* Need to get additional quotes on Nye Beach turn-around because quote exceeds $5000. Will follow up with this work at a later date.

Allen & Sons
Total Lot Maintenance, Inc.

443 S.W. Coast Hwy Newport OR. 97365
Phone: (541) 574-8257 Fax: (541) 574-8258
E-mail: steve@allenandsons.com

Submitted To: Tim Gross
Billing Address:
Phone: 541-574-3369
Date: 8/9/12

Project: Nye Beach Turn Around & Parking Lots, 9th & Hurbert Lots
Location: Newport
Fax: 541-265-3301

Thank you for choosing ***Allen & Sons Total Lot Maintenance*** *for the work you are in need of.* We will make every effort to work around the operating hours of your business keeping any inconvenience to you, your customers and employees at a minimum.
All material is to be applied as to manufactures specification. All work is to be completed in a professional manner according to standard practices. Any alteration or deviation from the listed specifications will be executed only upon your orders if an extra charge is involved. All agreements are contingent upon strikes, accidents or delays beyond our control.
Providing the weather elements are favorable, (NO rain), and we are able to have cleared access to the area, the job will be completed in a timely fashion. The following work will be performed:

* 1. *Prepare areas to seal. No crack fill will be used as the asphalt is very marginal. Resurface +/- 19,444 sq. ft. with XLr8 seal coating. We will add silica sand to the seal coat material. This project will be completed in 3 days. The turn around area will need to be closed for 1 day.* $7,583.16
2. *9th & Hurbert: Prepare the area to seal. Crack fill all cracks ¼ inches wide or wider with hot rubberized crack fill & resurface +/- 22,532 sq. ft. with XLR8 seal coating. We will add silica sand to the sealant. This project will take 1.5 days to complete. We will need access to the total lot on the scheduled days.* $4,979.57

Thank you for the opportunity to bid these projects.

By signing this document you acknowledge the prices, specifications and conditions are satisfactory and hereby accepted. Allen & Sons is authorized to do the work specified. Payment will be made within 30 days ~~7 days~~ of job completion. It is agreed that **1.5% interest** will be charged on any past due balance and reasonable collection costs will be paid if necessary to collect payment. If there is a dispute about the quality of work or a problem with the installation the invoiced amount is still due according to terms above except you may hold a maximum of 15% until all parties are agreed.
Note access to all work areas at the time and days scheduled is your responsibility. Any delay resulting from non preparation or accessibility of the site will result in an additional charge in the amount of $40.00 per man hour. If lack of access, delay or non-clearance of the site requires us to make a return trip there will be an additional charge for mobilization. Allen & Sons will secure the site adequately and therefore are not responsible if a third party damages the site.
If applicable, you have received a copy of the construction lien law with this bid packet.
Signature.....Date.....8/13/12.....

THIS PROPOSAL MAY BE WITHDRAWN IF NOT ACCEPTED WITHIN 14 DAYS
C.C.B. Number 96602 ~ Licensed ~ Bonded ~ Insured ~

If acceptable please sign and return one copy keeping a copy for your records. Thank You

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/13/2012

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
WAYNE BURROW (13518)
316 MAIN ST
DALLAS, OR 97338-0000

CONTACT NAME: WAYNE BURROW
PHONE (A/C, No, Ext): 503-623-0851 FAX (A/C, No): 503-831-4661
E-MAIL ADDRESS: WAYNE.BURROW@COUNTRYFINANCIAL.COM

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : COUNTRY Mutual Insurance Company	20990
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED 9650344
ALLEN AND SONS TOTAL LOT / MAINTENANCE INC
PO BOX 1322
NEWPORT, OR 97365

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 ✔ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ✔ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ✔ POLICY ☐ PRO-JECT ☐ LOC	✔		AB9000641	10/1/2011	10/1/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ✔ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ✔ HIRED AUTOS ✔ NON-OWNED AUTOS	✔		AB9000641	10/1/2011	10/1/2012	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	✔ UMBRELLA LIAB ✔ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ✔ RETENTION $ 10,000	✔		AU9000643	10/1/2011	10/1/2012	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					WC STATUTORY LIMITS ☐ OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A								

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

ADDITIONAL INSURED(S):
CITY OF NEWPORT
169 SW COAST HWY
NEWPORT, OR 97365

CERTIFICATE HOLDER

CITY OF NEWPORT
169 SW COAST HWY
NEWPORT, OR 97365

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

Douglas M Bora

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