

TOWN OF WHITESTOWN

BIG 4 TRAIL EXTENSION TREE CLEARING PROJECT

PROPOSAL

To the Town of Whitestown:

Pursuant to the "Solicitation for Quotations", the undersigned has investigated the conditions affecting the cost of the proposed:

Big 4 Trail Extension Tree Clearing Project

and hereby tenders this quote to construct said project in accordance with the Contract Documents now on file with the Town of Whitestown, Indiana, and to furnish all necessary machinery, equipment, tools, labor and other means of construction, and to furnish all material specified in the manner and at the time prescribed as required by the Contract Documents and pursuant to the Performance Bond to be filed in the amount of 100 percent of the Contract price of.

TOTAL BASE QUOTE AMOUNT

Big 4 Trail Extension Tree Clearing Project

<u>Twenty One Thousand</u>	Dollars (Words)
<u>\$ 21,000.⁰⁰/₁₀₀</u>	Dollars (Figures)

The undersigned further agrees to complete the furnishing and construction of this project, complete and ready for continuous and satisfactory operation in all respects by March 31, 2023 for Base Quote.

As required by the statutes of the State of Indiana for all public works projects, Questionnaire Form 96 (latest version), of the Indiana State Board of Accounts is properly executed and attached hereto. It is hereby agreed that this Proposal shall remain in full force and effect, and may not be withdrawn for a period of 30 days from the date of receiving proposals by the Town of Whitestown.

[Signatures on Page P-2]



CONTRACTOR'S BID FOR PUBLIC WORK - FORM 96

State Form 32414 (R2 / 2-13) / Form 96 (Revised 2013)
Prescribed by State Board of Accounts

PART I

(To be completed for all bids. Please type or print)

Date (month, day, year): march, 6, 2023

1. Governmental Unit (Owner): Town Of Whitestown, Indiana

2. County: Boone

3. Bidder (Firm): D&S tree service,LLC

Address: 7701 south county road 375 east

City/State/ZIPcode: Mooresville, IN 46158

4. Telephone Number: 317-840-4827

5. Agent of Bidder (if applicable): Stephen Kehrein

Pursuant to notices given, the undersigned offers to furnish labor and/or material necessary to complete the public works project of Big 4 trail extension tree clearing

(Governmental Unit) in accordance with plans and specifications prepared by Town Of Whitestown

and dated march 6th 2023 for the sum of

Twenty one thousand and .00 dollars \$ 21,000.00

The undersigned further agrees to furnish a bond or certified check with this bid for an amount specified in the notice of the letting. If alternative bids apply, the undersigned submits a proposal for each in accordance with the notice. Any addendums attached will be specifically referenced at the applicable page.

If additional units of material included in the contract are needed, the cost of units must be the same as that shown in the original contract if accepted by the governmental unit. If the bid is to be awarded on a unit basis, the itemization of the units shall be shown on a separate attachment.

The contractor and his subcontractors, if any, shall not discriminate against or intimidate any employee, or applicant for employment, to be employed in the performance of this contract, with respect to any matter directly or indirectly related to employment because of race, religion, color, sex, national origin or ancestry. Breach of this covenant may be regarded as a material breach of the contract.

CERTIFICATION OF USE OF UNITED STATES STEEL PRODUCTS (if applicable)

I, the undersigned bidder or agent as a contractor on a public works project, understand my statutory obligation to use steel products made in the United States (I.C. 5-16-8-2). I hereby certify that I and all subcontractors employed by me for this project will use U.S. steel products on this project if awarded. I understand that violations hereunder may result in forfeiture of contractual payments.

Respectfully submitted,

D:5 TREE SERVICE LLC

Contractor

(Individual) (Partnership) or

(Corporation)

By:

Address:

7701 S. Co. Rd. 375-E

MOORESVILLE, IN 46158

Dated:

3/6/23

The above Quoter acknowledges receipt of Addenda Nos. 4

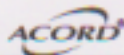
Note: The legal status of the Quoter, whether as an individual, partnership or corporation must be indicated as above, and all pertinent information as required by the Specifications must be furnished.

D&S Tree Service,LLC
 Profit and Loss Standard
 January through December 2022

	Jan - Dec '22
Ordinary Income/Expense	
Income	
D&S TREE SERVICE	474,095.00
Total Income	474,095.00
Cost of Goods Sold	
STUMP GRINDING	5,250.00
SUBCONTRACTERS	15,380.00
TOOLS & SMALL EQUIPM...	17,678.32
Total COGS	38,308.32
Gross Profit	435,786.68
Expense	
BANK FEES	412.00
ACCOUNTING SERVICES	1,000.00
ADVERTISING	2,352.00
AMORTIZATION	1,333.00
ATT	4,092.95
BID BONDS	2,370.00
BMV	0.00
CASUAL LABOR	185.00
CHEMICALS	1,514.50
CPA	1,700.00
DEPRECIATION	53,305.00
DONATION	1,313.00
FUEL	32,262.76
INSURANCE	5,684.50
INSURANCE-HEALTH	16,830.72
MAINTENANCE	772.20
MISC.	25.00
OFFICE SUPPLIES	78.80
OTHERS FEES	550.00
PARTS	12,651.54
PAYROLL TAXES	8,871.84
STONE	3,134.47
STORAGE	1,150.00
SUPPLIES	10,063.66
SPRING/FALL TAXES	2,712.84
TAXES/LICENSES	2,200.00
CHAIN SAWS	1,555.78
UTILITIES	4,212.29
REPAIRS	25,659.59
WAGES	112,460.25

D&S Tree Service,LLC
Profit and Loss Standard
January through December 2022

	<u>Jan - Dec '22</u>
Total Expense	<u>310,453.69</u>
Net Ordinary Income	125,332.99
Other Income/Expense	
Other Expense	
ASK ACCOUNTANT	<u>1,100.00</u>
Total Other Expense	<u>1,100.00</u>
Net Other Income	<u>-1,100.00</u>
Net Income	<u>124,232.99</u>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/02/2023

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 First Insurance Group 1405 N. College Avenue Bloomington IN 47104	CONTACT Name: Janna Kingston Phone: (812) 331-3238 FAX: (812) 331-3238 E-MAIL ADDRESS: jkingstn@firstgroup.com																								
INSURERS AFFORDING COVERAGE																									
INSURED D&S Tree Service, LLC 7701 South County Road 375 East Mooresville IN 46158	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>INSURER A:</td> <td>Secure Insurance Co</td> <td>NAIC #</td> <td>22543</td> </tr> <tr> <td>INSURER B:</td> <td>Travelers Casualty Insurance Co. of America (ACU)</td> <td>NAIC #</td> <td>19046</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> <td></td> </tr> </table>	INSURER A:	Secure Insurance Co	NAIC #	22543	INSURER B:	Travelers Casualty Insurance Co. of America (ACU)	NAIC #	19046	INSURER C:				INSURER D:				INSURER E:				INSURER F:			
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INSURER F:																									

COVERAGES CERTIFICATE NUMBER: CL230915071 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.

LINE	TYPE OF INSURANCE	ADDL. BORN	DWD	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (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 \$10,000,000 <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOG COVERED:			CP3337950	02/02/2023	02/02/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTALS \$ 100,000 PRODUCTS (Per occurrence) \$ 10,000 PERSONAL & ADJ INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOSITE \$ 2,000,000 Employment Practices \$ 100,000 IMPROVED SINGLE LIMIT (Per occurrence) \$ 1,000,000 BODILY INJURY (Per person) \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE LTD. <input checked="" type="checkbox"/> RETENTION \$ 10,000			A3337063	02/02/2023	02/02/2024	IMPROVED SINGLE LIMIT (Per occurrence) \$ 1,000,000 BODILY INJURY (Per person) \$ PROPERTY DAMAGE (Per occurrence) \$ Uninsured motorist \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY EMPLOYEES OR PART-TIME EXECUTIVE OFFICERS/EMPLOYEES EXCLUDED? (Mandatory in IN) If yes, describe under DESCRIPTION OF OPERATIONS below			GLUB-SR730350	02/25/2023	02/25/2024	<input type="checkbox"/> NEW STATUTE <input type="checkbox"/> GEN. LIAB. EL DISEASE - ACCIDENT \$ 500,000 EL DISEASE - SA EMPLOYEES \$ 500,000 EL 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 Town of Whitestown, Indiana 6210 Veterans Drive Whitestown IN 46075	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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