

Section 00300

**Stipulated Sum Proposal for Asbestos Abatement
Rock Island – Milan District #41
Rock Island, Illinois**

We hereby submit our Proposal(s) for construction and completion of all work for "Asbestos Abatement" Work in Gym & Stage at Washington Jr. HS, Rock Island, Illinois.

1. Stipulated Sum:

Having examined all drawings and specifications for the "Asbestos Abatement in Gymnasium & Stage", **Washington Jr. High School** including Addenda numbered ____ through ____, the undersigned proposed to furnish all labor and materials called for by said documents for work indicated in the following Base Bids, Allowances and Alternates, in accordance therewith, for the following sums:

- A. **Base Bid ASB-1:** Properly remove & dispose of all flooring (wood, sleepers, tar paper, mastics, fillers) to bare substrates in Gym & Stage as indicated in the bidding documents for the stipulated sum of:

_____ Dollars (\$ 47,900⁰⁰)

- **ALTERNATES:** None

2. Bonds:

The Undersigned agrees, if awarded the contract, to furnish and deliver to the Owner a Surety Performance Bond and a Labor and Materials Payment Bond, each in the amount equal to One Hundred Percent (100%) of the contract amount. The contractor shall pay the premiums.

The surety company writing the bonds shall be subject to the approval of the Owner, and if the Owner does not approve the surety company for good and sufficient reason, then the Contractor shall furnish bonds with another surety company acceptable to the Owner.

Name of Surety Company Arch Insurance
Best's Rating A+ 15

3. Project Schedule:

It is hereby understood and mutually agreed by and between the Contractor and the Owner that the time of completion is an essential condition of the contract. Work is to be completed as indicated in Section 01010 of these specifications. Should the Contractor fail to complete the designated portion of work within the stated time schedule, there may be deducted from any moneys due to or to become due the Contractor, moneys sufficient to cover additional costs of project observations and monitoring and other applicable economic damages including, but not limited to those referenced in Sections 01010-1.8, 01010-1.9 and 01010-1.10 of this Specification.

4. Enclosures:

Present coverage, contractor's insurance:

Provide the following information regarding present coverage, contractor's insurance:

Note: The owner reserves the right to review and consider level and source of insurance in awarding contract or rejecting bid.

| Type Insurance Limits of Liability | Insurance Company | Bests Rating |
|--|-------------------|--------------|
| Worker's Compensation | | A+15 |
| Comprehensive General Liability: | See Attache | |
| Bodily Injury | Cent | |
| Property Damage: | | |
| Bodily Injury and Property Damage Combined: | | |
| Asbestos Abatement | | |
| Coverage: | | |
| Insurance Type: Occurrence (check one) Claims Made | | |
| Extended Coverage - No. of Years (indicate Number of years, e.g. 1,2,3, etc.) | | |
| Comprehensive Automobile Liability: | | |
| Bodily Injury: | | |
| Property Damage: | | |
| Bodily Injury and Property Damage Combined: | | |

Is there a present claim on any of the above policies: Y or N

List Policy(s) with pending claim: _____

SAT Arrive 2:30 P.M



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/21/2024

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 McNeil and Company, Inc. In CA dba McNeil & Company Insurance Services Lic# 0B67313 13841 Southwest Highway Orland Park IL 60462 | CONTACT NAME: Colleen Clark PHONE (A/C, No. Ext): 607-428-2175 E-MAIL ADDRESS: cclark@mcneilandcompany.com FAX (A/C, No): 607-756-5051 | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------|--|--------|------------|--|-------|------------|--------------------------------|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| INSURED DEM Services, Inc. 1765 Cortland Court, Suite A Addison IL 60101 | <table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>ARCH Specialty Insurance Company (A +15)</td><td>21199</td></tr><tr><td>INSURER B:</td><td>ARCH Insurance Company (A +15)</td><td>11150</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | ARCH Specialty Insurance Company (A +15) | 21199 | INSURER B: | ARCH Insurance Company (A +15) | 11150 | INSURER C: | | | INSURER D: | | | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | |
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| INSURER B: | ARCH Insurance Company (A +15) | 11150 | | | | | | | | | | | | | | | | | | | | |
| 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 | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractors Pollution Liability <input checked="" type="checkbox"/> Incl. Asbestos and Lead Ops GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | Y | 12EMP0563108 | 10/20/24 | 10/20/25 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Per Claim \$ 1,000,000 |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | Y | Y | 11CAB9247207 | 10/20/24 | 10/20/25 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | Y | Y | 12EMX0563208 Incl. CGL (CPL/PL/MOLD), Auto & Employers Liability | 10/20/24 | 10/20/25 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y | Y | EBWCC0013708 | 10/20/24 | 10/20/25 | <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 | Contractors Pollution Liability-Mold Ops-Claims Made Professional Liability-Claims Made | Y | Y | 12EMP0563108 | 10/20/24 | 10/20/25 | Each Occurrence \$1,000,000 Aggregate \$2,000,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

For Information and Bidding Purposes.

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

Mary E. McNeal

5. Substitutions:

The Undersigned agrees to furnish material in accordance with Contract Documents. The Undersigned further proposes to substitute the following alternate materials, equipment, or methods of construction for the indicated changes in contract amount if the Consultant and the Owner approve such substitutions in writing. Data and description of proposed substitutions are attached.

| Description | Add | Deduct |
|-------------|----------|----------|
| NONE | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

6. Unit Costs for Additional OR DEDUCT Work (Not Applicable):

Provide unit costs for glove bag removal of asbestos containing pipe insulation utilizing applicable OSHA & IDPH methods for any pipe insulation not part of the contract work. Unit costs to include all work necessary for successful completion of the work including preparation and clean up.

| Diameter/Inches | Unit Cost Per Fitting | Unit Cost Per Linear Foot |
|-----------------|-----------------------|---------------------------|
| 1/2" to 2" | \$ 100 ⁰⁰ | \$ 80 ⁰⁰ |
| 2" to 4" | \$ 120 ⁰⁰ | \$ 100 ⁰⁰ |
| 6" | \$ 150 ⁰⁰ | \$ 120 ⁰⁰ |

7. Certifications:

- A. In accordance with the requirement of Public Act 85-1295 (SB2002) (IL Rev. STAT, 1987, Ch. 38 new Art. 33E)

The undersigned Bidder certifies that it has not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, or any unit of government in the State of Illinois, nor has bidder made an admission of guilt of such conduct which is a matter of record, nor has an official, agent, or employee of the bidder committed bribery or attempted bribery on behalf of the bidder and pursuant to the direction or authorization of a responsible official of the bidder. The undersigned bidder further certifies that it is not barred from bidding on this contract as a result of a conviction for the violation of State laws prohibiting bid rigging or bid rotating.

- B. Bidder or CONTRACTOR, by submittal of this bid, certifies he or she will comply with all patents and trademarks provisions applicable to this project in accordance with Section 3.17 of the General Conditions (AIA Document A201) as amended.

(IF AN INDIVIDUAL)

Signature of Bidder: _____

Business Address: _____

_____ (Phone No. _____)

(IF A PARTNERSHIP)

Firm Name: _____ (SEAL)

By: _____ (Signature) (SEAL)

Names and Addresses of all Members of the Firm: _____

_____ (Phone No. _____)

Name of Bidder: _____

(IF A CORPORATION)

Corporate Name: Dem Services inc

By: [Signature] (Signature must be an officer other than Secretary)

Business Address: 5316 W 124th St Alsip IL 60823

Secretary: _____ (Phone No. 708 544 2244)

President: David Montgomey

Secretary: _____

(Corporate Seal) Treasurer: _____

End of Section 00300

BID BOND
ZA43515

CONTRACTOR:

(Name, legal status and address)

DEM Services, Inc.
5316 West 124th Street
Alsip, IL 60803

SURETY:

(Name, legal status and principal place of business)

Arch Insurance Company
Jersey City, NJ

OWNER:

(Name, legal status and address)

Rock Island Milan SD 41
2000 7th Ave
Rock Island, IL 61201

BOND AMOUNT: 5 % of Bid Bond Amount

PROJECT:

(Name, location or address, and Project number, if any)

Asbestos Removal at Washington Jr. High School

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 3rd day of September, 2025

Deborah Mampedi
(Witness)

DEM Services, Inc.

David M. By
(Contractor as Principal)

(Seal)

President
(Title)

Arch Insurance Company

(Surety)

(Seal)

see attached Power of Attorney

(Witness)

(Title)

Peter Tam, as Attorney in Fact



NEW YORK STATE NOTARY ACKNOWLEDGMENT

THE STATE OF NEW YORK

COUNTY OF CORTLAND

On the 9/3/2025 before me, the undersigned, personally appeared Peter Tam personally known to me or proved to me on the basis of satisfactory evidence to be the individual~~(s)~~ whose name~~(s)~~ is ~~(are)~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument, the individual~~(s)~~, or the person upon behalf of which the individual~~(s)~~ acted, executed the instrument.

Sarah E West

Notary Public Signature

Print: Sarah E. West

Title or Office: Notary

My commission expires: August 3, 2026

Sarah E. West
Notary Public, State of New York
No. 01WE6011309
Qualified in Cortland County
Commission Expires Aug 3, 2026

(Seal)

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for Note, Loan, Letter of Credit, Currency Rate, Interest Rate or Residential Value Guarantees.

POWER OF ATTORNEY

Know All Persons By These Presents:

That the Arch Insurance Company, a corporation organized and existing under the laws of the State of Missouri, having its principal administrative office in Jersey City, New Jersey (hereinafter referred to as the "Company") does hereby appoint:

Anne M. Barber, Daniel McNeil III, David Byrne, Olga Garza, Pauline Perlono, Peter Tam and William A. Ballay of Orland Park, IL (EACH)

its true and lawful Attorney(s)-in-Fact, to make, execute, seal, and deliver from the date of issuance of this power for and on its behalf as surety, and as its act and deed: Any and all bonds, undertakings, recognizances and other surety obligations, in the penal sum not exceeding One Hundred Fifty Million Dollars (\$150,000,000.00). This authority does not permit the same obligation to be split into two or more bonds in order to bring each such bond within the dollar limit of authority as set forth herein.

The execution of such bonds, undertakings, recognizances and other surety obligations in pursuance of these presents shall be as binding upon the said Company as fully and amply to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal administrative office in Jersey City, New Jersey.

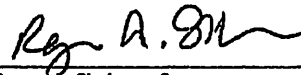
This Power of Attorney is executed by authority of resolutions adopted by unanimous consent of the Board of Directors of the Company on August 31, 2022, true and accurate copies of which are hereinafter set forth and are hereby certified to by the undersigned Secretary as being in full force and effect:

"VOTED, That the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, or the Secretary shall have the power and authority to appoint agents and attorneys-in-fact, and to authorize them subject to the limitations set forth in their respective powers of attorney, to execute on behalf of the Company, and attach the seal of the Company thereto, bonds, undertakings, recognizances and other surety obligations obligatory in the nature thereof, and any such officers of the Company may appoint agents for acceptance of process."

This Power of Attorney is signed, sealed and certified by facsimile under and by authority of the following resolution adopted by the unanimous consent of the Board of Directors of the Company on August 31, 2022:

VOTED, That the signature of the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, and the signature of the Secretary, the seal of the Company, and certifications by the Secretary, may be affixed by facsimile on any power of attorney or bond executed pursuant to the resolution adopted by the Board of Directors on August 31, 2022, and any such power so executed, sealed and certified with respect to any bond or undertaking to which it is attached, shall continue to be valid and binding upon the Company. In Testimony Whereof, the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this 6th day of July, 2023.

Attested and Certified

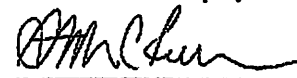


Regan A. Shulman, Secretary

STATE OF PENNSYLVANIA SS
COUNTY OF PHILADELPHIA SS

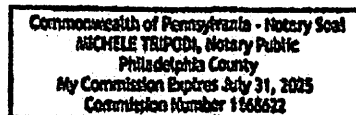


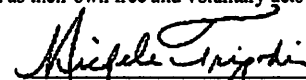
Arch Insurance Company



Stephen C. Ruschak, Executive Vice President

I, Michele Tripodi, a Notary Public, do hereby certify that Regan A. Shulman and Stephen C. Ruschak personally known to me to be the same persons whose names are respectively as Secretary and Executive Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.



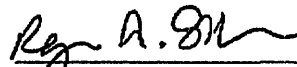


Michele Tripodi, Notary Public
My commission expires 07/31/2025

CERTIFICATION

I, Regan A. Shulman, Secretary of the Arch Insurance Company, do hereby certify that the attached Power of Attorney dated July 6, 2023 on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said Stephen C. Ruschak, who executed the Power of Attorney as Executive Vice President, was on the date of execution of the attached Power of Attorney the duly elected Executive Vice President of the Arch Insurance Company.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 3th day of September 2025.



Regan A. Shulman, Secretary

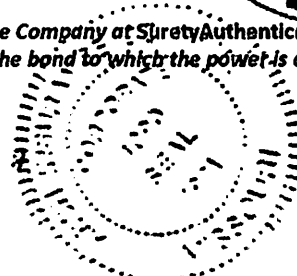
This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:

Arch Insurance - Surety Division
3 Parkway, Suite 1500
Philadelphia, PA 19102



*To verify the authenticity of this Power of Attorney, please contact Arch Insurance Company at SuretyAuthentic@archinsurance.com
Please refer to the above named Attorney-in-Fact and the details of the bond to which the power is attached.*





**Illinois Department of
PUBLIC HEALTH**

EH0208155

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes 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

EXPIRATION DATE **5/15/2026** CATEGORY **500** I.D. NUMBER **500-0505**

**DEM SERVICES INC. C/O DAVID MONTGOMERY
ASBESTOS CONTRACTOR LICENSE**

**THIS LICENSE IS INVALID IF YOUR
INSURANCE CERTIFICATE IS NOT CURRENT**

05/14/2025

**DEM SERVICES INC. C/O DAVID MONTGOMERY
5316 W 124TH ST
ALSIP, IL 60803**

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

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

**DEM SERVICES INC. C/O DAVID
MONTGOMERY**

**5316 W 124TH ST
ALSIP, IL 60803**

FEE RECEIPT NO.



**Illinois Department of
PUBLIC HEALTH**

EH0208155

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