

**CITY OF AURORA
INVITATION TO BID INFORMAL SOLICITATION
IB 16-06**

**Asphalt Milling and Patching
At the Aurora Transportation Center**

BID FORM

I/We propose to furnish material and labor as specified in the attached Specifications to Bid at the following delivered price.

Scope of Work:

Milling of marked asphalt sections (marked with white paint) in the main lot at the Aurora Transportation Center to 2 inches in depth and dispose; prime and install surface asphalt N50; approximately 10,536 square feet.

Location (marked with white paint)	Feet width	Feet length	Location total Square	Notes to help identify where these section are located on the ATC's main lot
1	8	8	64	storm drain
2	8	8	64	storm drain
3	8	33	264	
4	8	44	352	
5	20	27	540	
6	8	400	3200	
7	8	33	264	
8	8	8	64	storm drain
9	8	225	1800	BNSF concrete patch
10	8	23	184	
11	8	8	64	bump up
12	37	24	888	
13	12	148	1776	
14	12	44	528	at platform drive
15	12	23	276	center isle
16	8	26	208	center isle
Total square feet			10,536	

Quantity	Rate	Amount
10,536 square feet	\$2.95 per sq/ft	\$ 31,081.20

- Work must be performed on a Saturday no later than May 7, 2016
- City of Aurora will have the sections clear of cars

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All bid 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 bid price will be accepted without written approval of the Purchasing Director.

The purchase shall result in the issuance of a purchase order. All properly authorized purchases and services of the City shall be evidenced by the issuance of the same. Please be advised that any invoice received by the City not referencing a purchase order number may not be accepted as a valid City obligation.

The City, after inspection and acceptance, and in consideration of the faithful performance by the Bidder, agrees to pay for the completion of the work embraced in this contract, within forty-five (45) days of the receipt of the invoice.

Time, in connection with any discount offered, will be computed from the date of invoice delivery to the City or from the date a correct invoice is received by the City of Aurora Purchasing Division, if the latter date is later than the date of delivery.

Time, in connection with any discount offered, will be computed from the date of invoice delivery to the City or from the date a correct invoice is received by the City of Aurora Purchasing Division, if the latter date is later than the date of delivery.

Prices will be considered NET, if no payment discount is shown.

The successful Bidder shall submit invoices via e-mail to:

PurchasingDL@aurora-il.org

or Fax to **630-256-3559**

or Mail to the following address:

City of Aurora

Attn: Purchasing Division

44 E. Downer Place

Aurora, IL 60507

The City of Aurora offers electronic funds transfer (EFT) payment to our vendors. EFT is fast, simple, safe and secure and is *our preferred method of payment!* Please contact the Purchasing Division office for an authorization agreement form.

SUBMITTED BY

COMPANY _____

SCHROEDER ASPHALT SERVICES, INC.

**CITY OF AURORA
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IB 16-06**

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BID FORM

The City of Aurora reserves the right at any time and for any reason to cancel this Invitation to Bid, to accept or reject any or all Bids or portion thereof, or accept an alternate bid. The City reserves the right to waive any immaterial defect in any bid, or technicality, informality or irregularity in the bids received, and to disregard all nonconforming or conditional bids or counter-proposals. Unless otherwise specified by the bidder or the City, the City reserves the right to hold the best bids for ninety (90) days from the opening date set forth above. The City may seek clarification from any bidder at any time and failure to respond promptly is cause for rejection. The City further reserves the right to award the bid to the lowest responsible Bidder 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.

SUBMITTED BY

COMPANY SCHROEDER ASPHALT SERVICES, INC.

ADDRESS P.O. Box 831

CITY, STATE, ZIP HUNTLEY, IL 60142

PREPARER'S NAME KYLE JOUSTRA

CONTACT PERSON KYLE JOUSTRA
Please Print or Type

AUTHORIZED SIGNATURE Kyle Joustra / Estimator
Please Print or Type
Title

EMAIL kyle@schroederasphalt.com

PHONE # (815) 923-4380 FAX # (815) 923-4389 DATE 3/14/16

OFFICE:
11022 S. GRANT HWY
MARENGO, IL 60152

Chicagoland
LABORERS'
District Council Training & Apprenticeship Fund

www.chicagolaborers.org

42-L

29 February 2016

Executive Director

Thomas Nordeen

Labor Trustees

James P. Connolly
Martin Flanagan
Joseph V. Healy
Charles V. LoVerde III
Joe Riley

Management Trustees

Seth Gudeman
Shane Higgins
Joseph Koppers
Robert G. Krug
David Lorig
William Vignocchi

Ms. Grace Foss
Schroeder Asphalt Services, Inc.
P.O. Box 831
Huntley, Illinois 60142-0831

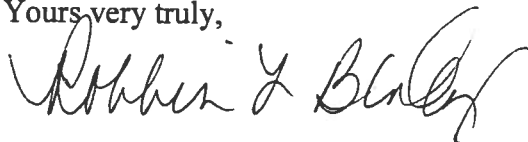
Dear Grace:

Enclosed you will please find a copy of the Department of Labor certification that you requested recently.

You may also use this letter as verification that Schroeder Asphalt Services, Inc. is indeed signatory to the Fox Valley Laborers District Council and contributes to the Laborers Apprenticeship Fund.

Should you require anything further, please do not hesitate to contact me.

Yours very truly,



Robbin L. Blakely
Office Manager

RLB
ENC

Carol Stream Location

1200 Old Gary Avenue
Carol Stream IL 60188
530.653.0006

LiUNA!

Feel the Power

Chicago Location

5700 West Homer Street
Chicago IL 60639
773.413.3315

UNITED STATES DEPARTMENT OF LABOR

Office of Apprenticeship Training, Employer and Labor Services
Bureau of Apprenticeship and Training

Certificate of Registration

Chicago and Laborers' J.A.F.C.
Carol Stream, Illinois

For the Trade - Construction Craft Laborer
Registered as part of the National Apprenticeship Program
in accordance with the basic standards of apprenticeship
established by the Secretary of Labor



L. J. Chao
Secretary of Labor

Anthony Swager
Administrator, Apprenticeship Training, Employer and Labor Services

April 12, 1999
Date
REVISED August 13, 2004

11017990001
Registration No.

INTERNATIONAL UNION OF OPERATING ENGINEERS

LOCAL UNION NO. 150, 150B, 150A, 150C, 150RA, 150D, 150G, 150M

AFFILIATED WITH THE A.F.L.-C.I.O. AND BUILDING TRADES DEPARTMENT

JAMES M. SWEENEY
PRESIDENT-BUSINESS MANAGER(708) 482-8800 · FAX (708) 482-7186
6200 JOLIET ROAD
COUNTRYSIDE, IL 60525-3992

February 29, 2016

Schroeder Asphalt Services, Inc

Re: Proof of Compliance with 30 ILCS 500/30-22 (6)
our File No. MI-00321

Dear Sir or Madam:

At the request of Schroeder Asphalt Services, Inc., I am providing you with evidence of the company's compliance with the apprenticeship requirements in 30 ILCS 500/30-22 (6) of the Illinois Procurement Code. I am submitting this letter along with apprenticeship certificates (Nos. IL012020003, IL008780173).

As a signatory contractor with the International Union of Operating Engineers, Local 150, AFL-CIO, Schroeder Asphalt Services, Inc. is required by Collective Bargaining Agreement to participate in an applicable apprenticeship and training program approved by and registered with the United States Department of Labor's Bureau of Apprenticeship and Training. The attached certificates are evidence of compliance with the U.S. Department of Labor's apprenticeship requirements.

Thank you for your cooperation in this matter. If you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,
IUOE, Local 150, AFL-CIO
District 1 dispatch office
Maribel Hernandez

mh

Enclosures: Certificates

United States Department of Labor

Office of Apprenticeship Training, Employer and Labor Services
Bureau of Apprenticeship and Training

Certificate of Registration

Heavy Equipment Technician Operating Engineers Local #150
Plainfield, Illinois

For the Trade of Repairer (Heavy)

Registered as part of the National Apprenticeship Program
in accordance with the basic standards of apprenticeship
established by the Secretary of Labor

May 5, 2002

Date

11012020003

Registration No.



Loi. Chao
Secretary of Labor

Anthony Swartz
Administrator, Apprenticeship Training, Employer and Labor Services

United States Department of Labor

Office of Apprenticeship Training, Employer and Labor Services
Bureau of Apprenticeship and Training

Certificate of Registration

Operating Engineers Local # 150

Mainfield, Illinois

For the Trade of Operating Engineer

Registered as part of the National Apprenticeship Program
in accordance with the basic standards of apprenticeship
established by the Secretary of Labor



November 5, 2002
Date

IL 008780173
Registration No.

Loi. Chao
Secretary of Labor

Anthony S. ...
Administrator, Apprenticeship Training, Employer and Labor Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/20/2015

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 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 Columbian Agency 1005 Laraway Road New Lenox IL 60451	CONTACT NAME: PHONE (A/C. No., Ext): 815-485-4100 FAX (A/C. No.): 815-485-2936 E-MAIL ADDRESS: ca@columbianagency.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Country Mutual Insurance Co. NAIC # 20990 INSURER B: Commerce & Industry 19410 INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Schroeder Asphalt Services, In Karen Schroeder Po Box 831 Huntley IL 60142	SCHRO-1	

COVERAGES **CERTIFICATE NUMBER: 1886361087** **REVISION NUMBER:**

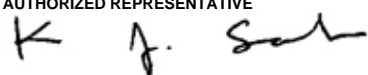
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			AB9180453	5/22/2015	5/22/2016	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			AV9181578	5/22/2015	5/22/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			BE014080563	5/22/2015	5/22/2016	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	AW9180455	5/22/2015	5/22/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

proof of insurance * * * *	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 
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