

**Lewiston-Altura Public Schools  
2023-2024 Snow Removal Quotation Form**

**Return to LAHS District Office in a sealed envelope marked "Snow Removal Quotation" by 11:00 a.m. on Friday, October the 6<sup>th</sup>, 2023.**

Quotations shall be in price per hour for both the equipment and the operator. The total overall cost to a certain extent is dependent upon the size of equipment that the operator plans to use for the job. **Therefore, you must state the equipment size that is planned for use in this project.**

| EQUIPMENT  | CAPACITY                                    | PRICE PER HOUR |
|--|---|----------------|
| Skid steer with bucket & Operator                                    | <u>N/A</u> Cubic Yards                      | \$ <u>100</u>  |
| Skid steer <del>with blade</del> , snow blower or sweeper & operator | <u>N/A</u> <sup>6 FT WIDE</sup> Cubic Yards | \$ <u>115</u>  |
| Front End Loader & Operator  | <u>3.5</u> Cubic Yards                      | \$ <u>130</u>  |
| Dump Truck & Operator <u>TANDEM</u>                                  | <u>15</u> Cubic Yards                       | \$ <u>110</u>  |
| <u>Semis w/ End Dumps</u>  | <u>25</u> Cubic Yards                       | \$ <u>130</u>  |

Is your equipment kept in a good state of repair to assure that it is ready to go when needed and will complete the job with minimum down time?

Yes       No

I will not charge the School District for any piece of equipment or its operator during any hours the equipment is being repaired while on or off the school district premises.

Yes       No

Signature of Bidder Shane Gudmundson / GOODIES LAWN CARE INC

Date 10/5/23

Address of Bidder 21 North Main St, Altura MN 55910

Phone Number of Bidder (507) 429 - 3898

**SNOW REMOVAL EQUIPMENT LIST**

| <b>EQUIPMENT</b>   | <b>PRICE PER HOUR</b> |
|--|-----------------------|
| (2) SKID STEER WITH BUCKET   | \$100                 |
| (1) SKID STEER (97 KUBOTA) WITH SNOW BLOWER OR SWEEPER                       | \$115                 |
| (1) SKID STEER WITH TRACKS & SNOW BUCKET OR BLADE                            | \$100                 |
| (1) FRONT END LOADER W/ 14FT SNOW PUSHER                                     | \$130                 |
| (2) 1 TON PICKUP WITH 9.5FT V-BLADE & 1.5 YD SANDER                          | \$100                 |
| (3) ¾ TON PICKUP WITH PLOW 9.5 FT V-BLADE W/ 1.5YD SANDER                    | \$100                 |
| (1) VENTREK WITH PLOW BLADE, BROOM, AND SNOW BLOWER                          | \$90                  |
| (2) STATE SNOW PLOW TRUCK WITH 16FT WING & BELLY BLADE, 7 YARD BOX, & SANDER | \$130                 |
| (3) SEMI WITH END DUMPS  | \$130                 |
| (1) SEMI WITH SIDE DUMP  | \$130                 |
| (1) DUMP TRUCK   | \$110                 |
| SALTING PARKING LOT TRUCK & MATERIAL   | \$225                 |
| SALT/SAND MIX PARKING LOTS TRUCK & MATERIAL                                  | \$180                 |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/06/2023

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<br><b>Greenwood Agency, Inc.</b><br>251 West Broadway, Suite 1<br>Plainview, MN 55964                               | CONTACT NAME: <b>Missy A Bartsh</b>               |                     |
|  | PHONE (A/C, No, Ext): <b>(507)534-3861</b>        | FAX (A/C, No):      |
|  | E-MAIL ADDRESS: <b>missy@greenwoodagency.com</b>  |                     |
|  | INSURER(S) AFFORDING COVERAGE                     |                     |
|  | INSURER A: <b>Grinnell Mutual Reinsurance Co.</b> | NAIC # <b>14117</b> |
| INSURED<br><b>SHANE GUDMUNDSON</b><br><b>DBA GOODIES LAWN CARE</b><br><b>18881 CO RD 27</b><br><b>ROLLINGSTONE, MN 55969</b> | INSURER B:  |                     |
|  | INSURER C:  |                     |
|  | INSURER D:  |                     |
|  | INSURER E:  |                     |
|  | INSURER F:  |                     |

COVERAGES      CERTIFICATE NUMBER: 00004102-1648067      REVISION NUMBER: 92

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 | SUBJECT | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|--------------------|---------|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |                    |         | 0000603629    | 05/11/2023              | 05/11/2024              | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b><br>MED EXP (Any one person) \$ <b>5,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMPHOP AGG \$ <b>2,000,000</b> |
| A        | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                     |                    |         | 0000603630    | 05/11/2023              | 05/11/2024              | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTIONS <b>0</b>  |                    |         | 0000891611    | 05/11/2023              | 05/11/2024              | EACH OCCURRENCE \$ <b>1,000,000</b><br>AGGREGATE \$ <b>1,000,000</b>   |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MN) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |                    |         | 0000603633    | 05/11/2023              | 05/11/2024              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ <b>500,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>  |
| A        | <b>Rented/Leased Equip</b>   |                    |         | 0000603629    | 05/11/2023              | 05/11/2024              | \$ <b>325,000</b>  |

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

## CERTIFICATE HOLDER

**LEWISTON ALTURA ISD 857**  
100 COUNTY ROAD 25  
LEWISTON, MN 55952

## 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

*Melissa Bartsh*

(MAB)

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