

City of Aurora, IL

# SENIOR SNOW REMOVAL 25-165

RELEASE DATE: July 29, 2025

DEADLINE FOR QUESTIONS: August 5, 2025

RESPONSE DEADLINE: August 13, 2025, 11:00 am

Please refer to the project timeline in this document for all important deadlines.

### RESPONSES MUST BE SUBMITTED ELECTRONICALLY TO:

https://procurement.opengov.com/portal/aurorail



## City of Aurora, IL - Local Vendor Preference Application

The business identified below is requesting to be placed on the City of Aurora, Illinois Local Vendor Preference list, in accordance with ordinance O18-070, amended with ordinance O20-029 approved April 28, 2020.

	1)	Date Submitted: 8/23/25						
	2)	Name of Business: Guardian Asphatt Protection + Maintenance, Co.						
	3)	Address of Local Office: 2948 Kith Rd, Site 106 #135						
	4)	City, State, Zip: Arrora IL 60507						
	5)	Company's Web Address: www. quardian pare.com						
	6)	Phone: (430-870-2627 Fax:						
	7)	County your Local Business is Located In: Kane						
Submitted By (Signature):								
		Print Name and Title: Kristin Cane President						
		Email Address: info e guardian scal coating. com						
	Sec	2. 2-410Prequalification; local bidder.						
(a)	pre Cit; a. b.	n interested business would like to prequalify as a "local business", such a business shall complete and submit the qualification application along with supporting documentation, as listed below, and the applicable fee as set by the y Council, to the Finance Department:  Evidence that the business has established and maintained a physical presence in the City of Aurora, by virtue of the ownership or lease of all or a portion of a building for a period of not less than twelve (12) consecutive months prior to the submission of the prequalification application; and  Evidence demonstrating that the business is legally authorized to conduct business within the State of Illinois and the City of Aurora, and has a business registered to operate in the City if required; and  Evidence that the business is not a debtor to the City of Aurora. For purposes of this subparagraph, a debtor is defined as having outstanding fees, water bills, sales tax or restaurant/bar tax payments that are thirty (30) days or more past due, or has outstanding weed or nuisance abatements or liens, has failure to comply tickets or parking tickets that are not in dispute as to their validity and are not being challenged in court or other administrative processes.						
	Back up documentation for (a) a. and (a) b. must accompany this submittal or application will be rejected. Please note for (a) c. above the City of Aurora will verify internally that your company does not have any outstanding fees. Your company should make sure that to the best of its knowledge all bills are current.							
	Cit	turn completed application, with all required backup documentation to: y of Aurora, Attn: Purchasing Division, 44 E. Downer Place, Aurora, IL 60507 email to: PurchasingDL@Aurora-il.org						
	Do not write below this line: For City of Aurora use ONLY							
(a)	a.							
(a)								
(a)								
	Dat	re:						
	Apr	proved: Denied:						
	Let	ter Sent: Initials:						

## CITY OF AURORA, ILLINOIS

## **CONTACT INFORMATION**

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

Customer Service/Go (030-870	eneral Information: Ph: -2627 - Karen or Amy
To place an order:	Name: Rafael Salgado  Ph: (030-870-2627 Fax: —  E-mail: info e guardians eal coating, com
Billing & Invoicing of	Ph: 630-870-2627 Fax: E-mail: info@ quardianseal coating . com
Questions:	Name: Kristin Cane  Ph: (030-870-2627 Fax:  E-mail: info P guardianseal coating. com
Bidder's Name:	ovardian Asphalt
Signature & Date:	8/23/25

#### **VENDOR SUBMISSIONS**

### 1. Qualification Statement\*

Please download the below documents, complete, and upload.

• Qualification Statement.pdf - a Hacked

#### 2. Contact Information\*

Please download the below documents, complete, and upload.

· COA Contact Information.docx - attached

#### 3. References\*

Include Municipality, Address, Phone Number, Contact Person, Date of Project for each reference

\*Response required

City of Aurora
44 E. Downers Pl
Aurora IL 60505
630-256-3550
Brenda Qvintero
Abbij Schuler
Andrea Rolfe
June-August 2022

Village of Sugar Grove 601 Heartland Dr Sugar Grove 11 60554 630-391-7230 Brian Beach September 2021 Elmhurst Park District 375 W1st Street Elmhurst 12 60126 630-993-89+0 Dan Payne Kevin Goss April 2025

### 4. Sub-Contractor List\*

Please provide the following information for each subcontractor. If you do not have subcontractors, please write "N/A"

Company: NA	Company: NA	Company: NA
Address:	Address:	Address:
City, State, Zip:	City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:	Phone Number:
Contact Person:	Contact Person:	Contact Person:

<sup>\*</sup>Response required

<sup>\*</sup>Response required

<sup>\*</sup>Response required

undefined #25-165 Title: Senior Snow Removal

#### 5. Eligibility\*

By signing this Proposal, the Proposer hereby certifies that they are not barred from bidding on this Proposal as a result of a violation of Article 33E, Public Bids of the Illinois Criminal Code of 1961, as amended (Illinois Compiled Statutes, 720 ILCS 5/33E-1).

Please confirm

\*Response required

#### 6. Bidder's Tax Certification\*

The Bidder's Executing Officer, being first duly sworn on oath, deposes and states that all statements made herein are made on behalf of the Bidder, that this despondent is authorized to make them and that the statements contained herein are true and correct.

Bidder deposes, states and certifies that Bidder is not barred from contracting 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 Bidder 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.

Please confirm

\*Response required

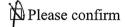
#### 7. Bidder's Certification\*

I/We hereby certify that:

- A. A complete set of bid 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 other equal employment requirements contained in Public Act 87-1257 (effective July 1, 1993) 775 ILCS 5/2-105 (A).
- D. As applicable, I/We are in compliance with the most current "Prevailing Rate" of wages for laborers, mechanics and other workers as required by the State of Illinois Department of Labor.
- E. 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.
- F. The Bidder is not barred from bidding on the Project, or entering into this contract 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.

undefined #25-165 Title: Senior Snow Removal

- G. As applicable, I/We will submit, for all contracts in excess of \$25,000.00, a certificate indicating participation in apprenticeship and training programs approved and registered with the United States Department of Labor.
- H. I/We will abide by all other Federal, State and local codes, rules, regulations, ordinances and statutes.



\*Response required

## 8. Local Vendor Preference Application\*

Please download the below documents, complete, and upload.

· COA 2024 Local Preference V... - see attached

9. Additional Information

<sup>\*</sup>Response required

## APPENDIX D

## 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: Kristin Lane	Check One: Corporation Partnership Individual
Name of Firm: E Barden Asphaltand Maintenance	Joint Venture Other (specify)
2948 KIVK Rd Address: Buite 1010 # 135 Awara 16 60502	Telephone: 630-870 · 2627  Fax:
Years your organization has been in business?  Years the organization has been under its present name?	If a corporation, answer the following: (if a division/subsidiary is submitting a proposal items a-f apply to the parent corporation)
Under what other or former names has your organization operated?	a. Date of incorporation: 5/10/2014
NA	b. State of incorporation:
	c. President's name: Kristin Lane
If an individual or partnership, answer the following:	d. Vice President's name: Rafael Salgado
a. Date or organization:	e. Secretary's name: <u>Karen Cruz</u>
b. Name and address of all partners (state if general or limited):	f. Treasurer's name: Amy Wright
	g. Division President or General Mangers' name: (if applicable)
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?
	12
List the experience of the key individuals of your organization who will managerially oversee this contract:	List three trade references:LindSay WindowS
Kristin Lane-Business, IT, Snow Removal	Salernos on the Fox
Rafael Salgado-Snow Removal, Salting	Park Court Association
List name(s) of Insurance Company and name and address of agent(s)	List at least two bank references:
Hate Form-David Meisenheimer	Chasl Bank
311 N 2nd St St. Onavies 630-377-1300	Capital One
Dated of	1020 and this Lith downs Air 200

## PRICING TABLE

## 2025-2026 SEASON PRICING

Flat Rate Pricing (Includes all plowing driveways, walk-ways, sidewalks and salting)

Line Item	Description	Unit of Measure	Unit Cost
Flat Rate Prici	ng (Plowing driveways, walk-ways, sidewalks)	)	
1	Up to 4"	Per Event/Residence	\$100.00
2	4.1" - 6"	Per Event/Residence	8115.00
3	6.1" - 8"	Per Event/Residence	\$ 145.00
4	8.1" - 10"	Per Event/Residence	\$165.00
5	10.1" and Up	Per Event/Residence	\$185.00
Salting Cost		1	
6	Flat Rate	Per Event/Residence	\$50.00

## 2026-2027 SEASON PRICING

Flat Rate Pricing (Includes all plowing driveways, walk-ways, sidewalks and salting)

Line Item	Description	Unit of Measure	Unit Cost						
Flat Rate Pricing (Plowing driveways, walk-ways, sidewalks )									
7	Up to 4"	Per Event/Residence	\$100.00						
8	4.1" - 6"	Per Event/Residence	\$16.00						
9	6.1" - 8"	Per Event/Residence	\$145,00						
10	8.1" - 10"	Per Event/Residence	\$165.00						

undefined #25-165 Title: Senior Snow Removal

Line Item	Description	Unit of Measure Unit Cost						
11	10.1" and Up	Per Event/Residence \$185. ∞						
Salting Cost								
12	Flat Rate	Per Event/Residence \$ 50,00						

## 2027-2028 SEASON PRICING

Flat Rate Pricing (Includes all plowing driveways, walk-ways, sidewalks and salting)

Line Item	Description	Unit of Measure	Unit Cost
Flat Rate Prici	ng (Plowing driveways, walk-ways, sidewalks )		
13	Up to 4"	Per Event/Residence	\$100,00
14	4.1" - 6"	Per Event/Residence	B115,00
15	6.1" - 8"	Per Event/Residence	\$145.00
16	8.1" - 10"	Per Event/Residence	\$165.00
17	10.1" and Up	Per Event/Residence	\$ 185.00
Salting Cost			
18	Flat Rate	Per Event/Residence	\$50.00



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/25/2025

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRO	DUCER				CONTACT Enrique Meraz				
State Farm David Majaanhajmar Agant					PHONE 620 277 1200 FAX 620 277 1202				
311 N 2nd Street Suite 106					(A/C, No, Ext): (A/C, No): 030-377-1302  E-MAIL ADDRESS: enrique.meraz.umwb@statefarm.com				
- The street suite res							LIBERIEN AFFOR	PDINC COVERAGE	NAIC#
Saint Charles IL 60174								Casualty Company	25143
10101				IL 00174				utomobile Insurance Company	25178
INSU		0.14			INSURE	RB: State Fa	ann iviuluai Al	nomobile insurance company	
	Guardian Asphalt Protection		inten	ance Co	INSURE	RC:			
	2948 Kirk Rd Suite 106 #135				INSURE	R D :			
					INSURE	RE:			
	Aurora			IL 60502	INSURE	RF:			
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:	
TI	HIS IS TO CERTIFY THAT THE POLICIES	S OF	INSUI	RANCE LISTED BELOW HA	VE BEE	N ISSUED TO	THE INSUR	ED NAMED ABOVE FOR THE POL	ICY PERIOD
IN	DICATED. NOTWITHSTANDING ANY RI	EQUIF	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPECT TO ALL	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH								TE TERIVIO,
INSR LTR		ADDL	SUBR			POLICY EFF	POLICY EXP	LIMITS	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(IMINI/DD/YYYY)	(MM/DD/YYYY)	1.000	0.000
								DAMAGE TO RENTED . 100 I	
	CLAIMS-MADE X OCCUR							TICIVIISES (La occurrence)	
				00 DE 4440 0		00/04/0005	00/04/0000	MED EXP (Any one person) \$ 5,000	
Α		Y	N	93-PF-A143-3		06/24/2025	06/24/2026	PERSONAL & ADV INJURY \$ 1,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$ 2,000	3,000
	OTHER:							\$	
	AUTOMOBILE LIABILITY	N	N	J84 6719-E20-13		05/20/2025	11/20/2025	COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO							BODILY INJURY (Per person) \$ 1,000	0.000
В	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$ 1,000	
	✓ HIRED ✓ NON-OWNED							PROPERTY DAMAGE \$ 1 000	000
	AUTOS ONLY AUTOS ONLY							(Per accident) \$ 1,000	2,000
	X UMBRELLA LIAB X OCCUP	-						4.000	0.000
۸	- CCCOR	N	N	93-NG-A510-3		09/15/2024	09/15/2025	4.000	
Α	EXCESS LIAB CLAIMS-MADE	N	IN	93-110-7310-3		09/13/2024	09/13/2023	AGGREGATE \$ 1,000	3,000
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y / N							X PER STATUTE OTH-	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A i	N 93-PB-H203-9	93-PB-H203-9		04/27/2025	7/2025 04/27/2026	E.L. EACH ACCIDENT \$ 1,000	
, ,	(Mandatory in NH)					0 112112020		E.L. DISEASE - EA EMPLOYEE \$ 1,000	),000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1,000	0,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)	
	tificate Holder is listed as an additional i						•		
CERTIFICATE HOLDER CANCELLATION									
O'the of Aurora						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
	City of Aurora				AUTHORIZED REPRESENTATIVE				
	44 E Downer Place								
						Completed by an authorized State Farm representative. If signature			

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is required, please contact a State Farm agent.

Aurora

IL 60505