



**McLean County**  
**Unit School District No. 5**

*Educating each student to achieve personal excellence.*

**Operations/Warehouse**

---

1999 Eagle Rd.  
Normal, IL 61761  
309.557.4101

**TO:** Board of Education

**FROM:** Joe Adelman, Executive Director of Operations

**CC:** Dr. Kristen Weikle, Superintendent; Marty Hickman, CEO; Tom Rockwell, Director of Facilities

**DATE:** February 19, 2025

**RE:** Recommendation of Award: Asbestos Abatement for Colene Hoose IMC Flooring Renovation

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On Tuesday, January 28, 2025 at 2:00 PM bids were received at the Warehouse at 1999 Eagle Road for eight (8) bids for Asbestos Abatement IMC Flooring Renovations.

Eight sealed bids were received, publicly opened and read. A copy of the bid tabulation is attached.

Administration recommends the Board of Education award the contract to the lowest bidder, Colfax Corporation for their bid of \$29,850.00.



ENVIRONMENTAL  
ENGINEERING, INC.  
2904 Tractor Lane • Bloomington, Illinois • 61704  
(309) 828-4259 • www.idealenvironmental.com

McLean County U.D. 5  
Colene Hoose Elementary School  
Asbestos Abatement for 2025 IMC Flooring Renovations  
26309

## Bid Tabulation

<p><b>Asbestos Abatement for 2025 IMC Flooring Renovations</b></p> <p>Client: McLean County U.D. 5 1999 Eagle Road / Normal, IL 61761</p> <p>Site: Colene Hoose Elementary School 600 Grandview Drive Normal, IL 61761</p>	<p>Bid Opening Date: <u>Tuesday, January 28, 2025</u></p> <p>Time: <u>2:00 P.M.</u></p>
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BIDDER NAME	Addendum No. 1 Acknowledged	ATTACHMENTS			BASE BID	UNIT PRICES	
		A.	B.	C.			
AC Environmental, Inc.	Yes	Yes	Yes	Yes	\$108,117.00	\$51.48	
Colfax Corporation	Yes	Yes	Yes	Yes	\$29,850.00	\$12.00	
DEM Services, Inc.	No Bid						
Great Western Abatement	Yes	Yes	Yes	Yes	\$41,353.00	\$20.00	
M & O Environmental Company	Yes	Yes	Yes	Yes	\$42,400.00	\$20.00	
Spectrum Environmental	Yes	Yes	Yes	Yes	\$31,944.00	\$12.00	
Triple A Asbestos	Yes	Yes	Yes	Yes	\$37,970.00	\$16.00	
Valor Technologies, Inc.	Yes	Yes	Yes	No	\$32,470.00	\$5.00	

Bid Tab Prepared By:

Printed Name: Kyle Cotton Date: January 28, 2025

Signature: 

**ATTACHMENTS:**

- A. Bid Security
- B. Legible photocopy of current IDPH Asbestos Contractor License
- C. Current insurance certificate as required for IDPH Asbestos Contractor License

Contractor provided Unit Price on the Bid Form for the following:

1. Remove carpet, asbestos-containing floor tile and associated mastic utilizing gross removal methods above specified quantities, per square foot.

**BIDDING & CONTRACT REQUIREMENTS**

Document 00300 – Bid Form

NAME OF FIRM: Colfax Corporation  
(FULL LEGAL NAME)

**FOR ASBESTOS ABATEMENT WORK**

BID TO: Mr. Joe Adelman, Director of Operations  
McLean County U.D. 5 - Warehouse Office & Maintenance Facility  
1999 Eagle Road  
Normal, IL 61761

PROJECT TITLE: Asbestos Abatement for 2025 IMC Flooring Renovations

PROJECT LOCATION: Colene Hoose Elementary School / 600 Grandview Drive / Normal, IL 61761

THE BIDDER ACKNOWLEDGES THE FOLLOWING ADDENDA: (Failure to acknowledge may cause bid rejection.)

No. 1 Dated: 1/22/25 No. \_\_\_\_\_ Dated: \_\_\_\_\_

Each Bid shall include one original and one copy of:

- A. The Signed Bid Form
- B. Bid Security
- C. A legible photocopy of current IDPH Asbestos Contractor License
- D. Current insurance certificate as required for IDPH Asbestos Contractor License

**BASE BID:**

The Bidder agrees to perform all Work under this Base Bid for the lump sum of:

Twenty nine thousand eight hundred fifty and no cents  
DOLLARS (\$ 29,850.00)

**UNIT PRICE ITEM DESCRIPTION:**

- 1. Remove carpet, asbestos-containing floor tile and associated mastic utilizing gross removal methods above specified quantities \$ 12.00 per square foot.

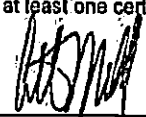
**THE BIDDER AGREES TO COMPLY WITH THE CONTRACT DOCUMENTS. THE BIDDER MAKES THE FOLLOWING REPRESENTATIONS AND CERTIFICATIONS:**

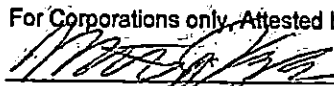
- A. The Bidder has carefully studied the Project Manual, including all applicable Addenda, and has made himself familiar with the conditions under which this Work will be performed.
- B. The Bidder acknowledges that extreme care has been taken in completing the Bid Form, including proper bid submittals, as the Bid Form and all submittals become a part of the Contract Documents.
- C. A surety company has agreed to issue Bonds required by the Bid Documents for this work if this Bid is accepted by OWNER.
- D. The Bidder is not barred from bidding on this Contract as a result of violating the bid rigging or bid rotating provisions contained in 720 ILCS 5/33E-3 and 33E-4 of the Illinois Revised Statutes.
- E. Where RRP is required for any portion of the Project, the Bidder is a certified firm with at least one certified renovator.

**CONTRACTOR:**

Firm Name: Colfax Corporation  
 Street Address: 2441 North Leavitt Street  
 City, State Zip: Chicago, IL 60647  
 Telephone: 773-489-4170  
 Fax: 773-384-0403  
 Date: January 28, 2025

**SIGNATURE:**

  
 Name: Arthur N. Mandell  
 Title: Vice President

For Corporations only, Attested by:  
  
 Matthew J. Hughes, Secretary  
 Eric Villasenor

Contractor's Authorized Representative for this Project:

Contractor's Authorized Representative's Title:

Contractor's Authorized Representative's Email Address:  
END 00300.

Project Manager  
ericv@colfaxcorp.net



McLean County U.D. 5 / Colene Hoose Elementary School  
26309

00300-1  
January 20, 2025

# AIA Document A310™ - 2010

## Bid Bond

**CONTRACTOR:**

*(Name, legal status and address)*

Coffax Corporation  
2441 N. Leavitt Street  
Chicago, Illinois 60647

**SURETY:**

*(Name, legal status and principal place of business)*

Harco National Insurance Company  
702 Oberlin Road  
Raleigh, North Carolina 27605

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

**OWNER:**

*(Name, legal status and address)*

McLean County UD 5  
1999 Eagle Road  
Normal, IL 61761

**BOND AMOUNT:** Ten Percent of Accompanying Bid (10% of Bid)

**PROJECT:**

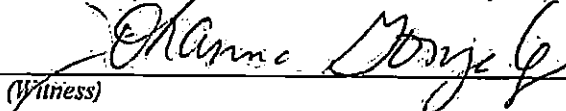
*(Name, location or address, and Project number, if any)* asbestos abatement work at  
Colene Hoose Elementary School  
600 Grandview Drive Normal, IL 61761

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

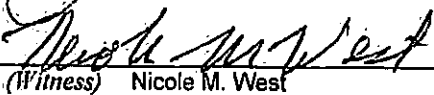
When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

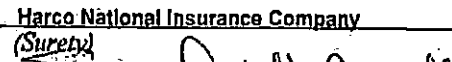
Signed and sealed this 28th day of January 2025

  
*(Witness)*

Coffax Corporation  
*(Principal)*  *(Seal)*

*(Title)*

  
*(Witness)* Nicole M. West

Harco National Insurance Company  
*(Surety)*  *(Seal)*

*(Title)* Sandra M. Nowak, Attorney-in-Fact

**POWER OF ATTORNEY**

**HARCO NATIONAL INSURANCE COMPANY  
INTERNATIONAL FIDELITY INSURANCE COMPANY**

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

**KNOW ALL MEN BY THESE PRESENTS:** That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

**SANDRA M. NOWAK, DANIEL MACHADO, CHRISTOPHER T. MOSER, JOHN K. JOHNSON, ANN MULLINS**

Chicago, IL

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

**\*RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed.\*

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2023



STATE OF NEW JERSEY  
County of Essex

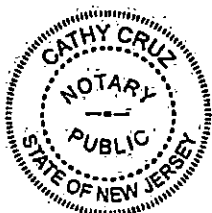
STATE OF ILLINOIS  
County of Cook



Michael F. Zurcher

Executive Vice President, Harco National Insurance Company  
and International Fidelity Insurance Company

On this 31st day of December, 2023, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said Instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey  
My Commission Expires April 16, 2029

**CERTIFICATION**

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day,

January 28, 2025

Irene Martins, Assistant Secretary



**Illinois Department of  
PUBLIC HEALTH**

EH0191093

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statute and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**DIVISION OF ENVIRONMENTAL HEALTH  
ASBESTOS PROGRAM**

Issued under the authority of  
the Illinois Department of  
Public Health

5/15/2025	500	500-0044
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**COLFAX CORPORATION  
ASBESTOS CONTRACTOR LICENSE**  
THIS LICENSE IS INVALID IF YOUR  
INSURANCE CERTIFICATE IS NOT CURRENT

04/16/2024  
COLFAX CORPORATION  
2441 NORTH LEAVITT STREET  
CHICAGO, IL 60647

The face of this license has a colored background. Printed by Authority of the State of Illinois • PO #EH-21-044



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/18/2024

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 Marsh & McLennan Agency LLC 20 North Martingale Road Schaumburg IL 60173	CONTACT NAME: Angela Manfredini	
	PHONE (A/C No. Ex): 847-463-7855	FAX (A/C No.): (847) 440-9123
E-MAIL ADDRESS: Angela.Manfredini@MarshMMA.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Carolina Casualty		10510
INSURER B: Homeland Insurance Co of New Y		34452
INSURER C: Palomar Excess and Surplus Ins		16754
INSURER D:		
INSURER E:		
INSURER F:		

**COVERAGES**      **CERTIFICATE NUMBER: 1881305157**      **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	ADDITIONAL INSURED	SUBROGATION	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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	7930136130000	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
	AUTOMOBILE LIABILITY <input 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 <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B/C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$	Y	Y	7930136140000 EVEP24000004600	10/1/2024 10/1/2024	10/1/2025 10/1/2025	EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ 8,000,000 \$
A	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	Y	BIN725613628	12/2/2024	12/2/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Pollution/Professional Liability	Y	Y	7930136130000	10/1/2024	10/1/2025	Limit Pollution Ded, E&O Ded, Claims-Made 2,000,000 5,000 10,000

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

**CERTIFICATE HOLDER****CANCELLATION**

Sample

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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/26/2024

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).

<b>PRODUCER</b> Hub International Midwest Limited 1411 Opus Place Suite 450 Downers Grove IL 60515	<b>CONTACT NAME:</b> CSU Construction <b>PHONE (A/C No. Ext):</b> 630-468-5600 <b>FAX (A/C No.):</b> <b>E-MAIL ADDRESS:</b> CSUConstruction@HubInternational.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Colfax Corporation 2441 N Leavitt St Chicago IL 60647 COLFCOR-01	<b>INSURER A:</b> Cincinnati Indemnity Company <b>NAIC #</b> 23280	
	<b>INSURER B:</b> Travelers Property Casualty Company of America <b>25674</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** 1458460049 **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> DESCRIPTION OF OPERATIONS / VEHICLES <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			EBA0041183	10/1/2024	10/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Lease & Rented Equipment			QT-660-6N330444-TIL-24	11/25/2024	11/25/2025	Limit/Deductible: \$250,000/\$1,000

**CERTIFICATE HOLDER****CANCELLATION**

SAMPLE

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





# IDEAL

ENVIRONMENTAL  
ENGINEERING, INC.

January 28, 2025

Mr. Joe Adelman, Director of Operations  
McLean County U.D. 5  
1999 Eagle Road  
Normal, IL 61761

Re: Asbestos Professional Services — Contractor Bids  
**Asbestos Abatement for 2025 IMC Flooring Renovations**  
McLean County U.D. 5 / 1999 Eagle Road / Normal, IL 61761  
Colene Hoose Elementary School / 600 Grandview Drive / Normal, IL 61761  
Ideal Number 26309

Dear Mr. Adelman:

As you are aware, public bids for Asbestos Abatement were opened on Tuesday, January 28, 2025. The apparent low bidder for the project is Colfax Corporation of Chicago, IL.

Colfax Corporation has met the requirements of the Project Manual for the submission of bids and is technically qualified to perform asbestos removal at the site.

Enclosed is a copy of the bid tabulation and a copy of the bid submitted by Colfax Corporation.

If you have any questions, feel free to contact our office at 309/828-4259.

Sincerely,



Kyle Cotton  
Environmental Consultant

KC:dms

Enclosures