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.

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