

BRYSON CRANE RENTAL, LLC REQUEST FOR CRANE RENTAL PRICING

| PRICE PROPOSAL FORM | A | B | C | D | E | F | G | H |
|----------------------------------|----------------------|--|-----------------------------|-------------------------------------|--------------------------------|---------------------------|-----------------------------------|--------------------|
| CRANE SIZE | MINIMUM CHARGE HOURS | ESTIMATED HOURS PER YEAR REGULAR HOURS | HOURLY CHARGE REGULAR HOURS | EXTENDED COST REGULAR HOURS (B x C) | ESTIMATED AFTER HOURS PER YEAR | AFTER HOURS HOURLY CHARGE | EXTENDED COST AFTER HOURS (E x F) | TOTAL COST (D + G) |
| 22 TON | 3 | 8 | \$100 | \$800 | 4 | \$130 | \$520 | \$1,320 |
| 30 TON | 4 | 8 | \$125 | \$1,000 | 4 | \$155 | \$620 | \$1,620 |
| 40 TON | 4 | 8 | \$135 | \$1,080 | 4 | \$165 | \$660 | \$1,740 |
| 50 TON | 4 | 8 | \$150 | \$1,200 | 4 | \$180 | \$720 | \$1,920 |
| 60 TON | 6 | 8 | \$160 | \$1,280 | 6 | \$190 | \$1,140 | \$2,420 |
| 70 TON | 6 | 8 | \$185 | \$1,480 | 6 | \$215 | \$1,290 | \$2,770 |
| 80 TON | 6 | 8 | \$205 | \$1,640 | 6 | \$235 | \$1,410 | \$3,050 |
| 100 TON | 8 | 16 | \$250 | \$4,000 | 8 | \$280 | \$2,240 | \$6,240 |
| 130 TON | 8 | 16 | \$300 | \$4,800 | 8 | \$330 | \$2,640 | \$7,440 |
| 150 TON | 8 | 16 | \$350 | \$5,600 | 8 | \$380 | \$3,040 | \$8,640 |
| EQUIPMENT | | | | | | | | |
| TRACTOR WITH FLATBED | 4 | 8 | \$125 | \$1,000 | 4 | \$155 | \$620 | \$1,620 |
| TRACTOR WITH FLATBED & PIGGYBACK | 4 | 8 | \$150 | \$1,200 | 4 | \$180 | \$720 | \$1,920 |
| 5,000 LB CAPACITY FORKLIFT | 4 | 8 | \$125 | \$1,000 | 4 | \$155 | \$620 | \$1,620 |
| 10,000 LB CAPACITY FORKLIFT | 4 | 8 | \$135 | \$1,080 | 4 | \$165 | \$660 | \$1,740 |
| 15,000 LB CAPACITY FORKLIFT | 4 | 8 | \$145 | \$1,160 | 4 | \$175 | \$700 | \$1,860 |
| 30,000 LB CAPACITY FORKLIFT | 6 | 8 | \$175 | \$1,400 | 6 | \$205 | \$1,230 | \$2,630 |
| PERSONNEL | | | | | | | | |
| RIGGER/SIGNAL PERSON | 4 | 104 | \$75 | \$7,800 | 4 | \$105 | \$420 | \$8,220 |
| GRAND TOTAL | 87 | 256 | \$2,890 | \$37,520 | 88 | \$3,400 | \$19,250 | \$56,770 |



Phone 386-252-5605
Fax 386-258-5011

Please see the requested references & emergency contact numbers below:

Florida Power & Light
392 U.S. 17, East Palatka, FL 32131
Beverly Matthews 386-257-7219 contractor since 1980

City of Ormond Beach
501 N Orchard Street
Ormond Beach, FL 32174
Woody 386-212-7005 Worked many days since 1980

City of Port Orange
PO Box 291759
Port Orange, FL 32119-1759
Bill Latham 386-506-5784 worked many days since 1980

City of NSB Utilities Commission
200 Canal St.
New Smyrna Beach, FL 32168
Mike Mines 386-547-0515 6/19/2014

City of Altamonte Springs
225 Newburyport Avenue
Altamonte Springs, FL 32701
Andrew Lobban 407-571-8564 many days since 2010

Emergency Contacts:

Crane yard 386-252-5605
Ray H Rutt 386-547-6896
Jim Bryson 386-527-5175
Garrett Troup 386-299-9095
Bob Mowery 386-882-8488

Please let me know if you have any questions,
Ray H Rutt
Bryson Crane Rental, LLC
386-547-6896



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/11/2014

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).

| | | |
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| PRODUCER Allied Insurance Brokers, Inc. Four Gateway Center 444 Liberty Avenue, Suite 400 Pittsburgh PA 15222 | CONTACT NAME: Certificate Specialist | |
| | PHONE (A/C No, Ext): 412-535-9276 | FAX (A/C No): |
| E-MAIL ADDRESS: cert@alliedinsbrokers.com | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: Alterra America Insurance Co. | | 212960 |
| INSURER B: Hudson Specialty Insurance Co | | 37079 |
| INSURER C: Plaza Insurance Co | | 30945 |
| INSURER D: James River Insurance Co. | | 12203 |
| INSURER E: Lion Insurance CO. | | 11075 |
| INSURER F: | | |

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| INSURED 11431 Bryson Crane Rental Service, LLC 225 Marion Street Daytona Beach FL 32114 |
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COVERAGES **CERTIFICATE NUMBER:** 1026304640 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|------------------|-------------------------|-------------------------|---|
| B | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | MCO000288 | 5/15/2014 | 5/15/2015 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| C | <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | PALGMI00050200 | 5/15/2014 | 5/15/2015 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| D | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | 000623940 | 5/15/2014 | 5/15/2015 | EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$ |
| E | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | AVWCFL2343642014 | 10/24/2014 | 10/24/2015 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |
| A | Riggers Liability Motor Truck Cargo | | | MAXA6IM0049686 | 5/15/2014 | 5/15/2015 | Limit \$1,000,000 Deductible \$2,500 Limit 250,000 |

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

OVER THE ROAD COVERAGE FOR MOBILE EQUIPMENT: \$1,000,000 bodily injury and property damage provided by the General Liability. MTC Deductible \$2,500.
Additional insured: The City of Daytona Beach

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| CERTIFICATE HOLDER City of Daytona Beach P.O. Box 2451 Daytona Beach FL 32115 | 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  |
|---|--|