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 Asphalt Protection + Maintenance, Co.
3) Address of Local Office: 2948 Kirk Rd, Suite 106 #135
4) City, State, Zip: Aurora, IL 60502
5) Company's Web Address: www.guardianpave.com
6) Phone: 630-870-2627 Fax: _____
7) County your Local Business is Located In: Kane

Submitted By (Signature): _____

Print Name and Title: Kristin Lane, President

Email Address: info@guardiansealcoating.com

Sec. 2-410.-Prequalification; local bidder.

(a) If an interested business would like to prequalify as a "local business", such a business shall complete and submit the prequalification application along with supporting documentation, as listed below, and the applicable fee as set by the City Council, to the Finance Department:
   a. 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
   b. 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
   c. 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.

Return completed application, with all required backup documentation to:
City of Aurora, Attn: Purchasing Division, 44 E. Downer Place, Aurora, IL 60507
Or email to: PurchasingDL@Aurora-il.org

Do not write below this line: For City of Aurora use ONLY

(a) a.
(a) b.
(a) c.

Date: _____

Approved: _____ Denied: _____
Letter 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/General Information: Ph:
630-870-2627 - Karen or Amy

To place an order:

Name: Rafael Salgado
Ph: 630-870-2627 Fax: —
E-mail: info@guardiansealcoating.com

Billing & Invoicing question:

Name: Kristin Lane
Ph: 630-870-2627 Fax: —
E-mail: info@guardiansealcoating.com

Questions:

Name: Kristin Lane
Ph: 630-870-2627 Fax: —
E-mail: info@guardiansealcoating.com

Bidder's Name: Guardian Asphalt

Signature & Date: [signature] 8/23/25

VENDOR SUBMISSIONS

1. Qualification Statement*
Please download the below documents, complete, and upload.

- Qualification_Statement.pdf – attached

*Response required

2. Contact Information*
Please download the below documents, complete, and upload.

- COA_Contact_Information.docx – attached

*Response required

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 Quintero
Abby Schuler
Andrea Rolfe
June-August 2022

Village of Sugar Grove
601 Heartland Dr
Sugar Grove IL 60554
630-391-7230
Brian Beach
September 2021

Elmhurst Park District
375 W 1st Street
Elmhurst IL 60126
630-993-8940
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: N/A	Company: N/A	Company: N/A
Address:	Address:	Address:
City, State, Zip:	City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:	Phone Number:
Contact Person:	Contact Person:	Contact Person:

*Response required

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.

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.

☒ Please confirm

*Response required

8. Local Vendor Preference Application*

Please download the below documents, complete, and upload.

- COA_2024_Local_Preference_V... - see attached

*Response required

9. Additional Information

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

Name of Firm: Guardian Asphalt and Maintenance

Address: 2948 Kirk Rd
Suite 106 #135
Aurora IL 60502

Check One:

Corporation	X
Partnership	
Individual	
Joint Venture	
Other (specify)	

Telephone: 630-870-2627

Fax:

Years your organization has been in business? 11yrs

Years the organization has been under its present name? 11yrs

Under what other or former names has your organization operated?

N/A

If an individual or partnership, answer the following:

a. Date or organization:

b. Name and address of all partners (state if general or limited):

If other than a corporation or partnership, describe organization
Listing name and address of principals?

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: 5/10/2014

b. State of incorporation: IL

c. President's name: Kristin Lane

d. Vice President's name: Rafael Salgado

e. Secretary's name: Karen Cruz

f. Treasurer's name: Amy Wright

g. Division President or General Mangers' name: (if applicable) N/A

List states and categories in which your organization is Legally qualified to do business. List states in which Partnership or trade name is filed?

IL

List the experience of the key individuals of your organization who will managerially oversee this contract:

Kristin Lane - Business, IT, Snow Removal
Rafael Salgado - Snow Removal, Salting

List three trade references:

Lindsay Windows
Salernos on the Fox
Park Court Association

List name(s) of Insurance Company and name and address of agent(s)

State Farm - David Meisenheimer
311 N 2nd St St. Charles 630-377-1300

List at least two bank references:

Chase Bank
Capital One

Dated at 1030 Am this 4th day of Aug, 2025

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 Pricing (Plowing driveways, walk-ways, sidewalks)			
1	Up to 4"	Per Event/Residence	$100.00
2	4.1" - 6"	Per Event/Residence	$115.00
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			
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	$115.00
9	6.1" - 8"	Per Event/Residence	$145.00
10	8.1" - 10"	Per Event/Residence	$165.00

Line Item	Description	Unit of Measure	Unit Cost
11	10.1" and Up	Per Event/Residence	$185.00
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 Pricing (Plowing driveways, walk-ways, sidewalks)			
13	Up to 4"	Per Event/Residence	$100.00
14	4.1" - 6"	Per Event/Residence	$115.00
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).

PRODUCER

StateFarm

David Meisenheimer, Agent
311 N 2nd Street Suite 106
Saint Charles IL 60174

CONTACT NAME: Enrique Meraz
PHONE (A/C, No, Ext): 630-377-1300 FAX (A/C, No): 630-377-1302
E-MAIL ADDRESS: enrique.meraz.umwb@statefarm.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	State Farm Fire and Casualty Company	25143
INSURER B :	State Farm Mutual Automobile Insurance Company	25178
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED

Guardian Asphalt Protection & Maintenance Co
2948 Kirk Rd Suite 106 #135
Aurora IL 60502

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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y	N	93-PF-A143-3	06/24/2025	06/24/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	N	N	J84 6719-E20-13	05/20/2025	11/20/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ 1,000,000 $ 1,000,000 $ 1,000,000
A	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $	N	N	93-NG-A510-3	09/15/2024	09/15/2025	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	N	93-PB-H203-9	04/27/2025	04/27/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

Certificate Holder is listed as an additional insured.

CERTIFICATE HOLDER

City of Aurora
44 E Downer Place
Aurora IL 60505

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

Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.