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, sidewalk	s)	
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	8 145.00
4	8.1" - 10"	Per Event/Residence	\$165.00
5	10.1" and Up	Per Event/Residence	\$185.00
Salting Cost		<u> </u>	
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 B/85.)					
Salting Cost								
12	Flat Rate	Per Event/Residence \$ 50, d	Ò					

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).

tł	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRO	PRODUCER C						CONTACT Enrique Meraz					
StateFarm David Meisenheimer, A			\gent				PHONE (A/C, No, Ext): 630-377-1300 FAX (A/C, No): 630-377-1302					
311 N 2nd Street Suite							E-MAIL enrique meraz umwh@statefarm.com					
8 THY 2nd Street Suite 100					ADDRESS:							
		Saint Charles			IL 60174		INSURER(S) AFFORDING COVERAGE			NAIC# 25143		
_		Saint Charles			IL 00174	INSURER A: State Farm Fire and Casualty Company						
INSU	IRED					INSURER B: State Farm Mutual Automobile Insurance Company 25178					25178	
		Guardian Asphalt Protection	& Ma	Maintenance Co			RC:					
		2948 Kirk Rd Suite 106 #135				INSURE	RD:					
						INSURER E :						
		Aurora			IL 60502	INSURER F:						
CO	VFR	AGES CER	TIFIC	CATE	NUMBER:	1			REVISION NUMBER:			
		S TO CERTIFY THAT THE POLICIES				VF BFF	N ISSUED TO			E POL	ICY PERIOD	
IN	IDICA	TED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPECT	T TO	WHICH THIS	
C	ERTI	FICATE MAY BE ISSUED OR MAY	PERT	ΓΑΙΝ,	THE INSURANCE AFFORD	ED BY	THE POLICIE	ES DESCRIBE	D HEREIN IS SUBJECT TO	ALL 1	THE TERMS,	
		SIONS AND CONDITIONS OF SUCH		CIES.		BEEN						
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
	X	COMMERCIAL GENERAL LIABILITY								1,00		
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,	000	
									MED EXP (Any one person) \$	5,000	0	
Α			Υ	N	93-PF-A143-3		06/24/2025	06/24/2026		4 000 000		
	GEN	'L AGGREGATE LIMIT APPLIES PER:								2 000 000		
	1	PRO-							OLITEI TOOKLOKIE	2,000		
		0.01							\$			
-		OTHER:							l l			
	AUT	OMOBILE LIABILITY	N	N	J84 6719-E20-13		05/20/2025	11/20/2025	COMBINED SINGLE LIMIT (Ea accident) \$			
		ANY AUTO OWNED SCHEDULED AUTOS ONLY								1,000,000		
В									The state of the s	\$ 1,000,000		
	X	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$	1,000	0,000	
									\$			
	X	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE \$	1,000	0,000	
A		EXCESS LIAB CLAIMS-MADE	N	N	93-NG-A510-3		09/15/2024	09/15/2025		1,000	0.000	
	\vdash	CEAIWG-WADE			Andrew Control of State Greek Con-				s s		,	
	_	DED RETENTION \$ KERS COMPENSATION							X PER STATUTE OTH-			
	AND	EMPLOYERS' LIABILITY Y / N		N	ī		04/27/2025	04/27/2026		1,000	2 000	
Α	OFFI	PROPRIETOR/PARTNER/EXECUTIVE N	N/A		93-PB-H203-9							
	(Man	datory in NH) , describe under							E.L. DISEASE - EA EMPLOYEE \$	1,000	0,000	
	DÉSC	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000	0,000	
ĺ												
									,			
DES	CRIPTI	ON OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if moi	re space is requir	ed)			
Cer	tificat	te Holder is listed as an additional i	nsure	ed.								
CERTIFICATE HOLDER CANCELLATION												
								THE AROUE S	SECONDED DOLLOISE DE CA	NCELL	ED BEEODE	
									DESCRIBED POLICIES BE CAI EREOF. NOTICE WILL BE			
	011 (14						ACCORDANCE WITH THE POLICY PROVISIONS.					
	City of Aurora											
	44 E Downer Place						AUTHORIZED REPRESENTATIVE					

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Completed by an authorized State Farm representative. If signature

is required, please contact a State Farm agent.

Aurora

IL 60505