



Paul Brownlow / Verndale School Board,

I would like to recommend accepting the quote from Youngbauers Landscaping for snow removal for the 2018-2019 school year.

Thank-you,

Wade Kern

Transportation / Building and Grounds

QUOTE NOTICE

The Verndale School District will be accepting quotes for snow removal for the 2018-2019 school year.

Please give your quote prices for the following:

Grade Price per hour \$ 75.00

Skid Loader Price per hour \$ 75.00

Hauling Price per hour \$ 75.00

Salting and Sanding Price per hour \$ N/A

~~Dump Truck~~ Truck Load Size 6 yd.

Please state what equipment will be used for snow removal, truck, skid steer, pick-up, blade length, sand and salt equipment:

TRUCK w/ 8ft Blade, SKID STEER w/ 84" SNOW BUCKET
6 YD Dump TRAILER

The following conditions must be part of your commitment to the quote:

1. Proof of Liability Insurance
2. Snow must be removed from the front of the bus garage and west parking lot by 6:30 AM on school days.
3. Snow must be removed from the south lot by 7:30 AM on school days.
4. Contractor's log : Contractor shall keep an accurate daily log of hours spent for services provided. All of the Contractor's records pertaining to services performed and hours spent shall be available for the Verndale School District's inspection immediately following a snow event.
5. No salting or sanding services, whatsoever, shall be provided unless they are approved in advance by an authorized employee of the school district.
6. The quote deadline is 3:00pm on Friday, October 19th, 2018. Please mail your quotes to Wade Kern Transportation/Building and Grounds, 411 SW Brown Street, Verndale, MN 56481

THE VERNDALE SCHOOL DISTRICT RESERVES THE RIGHT TO REJECT ANY OR ALL QUOTES.



CERTIFICATE OF LIABILITY INSURANCE

YOUNG-3

OP ID: SV

DATE (MM/DD/YYYY)

09/21/2018

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 Veronen Insurance Agency Insurance Advisors Inc PO Box G 105 Farwell St S Verndale, MN 56481 Ins. Adv. Veronen Agency, Inc.		CONTACT NAME: Ins. Adv. Veronen Agency, Inc. PHONE (A/C, No, Ext): 218-445-5562 FAX (A/C, No): 866-666-0621 E-MAIL ADDRESS: s.veronen@iaimn.com	
INSURED Youngbauers Landscaping Youngbauers Inc dba: 16608 County Road 23 Verndale, MN 56481		INSURER(S) AFFORDING COVERAGE INSURER A: State Auto Insurance Co. NAIC # 25127 INSURER B: Technology Insurance Co 42376 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BOP2761313	09/07/2018	09/07/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP2386021	09/07/2018	09/07/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	TWC3734502	09/07/2018	09/07/2019	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 BUILDING 272,528 PROPERTY 18,856

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

CERTIFICATE HOLDER**CANCELLATION**

Verndale Public Schools
411 SW Brown St
Verndale, MN 56481

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

Kelly Pickar

QUOTE NOTICE

The Verndale School District will be accepting quotes for snow removal for the 2018-2019 school year.

Please give your quote prices for the following:

Grade Price per hour \$ _____
Truck prices are 85 hr
 Skid Loader Price per hour \$ 100

Hauling Price per hour \$ 85 + 80

Salting and Sanding Price per hour \$ 85 + salt

Truck Load Size 24/20 vd.

Please state what equipment will be used for snow removal, truck, skid steer, pick-up, blade length, sand and salt equipment:

Truck 9 1/2' / 10'
Skid loader
Traction if needed

The following conditions must be part of your commitment to the quote:

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CERTIFICATE OF LIABILITY INSURANCE

OP ID: TP

DATE (MM/DD/YYYY)

10/16/2018

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PRODUCER Ebner Insurance 20 Jefferson Street So. Wadena, MN 56482 Jenny J Pederson		CONTACT NAME: Jenny Pederson PHONE (A/C, No, Ext): 218-631-3274 FAX (A/C, No): 218-631-1994 E-MAIL ADDRESS: jenny.pederson@ebnerinsurance.com PRODUCER CUSTOMER ID #: PICKA-1	
INSURED Pickar Lagoon Pumping 25641 221st Ave Sebeka, MN 56477		INSURER(S) AFFORDING COVERAGE INSURER A: Auto Owners INSURER B: Owners Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 18988 32700	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		004606-08027232-18	06/04/2018	06/04/2019	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comp 100 Deduct		41-319-467-00	10/03/2018	04/03/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (PER ACCIDENT) \$ 100,000 \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	111706 08059417	06/01/2018	06/01/2019	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 100,000 E L DISEASE - EA EMPLOYEE \$ 100,000 E L DISEASE - POLICY LIMIT \$ 500,000
B	COMM INLAND MARINE		004606-08027232-18	06/04/2018	06/04/2019	SCHEDULED DEDUCTIBL 291,000 500

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

CERTIFICATE HOLDER**CANCELLATION**

SAMPLEC Sample Certificate	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 Jenny Pederson

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