## CITY OF AURORA, ILLINOIS REQUEST FOR PROPOSAL 24-029

ORIGINAL

#### SUPPLEMENTAL SNOW REMOVAL SERVICES

#### SUBMITTAL CHECKLIST

Each proposal must be placed in an envelope, sealed, and clearly marked on the outside: "24-029 Supplemental Snow Removal Services." In order to be considered responsive, the Proposer must submit all of the following items in their sealed envelope:

| /                         |  |
|---------------------------|--|
|                           | Proposal Form (Appendix G)   |
|                           | \$1,000 Deposit (Cashier's Check or Bond)  |
|                           | Schedule 1 - Contractor Qualification Statement (Appendix D)   |
|                           | Schedule 2 – List of Municipalities Serviced (Appendix E)  |
|                           | Schedule 3 – List of Available vehicles/equipment with hourly rates for each piece of vehicle/equipment, which includes driver/operator (Appendix F) |
|                           | Proposer's Certification (Page 1)  |
|                           | Proposer's Tax Certification (Page 2)  |
|                           | Contact Information (Appendix B)   |
| <u></u>                   | Sub-Contactor List (Appendix C)  |
|                           | Proof of Insurance   |
| $\int_{-\infty}^{\infty}$ | Signed Agreement (Appendix H)  |

THIS CHECK IS VOID WITHOUT A GREEN BACKGROUND AND A TRUE WATERMARK IN THE PAPER - HOLD UP TO LIGHT TO VIEW



Old Second National Bank

37 South River Street Autora, IL 60508 THE PURCHASE OF AN INDEMNITY BOND WILL BE REQUIRED BEFORE ANY CASHIER'S CHECK OF THIS BANK WILL BE REPLACED OR REFUNDED IN THE EVENT IT IS LOST, MISPLACED OR STOLEN.

TRI-COUNTY EXCAVATION & CONSTRUCTION INC

REMITTER

EXACTLY \*\*1,000 AND 00/100 DOLLARS

PAY TO THE ORDER OF

\*\* CITY OF AURORA \*\*\*

Cashiers Check

854807

Date: 3/27/24

Branch: 1119

\$1,000.00

05334)
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## CITY OF AURORA, ILLINOIS REQUEST FOR PROPOSAL 24-029

#### SUPPLEMENTAL SNOW REMOVAL SERVICES

## **PROPOSAL FORM**

|        | Due Date & Time: 2:00 p.m. CST, Wednesday, April 3, 2024  |
|--------|---|
| To:    | City of Aurora City Clerk's Office 44 E Downer Place Aurora, Illinois 60507   |
| The f  | following offer is hereby made to the City of Aurora, Aurora, Illinois, hereafter called the Owner.   |
| Subn   | nitted By: TRI-COUNTY EXCAVATION & CONSTRUCTION, INC  |
| I.     | The undersigned Vendor proposes and agrees, after having examined the specifications, quantities and other RFP documents, to irrevocably offer to furnish the materials, equipment and services in compliance with all terms, conditions, specifications and amendments (if applicable) contained in the proposal documents. The items in this Request for Proposal, including, but not limited to, all required certificates, are fully incorporated herein as a material and necessary part of the RFP. |
|        | A. The Vendor shall also include with their proposal any necessary literature, samples, etc., as required within the Request for Proposal, Instruction to Proposers and specifications.   |
|        | B. For purposes of this offer, the terms Offeror, Proposer, and Vendor are used interchangeably.  |
| II.    | In submitting this Offer, the Vendor acknowledges:  |
|        | A. All proposal documents have been examined: Instructions to Proposer, Specifications and the following addenda:   |
|        | No, No, No, (Vendor to acknowledge addenda here.)   |
|        |   |
|        |   |
|        |   |
| Propos | ser's Name: TRI-COUNTY EXCAVATION & CONSTRUCTION, INC   |
| •      | ure & Date: 03/29/2024  |
|        |   |

Page 1 Appendix G

#### PROPOSAL FORM

The City of Aurora is accepting proposals to establish a list of eligible contractors to perform supplemental snow removal services, when directed by the Superintendent of Streets, or Designee, from streets that the City of Aurora maintains, on assigned routes, or from any other city owned or maintained properties as needed. An agreement has been prepared which illustrates the duties and responsibilities of the City and the Contractor for these services.

The undersigned acknowledges that with submission of a proposal that they have read and understand the terms and conditions of the agreement to be offered. The proposal also acknowledges that they will comply with said provision should they be awarded the contract.

All prices shall be shown as delivered Aurora Destination, Prepaid and Allowed. Do not add state, federal or local taxes. Municipalities are exempt. Exemption Certification Permit No. Illinois E9996-0842-07. No additional charges over base proposal price will be accepted without written approval of the Purchasing Director.

The City of Aurora reserves the right at any time and for any reason to cancel this Request for Proposal, to accept or reject any or all Proposals or portion thereof, or accept an alternate proposal. The City reserves the right to waive any immaterial defect in any proposal, or technicality, informality or irregularity in the proposals received, and to disregard all nonconforming or conditional proposals or counter-proposals. Unless otherwise specified by the Proposer or the City, the City reserves the right to hold the best proposals for ninety (90) days from the opening date set forth above. The City may seek clarification from any proposal at any time and failure to respond promptly is cause for rejection. The City further reserves the right to award the RFP to the lowest responsible proposer whose offer best responds in quality, fitness and capacity to the requirements of the proposed work or usage and therefore is in the best interest of the City.

The undersigned agrees to provide Supplemental Snow Removal Services, representing the City of Aurora, for the period specified in the contract:

#### **SUBMITTED BY**

| COMPANY TRI-COUNTY EXCAVATION & CONSTRUCTION | , INC           |
|--|-----------------|
| ADDRESS PO Box 190                           | . 2001-100      |
| CITY, STATE, ZIP Sugar Grove, IL 60554       |                 |
| PREPARER'S NAME Sean Trowbridge              |                 |
| AUTHORIZED SIGNATURE                         | President       |
| EMAIL tcxsean@yahoo.com                      | Title           |
| PHONE #(630 ) 896-7916 FAX # () na           | DATE 03/29/2024 |

#### **PROPOSAL FORM**

"AFFIDAVIT: I (We) hereby certify and affirm that my (our) proposal was prepared independently on this work, that it contains no fees or amounts other than for the legitimate execution of the work as specified, and that it includes no understandings or agreements in restraint of trade."

| (If an Individual)   |  |   |
|--|--|---|
| Signature of Proposer  | (SEAL)   |   |
| Business Address   |  |   |
| (If a Co-partnership)  |  |   |
| Firm name  | (SEAL)   |   |
| Signed by  | (SEAL)   |   |
| Business Address   |  |   |
| Insert Names<br>and Addresses<br>of all Members<br>of the Firm<br>(If a Corporation) |  |   |
| Corporate Name<br>Signed by<br>Business Address                                      | TRI-COUNTY EXCAVATION & CONSTRUCTION, INC PO Box 190 Sugar Grove, IL 60554 |   |
| Insert   | (President) Sean Trowbridge  | _ |
| CORPORATE SEAL   | Names of (Secretary) Michael Vondra  |   |
| ATTEST:  | Officers (Treasurer) Emily Trowbridge                                      |   |

(Note: Proposers should not add any conditions or qualifying statements to this proposal for the proposal may be declared irregular as being not responsive to the request for proposal.)

Secretary

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#### **PROPOSAL FORM**

## **Hourly Rates for Supplemental Snow Removal Services**

## The City of Aurora vehicle and equipment requirements (Including driver/operator):

#### 2024/2025

| QTY | Cost Per Hour<br>Per Unit |
|-----|---------------------------|
| 3   | 179.00                    |
| 4   | 188.00                    |
| 3   | 165.00                    |
| 4   | 256.00                    |
| 6   | 148.00                    |
| 8   | 137.00                    |
|     |                           |
|     |                           |
|     |                           |
|     |                           |
|     |                           |
|     | 3<br>4<br>3<br>4          |

| Proposer's Name:  | TRI-COUNTY EXCAYATION | ON & CONSTRUCTION, INC |     |
|-------------------|-----------------------|------------------------|-----|
| Signature & Date: | // ///                | 03/29/2024             |     |
|                   |                       | Page 4                 | App |

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#### **PROPOSAL FORM**

## **Hourly Rates for Supplemental Snow Removal Services**

## The City of Aurora minimum vehicle and equipment requirements (Including driver/operator):

#### 2025/2026

| Vehicles/Equipment   | QTY | Cost Per Hour<br>Per Unit |
|--|-----|---------------------------|
| 5 Yard Dump Truck with 11 Foot Reversible Plow               | 3   | 184.00                    |
| Tandem Axle Dump Truck with 11 Foot Reversible Plow          | 4   | 194.00                    |
| Skid Steer with 10 Foot to 12 Foot Plow                      | 3   | 170.00                    |
| Wheel End Loader with 10 Foot to 12 Foot Plow                | 4   | 264.00                    |
| 1 Ton Dump Truck with 8.6 Foot to 10 Foot<br>Reversible Plow | 6   | 152.00                    |
| 3/4 Ton Pick Up Truck with 8.6 Foot Reversible Plow          | 8   | 141.00                    |
|  |     |                           |
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| = 2-7-11-20  |     |                           |
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| 03/29/2024        | Troposci s manie. |    |     | gira concinc | 711011, 1110 | 100 March 100 Ma |
|-------------------|-------------------|----|-----|--------------|--------------|--|
| Signature & Date: | Signature & Date: | Sa | ple |              | 03/29/2024   |  |

Proposar's Name: TRI-COUNTY EXCAVATION & CONSTRUCTION INC.

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#### **PROPOSAL FORM**

## **Hourly Rates for Supplemental Snow Removal Services**

The City of Aurora minimum vehicle and equipment requirements (Including driver/operator):

#### 2026/2027

| QTY | Cost Per Hour<br>Per Unit |
|-----|---------------------------|
| 3   | 190.00                    |
| 4   | 200.00                    |
| 3   | 175.00                    |
| 4   | 272.00                    |
| 6   | 157.00                    |
| 8   | 145.00                    |
|     |                           |
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|     | 3<br>4<br>3<br>4          |

| Proposer's Name:  | TRI-COUNTY EXCAVATION & | CONSTRUCTION, INC |  |
|-------------------|-------------------------|-------------------|--|
| •                 | 4/1/4                   |                   |  |
| Signature & Date: | San Miller              | 03/29/2024        |  |

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## **PROPOSAL FORM**

## Hourly Rates for Supplemental Snow Removal Services

The City of Aurora minimum vehicle and equipment requirements (Including driver/operator):

#### 2027/2028

| Vehicles/Equipment   | QTY | Cost Per Hour<br>Per Unit |
|--|-----|---------------------------|
| 5 Yard Dump Truck with 11 Foot Reversible Plow               | 3   | 196.00                    |
| Tandem Axle Dump Truck with 11 Foot Reversible Plow          | 4   | 206.00                    |
| Skid Steer with 10 Foot to 12 Foot Plow                      | 3   | 180.00                    |
| Wheel End Loader with 10 Foot to 12 Foot Plow                | 4   | 280.00                    |
| 1 Ton Dump Truck with 8.6 Foot to 10 Foot<br>Reversible Plow | 6   | 162.00                    |
| 3/4 Ton Pick Up Truck with 8.6 Foot Reversible Plow          | 8   | 149.00                    |
|  |     |                           |
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|  |     |                           |

| Proposer's Name:  | TRI-COUNTY EXCAVATI | ON & CONSTRUCTION, INC |          |
|-------------------|---------------------|------------------------|----------|
| Signature & Date: | Duhly               | 03/29/2024             |          |
|                   | 1                   | Page 7                 | Appendix |

## SCHEDULE 1 Contractor Qualification Statement

The undersigned certifies under oath to the truth and correctness of all statements and of all answers to questions made hereinafter.

| Submitted by: Sean Trowbridge  Name of Firm: TRI-COUNTY EXCAVATION & CONSTRUCTION, INC   | Check One: Corporation X Partnership Individual Joint Venture Other (specify)  |
|--|--|
| Address: PO Box 190, Sugar Grove, IL 60554   | Telephone: 630-896-7916 Fax: na  |
| Years your organization has been in business?  Years the organization has been under its present name?  Under what other or former names has your organization operated? | If a corporation, answer the following: (if a division/subsidiary is submitting a proposal items a-f apply to the parent corporation)  a. Date of incorporation:  April 2004 |
| na   | b. State of incorporation:   |
|  | c. President's name: Sean Trowbridge   |
| If an individual or partnership, answer the following:   | d. Vice President's name: Michael Vondra   |
| a. Date or organization:   | e. Secretary's name: Michael Vondra  |
| b. Name and address of all partners (state if general or limited):   | f. Treasurer's name: Emily Trowbridge  |
|  | g. Division President or General Mangers' name: (if applicable)  na  |
| If other than a corporation or partnership, describe organization Listing name and address of principals?  | List states and categories in which your organization is Legally qualified to do business. List states in which Partnership or trade name is filed?                          |
|  |  |
| List the experience of the key individuals of your organization who will managerially oversee this contract:   | List three trade references:<br>Feece Oil Company  |
|  | Deutsch's truck repair   |
|  | Russo's Equipment  |
| List name(s) of Insurance Company and name and address of agent(s)   | List at least two bank references:   |
| DuKane Financial - Taylor Conroyd  | Old Second National Bank   |
| 825 W State St., Geneva, IL 60134  |  |
| Dated at _ Page 1  | this 29th day of Mar , 2024 Appendix D   |

## Schedule 2 List of Illinois Municipalities Serviced

| (Please Type)<br>Municipality                              | City of Aurora                                |  |  |  |  |
|--|---|--|--|--|--|
| Address  | 44 E Downer Pl                                |  |  |  |  |
| City, State, Zi  | Aurora, IL 60502                              |  |  |  |  |
| Phone Numbe  | r 630-256-4636                                |  |  |  |  |
| Contact Person   | n Tim Forbes                                  |  |  |  |  |
| Date of Projec   | t 12 years                                    |  |  |  |  |
|  | मंद्र मोद |  |  |  |  |
| Municipality   | Village of North Aurora                       |  |  |  |  |
| Address  | 25 East State St                              |  |  |  |  |
| City, State, Zi  | North Aurora, IL 60542                        |  |  |  |  |
| Phone Numbe  | r <sub>6</sub> 30-897-8228                    |  |  |  |  |
| Contact Person   | n Brian Richter                               |  |  |  |  |
| Date of Projec   | t 16 years                                    |  |  |  |  |
|  | ********                                      |  |  |  |  |
| Municipality   | Naperville                                    |  |  |  |  |
| Address  | 400 S Eagle St                                |  |  |  |  |
| City, State, Zip Naperville, IL 60540                      |   |  |  |  |  |
| Phone Number 630-420-6111                                  |   |  |  |  |  |
| Contact Person Nate Langston                               |   |  |  |  |  |
| Date of Project 6 Years                                    |   |  |  |  |  |
| ********   | **********************                        |  |  |  |  |
| Proposer's Name: TRI-COUNTY EXCAVATION & CONSTRUCTION, INC |   |  |  |  |  |
| Signature & D  | oate: 03/29/2024                              |  |  |  |  |
|  |   |  |  |  |  |

# Schedule 3 List of Additional Available Vehicles/Equipment Not Listed

| na                                    |        |
|---------------------------------------|--------|
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## PROPOSER'S CERTIFICATION

#### I/We hereby certify that:

- A. A complete set of proposal papers, as intended, has been received, and that I/We will abide by the contents and/or information received and/or contained herein.
- B. I/We have not entered into any collusion or other unethical practices with any person, firm, or employee of the City which would in any way be construed as unethical business practice.
- C. I/We have adopted a written sexual harassment policy which is in accordance with the requirements of Federal, State and local laws, regulations and policies and further certify that I/We are also in compliance with all equal employment practice requirements contained in Public Act 87-1257 (effective July 1, 1993) and 775 ILCS 5/2-105 (A).
- D. I/We operate a drug free environment and drugs are not allowed in the workplace or satellite locations as well as City of Aurora sites in accordance with the Drug Free Workplace Act of January, 1992.
- E. The Proposer is not barred from bidding on the Project, or entering into this Proposal as a result of a violation of either Section 33E-3 or 33E-4 of the Illinois Criminal Code, or any similar offense of "bid rigging" or "bid rotating" of any state or the United States.
- F. I/We will abide by all other Federal, State and local codes, rules, regulations, ordinances and statutes.

| COMPANY NAME TRI-COUNTY EXCAVATION 8      | CONSTRUCTION, INC  |
|---|--|
| ADDRESS PO Box 190                        |  |
| CITY/STATE/ZIP CODE Sugar Grove, IL 60554 |  |
| NAME OF CORPORATE/COMPANY OFFICIAL        | Sean Trowbridge PLEASE TYPE OR PRINT CLEARLY   |
| TITLE President                           | 11   |
| AUTHORIZED OFFICIAL SIGNATURE             | a falle  |
| DATE 03/29/2024                           | Subscribed and Sworn to  |
| TELEPHONE (630 )896-7916                  | Before me this $290^{\circ}$ day   |
| FAX No. ()na                              | of MMM, 2024 SO W Notary Public  |
| Do-                                       | EMILY EVE TROWBRIDGE Official Seal Notary Public - State of Illinois My Commission Expires May 1, 2025 |

| STATE OF ILLINOIS | ) |     |
|-------------------|---|-----|
|                   | ) | SS. |
| County of Kane    | ) |     |

## PROPOSER'S TAX CERTIFICATION

(PROPOSER'S EXECUTING OFFICER), being first duly sworn on oath, deposes and states that all statements made herein are made on behalf of the PROPOSER, that this despondent is authorized to make them and that the statements contained herein are true and correct.

Proposer deposes, states and certifies that Proposer is not barred from bidding with any unit of local government in the State of Illinois as result of a delinquency in payment of any tax administered by the Illinois Department of Revenue unless Proposer is contesting, in accordance with the procedures established by the appropriate statute, its liability for the tax or the amount of the tax, all as provided for in accordance with 65 ILCS 5/11-42.1-1.

| DATED this 29th                                | day of March                            | , 2024.   |
|--|---|---|
|  | Sean Trowbride (Print name of President | poser's Executing Officer)  ge roposer's Executing Officer)  Title) |
| ATTEST/WITNESS:  By Up this Sea  Title Bookkee | Der_                                    |   |
| Subscribed and sworn to before day of Mulh     | ore me this, 2024.                      |   |
| (SEAL)   |   |   |

EMILY EVE TROWBRIDGE Official Seal Notary Public - State of Illinois

My Commission Expires May 1, 2025

## CITY OF AURORA, ILLINOIS REQUEST FOR PROPOSAL 24-029

#### SUPPLEMENTAL SNOW REMOVAL SERVICES

#### **CONTACT INFORMATION**

Vendor shall provide the following contact information assigned to service the City of Aurora account.

| Customer Service/Ge   | neral Inf      | Formation: Ph: 630-675                         | 5-7393 |    |
|-----------------------|----------------|--|--------|----|
| To order service:     | Ph:            | Sean Trowbridge 630-675-7393 tcxsean@yahoo.com | Fax:   | na |
| Billing & Invoicing q |                | Cynthia Scott 630-896-7916                     | Fax:   | na |
|                       | E-mail:        | tcx.acct@gmail.com                             |        |    |
| Questions:            | Name:          | Sean Trowbridge                                |        |    |
|                       | Ph:<br>E-mail: | 630-675-7393<br>tcxsean@yahoo.com              | Fax:   | па |

Proposer's Name: TRI-COUNTY EXCAYATION & CONSTRUCTION, INC

Signature & Date: 03/29/2024

## CITY OF AURORA, ILLINOIS REQUEST FOR PROPOSAL 24-029

## SUPPLEMENTAL SNOW REMOVAL SERVICES

## **SUB-CONTRACTOR LIST**

(Please Type)

| Company          | Podra Inc                |
|------------------|--------------------------|
| Address          | 336 E Sullivan Rd        |
| City, State, Zip | Aurora, IL 60505         |
|                  | 630-844-4499             |
|                  | Kevin Podraza            |
|                  |                          |
| Company          | Lockhart's Landscaping   |
| Address          | 2740 Beverly Dr. Suite E |
| City, State, Zir | Aurora, IL 60502         |
|                  | 630-499-1326             |
|                  | Jack Lockhart            |
|                  |                          |
| Company          |                          |
| Address          |                          |
| City, State, Zir |                          |
|                  |                          |
| Contact Person   |                          |

| Proposer's Name: | TRI-COUNTY EXCAVATIO | N & CONSTRUCTION, INC |  |
|------------------|----------------------|-----------------------|--|
| •                | Supply-              | 03/29/2024            |  |



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/28/2024

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).

| th  | is certificate does not confer rights to  | the                  | certi                   | ficate holder in lieu of su  |  |   | •                               |                                    |                   |              |            |
|---|---|----------------------|-------------------------|--|--|---|---------------------------------|------------------------------------|-------------------|--------------|------------|
| PRODUCER  |   |                      |                         | CONTACT<br>NAME: Taylor Conroyd  |  |   |                                 |                                    |                   |              |            |
| Dul   | ane Financial Services, Inc.  |                      |                         |  | PHONE<br>(A/C, No  | , Ext): (630) 8                         | 94-0800                         |                                    | FAX<br>(A/C, No): | (630)        | 225-5243   |
| 135   | S. Bloomingdate Rd.   |                      |                         |  | E-MAIL<br>ADDRE  | 41                                      | ukanefinanci                    | al.com                             | <del></del>       |              |            |
|   | -   |                      |                         |  | 1  |   |                                 | IDING COVERAGE                     |                   |              | NAIC #     |
| Blo   | omingdale   |                      |                         | IL 60108   | INSURE   | RA: Pekin Ir                            |                                 |                                    |                   |              | 24228      |
| INSU  |   |                      |                         |  |  | RB: AIG Ins                             |                                 | <del></del>                        |                   |              |            |
|   | Tri County Excavation and C   | onele                | uction                  | 2  |  |   | aranoc comp                     |                                    |                   |              |            |
|   | PO BOX 190  | onion                | 401101                  | •  | INSURE   |   |                                 |                                    |                   |              |            |
|   | 42W760 Prairie St   |                      |                         |  | INSURE   |   |                                 |                                    |                   |              |            |
|   |   |                      |                         | U 00554  | INSURE   |   |                                 |                                    |                   |              |            |
|   | Sugar Grove   |                      |                         | IL 60554   | INSURE   | RF:                                     |                                 |                                    |                   |              |            |
| _   |   |                      |                         | NUMBER:  | VE DEC   |   |                                 | REVISION NU                        |                   |              |            |
| IN<br>CI<br>EX  | IIS IS TO CERTIFY THAT THE POLICIES<br>DICATED. NOTWITHSTANDING ANY RE<br>ERTIFICATE MAY BE ISSUED OR MAY<br>(CLUSIONS AND CONDITIONS OF SUCH | QUIF<br>PERT<br>POLI | REMEI<br>TAIN,<br>CIES. | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE | OF AN  | Y CONTRACT<br>THE POLICIE<br>REDUCED BY | OR OTHER S DESCRIBE PAID CLAIMS | DOCUMENT WI'D HEREIN IS S          | TH RESPE          | CT TO        | WHICH THIS |
| INSR  | TYPE OF INSURANCE   |                      | SUBR                    | POLICY NUMBER  |  | POLICY EFF<br>(MM/DD/YYYY)              | POLICY EXP<br>(MM/DD/YYYY)      |                                    | LIMIT             | 5            |            |
|   | COMMERCIAL GENERAL LIABILITY  |                      |                         |  |  |   |                                 | EACH OCCURREN                      |                   | s 1,0        | 00,000     |
|   | CLAIMS-MADE X OCCUR   |                      |                         |  |  |   |                                 | DAMAGE TO REN'<br>PREMISES (Ea occ |                   | s 300        | ,000       |
|   | 23, 333   |                      |                         |  |  |   |                                 | MED EXP (Any one                   |                   | s 5,0        | ·          |
| Α   |   | Υ                    | Y                       | CL0252094  |  | 8/1/2023                                | 8/1/2024                        | PERSONAL & ADV                     |                   |              | 00.000     |
| ' '   | GEN'L AGGREGATE LIMIT APPLIES PER.  | ·                    | '                       |  |  | 0, 112020                               | 01112021                        | GENERAL AGGRE                      |                   | <del> </del> | 00,000     |
|   | POLICY X PRO LOC  |                      |                         |  |  |   |                                 | PRODUCTS - COM                     |                   | <del></del>  | 00,000     |
|   | OTHER: XCU  |                      |                         |  |  |   |                                 | PRODUCTS - CON                     | IP/OP AGG         | \$ 2,0       | 00,000     |
| $\vdash$  | AUTOMOBILE LIABILITY  | _                    |                         |  |  |   |                                 | COMBINED SINGL                     | E LIMIT           |              | 00,000     |
|   | X ANY AUTO  |                      |                         |  |  |   |                                 | (Ea sccident) BODILY INJURY (F     | Por nomen)        | \$           | 00,000     |
| ١.  | OWNED SCHEDULED   | ,                    | ١., ١                   | 005040070  |  | 014/0007                                | 014/0004                        | BODILY INJURY (F                   |                   | s            |            |
| A   | AUTOS ONLY AUTOS  | Y                    | Y                       | 005848278  |  | 8/1/2023                                | 8/1/2024                        | PROPERTY DAMA                      |                   |              |            |
|   | AUTOS ONLY AUTOS ONLY   |                      |                         |  |  | !                                       |                                 | (Per accident)                     |                   | \$           |            |
| _   |   |                      |                         |  |  |   |                                 |                                    |                   | \$           |            |
|   | WIMBRELLA LIAB X OCCUR  |                      |                         |  |  |   |                                 | EACH OCCURREN                      | ICE               |              | 00,000     |
| В   | EXCESS LIAS CLAIMS-MADE   | Υ                    | Y                       | 005848368  |  | 8/1/2023                                | 8/1/2024                        | AGGREGATE                          |                   | \$ 5,0       | 00,000     |
|   | DED RETENTIONS NA   |                      |                         |  |  |   |                                 |                                    | 1                 | 5            |            |
|   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |                      |                         |  |  |   | X PER<br>STATUTE                | OTH-<br>ER                         |                   |              |            |
| ANY PROPRIETOR/PARTNER/EXECUTIVE N/A Y 005848366  |   | 005848366            | 8/1/2023                | 8/1/2024   | E.L. EACH ACCIDE   | ENT                                     | s 1,0                           | 00,000                             |                   |              |            |
| ^   | (Mandatory in NH)   |                      | 1 003040300             | 003040300  |  | 0,112023                                | 0/1/2024                        | E.L. DISEASE - EA                  | EMPLOYEE          | \$ 1,0       | 00,000     |
|   | If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |                      |                         |  |  |   |                                 | E.L. DISEASE - PC                  | LICY LIMIT        | \$ 1,0       | 000,00     |
|   |   |                      |                         |  |  |   |                                 |                                    |                   |              |            |
|   |   |                      |                         |  |  |   |                                 |                                    |                   |              |            |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CITY OF AURORA IS AFFORDED PRIMARY AND NON CONTRIBUTORY ADDITIONAL INSURED STATUS FOR GENERAL LIABILITY AND AUTO  LIABILITY: WAIVER OF SUBROGATION AS IT PERTAINS TO GENERAL LIABILITY, AUTO LIABILITY, AND WORKERS COMPENSATION IN FAVOR OF  THE ADDITIONAL INSURED. UMBRELLA COVERAGE FOLLOWS UNDERLYING POLICIES SUBJECT TO THE FORMS AND ENDORSEMENTS  ATTACHED TO THE POLICY.  ENDORSEMENTS FORM(S) ATTACHED |   |                      |                         |  |  |   |                                 |                                    |                   |              |            |
| CERTIFICATE HOLDER  |   |                      |                         |  | CANCELLATION   |   |                                 |                                    |                   |              |            |
| CERTIFICATE HOLDER  |   |                      | CANG                    | SELLATION  |  |   | **                              |                                    |                   |              |            |
| City of Aurora  |   |                      |                         | THE  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |   |                                 |                                    |                   |              |            |
|   | 44 East Downer Place  |                      |                         |  | AUTHORIZED REPRESENTATIVE  |   |                                 |                                    |                   |              |            |
| Aurora IL 60505   |   |                      | Tayu Caal               |  |  |   |                                 |                                    |                   |              |            |

## CITY OF AURORA AGREEMENT SUPPLEMENTAL SNOW REMOVAL SERVICES REQUEST FOR PROPOSAL 24-029

| THIS AGREEMENT, entered on this 3rd day of April , 2024 ("Effective Date"), for the Supplemental Snow Removal Services for the City of Aurora ("Services") is entered into between the CITY OF AURORA ("City"), a municipal corporation, located at 44 E. Downer Place, Aurora, Illinois and TRI-COUNTY EXCAVATION & CONSTRUCTION, INC ("Proposer"), located at  |
|--|
| PO Box 190, Sugar Grove, IL 60554  |
| WHEREAS, the City issued an Request for Proposal ("RFP") for the Supplemental Snow Removal Services for the City of Aurora, IL; and  |
| WHEREAS, the Proposer submitted a Proposal in response to the RFP and represents that it is ready, willing and able to perform the Services specified in the RFP and herein as well as any additional services agreed to and described in the Agreement; and   |
| WHEREAS, on, the City's awarded a contract to Proposer.  |
| IN CONSIDERATION of the mutual promises and covenants herein contained, the parties hereto do mutually agree to the following:   |
| 1. <u>Agreement Documents.</u> The Agreement shall be deemed to include this document, Proposer's response to the RFP, to the extent it is consistent with the terms of the RFP, any other documents as agreed upon by the parties throughout the term of this Agreement, along with any exhibits, all of which are incorporated herein and made a part of this Agreement. In the event of a conflict between this Agreement and any exhibit, the provisions of this Agreement shall control.  |
| Request for Proposal 24-029  |
| In connection with the RFP and this Agreement, Proposer acknowledges that it has furnished and will continue to furnish various certifications, affidavits and other information and reports, which are incorporated herein. Proposer represents that such material and information furnished in connection with the RFP and this Agreement is truthful and correct. Proposer shall promptly update such material and information to be complete and accurate, as needed, to reflect changes or events occurring after the Effective Date of this Agreement. |
| 2. <u>Scope of Services.</u> Proposer shall perform the Services listed in the Instructions to Proposers and Proposal Specifications, attached hereto as Exhibit 1.  |
| 3. <u>Term.</u> The contract is for a period of two years beginning, 2024, with additional two 1-year extensions, subject to mutual consent between the City of Aurora and the Proposer.   |

#### 4. Compensation.

- a. Maximum Price. In accordance with the RFP, the maximum price for providing the Services shall be in accordance to the Proposal Form. The maximum price may not be changed unless the City is provided with supporting documentation to warrant the change in maximum price or as otherwise provided in this Agreement. Price shall remain firm for the entire contract period.
- b. Schedule of Payment. The City shall pay the Proposer for the Services in accordance with the amounts set forth in Exhibit 2. The Proposer shall be required to submit an itemized invoice as well as any supporting documentation as required by the City. Payment shall be made upon the basis of the approved invoices and supporting documents. Payment shall be made in accordance with the Illinois Local Government Prompt Payment Act (50 ILCS 505/1, et seq.)

#### 5. Performance of Services.

Standard of Performance. Proposer shall perform all Services set forth in this Agreement, and any other agreed documents incorporated herein, with the degree, skill, care and diligence customarily required of a professional performing services of comparable scope, purpose and magnitude and in conformance with the applicable professional standards. Proposer shall, at all times, use its best efforts to assure timely and satisfactory rendering and completion of the Services. Proposer shall ensure that Proposer and all of its employees or subcontractors performing Services under this Agreement shall be: (i) qualified and competent in the applicable discipline or industry; (ii) appropriate licensed as required by law; (iii) strictly comply with all City of Aurora, State of Illinois, and applicable federal laws or regulations; (iv) strictly conform to the terms of this Agreement. Proposer shall, at all times until the completion of the Services, remain solely responsible for the professional and technical accuracy of all Services and deliverables furnished, whether such services are rendered by the Proposer or others on its behalf, including, without limitation, its subcontractors. No review, approval, acceptance, nor payment for any and all of the Services by the City shall relieve the Proposer from the responsibilities set forth herein.

#### 6. Termination.

Termination for Convenience. The City has the right to terminate this Agreement, in whole or in part, for any reason or is sufficient funds have not been appropriated to cover the estimated requirement of the Services not yet performed, by providing Proposer with thirty (30) days notice specifying the termination date. On the date specified, this Agreement will end. If this Agreement is terminated by the City, as provided herein, the City shall pay the Proposer only for services performed up the date of termination. After the termination date, Proposer has no further contractual claim against the City based upon this Agreement and any payment so made to the Proposer upon termination shall be in full satisfaction for Services rendered. Proposer shall deliver to the City all finished and unfinished documents, studies and reports and shall become the property of the City.

#### 7. Miscellaneous Provisions.

- a. Illinois Freedom of Information Act. The Proposer acknowledges the requirements of the Illinois Freedom of Information Act (FOIA) and agrees to comply with all requests made by the City of Aurora for public records (as that term is defined by Section 2(c) of FOIA in the undersigned's possession and to provide the requested public records to the City of Aurora within two (2) business days of the request being made by the City of Aurora. The undersigned agrees to indemnify and hold harmless the City of Aurora from all claims, costs, penalty, losses and injuries (including but not limited to, attorney's fees, other professional fees, court costs and/or arbitration or other dispute resolution costs) arising out of or relating to its failure to provide the public records to the City of Aurora under this agreement.
- b. Entire Agreement. This Agreement, along with the documents set forth in Section 1 and incorporated by reference elsewhere in this Agreement, with consent of the parties, represents the entire agreement between the parties with respect to the performance of the Services. No other contracts, representations, warranties or statements, written or verbal, are binding on the parties. This Agreement may only be amended as provided herein.
- c. Consents and Approvals. The parties represent and warrant to each other that each has obtained all the requisite consents and approvals, whether required by internal operating procedures or otherwise, for entering into this Agreement and the undertakings contemplated herein.
- d. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be an original, but all of which shall constitute one and the same instrument.

|            | FOR CITY OF AURORA |
|------------|--------------------|
| ATTEST:    | By:                |
| City Clerk | FORBy              |
| (SĒAL)     | (CORPORATE SEAL)   |

| (If a Corporation)    | CORPORATE NAME TRI | -COUNTY EXCAVATION & CONSTRUCTION      | , INC |
|-----------------------|--------------------|--|-------|
| (SEAL)                | By                 | President Contractor                   |       |
| ATTEST.               |                    |  |       |
| Secretary             | 1                  |  |       |
| (If a Co-Partnership) |                    |  |       |
|                       |                    |  |       |
|                       |                    | 100 X00<br>40                          |       |
|                       |                    | Partners doing Business under the firm |       |
|                       |                    | Contractor                             |       |
| (If an Individual)    |                    | (SEAL)                                 |       |
|                       |                    | (SEAL)                                 |       |
|                       | Con                | tractor                                |       |

## CITY OF AURORA SUPPLEMENTAL SNOW REMOVAL SERVICES REQUEST FOR PROPOSAL 24-029

#### EXHIBIT 1

(REQUEST FOR PROPSAL 24-029)

## CITY OF AURORA SUPPLEMENTAL SNOW REMOVAL SERVICES REQUEST FOR PROPOSAL 24-029

EXHIBIT 2

(PROPOSAL FORMS 24-029)