GENERAL MANAGER</u>	
City/State/Zip Code	Title	
<u>314-544-3030</u>	<u>12-23-11</u>	<u>930788150</u>
Telephone #	Date	Tax ID #
<u>billt@taylorcranerental.com</u>	<u>314-544-3035</u>	
E-mail	Fax #	

EXHIBIT C

AFFIDAVIT OF WORK AUTHORIZATION:

The grantee, sub grantee, contractor or subcontractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now WILLIAM R. TAYLOR JR. (Name of Business Entity Authorized Representative) as GENERAL MANAGER (Position/Title) first being duly sworn on my oath, affirm TAYLOR EXCAVATING CO., INC (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to EQUIPMENT & OPERATOR SERVICES (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contractor, or subcontractor, if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that TAYLOR EXCAVATING CO., INC (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to EQUIPMENT & OPERATOR SERVICES (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contract, or subcontract, if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

[Signature]
Authorized Representative's Signature

WILLIAM R. TAYLOR JR.
Printed Name

GENERAL MANAGER
Title

12-23-11
Date

Subscribed and sworn to before me this 23 of 12/2011. I am
(DAY) (MONTH, YEAR)

commissioned as a notary public within the County of Jefferson, State of
(NAME OF COUNTY)

Missouri, and my commission expires on 7-19-2015.
(NAME OF STATE) (DATE)

[Signature]
Signature of Notary

12-23-11
Date

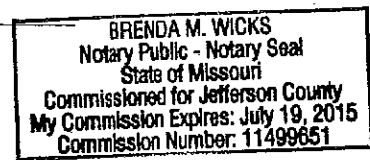


EXHIBIT C
(Continued)

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that TAYLOR EXCAVATING CO., INC. (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

<u>WILLIAM D. TAYLOR JR.</u> Authorized Business Entity Representative's Name (Please Print)	<u><i>William D. Taylor Jr.</i></u> Authorized Business Entity Representative's Signature
---	---

<u>TAYLOR EXCAVATING CO., INC.</u> Business Entity Name	<u>12-23-11</u> Date
--	-------------------------

As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:

- Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;
AND

- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee's, subgrantee's, contractor's, or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, subgrantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee's, subgrantee's, contractor's, or subcontractor's name, then no additional pages of the MOU must be submitted).

SPECIFICATIONS FOR EQUIPMENT AND OPERATOR SERVICES

The County of Jefferson is accepting Rate Sheets for numerous Equipment and Operator Services (rental of equipment with operator). Supplier should price available equipment. If possible rates should be given for daily, weekly and monthly rental. Size of equipment to be determined on an individual project basis. Equipment and Operator Services includes but is not limited to:

- CRANES
- RUBBER TIRE BACK HOE with 1500 lb.-2000 lb. Breaker Hammer
- TRACK HOE with 2500-5000 lb. Breaker Hammer
- COMPACTION EQUIPMENT
- EXCAVATION EQUIPMENT
- LIFTING/HOISTING EQUIPMENT
- MIXERS
- PUMPS
- PUMPERS
- HYDRO FLUSHER/VACUUM TRUCK
- HYDRO FLUSHER TRUCK
- STREET SWEEPER
- MILLING MACHINE

RATE SHEET PRICES WILL REMAIN IN EFFECT UNTIL April 1, 2013.

If you can not hold your price for one year, you will guaranty this price to remain in effect until:

WE CAN HOLD PRICES FOR A YEAR (If you have an annual price sheet, indicate date when new price sheet will be published)
(DATE YOUR PRICES EXPIRE)

In emergency, can we call you after regular hours? YES X NO

If yes, name party to call: PROJECT MANAGER ON CALL

Telephone number: 314-544-3030

Taylor Excavating Co., Inc.

CRANE AND HEAVY EQUIPMENT RENTAL

3917 REAVIS BARRACKS ROAD
ST. LOUIS, MO. 63125
(314) 544-3030

DAILY PRICE SHEET - OCTOBER 1, 2011
CALL FOR WEEKLY AND MONTHLY RATES

EQUIPMENT

HAULING & PERMITS

LATTICE BOOM TRUCK CRANES

125 TON TRUCK CRANE-----CALL FOR PRICE
150 TON GROVE-----CALL FOR PRICE

CALL FOR PRICE
CALL FOR PRICE

INDUSTRIAL AND ROUGH TERRAIN CRANES

8 1/2 TON BRODERSON CARRY DECK-----\$ 1,100.00/DAY
15 TON BRODERSON CARRY DECK-----\$ 1,350.00/DAY
15 TON LINKBELT ROUGH TERRAIN-----\$ 1,350.00/DAY
28 & 30 TON GROVE ROUGH TERRAIN-----\$ 1,500.00/DAY
50 TON GROVE ROUGH TERRAIN-----\$ 2,000.00/DAY
55 TON GROVE ROUGH TERRAIN-----\$ 2,100.00/DAY

\$375.00/MOVE
\$375.00/MOVE
\$450.00/MOVE
\$450.00/MOVE
CALL FOR PRICE
CALL FOR PRICE

HYDRAULIC TRUCK CRANES

NATIONAL BOOM TRUCK-(2 HR MINIMUM W/ NO REST OF DAY CHARGES)---\$ 160.00/HR
15 TON GROVE-(4 HR MINIMUM ADD \$80.00/HR FOR ILLINOIS)-----\$ 160.00/HR
30 TON LORAIN-(4 HR MINIMUM ADD \$80.00/HR FOR ILLINOIS)-----\$ 260.00/HR
40 TON GROVE-(4 HR MINIMUM ADD \$80.00/HR FOR ILLINOIS)-----\$ 275.00/HR
40 TON LINKBELT-(ADD \$600.00/DAY FOR ILLINOIS)-----\$ 2,450.00/DAY
65 TON GROVE-----\$ 3,600.00/DAY
75 TON LINKBELT-----\$ 3,700.00/DAY
100 TON GROVE-----\$ 4,100.00/DAY
120 TON GROVE-----\$ 4,500.00/DAY
180 TON DEMAG-----\$ 5,300.00/DAY
275 TON GROVE-----\$ 6,300.00/DAY
350 TON GROVE-----\$ 7,500.00/DAY

N/A
N/A
N/A
N/A
N/A
N/A
N/A
CALL FOR PRICE
CALL FOR PRICE
CALL FOR PRICE
CALL FOR PRICE
CALL FOR PRICE

EXCAVATING EQUIPMENT

CATERPILLAR 963 HI-LIFT-(4 HR MINIMUM)-----\$ 170.00/HR
CASE 590 BACKHOE/EXTENDAHOE-(4 HR MINIMUM)-----\$ 130.00/HR
HYDRAULIC BREAKER ATTACHMENT-----\$ 475.00/DAY
PLATE TAMPER-----\$ 200.00/DAY
HYDRAHAMMER PAVEMENT BREAKER-----\$ 1,500.00/DAY
MELROE BOBCAT LOADER & BACKHOE-(4 HR MINIMUM)-----\$ 130.00/HR
BOBCAT BREAKER ATTACHMENT-----\$ 275.00/DAY

\$375.00/MOVE
\$375.00/MOVE
\$375.00/MOVE
\$375.00/MOVE
\$375.00/MOVE

TRUCKS

TANDEM DUMP TRUCK-(4 HR MINIMUM)-----\$ 100.00/HR
TRACTOR & FLOAT-(4 HR MINIMUM)-----\$ 130.00/HR

LABOR ONLY RATES

MISSOURI OPERATOR-----\$ 86.00/HR
MISSOURI OPERATOR & OILER-----\$ 172.00/HR
ILLINOIS OPERATOR-----\$ 89.00/HR
ILLINOIS OPERATOR & OILER-----\$ 178.00/HR
TRUCK DRIVER-----\$ 86.00/HR

TIME IS CHARGED PORTAL TO PORTAL TAYLOR YARD & STANDARD WORK DAY IS EIGHT HOURS WITH 1/2 HOUR FOR LUNCH
REGULAR START TIMES ARE BETWEEN 7:00 AM AND 8:00 AM OVERTIME WILL APPLY FOR EARLY STARTS
OPERATOR GUARANTEED WAGE MINIMUMS AND REST OF DAY CHARGES WILL APPLY
RATES ARE FOR THE ST. LOUIS, MISSOURI METROPOLITAN AREA - CALL FOR ILLINOIS AND OUTSTATE RATES
ALL MOVE CHARGES QUOTED ARE IN THE ST. LOUIS COMMERCIAL ZONE
CALL FOR WEEKLY AND MONTHLY RATES



CERTIFICATE OF LIABILITY INSURANCE

OP ID: DC

DATE (MM/DD/YYYY)

06/29/11

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 Charles L. Crane Agcy-W.County 400 Chesterfield Ctr-Suite 320 Chesterfield, MO 63017 Gerald Rogers	636-537-5000	CONTACT NAME:	
	636-537-5009	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	TAYLO01
		INSURER(S) AFFORDING COVERAGE	
INSURED Taylor Excavating Company Inc 3917 Reavis Barracks Road St. Louis, MO 63125-2309	INSURER A : Tower Insurance Co		NAIC # 44300
	INSURER B : Employers Mutual Casualty Co.		21415
	INSURER C : Missouri Employers Mutual Ins.		10191
	INSURER D : Argonaut Insurance Company		19801
	INSURER E : Westchester Fire Ins Co		21121
	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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY	X	CGLCX60303-11	07/01/11	07/01/12	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 2,500	
	GENL. AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$ 1,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$ 2,000,000	
						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							\$	
B	AUTOMOBILE LIABILITY		2X4468111	07/01/11	07/01/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS						\$	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$	
							\$	
E	UMBRELLA LIAB		G24214631001	07/01/11	07/01/12	EACH OCCURRENCE	\$ 10,000,000	
	<input checked="" type="checkbox"/> OCCUR					AGGREGATE	\$ 10,000,000	
	EXCESS LIAB					<input type="checkbox"/> CLAIMS-MADE		
	DEDUCTIBLE							
	<input checked="" type="checkbox"/> RETENTION \$ 10000						\$	
D C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	Q000011692-IL MEG080050607-MO	07/01/11 07/01/11	07/01/12 07/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)					<input type="checkbox"/> Y/N	E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is an additional insured on general liability as required by written contract. Umbrella policy follows form.

CERTIFICATE HOLDER

CANCELLATION

DEPARTM

Dept of the County Clerk
Jefferson County Missouri
PO Box 100
Hillsboro, MO 63050

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

W. Eric Beroist

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JEFFERSON COUNTY
DEPARTMENT OF ADMINISTRATIVE SERVICES
 729 MAPLE ST / PO BOX 100
 HILLSBORO MO 63050
 WWW.JEFFCOMO.ORG

Invitation for Bid: EQUIPMENT AND OPERATOR SERVICES 2012

Date Issued: 11-18-11

BIDS SHALL BE ACCEPTED UNTIL: TUESDAY, DECEMBER 27, 2011 AT 2:00 P.M. LOCAL TIME.

Specification Contact: WILLIAM KOEHRER
 Department of the Public Works
 636-797-5369

Contract Contact: VICKIE PRATT
 Department of Administrative Services
 636-797-5382

SAMPLE ENVELOPE

Mail (3) Three Complete Copies With Vendor And Bid Information As Shown In Sample:

VENDOR NAME	DEPARTMENT OF THE COUNTY CLERK
VENDOR ADDRESS	JEFFERSON COUNTY MISSOURI
CONTACT NUMBER	729 MAPLE ST / PO BOX 100
	HILLSBORO MO 63050-0100
SEALED BID: (BID NAME)	

Contract Term:
 4-1-12 to 3-31-13

The undersigned certifies that he/she has the authority to bind this company in an agreement/contract to supply the commodity or service in accordance with all terms, conditions, and pricing specified. Prices are firm during this agreement term, unless agreed upon in writing by the County. The County has the option to renew this agreement at the same terms and conditions as the original agreement for one additional one-year term with the written consent of the successful bidder. Price increases for renewals are not authorized unless approved in writing by the County.

Vendor Information:

Gateway Sewer and Drain, Inc. Tara A. Townsend
 Company Name Authorized Agent (Print)

P.O. Box 522 Tara A. Townsend
 Address Signature

High Ridge mo 63049 President
 City/State/Zip Code Title

636-677-0083 12/27/2011 56-2441968
 Telephone # Date Tax ID #

gatewaysewer-drain@sbcglobal.net 636-677-0084
 E-mail Fax #

EXHIBIT C

AFFIDAVIT OF WORK AUTHORIZATION:

The grantee, sub grantee, contractor or subcontractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Tara A. Townsend (Name of Business Entity Authorized Representative) as President (Position/Title) first being duly sworn on my oath, affirm Gateway Sewer and Drain, Inc. (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to Equipment and Operator Services (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contractor, or subcontractor, if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Gateway Sewer and Drain, Inc. (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to Equipment and Operator Services (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contract, or subcontract, if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Tara A. Townsend
Authorized Representative's Signature Tara A. Townsend
Printed Name

President
Title December 27, 2011
Date

Subscribed and sworn to before me this 27TH of DECEMBER 2011. I am
(DAY) (MONTH, YEAR)

commissioned as a notary public within the County of ST. LOUIS, State of
(NAME OF COUNTY)

MISSOURI, and my commission expires on 8-24-13.
(NAME OF STATE) (DATE)

[Signature]
Signature of Notary Date

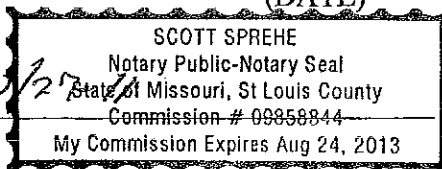


EXHIBIT C
(Continued)

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that Gateway Sewer and Drain, Inc. (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

Tara A. Townsend
Authorized Business Entity
Representative's Name
(Please Print)

Tara A. Townsend
Authorized Business Entity
Representative's Signature

Gateway Sewer and Drain, Inc. December 27, 2011
Business Entity Name Date

As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:

- Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;
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- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee's, subgrantee's, contractor's, or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, subgrantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee's, subgrantee's, contractor's, or subcontractor's name, then no additional pages of the MOU must be submitted).

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- CRANES
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- TRACK HOE with 2500-5000 lb. Breaker Hammer
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- EXCAVATION EQUIPMENT
- LIFTING/HOISTING EQUIPMENT
- MIXERS
- PUMPS
- PUMPERS
- HYDRO FLUSHER/VACUUM TRUCK
- HYDRO FLUSHER TRUCK
- STREET SWEEPER
- MILLING MACHINE

RATE SHEET PRICES WILL REMAIN IN EFFECT UNTIL April 1, 2013.

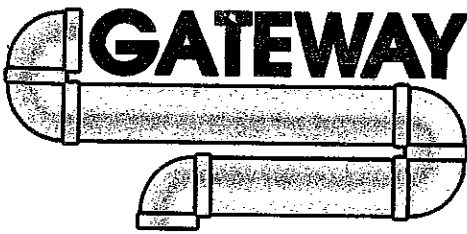
If you can not hold your price for one year, you will guaranty this price to remain in effect until:

_____ (If you have an annual price sheet, indicate date when new price sheet will be published)
(DATE YOUR PRICES EXPIRE)

In emergency, can we call you after regular hours? YES NO

If yes, name party to call: Ryan or Tara Townsend

Telephone number: 636-677-0033 or 314-393-5135 or 314-574-4147
mainline Ryan's cell Tara's cell



Sewer and Drain, Inc.

P.O. Box 522 • High Ridge, MO 63049 • 636-677-0083 • Fax 636-677-0084

Proposal

Proposal Date:	Proposal #:
12/27/2011	10078

Proposal submitted to:
Jefferson County Missouri 729 Maple St. / PO BOX 100 Hillsboro, MO 63050-0100

Description
Proposal for: Equipment and Operator Services 2012
Combination Hydro Flusher / Vacuum Truck Services and Operator (Vactor) Daily Rate: \$1,400.00 Hourly Rate: \$175.00 per hour
Hydro Flusher Trailer Unit and Operator Daily rate: \$1,400.00 Hourly Rate: \$175.00
Pump Truck Services and Operator Daily Rate: \$1,240.00 Hourly Rate: \$155.00

Signature of acceptance _____

By signing acceptance of this proposal you certify that you have read, understand, and agree to meet the terms and service rates as listed above. A finance charge of 1.5% (annual rate 18%) will be added to all invoices paid after the due date.

Signature of authorized representative of
Gateway Sewer and Drain, Inc.

David A. Townsenc



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/27/2011

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.

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PRODUCER AHM Financial Group, LLC 11975 Westline Industrial Dr Saint Louis MO 63146		CONTACT NAME: Tim Vaughn PHONE (A/C, No, Ext): (314) 523-8800 FAX (A/C, No): (314) 453-7555 E-MAIL ADDRESS: tvaughn@ahmfinancialgroup.com PRODUCER CUSTOMER ID #: 00015166	
INSURED Gateway Sewer and Drain, Inc. P.O. Box 522 High Ridge MO 63049		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Secura Insurance Co	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
		NAIC # 22543	

COVERAGES CERTIFICATE NUMBER: CL115418379 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		TC3149466	5/5/2011	5/5/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
A	<input checked="" type="checkbox"/> 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		A3164750	5/5/2011	5/5/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorists \$ 500,000 Underinsured motorists \$ 500,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000		CU314946B	5/5/2011	5/5/2012	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	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	WC3149467	5/5/2011	5/5/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Department of the County Clerk
 Jefferson County Missouri
 729 Maple St.
 PO Box 100
 Hillsboro, MO 63050-0100

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
 John Anderson/TIMV



JEFFERSON COUNTY
DEPARTMENT OF ADMINISTRATIVE SERVICES
 729 MAPLE ST / PO BOX 100
 HILLSBORO MO 63050
 WWW.JEFFCOMO.ORG

Invitation for Bid: EQUIPMENT AND OPERATOR SERVICES 2012

Date Issued: 11-18-11

BIDS SHALL BE ACCEPTED UNTIL: TUESDAY, DECEMBER 27, 2011 AT 2:00 P.M. LOCAL TIME.

Specification Contact:

WILLIAM KOEHRER
 Department of the Public Works
 636-797-5369

Contract Contact:

VICKIE PRATT
 Department of Administrative Services
 636-797-5382

Mail (3) Three Complete Copies With Vendor And Bid Information As Shown In Sample:

SAMPLE ENVELOPE

<i>VENDOR NAME</i>	
<i>VENDOR ADDRESS</i>	
<i>CONTACT NUMBER</i>	
	DEPARTMENT OF THE COUNTY CLERK
	JEFFERSON COUNTY MISSOURI
	729 MAPLE ST / PO BOX 100
	HILLSBORO MO 63050-0100
<i>SEALED BID: (BID NAME)</i>	

Contract Term:
 4-1-12 to 3-31-13

The undersigned certifies that he/she has the authority to bind this company in an agreement/contract to supply the commodity or service in accordance with all terms, conditions, and pricing specified. Prices are firm during this agreement term, unless agreed upon in writing by the County. The County has the option to renew this agreement at the same terms and conditions as the original agreement for one additional one-year term with the written consent of the successful bidder. Price increases for renewals are not authorized unless approved in writing by the County.

Vendor Information:

<i>Scrubby, Inc.</i>	<i>Daniel Naes</i>
Company Name	Authorized Agent (Print)
<i>1838 N. Broadway</i>	<i>Dan Naes</i>
Address	Signature
<i>St. Louis, MO 63102</i>	<i>Pres</i>
City/State/Zip Code	Title
<i>314-241-9969</i>	<i>12-16-11</i>
Telephone #	Date
	<i>43-1564236</i>
	Tax ID #
<i>dan@scrubbyditchmen.com</i>	<i>314-231-8546</i>
E-mail	Fax #

EXHIBIT C

AFFIDAVIT OF WORK AUTHORIZATION:

The grantee, sub grantee, contractor or subcontractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Scrubby, Inc, Daniel Naes (Name of Business Entity Authorized Representative) as President (Position/Title) first being duly sworn on my oath, affirm Scrubby, Inc. (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to (Sweeping) Equipment and Operator (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contractor, or subcontractor, if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Scrubby, Inc (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to Scrubby, Inc. (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contract, or subcontract, if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Daniel Naes
Authorized Representative's Signature

Daniel Naes
Printed Name

President
Title

12/16/11
Date

Subscribed and sworn to before me this _____ of _____. I am
(DAY) (MONTH, YEAR)

commissioned as a notary public within the County of _____, State of
(NAME OF COUNTY)

_____, and my commission expires on _____.
(NAME OF STATE) (DATE)

Signature of Notary Date

EXHIBIT C
(Continued)

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that Scrubby Inc. (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

Daniel Naes _____
Authorized Business Entity Representative's Name
(Please Print)

Daniel Naes _____
Authorized Business Entity Representative's Signature

Scrubby, Inc _____
Business Entity Name

12-16-11 _____
Date

As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:

- Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;
AND
- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee's, subgrantee's, contractor's, or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, subgrantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee's, subgrantee's, contractor's, or subcontractor's name, then no additional pages of the MOU must be submitted).

SPECIFICATIONS FOR EQUIPMENT AND OPERATOR SERVICES

The County of Jefferson is accepting Rate Sheets for numerous Equipment and Operator Services (rental of equipment with operator). Supplier should price available equipment. If possible rates should be given for daily, weekly and monthly rental. Size of equipment to be determined on an individual project basis. Equipment and Operator Services includes but is not limited to:

- CRANES
- RUBBER TIRE BACK HOE with 1500 lb.-2000 lb. Breaker Hammer
- TRACK HOE with 2500-5000 lb. Breaker Hammer
- COMPACTION EQUIPMENT
- EXCAVATION EQUIPMENT
- LIFTING/HOISTING EQUIPMENT
- MIXERS
- PUMPS
- PUMPERS
- HYDRO FLUSHER/VACUUM TRUCK
- HYDRO FLUSHER TRUCK
- STREET SWEEPER
- MILLING MACHINE

RATE SHEET PRICES WILL REMAIN IN EFFECT UNTIL April 1, 2013.

If you can not hold your price for one year, you will guaranty this price to remain in effect until:

12/27/12
(DATE YOUR PRICES EXPIRE)

(If you have an annual price sheet, indicate date when new price sheet will be published)

In emergency, can we call you after regular hours? YES NO

If yes, name party to call: Daniel Naes

Telephone number: Office 314-241-9969 cel. 314-401-7872



Scrubby, Inc.
1838 North Broadway
St. Louis, Missouri 63102
Phone: (314) 241-9969
Fax: (314) 231-8546

December 27, 2011

Jefferson County
729 Maple St. – PO Box: 100
Hillsboro, MO 63050-0100

ATTENTION: Department of Public Works

THANK YOU for allowing **SCRUBBY INC.** the opportunity to send this proposal to perform the “**Equipment and Operator Services**” services described below at the following location(s):

Jefferson County

OUR BID IS BASED ON THE FOLLOWING:

- 1) We will **provide equipment and operator services** for Jefferson County based on the following:
 - A) Schedule is to be open to customer’s discretion.
 - B) Service and equipment include:
 - i. Street Sweeper
 - ii. Vac-Truck
 - iii. Flusher Truck
 - iv. Wash Truck – Power washing
- 2) We supply all labor, the latest equipment and technology, and chemicals necessary to do the job, using the **MOST EXPERIENCED AND WELL TRAINED EMPLOYEES IN THE MOBILE CLEANING INDUSTRY.**
- 3) **TERMS** – All invoices are payable upon receipt. A finance charge of 2% per month (but not in excess of lawful applicable maximum) will be added to any outstanding balance over 60 days. All collection costs, including reasonable attorney’s fees, will be added if collection action is necessary.

CHARGES FOR THESE SERVICES ARE AS FOLLOWS (based on above terms)

Equipment and operator services for Jefferson County.....\$89.50 per hour



CERTIFICATE OF LIABILITY INSURANCE

OP ID CB

DATE (MM/DD/YYYY)

03/29/11

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 Charles L. Crane Agency Co. 100 North Broadway, Ste. 900 St. Louis MO 63102 Phone: 314-241-8700 Fax: 314-444-4970	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER ADDRESS: _____ CUSTOMER ID #: SCRUB-1		
	INSURER(S) AFFORDING COVERAGE		
INSURED Scrubby Inc. 1838 N. Broadway St. Louis MO 63102-1227	INSURER A:	Hawkeye-Security Ins Co	36919
	INSURER B:	Accident Fund Ins Co	10166
	INSURER C:	Netherlands Ins Co	24171
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			CBP8127998	04/01/11	04/01/12	EACH OCCURRENCE	\$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 15000
							PERSONAL & ADV INJURY	\$ 1000000
							GENERAL AGGREGATE	\$ 2000000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2000000
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/>						Emp Ben.	\$ 1000000
C	AUTOMOBILE LIABILITY			BA8122998	04/01/11	04/01/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS							\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				\$				
A	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	CU8128198	04/01/11	04/01/12	EACH OCCURRENCE	\$ 1000000
	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$ 1000000
	DEDUCTIBLE							\$
	<input checked="" type="checkbox"/> RETENTION \$ 10000							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV6018517	04/01/11	04/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> N/A				E.L. EACH ACCIDENT	\$ 1000000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1000000
							E.L. DISEASE - POLICY LIMIT	\$ 1000000

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

CERTIFICATE HOLDER**CANCELLATION**

COUNTY05 County of Jefferson 729 Maple Street P.O. Box 100 Hillsboro MO 63050	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 <i>W Elliot Benoit</i>

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