# ARLINGTON COUNTY, VIRGINIA OFFICE OF THE PURCHASING AGENT 2100 CLARENDON BOULEVARD, SUITE 500 ARLINGTON, VIRGINIA 22201

#### NOTICE OF CONTRACT AMENDMENT

TO: Rock Hard Excavating, Inc. 1202 Monroe Street Herndon, Virginia 20170

DATE ISSUED: CONTRACT NO: CONTRACT TITLE: AMENDMENT NO: October 10, 2019 20-021-ITB-2 Heavy Equipment Rental 1

# THIS IS A NOTICE OF A CONTRACT AMENDMENT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS.

The contract documents consist of the terms and conditions of AGREEMENT No. 20-021-ITB-2 including any attachments or amendments thereto.

EFFECTIVE DATE: March 17, 2021 EXPIRES: September 30, 2021 RENEWALS: Three (3) Renewals Remaining COMMODITY CODE(S): 97500 LIVING WAGE: N

#### ATTACHMENTS:

Amendment No. 1

#### **EMPLOYEES NOT TO BENEFIT:**

NO COUNTY EMPLOYEE SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE GENERAL PUBLIC.

| VENDOR CONTACT: K. Marie Shepard<br>EMAIL ADDRESS: shepardkm#@gmail.com                 | VENDOR TEL. NO.: | (703) 742-5444        |
|---|------------------|-----------------------|
| COUNTY CONTACT: Jeremey Hassan, DES-WSS<br>COUNTY CONTACT EMAIL: jhassan@arlingtonva.us | COUNTY TEL. NO.: | <u>(703) 228-3647</u> |

#### PURCHASING DIVISION AUTHORIZATION

Tomeka D. Price\_\_\_\_\_ Title Procurement Officer Date 3/24/2021

#### **ARLINGTON COUNTY, VIRGINIA**

#### AGREEMENT NO. 20-021-ITB-2 AMENDMENT NUMBER 1

This Amendment Number 1 is made on March 17, 2021, and amends Agreement Number 20-021-ITB-2 ("Main Agreement") dated October 10, 2019, between Rock Hard Excavating, Inc. ("Contractor") and the County Board of Arlington County, Virginia ("County").

The County and the Contractor agree to amend the Contract Terms and Conditions, Bid Form and Exhibit A – Pricing Sheet called for under the Main Agreement as follows:

#### 1. Add the following additional equipment for heavy equipment rental services:

**1 McCloskey 516RE Trommel Screener (equipment only)** at \$14,000 per month. A one-time fee of \$2,500.00 per mobilization.

#### 2. REFERENCE 49. NOTICES: Notices is hereby deleted in its entirety and replaced as follows:

#### 49. NOTICES

Unless otherwise provided in writing, all legal notices and other communications required by this Contract are deemed to have been given when either (a) delivered in person; (b) delivered by an agent, such as a delivery service; or (c) deposited in the United States mail, postage prepaid, certified or registered and addressed as follows:

#### TO THE CONTRACTOR:

K. Marie Shepard Rock Hard Excavating, Inc. 1202 Monroe Street Herndon, VA 20170 Email: <u>shepardkm@gmail.com</u>

#### TO THE COUNTY:

Jeremy Hassan, Project Officer DES, Water Sewer Streets 4200 28<sup>th</sup> Street S Arlington, VA 22206 Email: <u>jhassan@arlingtonva.us</u>

#### <u>AND</u>

Sharon T. Lewis, LL.M, MPS, VCO, CPPB Purchasing Agent Arlington County, Virginia 2100 Clarendon Boulevard, Suite 500 Arlington, Virginia 22201 <u>Slewis1@arlingtonva.us</u>

#### TO COUNTY MANAGER'S OFFICE (FOR PROJECT CLAIMS):

Mark Schwartz, County Manager Arlington County, Virginia 2100 Clarendon Boulevard, Suite 318 Arlington, Virginia 22201

**3. INCORPORATION OF SEXUAL HARASSMENT POLICY:** Clause Number 53. Sexual Harassment Policy is hereby added to the Contract Terms and Conditions:

#### 53. SEXUAL HARRASSMENT POLICY

If the Contractor employs more than five employees, the Contractor shall (i) provide annual training on the Contractor's sexual harassment policy to all supervisors and employees providing services in the Commonwealth, except such supervisors or employees that are required to complete sexual harassment training provided by the Department of Human Resource Management, and (ii) post the Contractor's sexual harassment policy in (a) a conspicuous public place in each building located in the Commonwealth that the Contractor owns or leases for business purposes and (b) the Contractor's employee handbook.

- 4. Replace Bid Form in its entirety with the attached **Revised Bid Form**.
- 5. Replace Exhibit A Pricing Sheet in its entirety with the attached Revised Exhibit A Pricing Sheet.

All other terms and conditions of the Main Agreement remain in effect.

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON

ROCK HARD EXCAVATING, INC.

COUNTY, VIRGINIA

AUTHORIZED DocuSigned by: SIGNATURE: Jomeka Price

NAME: TOMEKA D. PRICE TITLE: PROCUREMENT OFFICER

DATE: \_\_\_\_\_

| AUTHORIZED | — Do | ocuSigned by: |
|------------|------|---------------|
| SIGNATURE: | k.   | Marie Shepard |

NAME: K. Marie Shepard

TITLE: Secretary

|                      | 3/24/2021 |  |
|----------------------|-----------|--|
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### **ARLINGTON COUNTY, VIRGINIA**

#### INVITATION TO BID NO. 20-021-ITB

# REVISED BID FORM

# SUBMIT: ONE (1) FULLY-COMPLETED AND SIGNED BID FORM WITH ORIGINAL LONGHAND SIGNATURE; AND ONE (1) COPY OF THE BID FORM ON A USB FLASH-DRIVE LABELED AS "20-021-ITB, HEAVY EQUIPMENT".

BIDS WILL BE OPENED AT 1:00 P.M., ON SEPTEMBER 6, 2019

FOR PROVIDING HEAVY EQUIPMENT RENTAL PER THE TERMS, CONDITIONS AND SPECIFICATIONS OF THIS SOLICITATION

COMPLETE THE PRICING SHEET PROVIDED WITH THE BID DOCUMENTS AS ATTACHMENT A TO ITB NO. 20-021-ITB AND SUBMIT IT WITH YOUR BID. RECORD THE BID TOTALS BELOW.

FAILURE TO RECORD THE TOTALS BELOW AND SUBMIT THE PRICING SHEET WITH THE BID WILL DEEM THE BIDDER NONRESPONSIVE.

- 1. Bidders may bid on one, some or all items listed per section to be considered. Bidders should mark "No Bid" or "N/A" on the non-applicable section of the bid form(s).
  - <u>NOTE:</u> Bidders may use blank rows in each table to identify and price additional equipment for each equipment category that will be available for rent to the County. If more rows are needed, Bidders can add additional sheets and provide pricing in the same format.

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| #   | Total Cost  |
|-----|-------------|
| A1  | \$70,425.00 |
| A2  | No Bid      |
| A3  | \$78,750.00 |
| A4  | \$96,675.00 |
| A5  | \$96,675.00 |
| A6  | \$68,675.00 |
| A7  | No Bid      |
| A8  | No Bid      |
| A9  | No Bid      |
| A10 | No Bid      |
| A11 | No Bid      |
| A12 | No Bid      |
| A13 | No Bid      |
| A14 | No Bid      |
| A15 | No Bid      |
| A16 | No Bid      |

| #   | Total Cost |   |
|-----|------------|---|
| B1  | No Bid     |   |
| B2  | No Bid     |   |
| B3  | No Bid     |   |
| B4  | No Bid     |   |
| B5  | No Bid     |   |
| B6  | No Bid     |   |
| B7  | No Bid     |   |
| B8  | No Bid     |   |
| B9  | No Bid     |   |
| B10 | No Bid     | ( |
| B11 | No Bid     | ( |
| B12 | No Bid     | ( |
| B13 | No Bid     | ( |
| B14 | No Bid     |   |
| B15 | No Bid     |   |

No Bid

B16

| #   | Total Cost  |
|-----|-------------|
| C1  | \$58,500.00 |
| C2  | \$58,500.00 |
| C3  | \$58,500.00 |
| C4  | \$83,350.00 |
| C5  | No Bid      |
| C6  | No Bid      |
| C7  | \$71,900.00 |
| C8  | \$75,000.00 |
| C9  | No Bid      |
| C10 | No Bid      |
| C11 | No Bid      |
| C12 | No Bid      |
| C13 | No Bid      |

| #  | Total Cost   |
|----|--------------|
| D1 | \$88,500.00  |
| D2 | \$105,000.00 |
| D3 | \$105,000.00 |
| D4 | No Bid       |
| D5 | No Bid       |
| D6 | No Bid       |
| D7 | No Bid       |
| D8 | No Bid       |
| D9 | No Bid       |
|    |              |

| #  | Total Cost |
|----|------------|
| E1 | No Bid     |
| E2 | No Bid     |
| E3 | No Bid     |
| E4 | No Bid     |
| E5 | No Bid     |
|    |            |

| Γ | #  | Total Cost |
|---|----|------------|
| Γ | F1 | No Bid     |
| Γ | F2 | No Bid     |

| #               | Total Cost               |
|-----------------|--------------------------|
| G1              | \$68,675.00              |
| <mark>G2</mark> | <mark>\$61,000.00</mark> |

|   | OFF OF THE LIST PRICES FOR RENTAL O<br>ER MUST ENTER A PERCENT DISCOUNT   |  |
|---|---|--|
|   | 0%  |  |
| MINIMUM BIDDER QUALIFIC   | CATIONS:  |  |
| with or without ope   | s years of experience providing rental<br>erators. The experience shall be work<br>e included in the References section of  | of similar size and scope. Bidders                                   |
|   | t ALL of the following qualification and c<br>ense at the time of submission of bids for<br>XYes or   | or heavy equipment operators:  |
| Operator shall b  | e fully trained in OSHA requirements  | , manufacturer's guidelines for safe                                 |
| operations and t  | he Contractor's safety procedures<br>ave a valid Class-A CDL license that w   |  |
| Virginia, State of  | Maryland or Government of District of   | Columbia   |
| Contra de La Contra de La Contra de | shall have a crane operator certifica<br>g & signalperson qualification and certif  |  |
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| THIS BID FORM AND ALL C<br>ACCURATELY COMPLETED A<br>THE BID MAY BE REJECTED:<br>SUBMITTED BY:<br>(legal name of entity)<br>AUTHORIZED SIGNATURE:<br>PRINT NAME AND TITLE:  | Rock Hard Excavating, Inc.  | SIGNATURE MUST BE FULLY AND  |
| THIS BID FORM AND ALL C<br>ACCURATELY COMPLETED A<br>THE BID MAY BE REJECTED:<br>SUBMITTED BY:<br>(legal name of entity)<br>AUTHORIZED SIGNATURE:<br>PRINT NAME AND TITLE:<br>ADDRESS:<br>CITY/STATE/ZIP:   | Rock Hard Excavating, Inc.<br>K. Marie Shepard  | SIGNATURE MUST BE FULLY AND  |
| THIS BID FORM AND ALL C<br>ACCURATELY COMPLETED A<br>THE BID MAY BE REJECTED:<br>SUBMITTED BY:<br>(legal name of entity)<br>AUTHORIZED SIGNATURE:<br>PRINT NAME AND TITLE:<br>ADDRESS:<br>CITY/STATE/ZIP:   | Rock Hard Excavating, Inc.         K. Marie Shepard         1202 Monroe Street         Herndon, Virginia 20170         E-MAIL         ADDRESS:                              | A SIGNATURE MUST BE FULLY AND<br>THORIZED TO BIND THE BIDDER, OF     |
| THIS BID FORM AND ALL C<br>ACCURATELY COMPLETED A<br>THE BID MAY BE REJECTED:<br>SUBMITTED BY:<br>(legal name of entity)<br>AUTHORIZED SIGNATURE:<br>PRINT NAME AND TITLE:<br>ADDRESS:<br>CITY/STATE/ZIP:<br>TELEPHONE NO.: 703-74<br>THIS ENTITY IS INCORPORA<br>IN:<br>THIS ENTITY IS A:  | Rock Hard Excavating, Inc.         K. Marie Shepard         1202 Monroe Street         Herndon, Virginia 20170         E-MAIL         ADDRESS:         TED                  | A SIGNATURE MUST BE FULLY AND<br>THORIZED TO BIND THE BIDDER, OF     |
| THIS BID FORM AND ALL C<br>ACCURATELY COMPLETED A<br>THE BID MAY BE REJECTED:<br>SUBMITTED BY:<br>(legal name of entity)<br>AUTHORIZED SIGNATURE:<br>PRINT NAME AND TITLE:<br>ADDRESS:<br>CITY/STATE/ZIP:<br>TELEPHONE NO.: 703-74<br>THIS ENTITY IS INCORPORA<br>IN:   | Rock Hard Excavating, Inc.         K. Marie Shepard         1202 Monroe Street         Herndon, Virginia 20170         E-MAIL         ADDRESS:         TED         Virginia | A SIGNATURE MUST BE FULLY AND<br>THORIZED TO BIND THE BIDDER, OF<br> |

|   | LIMITED LIAI  | BILITY COMPANY   |   | SOLE   | PROPR                          | IETORSHIP                 |       |
|---|---|--|---|--|--------------------------------|---------------------------|-------|
| BIDDER AUTHOR   | RIZED TO TRANSA   | CT BUSINESS IN   | THE   | YES  | ×                              | NO                        |       |
| ENTIFICATION N  | O. ISSUED TO THE  | E ENTITY BY THE  | 27050   | 058860   |                                |                           |       |
|   | from Virginia Sta<br>t with its bid expl  |  |   |  |                                | equirement i              | must  |
| EBARRED FROM  | ANY OF ITS PRINC<br>SUBMITTING BID<br>OTHER STATE OF  | S TO ARLINGTON   | COUNTY,   | YES  | 5 🗆                            | NO                        | ×     |
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Trade secrets or proprietary information submitted by a Bidder in connection with a procurement transaction will not be subject to public disclosure under the Virginia Freedom of Information Act. Pursuant to Section 4-111 of the Arlington County Purchasing Resolution, however, a Bidder seeking to protect submitted data or materials from disclosure must, before or upon submission of the data or materials, identify the data or materials to be protected and state the reasons why protection is necessary.

Please mark one:

No, the bid that I have submitted does <u>not</u> contain any trade secrets and/or proprietary information.

□ Yes, the bid that I have submitted does contain trade secrets and/or proprietary information.

Rock Hard Excavating, Inc.

34 ITB No. 20-012-ITB

If Yes, you must clearly identify below the exact data or materials to be protected <u>and</u> list all applicable page numbers of the bid that contain such data or materials:

State the specific reason(s) why protection is necessary:

If you fail above to identify the data or materials to be protected or to state the reason(s) why protection is necessary, you will not have invoked the protection of Section 4-111 of the Purchasing Resolution. Accordingly, upon the award of a contract, the bid will be open for public inspection consistent with applicable law.

<u>CERTIFICATION OF NON-COLLUSION</u>: The undersigned certifies that this bid is not the result of or affected by (1) any act of collusion with another person engaged in the same line of business or commerce (as defined in Virginia Code §§ 59.1-68.6 *et seq.*) or (2) any act of fraud punishable under the Virginia Governmental Frauds Act (Virginia Code §§ 18.2-498.1 *et seq.*).

#### CONTACT PERSON AND MAILING ADDRESS FOR DELIVERY OF NOTICES

Provide the name and address of the person who is designated to receive notices and other communications regarding this solicitation. Refer to the "Notices" section in the draft Contract Terms and Conditions for information regarding delivery of notices.

| NAME:    | K. Marie Shepard        |  |
|----------|-------------------------|--|
| ADDRESS: | 1202 Monroe Street      |  |
|          | Herndon, Virginia 20170 |  |
| E-MAIL:  | shepardkm@gmail.com     |  |

Rock Hard Excavating, Inc.

35 ITB No. 20-012-ITB

#### REFERENCES

Bidders shall provide two (2) references for similar goods that have been provided by the Bidder within the past 5 years. Bidders experience (minimum of 2 years continuous) should be included in the under "Contract/Project Dates (from-to)". The County reserves the right to evaluate the quality of Contractor's work through site visits with Contractor's references.

REFERENCE 1: Contact Name: Danny Gray

|  | Organization:    | Arlington County Solid Waste            |  |  |  |  |  |  |
|--|------------------|---|--|--|--|--|--|--|
|  | Phone Number:    | 703-228-7626                            |  |  |  |  |  |  |
|  | E-mail Address:  | dwgray@arlingtonva.us                   |  |  |  |  |  |  |
|  | Contract/Project | Name: Arlington County Contract #532-14 |  |  |  |  |  |  |
|  | Contract/Project | t Dates (from-to): 8/19/14-9/30/2019    |  |  |  |  |  |  |
|  | Contract/Project |   |  |  |  |  |  |  |
|  |                  | Alvena deventa Technologia.             |  |  |  |  |  |  |

REFERENCE 2: Contact Name: Louie Robertson

Organization: Arlington County Water Department

Phone Number: 571-274-2257

E-mail Address: Irobertson@arlingtonva.us

Contract/Project Name: Arlington County Contract #532-14

Contract/Project Dates (from-to): 8/19/14-9/30/19

Heavy Equipment Rental County Wide Contract/Project Description: \_\_\_\_

BIDDER NAME: Rock Hard Excavating, Inc.

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| CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE AND DENDORSEMENTS MARKED "X". COVERAGES REQUIRED COVERAGES REQUIRED COVERAGE MINIMUM(S) N Commercial General Liability   | 01 | provide in the part  |  |  |  |  |  |  |  |  |  |
|--|----|--|--|--|--|--|--|--|--|--|--|
| CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE AND ENDORSEMENTS MARKED "X".         OVERAGE AND ENDORSE       COVERAGE AND ENDORSEMENTS MARKED "X".         OVERAGE AND ALL COVERAGE AND ENDORSEMENTS MARKED "X".       Statutory limits of Virginia         NV       1. Workers' Compensation       Statutory limits of Virginia         NV       2. Employer's Liability       \$100,000 accident, \$100,000 accident, \$100,000 accident, \$100,000 accident, \$100,000 CS. BI/PD each accurrence, \$100,000 annual aggregate         X_3. Promotes Liability       \$500,000 CS. BI/PD each accurrence, \$10,000 annual aggregate         X_10. Contractual Liability (Must be shown on Certificate)       \$100,000 CS. BI/PD each accurrence, \$10,000 annual aggregate         X_11. Personal and Advertising Injury Liability       \$11 Million each offense, \$11,000 CS. BI/PD each accurrence, \$10,000 CS. BI/PD each accurrence, \$20,000 CS. BI/PD e   | 4  | 1 Carol 1  | INSURANCE CHECKLIST  |  |  |  |  |  |  |  |  |
| J.Workers' Compensation         Statutory Utilities of Virginities of Virginities of Virginities of Virginities of Virginities and Virginities of Virginities and Virginities of Virginities and Virginites and Virginities and Virginities and Virginities an |    | A REAL PROPERTY AND A REAL |  |  |  |  |  |  |  |  |  |
| N*       2. Employer's Liability   | 1  | COVERAGES REQUIRED   | COVERAGE MINIMUM(S)  |  |  |  |  |  |  |  |  |
| x 3: Commercial General Liability.       \$1,000,000 CSL BI/PD each occurrence; 51 Million annual aggregati         x 4: Premises/Operations       \$500,000 CSL BI/PD each accident, Uninsured Motoris         x 5: Automobile Liability.       \$1 Million BI/PD each accident, Uninsured Motoris         x 6: Owned/Hired/Non-Owned Vehicles       \$1 Million BI/PD each accident, Uninsured Motoris         x 7: Independent Contractors       \$500,000 CSL BI/PD each occurrence; 51 Million annual aggregati         x 8: Products Liability.       \$500,000 CSL BI/PD each occurrence; 51 Million annual aggregati         x 9: Completed Operations       \$500,000 CSL BI/PD each occurrence; 51 Million annual aggregati         x 10: Contractual Liability       \$1 Million Bodily Injury, Property Damage and Personal Injur         x 11: Personal and Advertising Injury Liability.       \$1 Million Beach offense, \$1 Million per occurrence/clain         x 12: Umbrelia Liability       \$1 Million Bodily Injury, Property Damage and Personal Injur         x 13: A rechtrets and Engineers       \$1 Million per occurrence/clain         x 6: Medical Malpractice       \$1 Million Per occurrence/clain         x 6: Medical Malpractice       \$1 Million Bodily Injury, Property Damage per occurrence/clain         x 6: Medical Malpractice       \$1 Million Bodily Injury, Property Damage per occurrence/clain         x 6: Medical Malpractice       \$1 Million Bodily Injury, Property Damage per occurrence/clain  | 0  |  |  |  |  |  |  |  |  |  |  |
| X.4. Premises/Operations       \$500,000 CSL BI/PD each accurrence, \$1 Million annual aggregate         X.5. Automobile Liability       \$1 Million BI/PD each accident, Uninsured Motoris         X.7. Independent Contractors       \$500,000 CSL BI/PD each accurrence, \$1 Million annual aggregate         X.8. Products Liability       \$500,000 CSL BI/PD each occurrence, \$1 Million annual aggregate         X.9. Completed Operations       \$500,000 CSL BI/PD each occurrence, \$1 Million annual aggregate         X.10. Contractual Liability (Must be shown on Certificate)       \$1 Million annual aggregate         X.11. Personal and Advertising Injury Liability       \$1 Million Bodily Injury, Property Damage and Personal Injur         13. Per Project Aggregate       \$1 Million per occurrence/clain         -0. Achitects and Engineers       \$1 Million per occurrence/clain         -1. C. Medical Malpractice       \$1 Million per occurrence/clain         -2. Medical Malpractice       \$1 Million Bi/PD each accident, Uninsured Motoris         17. Motor Cargin surance       \$1 Million per occurrence/clain         -3. Garage Liability       \$1 Million Bi/PD each accident, Uninsured Motoris         17. Motor Cargin surance       \$1 Million Bi/PD each accident, Uninsured Motoris         18. Garage Liability       \$1 Million Bi/PD each accident, Uninsured Motoris         19. Motor Cargin surance       \$2 Million Bi/PD each accident, Uninsured Motoris <td< td=""><td></td><td></td><td></td></td<>   |    |  |  |  |  |  |  |  |  |  |  |
| X.S. Automobile Liability       S1 Million BI/PD each accident, Uninsured Motoris         X.S. Number       S1 Million BI/PD each accident, Uninsured Motoris         X.P. Independent Contractors       S500,000 CSL BI/PD each occurrence, S1 Million annual aggregati         X.S. Products Liability       S500,000 CSL BI/PD each occurrence, S1 Million annual aggregati         X.S. Contractual Liability       S500,000 CSL BI/PD each occurrence, S1 Million annual aggregati         X.10. Contractual Liability       S1 Million Bodily Injury, Property Damage and Personal Injur         13. Per Project Aggregate       S1 Million Bodily Injury, Property Damage and Personal Injur         14. Professional Liability       S1 Million Bodily Injury, Property Damage and Personal Injur         15. Million Per occurrence/clain       C. Medical Majpractice         16. Absets os Removal Liability       S1 Million BI/PD each accident, Uninsured Motoris         17. Motor Carrier Act End, (MCS-90)       S1 Million BI/PD each accident, Uninsured Motoris         18. Garage Liability       S1 Million BI/PD each accident, Uninsured Motoris         19. Motor Carrier Act End, (MCS-90)       S1 Million BI/PD each accident, Uninsured Motoris         19. Motor Carrier Act End, (MCS-90)       S1 Million BI/PD each accident, Uninsured Motoris         19. Motor Carrier Act End, (MCS-90)       S1 Million BI/PD each accident, Uninsured Motoris         10. Inland Marine-Bailet's Insurance       _  |    |  |  |  |  |  |  |  |  |  |  |
| X. 6. Owned/Nince/Non-Owned Vehicles   |    |  |  |  |  |  |  |  |  |  |  |
| X.7. Independent Contractors   |    |  |  |  |  |  |  |  |  |  |  |
| X. 9. Completed Operations.       \$500,000 CSL BI/PD each occurrence, S1 Million annual aggregate         X. 10. Contractual Liability (Must be shown on Certificate)       \$500,000 CSL BI/PD each occurrence         S1. Million annual aggregate       \$1. Million annual aggregate         _1.1. Personal and Advertising Injury Liability.       \$1 Million each offense, \$1 Million annual aggregate         _1.2. Purplext Aggregate       \$1 Million Bodily Injury, Property Damage and Personal Injur         _1.3. Per Project Aggregate       \$1 Million per occurrence/clain         _6. Asbestos Removal Liability       \$1 Million Bodily Injury, Property Damage and Personal Injur         _6. Asbestos Removal Liability       \$2 Million per occurrence/clain         _6. Medical Professional Liability       \$1 Limits as set forth in Virginia Code & 0.158.11         15. Miscellaneous & Call       \$1 Million Bi/PD each accident, Uninsured Motoris         16. Motor Cargin Insurance       \$1 Million Bodily Injury, Property Damage per occurrence/clain         18. Garage Liability       \$1 Million Bodily Injury, Property Damage per occurrence/clain         20. Inland Marine-Bailee's Insurance       \$2 Million Bodily Injury, Property Damage per occurrence/clain         21. Moving and Rigging Floater       \$500,000 Collision         22. Crime and Employee Dishonesty Coverage       \$500,000 Collision         23. Usite Counce Polancellation, nonrenewal or material change in coverage shall be p   |    | X_7. Independent Contractors   | \$500,000 CSL BI/PD each occurrence, \$1 Million annual aggregate  |  |  |  |  |  |  |  |  |
| X_10. Contractual Liability (Must be shown on Certificate)       \$500,000 CSB JPD each occurrence (S1 Million annual aggregate (X, 12. Umbrella Liability)         13. Per Project Aggregate       \$1 Million Bodily injury, Property Damage and Personal Injur         13. Per Project Aggregate       \$1 Million Bodily injury, Property Damage and Personal Injur         14. Professional Liability       \$1 Million Bodily injury, Property Damage and Personal Injur         15. Absetso Removal Liability       \$2 Million per occurrence/clain         16. Absetso Removal Liability       \$2 Million per occurrence/clain         17. Motical Professional Liability       \$1 Million Bodily injury, Property Damage per occurrence/clain         16. Motor Cargier Act End. (MCS-90)       \$1 Million Bodily injury, Property Damage per occurrence/clain         16. Motor Cargier Act End. (MCS-90)       \$1 Million Bodily injury, Property Damage per occurrence/clain         17. Motor Cargier Insurance       \$2         18. Garage Liability       \$1 Million Bodily injury, Property Damage per occurrence/clain         19. Inland Marine-Baile's Insurance       \$2         20. Inland Marine-Baile's Insurance       \$2         21. Moving and Rigging Floater       \$500,000 Comprehensive, \$500,000 Collision         22. Crime and Employee Dishonesty Coverage       \$2         23. Builder's Risk       Provide Coverage in the full amount of Contract, including any amendment  |    | _X_8. Products Liability   | \$500,000 CSL BI/PD each occurrence, \$1 Million annual aggregate  |  |  |  |  |  |  |  |  |
| S1 Million annual aggregate         X_12. Umbrella Liability       S1 Million Bodily Injury, Property Damage and Personal Injur         13. Per Project Aggregate       S1 Million Bodily Injury, Property Damage and Personal Injur         14. Professional Liability       S1 Million per occurrence/clain  |    |  |  |  |  |  |  |  |  |  |  |
| X       11. Personal and Advertising Injury Liability  |    | _X_10. Contractual Liability (Must be shown on C   |  |  |  |  |  |  |  |  |  |
| X_12. Umbrella Liability       S1 Million Bodily Injury, Property Damage and Personal Injur         13. Per Project Aggregate       S1 Million Per occurrence/clain         14. Professional Liability       S1 Million per occurrence/clain   |    | X 11. Personal and Advertising Injury Liability  |  |  |  |  |  |  |  |  |  |
| 13. Per Project Aggregate         14. Professional Liability         15. A Professional Liability         16. A Professional Liability         17. B Abbestos Removal Liability         18. Garage Liability         19. A Medical Professional Liability         11. S. Miscellaneous E&O         11. S. Miscellaneous E&O         12. Motor Carrier Act End. (MCS-90)         13. Garage Liability         13. Garage Liability         13. Garage Liability         13. Garage Liability         13. Moving and Nigging Floater         21. Moving and Nigging Floater         22. Active and Employee Dishonesty Coverage         23. Builder's Risk         24. XCU Coverage         25. US&H         26. Carrier Rating shall be A.M. Best Co.'s Rating of A-VII or better or equivalent         27. Actice of Cancellation, nonrenewal or material change in coverage shall be provided to County at least 30 di to action.         27. 28. The County shall be A.M. Best Co.'s Rating of A-VII or better or equivalent         27. Sotice of Cancellation, nonrenewal or material change in coverage shall be provided to County at least 30 di to action.   |    |  |  |  |  |  |  |  |  |  |  |
|  |    |  | and the second sec |  |  |  |  |  |  |  |  |
| b. Asbestos Removal Liability  |    | 14. Professional Liability   |  |  |  |  |  |  |  |  |  |
|  |    |  |  |  |  |  |  |  |  |  |  |
|  |    | _b. Asbestos Removal Liability   | \$2 Million per occurrence/claim   |  |  |  |  |  |  |  |  |
| 15. Miscellaneous E&O      S1 Million per occurrence/claim        16. Motor Carrier Act End. (MCS-90)      S1 Million BI/PD each accident, Uninsured Motoris        17. Motor Carrier Act End. (MCS-90)      S1 Million Bodily Injury, Property Damage per occurrence        18. Garage Liability      S500,000 Comprehensive, \$500,000 Collision        20. Inland Marine-Bailee's Insurance      S  |    | _ c. Medical Malpractice   | 51 Million per occurrence/claim  |  |  |  |  |  |  |  |  |
|  |    |  |  |  |  |  |  |  |  |  |  |
| 17. Motor Cargo Insurance       18. Garage Liability       \$1 Million Bodily Injury, Property Damage per occurrence         19. Garage Liability       \$500,000 Comprehensive, \$500,000 Collisio         20. Inland Marine-Bailee's Insurance       \$         21. Moving and Rigging Floater       Endorsement to CG         22. Crime and Employee Dishonesty Coverage       \$         23. Moving and Rigging Floater       Endorsement to CG         24. XCU Coverage       Endorsement to CG         25. USL&H       Federal Statutory Limit         X 26. Carrier Rating shall be A.M. Best Co.'s Rating of A-VII or better or equivalent       Federal Statutory Limit         X 27. Notice of Cancellation, nonrenewal or material change in coverage shall be provided to County at least 30 di to action.   |    |  |  |  |  |  |  |  |  |  |  |
| 19. Garagekeepers Liability  |    |  |  |  |  |  |  |  |  |  |  |
| 20. Inland Marine-Bailee's Insurance   |    | 18. Garage Liability   |  |  |  |  |  |  |  |  |  |
| 21. Moving and Rigging Floater   |    |  |  |  |  |  |  |  |  |  |  |
| 22. Crime and Employee Dishonesty Coverage   |    |  |  |  |  |  |  |  |  |  |  |
| _X_23. Builder's Risk       Provide Coverage in the full amount of Contract, including any amendment         _24. XCU Coverage       Endorsement to CG         _25. USL&H       Federal Statutory Limit         _X_26. Carrier Rating shall be A.M. Best Co.'s Rating of A-VII or better or equivalent       Federal Statutory Limit         _X_27. Notice of Cancellation, nonrenewal or material change in coverage shall be provided to County at least 30 dit to action.       _X_28. The County shall be an Additional Insured on all policies except Workers Compensation and Auto and Pro Liability.         _X_29. Certificate of Insurance shall show Bid Number and Bid Title.   |    |  |  |  |  |  |  |  |  |  |  |
| _24. XCU Coverage       Endorsement to CG         _25. USL&H       Federal Statutory Limit         _X_26. Carrier Rating shall be A.M. Best Co.'s Rating of A-VII or better or equivalent       Federal Statutory Limit         _X_27. Notice of Cancellation, nonrenewal or material change in coverage shall be provided to County at least 30 dt to action.   |    |  |  |  |  |  |  |  |  |  |  |
| _25. USL&H   |    | 24. XCU Coverage   | Endorsement to CGL   |  |  |  |  |  |  |  |  |
| X_27. Notice of Cancellation, nonrenewal or material change in coverage shall be provided to County at least 30 di to action.         X_28. The County shall be an Additional Insured on all policies except Workers Compensation and Auto and ProLiability.         X_29. Certificate of Insurance shall show Bid Number and Bid Title.        30. OTHER INSURANCE REQUIRED:  |    |  |  |  |  |  |  |  |  |  |  |
| to action.<br>X_28. The County shall be an Additional Insured on all policies except Workers Compensation and Auto and Pro<br>Liability.<br>X_29. Certificate of Insurance shall show Bid Number and Bid Title.<br>30. OTHER INSURANCE REQUIRED:<br>   |    |  |  |  |  |  |  |  |  |  |  |
| Liability.<br>_X_29. Certificate of Insurance shall show Bid Number and Bid Title.<br>30. OTHER INSURANCE REQUIRED:  |    |  | terial change in coverage shall be provided to County at least 30 da   |  |  |  |  |  |  |  |  |
| _X_29. Certificate of Insurance shall show Bid Number and Bid Title.<br>30. OTHER INSURANCE REQUIRED:  |    |  | d on all policies except Workers Compensation and Auto and Profe   |  |  |  |  |  |  |  |  |
|  |    |  | mbor and Bid Title   |  |  |  |  |  |  |  |  |
| INSURANCE AGENT'S STATEMENT:<br>I have reviewed the above requirements with the bidder named below and have advised the bid<br>required coverages not provided through this agency.<br>AGENCY NAME: FREEMAN & SHERBURNE, INC.<br>BIDDER'S STATEMENT:<br>If awarded the Contract, I will comply with all Contract insurance requirements.<br>BIDDER NAME: BUCK Hard Excave to State Agent, Signa Turke:   |    |  | moer and bid fille.  |  |  |  |  |  |  |  |  |
| I have reviewed the above requirements with the bidder named below and have advised the bid<br>required coverages not provided through this agency.<br>AGENCY NAME: FREEMAN & SHERBURNE, INC.<br>BIDDER'S STATEMENT:<br>If awarded the Contract, I will comply with all Contract insurance requirements.<br>BIDDER NAME: BUCK Hard Excavat Mauth. SIGNATURE:   |    |  |  |  |  |  |  |  |  |  |  |
| required coverages not provided through this agency.       Doris J.         AGENCY NAME:       FREEMAN & SHERBURNE. INC.       AUTH. SIGNATURE:       OVEISSI         BIDDER'S STATEMENT:       If awarded the Contract, I will comply with all Contract insurance requirements.       Did auth. SigNaTure:       Did auth. SigNaTure:         BIDDER NAME:       BUCK HARD EXCAVATION       Mauth. SigNaTure:       Did auth. SigNaTure:       Did auth. SigNaTure:   |    |  |  |  |  |  |  |  |  |  |  |
| required coverages not provided through this agency.       Doris J.         AGENCY NAME:       FREEMAN & SHERBURNE. INC.       AUTH. SIGNATURE:       OVEISSI         BIDDER'S STATEMENT:       If awarded the Contract, I will comply with all Contract insurance requirements.       Did auth. SigNaTure:       Did auth. SigNaTure:         BIDDER NAME:       BUCK HARD EXCAVATION       Mauth. SigNaTure:       Did auth. SigNaTure:       Did auth. SigNaTure:   |    | I have reviewed the above requirements   | with the bidder named below and have advised the bidd  |  |  |  |  |  |  |  |  |
| AGENCY NAME: FREEMAN & SHERBURNE, INC. AUTH. SIGNATURE: OVEISSI DURA SHERBURNE, INC. AUTH. SIGNATURE: OVEISSI DURA SHERBURNE, INC. BIDDER'S STATEMENT:<br>If awarded the Contract, I will comply with all Contract insurance requirements.<br>BIDDER NAME: BUCK HAIR EXCAVATING AUTH. SIGNATURE:   |    |  | this again   |  |  |  |  |  |  |  |  |
| AGENCY NAME: FREEMAN & SHERBURNE. INC. AUTH. SIGNATURE: OVEISSI Due 2019 02.30 140015 0400<br>BIDDER'S STATEMENT:<br>If awarded the Contract, I will comply with all Contract insurance requirements.<br>BIDDER NAME: FUCK HARD EXCAVATION AUTH. SIGNATURE:  |    |  | DONS J. Dr. and Sherburne 102, DU  |  |  |  |  |  |  |  |  |
| If awarded the Contract, I will comply with all Contract insurance requirements.<br>BIDDER NAME: RUCK HARD EXCAVATINGAUTH. SIGNATURE:  |    | AGENCY NAME:FREEMAN & SHERBURNE, INC.  |  |  |  |  |  |  |  |  |  |
| If awarded the Contract, I will comply with all Contract insurance requirements.<br>BIDDER NAME: RUCK HARD EXCAVATINGAUTH. SIGNATURE:  |    | RIDDER'S STATEMENT   |  |  |  |  |  |  |  |  |  |
| BIDDER NAME: RUCK HEARD EXCAVATINGAUTH. SIGNATURE:   |    |  | with all Contract insurance requirements   |  |  |  |  |  |  |  |  |
|  |    | in awarded the contract, i win compry  |  |  |  |  |  |  |  |  |  |
|  |    | Port Hand Furn   | vating   |  |  |  |  |  |  |  |  |
| 37   |    | BIDDER NAME: SUCK HEITEL LAUA  | VE     MAUTH. SIGNATURE:   |  |  |  |  |  |  |  |  |
| 37   |    | 2  | $\int c_{-} c_{-} c_{-}$   |  |  |  |  |  |  |  |  |
| 37   |    |  |  |  |  |  |  |  |  |  |  |
|  |    |  |  |  |  |  |  |  |  |  |  |

INSURANCE CHECKLIST CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE AND ENDORSEMENTS MARKED "X". COVERAGES REQUIRED COVERAGE MINIMUM(S)-DN. Workers' Compensat Statutory limits of Virgini \$100,000 acc Commercial General Liability .....\$1,000,000 CSL Bi/PD each occurrence, \$2 Million annual aggrega nises/Operations ile Liability . X S.A ....\$1 Million BI/PD each accident, Uninsured btorist X\_6. Owne Non-Owned Vehicles. ......\$1 Million BI/PD each accident, Uninsurg Motorist ......\$500,000 CSL BI/PD each occurrence, \$1 Million a X\_7. Independe tractors. al aggregate ......\$500,000 CSL BI/PD each occurrence, \$1 Miliiq X\_8. Products Liabi + nual aggregate \_X\_9. Completed Operat ......\$500,000 CSL BI/PD each occurrence, \$1 Mil annual aggregate shown on Certificate) ..... X 10. Contractual Liability .... \$500,000 CS PD each occurrence. illion annual aggregate X 11. Personal and Advertising Inju \$1 Million each offense I Million annual aggregate X\_12. Umbrelia Liability .... .... \$1 Million Bodily Injury, Prope y Damage and Personal Injury 13. Per Project Aggregate 14. Professional Liability \_ a. Architects and Engineers. \$1 Million per occurrence/claim \_ b. Asbestos Removal Liability \$2 Million per occurrence/claim \_ c. Medical Malpractice S1 Million per occurrence/claim d. Medical Professional Liability. imits as set forth in Virginia Code 8.01.581.15 15. Miscellaneous E&O .. 16. Motor Carrier Act End. (MCS-90) BI/PD each accident, Uninsured Motorist 17. Motor Cargo Insurance **\$1 Million Bodily** Property Damage per occurrence 18. Garage Liability .. rehensive, \$500,000 Collision 19. Garagekeepers Liability ..... \$500.00 \_\_\_\_20. Inland Marine-Bailee's Insurance \_\_\_21. Moving and Rigging Floater .... Endorsement to CGL 22. Crime and Employee Dishonesty C S rage X\_23. Builder's Risk ... Provide Coverage in the full amount of Contract, includi amendments 24. XCU Coverage Endo ment to CGL \_25. USL&H ... Federal State v Limits X 26. Carrier Rating share A.M. Best Co.'s Rating of A-VII or better or equivalent \_X\_27. Notice of Care lation, nonrenewal or material change in coverage shall be provided to County at least 30 s prior to ac 28 County shall be an Additional Insured on all policies except Workers Compensation and Auto and Profession ability 30. OTHER INSURANCE REQUIRED: INSURANCE AGENT'S STATEMENT: I have reviewed the above requirements with the bidder named below and have advised the bidder of required coverages not provided through this agency. AGENCY NAME: SWIFT CREEK INSURANCE AUTH. SIGNATURE **BIDDER'S STATEMENT:** If awarded the Contract, I will comply with all Contract insurance requirements. tavd Excava BIDDER NAME SIGNATUR - .

### **REVISED EXHIBIT A – PRICING SHEET**

| Sect     | tion | A: Backhoe, Skid Steer and Fork Lift Equipment                           |   |   |                                 |   |                     |  |                      |                                     |     |  |  |                       |
|----------|------|--|---|---|---------------------------------|---|---------------------|--|----------------------|-------------------------------------|-----|--|--|-----------------------|
|          | ,    | Equipment Type   | Equipment Only or Operator<br>and Equipment | Estimated<br>Hourly Quantity<br>[8 hrs = 1 day)<br>(HQ) | Standard<br>Hourly Rate<br>(HR) | Estimated<br>Weekly<br>Quantity<br>(WQ) | Weekly Rate<br>(WR) | Estimated<br>Monthly<br>Quantity<br>(MQ) | Monthly Rate<br>(MR) | Number of<br>Mobilizations<br>(NMB) | Dem | bilization/<br>nobilization<br>Rate<br>(MBR) | Total Cost<br>[(HQ*HR) +<br>(WQ*WR) +<br>(MQ*MR) +<br>(NMB*MBR)] | Equipment Description |
| A        | -    | Backhoe, Tired (John Deere 410, CAT 420 or equal)                        | Operator & Equipment                        | 80  | \$ 200.00                       | 2                                       | \$ 8,000.00         | 1  | \$ 34,675.00         | 5                                   | Ś   | 750.00                                       |  | John Deere 410        |
| A        |      | Backhoe, Tired with Hydraulic Breaker (John Deere 710, CAT 450 or equal) | Operator & Equipment                        | 80  | \$ 225.00                       | 2                                       | \$ 9,000.00         | 1  | \$ 39,000,00         | 5                                   | s   | 750.00                                       |  | John Deere 310        |
| A        | -    | Loader, Track (Liebherr 914, CAT 313FL or equal)                         | Operator & Equipment                        | 80  | \$ 275.00                       | 2                                       | \$ 11,000.00        | 1  | \$ 47,675.00         | 5                                   | Ś   | 1,000.00                                     | \$ 96,675.00   | Liebherr 914          |
| A        | -    | Loader, Tired (Liebherr 538, CAT 926M or equal)                          | Operator & Equipment                        | 80  | \$ 275.00                       | 2                                       | \$ 11,000.00        | 1  | \$ 47,675.00         | 5                                   | Ś   | 1.000.00                                     | \$ 96,675.00   | Liebherr 538          |
| A        | _    | Compact Excavator (Bobcat E42, CAT 304E2 or equal)                       | Operator & Equipment                        | 80  | \$ 200.00                       | 2                                       | \$ 8,000.00         | 1  | \$ 34,675.00         | 5                                   | Ś   | 40.00  | \$ 66,875.00   | Kubota KX121          |
| <u> </u> | -    |  | operator a equipment                        |   | \$ 200.00                       |   | \$ 0,000.00         |  | \$ 54,675.00         |                                     | -   | 40.00  | \$ 409,400.00  |                       |
|          |      |  |   |   |                                 |   |                     |  |                      |                                     |     |  | •,   |                       |
|          | tion | C: Trucks  |   |   |                                 |   |                     |  |                      |                                     |     |  |  |                       |
|          | ,    | Equipment Type   | Equipment Only or Operator<br>and Equipment | Estimated<br>Hourly Quantity<br>[8 hrs = 1 day)<br>(HQ) | Standard<br>Hourly Rate<br>(HR) | Estimated<br>Weekly<br>Quantity<br>(WQ) | Weekly Rate<br>(WR) | Estimated<br>Monthly<br>Quantity<br>(MQ) | Monthly Rate<br>(MR) | Number of<br>Mobilizations<br>(NMB) | Dem | bilization/<br>nobilization<br>Rate<br>(MBR) | Total Cost<br>[(HQ*HR) +<br>(WQ*WR) +<br>(MQ*MR) +<br>(NMB*MBR)] | Equipment Description |
| C        |      | Dump Truck, Single Axle  | Operator & Equipment                        | 80  | \$ 175.00                       | 2                                       | \$ 7,000.00         | 1  | \$ 30,500.00         | 5                                   |     |  | \$ 58,500.00   | GMC 7500              |
| C        | 2    | Dump Truck, Tandem Axle  | Operator & Equipment                        | 80  | \$ 175.00                       | 2                                       | \$ 7,000.00         | 1  | \$ 30,500.00         | 5                                   |     |  | \$ 58,500.00   | Kenworth T-800        |
| C        | 3    | Dump Truck, Quad Axle  | Operator & Equipment                        | 80  | \$ 175.00                       | 2                                       | \$ 7,000.00         | 1  | \$ 30,500.00         | 5                                   |     |  | \$ 58,500.00   | Mack CV713            |
| c        | 4    | Tractor with Lowboy Trailer, 10,000 lbs.                                 | Operator & Equipment                        | 80  | \$ 250.00                       | 2                                       | \$ 10,000.00        | 1  | \$ 43,350.00         | 5                                   |     |  | \$ 83,350.00   | Mack CXU613           |
| C        | 7    | Roll-on/Roll-Off Truck   | Operator & Equipment                        | 80  | \$ 215.00                       | 2                                       | \$ 8,600.00         | 1  | \$ 37,500.00         | 5                                   |     |  | \$ 71,900.00   | Mack GU713            |
| c        | 8    | Rollback Truck (IHC 4900 or equal)                                       | Operator & Equipment                        | 80  | \$ 225.00                       | 2                                       | \$ 9,000.00         | 1  | \$ 39,000.00         | 5                                   |     |  | \$ 75,000.00   | Kenworth T-370        |
|          |      |  |   |   |                                 |   |                     |  |                      |                                     |     |  | \$ 405,750.00  |                       |
| Sect     | tion | D: Dozers, Crawlers, Compactors and Graders                              |   |   |                                 |   |                     |  |                      |                                     |     |  |  |                       |
|          |      |  | Equipment Only or Operator                  | Estimated<br>Hourly Quantity<br>[8 hrs = 1 day)         | Standard<br>Hourly Rate         | Estimated<br>Weekly<br>Quantity         | Weekly Rate         | Estimated<br>Monthly<br>Quantity         | Monthly Rate         | Number of<br>Mobilizations          |     | bilization/<br>nobilization<br>Rate          | <u>Total Cost</u><br>[(HQ*HR) +<br>(WQ*WR) +<br>(MQ*MR) +        |                       |
|          | 1    | Equipment Type   | and Equipment                               | (HQ)  | (HR)                            | (WQ)                                    | (WR)                | (MQ)                                     | (MR)                 | (NMB)                               |     | (MBR)  | (NMB*MBR)]   | Equipment Description |
| D        | 1    | Dozer (JD-450 or equal)  | Operator & Equipment                        | 80  | \$ 250.00                       | 2                                       | \$ 10,000.00        | 1  | \$ 43,500.00         | 5                                   | \$  | 1,000.00                                     | \$ 88,500.00   | John Deere 450        |
| D        | 2    | Gradall (XL 4100 or equal)   | Operator & Equipment                        | 80  | \$ 300.00                       | 2                                       | \$ 12,000.00        | 1  | \$ 52,000.00         | 5                                   | \$  | 1,000.00                                     | \$ 105,000.00  | XL 4100               |
|          |      | Motor Grader, Ruber Tired, 65HP (min) with Specialized Accessories (See  |   |   |                                 |   |                     |  |                      |                                     |     |  |  |                       |
| D        | 3    | Specifications)  | Operator & Equipment                        | 80  | \$ 300.00                       | 2                                       | \$ 12,000.00        | 1  | \$ 52,000.00         | 5                                   | \$  | 1,000.00                                     | \$ 105,000.00  | Flatallis 658         |
|          |      |  |   |   |                                 |   |                     |  |                      |                                     |     |  | \$ 298,500.00  |                       |
|          |      |  |   |   |                                 |   |                     |  |                      |                                     |     |  |  |                       |
|          |      |  |   |   |                                 |   |                     |  |                      |                                     |     |  |  |                       |
| Sect     | tion | G: Extras  |   |   |                                 |   |                     |  |                      |                                     | -   |  |  |                       |
|          |      | Equipment Type   | Equipment Only or Operator<br>and Equipment | Estimated<br>Hourly Quantity<br>[8 hrs = 1 day)<br>(HQ) | Standard<br>Hourly Rate<br>(HR) | Estimated<br>Weekly<br>Quantity<br>(WQ) | Weekly Rate<br>(WR) | Estimated<br>Monthly<br>Quantity<br>(MQ) | Monthly Rate<br>(MR) | Number of<br>Mobilizations<br>(NMB) | Dem | bilization/<br>nobilization<br>Rate<br>(MBR) | Total Cost<br>[(HQ*HR) +<br>(WQ*WR) +<br>(MQ*MR) +<br>(NMB*MBR)] | Equipment Description |
|          |      |  |   | 80  | \$ 200.00                       | 2                                       | \$ 8.000.00         | 1  | \$ 34.675.00         | 5                                   | Ś   | 400.00                                       | 1  | Takeuchi TL10         |
|          | 1    |  |   |   |                                 |   |                     |  |                      |                                     |     |  |  |                       |
| G        | -    | Skid Steer Loader Trommel Screener                                       | Operator & Equipment                        | 80  | \$ 200.00                       | 2                                       | \$ 8,000.00         | 4  | \$ 14,000,00         | 2                                   | Ś   | 2,500.00                                     |  | McCloskey 516RE       |