

RESOLUTION NO. 2018-__

Accepting bids to demolish the existing rock retaining wall and construct a new retaining wall
behind the Lueder Haus Human Services Building

Executive Summary

The Human Services Department solicited bids from vendors to demolish the existing rock retaining wall and construct a new retaining wall behind the Lueder Haus Human Services Building. The Building and Grounds Committee met on September 5, 2018, and the Human Services Board met on September 11, 2018, and recommended forwarding this resolution to the County Board to accept the bid from KSW Construction as the lowest responsible bidder.

WHEREAS, the Executive Summary is incorporated into this resolution, and

WHEREAS, the Jefferson County Human Services Department received bids to demolish the existing rock retaining wall and construct a new retaining wall behind the Lueder Haus Human Services Building, and

WHEREAS, original bids were received with the following results:

Company	Bid Price
KSW Construction	\$121,152
Forest Landscaping	\$197,500
Laue's Landscaping	\$245,000
Highway Landscapers	\$250,025
Poblocki Paving	\$358,877

AND WHEREAS, the Human Services Board and the Building and Grounds Committee have determined that KSW Construction is the lowest responsible bidder for this project.

NOW, THEREFORE, BE IT RESOLVED that the Jefferson County Board of Supervisors hereby accepts the bid from KSW Construction as the lowest responsible bidder to demolish the existing rock retaining wall and construct a new retaining wall behind the Lueder Haus Human Services Building in the amount of \$121,152.

Fiscal Note: Funds for this project have been allocated in 2018 Human Services Department Budget, project number 65210-995210-594820.

Ayes_____ Noes_____ Abstain_____ Absent_____ Vacant_____

Requested by
Building & Grounds Committee/Human Services Board

09-11-18

Brian Bellford & J. Blair Ward: 09-04-18

REVIEWED: Administrator____; Corp. Counsel ____; Finance Director ____

Jefferson County Leuder Haus Retaining Wall

BIDS RECEIVED:

No.	Item	Item Description	TOTAL	Laues Landscaping		Highway Landscapers		KSW		Forest Landscaping		Poblocki	
				Unit Bid Price	Amount Bid	Unit Bid Price	Amount Bid	Unit Bid Price	Amount Bid	Unit Bid Price	Amount Bid	Unit Bid Price	Amount Bid
1	Base Bid		NA		\$ 245,000.00		\$ 250,025.00		\$ 121,152.00		\$ 197,500.00		\$ 358,877.00
2	Alternate 1:	CONCRETE SEALER FOR WALL	ADD/DEDUCT	\$ -	\$ 1,800.00	\$ -	\$ 12,080.00	\$ -	\$ 3,300.00	\$ -	\$ 950.00	\$ -	\$ 4,608.00
	Alternate 2:	GRAFFITI-RESISTANT COATING	ADD/DEDUCT	\$ -	\$ 8,300.00	\$ -	\$ 16,915.00	\$ -	\$ 3,300.00	\$ -	\$ 1,600.00	\$ -	\$ 5,076.00
3	Unit Price A:	EXCAVATION	PER C.Y.	\$ 15.00	\$ -	\$ 10.00	\$ -	\$ 5.50	\$ -	\$ 20.00	\$ -	\$ 24.00	\$ -
4	Unit Price B:	FILL	PER C.Y.	\$ 25.00	\$ -	\$ 40.00	\$ -	\$ 19.80	\$ -	\$ 20.00	\$ -	\$ 40.00	\$ -
5	Unit Price C:	ASPHALT PAVEMENT PATCHING	PER S.Y.	\$ 75.00	\$ -	\$ 36.00	\$ -	\$ 30.10	\$ -	\$ 50.00	\$ -	\$ 58.00	\$ -
6	ALLOWANCES	SOIL / COMPACTION TESTING	EACH LIFT	\$ -	\$ 3,000.00	\$ -	\$ 31,485.00	\$ -	\$ 2670 is figured in Total Amount	\$ -	\$ -	\$ -	\$ -

SECTION 00 4100

BID FORM

THE PROJECT AND THE PARTIES

1.01 TO:

A. Jefferson Co. (Owner)

1541 Annex Road (Address)
Jefferson, WI 53549

B. StrucRite, Inc. (Engineer)
805 Clinton Street (Address)
Waluksha, WI 53188

1.02 FOR:

A. Jefferson County Lueder Haus Retaining Wall Demolition & Replacement.

1.03 DATE: 9/4/18 (Bidder to enter date)

1.04 SUBMITTED BY: (Bidder to enter name and address)

A. Bidder's Full Name: KSW Construction Corporation

1. Address 807 Liberty Drive, Suite # 106

2. City, State, Zip Verona, WI 53593

1.05 OFFER

A. Having examined the Place of The Work and all matters referred to in the Contract Documents prepared by StrucRite, Inc., for the above mentioned project, we, the undersigned, hereby offer to enter into a Contract to perform the Work listed in the Bid Documents listed in this bid form of:

B. One Hundred twenty one thousand one
hundred fifty two. dollars
(\$121,152), in lawful money of the United States of America.

C. All applicable federal taxes are included and State of Wisconsin taxes are included in the Bid Sum.

D. All Cash and Contingency Allowances described in Section 01 2100 are included in the Bid Sum.

1.06 ACCEPTANCE

A. This offer shall be open to acceptance and is irrevocable for thirty days from the bid closing date.

B. If this bid is accepted by Owner within the time period stated above, we will:

1. Execute the Agreement within seven days of receipt of Notice of Award.
2. Furnish the required bonds within seven days of receipt of Notice of Award.
3. Commence work within seven days after written Notice to Proceed of this bid.

- C. If this bid is accepted within the time stated, and we fail to commence the Work or we fail to provide the required Bond(s), the security deposit shall be forfeited as damages to Owner by reason of our failure, limited in amount to the lesser of the face value of the security deposit or the difference between this bid and the bid upon which a Contract is signed.
- D. In the event our bid is not accepted within the time stated above, the required security deposit shall be returned to the undersigned, in accordance with the provisions of the Instructions to Bidders, unless a mutually satisfactory arrangement is made for its retention and validity for an extended period of time.

1.07 CONTRACT TIME

- A. If this Bid is accepted, we will:
- B. Complete the Work in 5 calendar weeks from Notice to Proceed.

1.08 CHANGES TO THE WORK

- A. When Engineer establishes that the method of valuation for Changes in the Work will be net cost plus a percentage fee in accordance with General Conditions, our percentage fee will be:
- 5 percent overhead and profit on the net cost of our own Work;
 - 5 percent on the cost of work done by any Subcontractor.
- B. On work deleted from the Contract, our credit to Owner shall be Engineer -approved net cost plus 0 of the overhead and profit percentage noted above.

1.09 ADDENDA

- A. The following Addenda have been received. The modifications to the Bid Documents noted below have been considered and all costs are included in the Bid Sum.
- Addendum # 1 Dated 8/29/2018
 - Addendum # _____ Dated _____

1.10 BID FORM SUPPLEMENTS

- A. The following information is included with Bid submission:
- Unit Prices: _____
 - Alternatives: _____
- B. The following Supplements are attached to this Bid Form and are considered an integral part of this Bid Form:
- Document 00 4322 - Unit Prices: Include a listing of unit prices specifically requested by the Contract Documents.
 - Document 00 4323 - Alternatives: Include the cost variations to the Bid Sum applicable to the Work.
- C. We agree to submit the following Supplements to Bid Forms within 24 hours after submission of this bid for additional bid information:
- Document 00 4328 - Items Eligible for Tax Rebate.
 - Document 00 4336 - Subcontractors: Include the names of all Subcontractors and the portions of the Work they will perform.
 - Document 00 4373 - Proposed Schedule of Values identifies the Bid Price/Sum segmented into portions as requested.
- D. Contractor shall submit Certificate of Insurance with Bid.

1.11 BID FORM SIGNATURE(S)

- A. The Corporate Seal of
- B. KSW Construction Corporation
- C. (Bidder - print the full name of your firm)
- D. was hereunto affixed in the presence of:
- E. [Signature], President
- F. (Authorized signing officer, Title)
- G. (Seal)
- H. _____
- I. (Authorized signing officer, Title)

1.12 If the Bid is a joint venture or partnership, add additional forms of execution for each member of the joint venture in the appropriate form or forms as above.

END OF BID FORM

DOCUMENT 00 4322

UNIT PRICE FORM

UNIT PRICE A: EXCAVATION \$5.50 Per C.Y.

UNIT PRICE B: FILL \$19.80 Per C.Y.

UNIT PRICE C: ASPHALT PAVEMENT PATCHING \$30.10 Per S.Y.

DOCUMENT 00 4323

ALTERNATES FORM

ALTERNATE 1: CONCRETE SEALER FOR WALL, ADD \$ 3,300.00

ALTERNATE 2: GRAFFIT-RESISTANT COATING, ADD \$ 3,300.00



KSWCONS-01

SSTOIKES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/24/2018

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
TRICOR, Inc. - Beloit
2031 Riverside Drive
Beloit, WI 53511

CONTACT
NAME:
PHONE
(A/C, No, Ext): (608) 365-5551
E-MAIL
ADDRESS:

FAX
(A/C, No): (608) 723-6440

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : United Fire & Casualty Co

13021

INSURED

KSW Construction Corporation
807 Liberty Dr Suite 106
Verona, WI 53593

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			60460538	04/11/2018	04/11/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			60460538	04/11/2018	04/11/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			60460538	04/11/2018	04/11/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> 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	60460538	04/11/2018	04/11/2019	PER STATUTE <input checked="" 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
A	Equip Floater			60460538	04/11/2018	04/11/2019	Rented Equipment 100,000
A	Installation / Build			60460538	04/11/2018	04/11/2019	Per Location 2,000,000

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

CERTIFICATE HOLDER

KSW Construction Corporation
807 Liberty Dr Suite 106
Verona, WI 53593

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

Keith Kruse

SECTION 00 4100

BID FORM

THE PROJECT AND THE PARTIES

1.01 TO:

- A. Jefferson County
5411 Annex Rd (Address)
Jefferson WI 53549
- B. Stru-Rite, Inc. (Engineer)
805 Clinton St. (Address)
Waukesha WI 53188

1.02 FOR:

- A. Jefferson County Lueder Haus Retaining Wall Demolition & Replacement.

1.03 DATE: 9/4/18 (Bidder to enter date)

1.04 SUBMITTED BY: (Bidder to enter name and address)

- A. Bidder's Full Name Forest Landscaping & Const. Inc.
1. Address W 8583 Finch Bro Rd
2. City, State, Zip Lake Mills, WI 53551

1.05 OFFER

- A. Having examined the Place of The Work and all matters referred to in the Contract Documents prepared by StrucRite, Inc., for the above mentioned project, we, the undersigned, hereby offer to enter into a Contract to perform the Work listed in the Bid Documents listed in this bid form of:
- B. one hundred ninety seven Thousand
(\$ 197,500.00), in lawful money of the United States of America.
- C. All applicable federal taxes are included and State of Wisconsin taxes are included in the Bid Sum.
- D. All Cash and Contingency Allowances described in Section 01 2100 are included in the Bid Sum.

1.06 ACCEPTANCE

- A. This offer shall be open to acceptance and is irrevocable for thirty days from the bid closing date.
- B. If this bid is accepted by Owner within the time period stated above, we will:
1. Execute the Agreement within seven days of receipt of Notice of Award.
 2. Furnish the required bonds within seven days of receipt of Notice of Award.
 3. Commence work within seven days after written Notice to Proceed of this bid.

- C. If this bid is accepted within the time stated, and we fail to commence the Work or we fail to provide the required Bond(s), the security deposit shall be forfeited as damages to Owner by reason of our failure, limited in amount to the lesser of the face value of the security deposit or the difference between this bid and the bid upon which a Contract is signed.
- D. In the event our bid is not accepted within the time stated above, the required security deposit shall be returned to the undersigned, in accordance with the provisions of the Instructions to Bidders; unless a mutually satisfactory arrangement is made for its retention and validity for an extended period of time.

1.07 CONTRACT TIME

- A. If this Bid is accepted, we will:
- B. Complete the Work in 11 calendar weeks from Notice to Proceed.

1.08 CHANGES TO THE WORK

- A. When Engineer establishes that the method of valuation for Changes in the Work will be net cost plus a percentage fee in accordance with General Conditions, our percentage fee will be:
1. 15 percent overhead and profit on the net cost of our own Work;
 2. 10 percent on the cost of work done by any Subcontractor.
- B. On work deleted from the Contract, our credit to Owner shall be Engineer -approved net cost plus 10 of the overhead and profit percentage noted above.

1.09 ADDENDA

- A. The following Addenda have been received. The modifications to the Bid Documents noted below have been considered and all costs are included in the Bid Sum.
1. Addendum # 1 Dated 8/29/18.
 2. Addendum # _____ Dated _____.

1.10 BID FORM SUPPLEMENTS

- A. The following information is included with Bid submission: See Attached Pgs Per Addendum
1. Unit Prices: _____
 2. Alternatives: _____
- B. The following Supplements are attached to this Bid Form and are considered an integral part of this Bid Form:
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 2. Document 00 4336 - Subcontractors: Include the names of all Subcontractors and the portions of the Work they will perform.
 3. Document 00 4373 - Proposed Schedule of Values identifies the Bid Price/Sum segmented into portions as requested.
- D. Contractor shall submit Certificate of Insurance with Bid.

1.11 BID FORM SIGNATURE(S)

A. The Corporate Seal of

B. Forest Landscaping + Const. Inc.

C. (Bidder - print the full name of your firm)

D. was hereunto affixed in the presence of:

E. [Signature] - President

F. (Authorized signing officer, Title)

G. (Seal)

H. Sofaric Strasburg - Secretary

I. (Authorized signing officer, Title)

1.12 If the Bid is a joint venture or partnership, add additional forms of execution for each member of the joint venture in the appropriate form or forms as above.

END OF BID FORM

Sofaric Strasburg
State of Wisconsin
1/25/19

DOCUMENT 00 4322

UNIT PRICE FORM

UNIT PRICE A: EXCAVATION \$ 20.00 Per C.Y.

UNIT PRICE B: FILL \$ 20.00 Per C.Y.

UNIT PRICE C: ASPHALT PAVEMENT PATCHING \$ 50.00 Per S.Y.

DOCUMENT 00 4323

ALTERNATES FORM

ALTERNATE 1: CONCRETE SEALER FOR WALL, ADD \$ 950.00

ALTERNATE 2: GRAFFIT-RESISTANT COATING, ADD \$ 1600.00



FORES-2

OP ID: WANI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/04/2018

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.

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PRODUCER Harms Insurance Group 804 Liberty Blvd Ste 203 Sun Prairie, WI 53590 Jeff Lederman		608-837-2484		CONTACT Jeff Lederman NAME: PHONE (A/C, No, Ext): 608-837-2484 FAX (A/C, No): 608-837-4853 E-MAIL ADDRESS: jeff@harmsinsurancegroup.com	
INSURED Forest Landscaping & Construction Inc. W8583 Finch Brothers Rd Lake Mills, WI 53551		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: United Fire Group		13021	
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			60420053	09/27/2017	09/27/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Blanket Al <input checked="" type="checkbox"/> Bikt WOS			60420053	09/27/2017	09/27/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			60420053	09/27/2017	09/27/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	60420053	09/27/2017	09/27/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Builds Risk			60420053	09/27/2017	09/27/2018	All Risk 75,000/site
A	Leased Equipment			60420053	09/27/2017	09/27/2018	Bikt Equi 2,112,489

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: Lueder House Retaining Wall

CERTIFICATE HOLDER

CANCELLATION

JEFFCO1

Jefferson County Human Services
Jefferson, WI

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

Nicole Waerzeggers

Laue's Landscapes & Design Solutions, Inc.

W368S2767 Mill Pond Rd.
Dousman, WI 53118
Yard Sales: 159 Hwy 67
Dousman, WI 53118



Phone: 262-965-3303
Fax: 262-965-3323
robert@laues.com
www.laues.com

Proposal

Date	Proposal #
9/4/2018	470, Rev. 1

Jefferson County Human Services
1541 Annex Road
Jefferson, WI 53549

Project

Lueder Haus Retaining Wall

Description

Total

Base Bid per drawings C1.0, C1.1 & C1.2, Bid Package No. 1 "Construction Documents", dated August 10, 2018 and Addendum No. 1, dated August 29, 2018.

245,000.00

\$3000.00 - ALLOWANCE for testing to verify compaction of fill for 4 lifts of each section of wall that is installed from the bottom to the top.

UNIT PRICES:

Unit Price A: Excavation - \$15.00/CY

Unit Price B: Fill - \$25.00/CY

Unit Price C: Asphalt Pavement Patching - \$75.00/SY (Minimum Charge of \$2000.00 & Excludes Base Repair and/or undercutting of sub base)

SCHEDULE OF ALTERNATES

Alternate #1: Concrete Sealer for Wall, ADD \$1,800.00

Alternate #2: Graffiti-Resistant Coating, ADD \$8,300.00

This estimate will be subject to review if accepted later than thirty (30) days after submission. Laue's Landscapes & Design Solutions, Inc. reserves the right as per Wisconsin Construction Lien Law to file lien rights on owners land & buildings if not paid in full upon completion of work. All material is guaranteed to be as specified. All work to be completed in a substantial workmanlike manner according to specifications submitted, per standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Worker's Compensation Insurance. Laue's Landscapes & Design Solutions, Inc. is not responsible for damage done to irrigation pipes that are not buried deeper than four inches.

Laue's Landscapes & Design Solutions, Inc. is not responsible for watering and/or care of plantings after installation.

A service charge of two percent per month will be applied to all past due balances. The warranty is void if the bill is not paid in full according to agreed upon terms. This proposal if not accepted may be withdrawn in 30 days. Acceptance of Proposal: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as agreed upon. I state that I am the property owner or owner's representative and have the authority to make decisions concerning this property. I have read and understand this contract.

Upon acceptance of this proposal, a 25% down payment will be required to schedule job. After commencement of work a draw based on percentage of work completed will be required each week until satisfactory completion of work when the entire balance will be due.

Signature: _____

Credit Card Payments receive an additional 5% charge

Total

\$245,000.00

SECTION 00 4100

BID FORM

THE PROJECT AND THE PARTIES

1.01 TO: Jefferson County
 A. _____ (Owner)

1541 Annex Road (Address)
Jefferson, WI 53549

B. Struc Rite Design, Inc. (Engineer)
805 Clinton St. (Address)
Waukesha, WI 53186

1.02 FOR:

A. Jefferson County Lueder Haus Retaining Wall Demolition & Replacement.

1.03 DATE: 9/4/18 (Bidder to enter date)

1.04 SUBMITTED BY: (Bidder to enter name and address)

A. Bidder's Full Name
Laue's Landscapes & Design Solutions, Inc.

1. Address
W 368 S 2767 Mill Pond Rd.

2. City, State, Zip
Dousman, WI 53118

1.05 OFFER

A. Having examined the Place of The Work and all matters referred to in the Contract Documents prepared by StrucRite, Inc., for the above mentioned project, we, the undersigned, hereby offer to enter into a Contract to perform the Work listed in the Bid Documents listed in this bid form of:

B. Two hundred and forty-five thousand
(\$ 245,000.00), in lawful money of the United States of America.

C. All applicable federal taxes are included and State of Wisconsin taxes are included in the Bid Sum.

D. All Cash and Contingency Allowances described in Section 01 2100 are included in the Bid Sum.

1.06 ACCEPTANCE

A. This offer shall be open to acceptance and is irrevocable for thirty days from the bid closing date.

B. If this bid is accepted by Owner within the time period stated above, we will:

1. Execute the Agreement within seven days of receipt of Notice of Award.
2. Furnish the required bonds within seven days of receipt of Notice of Award.
3. Commence work within seven days after written Notice to Proceed of this bid.

- C. If this bid is accepted within the time stated, and we fail to commence the Work or we fail to provide the required Bond(s), the security deposit shall be forfeited as damages to Owner by reason of our failure, limited in amount to the lesser of the face value of the security deposit or the difference between this bid and the bid upon which a Contract is signed.
- D. In the event our bid is not accepted within the time stated above, the required security deposit shall be returned to the undersigned, in accordance with the provisions of the Instructions to Bidders; unless a mutually satisfactory arrangement is made for its retention and validity for an extended period of time.

1.07 CONTRACT TIME

- A. If this Bid is accepted, we will:
- B. Complete the Work in 9 calendar weeks from Notice to Proceed.

1.08 CHANGES TO THE WORK

- A. When Engineer establishes that the method of valuation for Changes in the Work will be net cost plus a percentage fee in accordance with General Conditions, our percentage fee will be:
1. 25 percent overhead and profit on the net cost of our own Work;
 2. 25 percent on the cost of work done by any Subcontractor.
- B. On work deleted from the Contract, our credit to Owner shall be Engineer -approved net cost plus 15% of the overhead and profit percentage noted above.

1.09 ADDENDA

- A. The following Addenda have been received. The modifications to the Bid Documents noted below have been considered and all costs are included in the Bid Sum.
1. Addendum # 1 Dated Aug 29, 2018
 2. Addendum # n/a Dated _____

1.10 BID FORM SUPPLEMENTS

- A. The following information is included with Bid submission:
1. Unit Prices: Excavation, Fill, Asphalt Pavement Patching
 2. Alternatives: #1, #2, _____
- B. The following Supplements are attached to this Bid Form and are considered an integral part of this Bid Form:
1. Document 00 4322 - Unit Prices: Include a listing of unit prices specifically requested by the Contract Documents.
 2. Document 00 4323 - Alternatives: Include the cost variations to the Bid Sum applicable to the Work.
- C. We agree to submit the following Supplements to Bid Forms within 24 hours after submission of this bid for additional bid information:
1. Document 00 4328 - Items Eligible for Tax Rebate.
 2. Document 00 4336 - Subcontractors: Include the names of all Subcontractors and the portions of the Work they will perform.
 3. Document 00 4373 - Proposed Schedule of Values identifies the Bid Price/Sum segmented into portions as requested.
- D. Contractor shall submit Certificate of Insurance with Bid.

1.11 BID FORM SIGNATURE(S)

- A. The Corporate Seal of
B. Laue's Landscapes + Design Solutions, Inc.
C. (Bidder - print the full name of your firm)
D. was hereunto affixed in the presence of:
E. Sheryl J. Hall NOTARY
F. (Authorized signing officer, Title)
G. (Seal)
H. Sandra Mueller Office Manager
I. (Authorized signing officer, Title)



1.12 If the Bid is a joint venture or partnership, add additional forms of execution for each member of the joint venture in the appropriate form or forms as above.

END OF BID FORM



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/28/2018

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

Couri Insurance Agency, Inc.
379 West Main Street

Waukesha

CONTACT NAME: Sue Schedler

PHONE (A/C, No. Ext): (262) 548-8077

FAX (A/C, No): (262) 542-6993

E-MAIL ADDRESS: sschedler@couri.com

INSURER(S) AFFORDING COVERAGE

INSURER A: SECURA

NAIC #

22543

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

WI 53186

Laues Landscape & Design Solutions Inc.
PO Box 306
S47 W30760 Hwy 59
Dousman

WI 53118

COVERAGES

CERTIFICATE NUMBER: MASTER

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TC 3104786	08/01/2018	08/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOPAGG \$ 2,000,000 Emp Practices Liability \$ 100,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE AUTOS ONLY			A3104787	08/01/2018	08/01/2019	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU 3104789	08/01/2018	08/01/2019	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC3130781	08/01/2018	08/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Project: Lueder Haus Retaining Wall Bid
1473 Annex Road, Jefferson, WI 53549

CERTIFICATE HOLDER

Jefferson County
5141 Annex Road

Jefferson

WI 53549

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

SECTION 00 4100

BID FORM

THE PROJECT AND THE PARTIES

1.01 TO:

- A. Jefferson County (Owner)
5141 Annex Road (Address)
Jefferson, WI 53549
- B. StrucRite, Inc. (Engineer)
805 Clinton Street (Address)
Waukesha, WI 53188

1.02 FOR:

- A. Jefferson County Lueder Haus Retaining Wall Demolition & Replacement.

1.03 DATE: 8-29-2018 (Bidder to enter date)

1.04 SUBMITTED BY: (Bidder to enter name and address)

- A. Bidder's Full Name Highway Landscapers, Inc.
1. Address 1900 Bohm Drive
2. City, State, Zip Little Chute, WI 54140

1.05 OFFER

- A. Having examined the Place of The Work and all matters referred to in the Contract Documents prepared by StrucRite, Inc., for the above mentioned project, we, the undersigned, hereby offer to enter into a Contract to perform the Work listed in the Bid Documents listed in this bid form of:
- B. Two Hundred Fifty Thousand Twenty Five
and 00/100 dollars
(\$ 250,025.00), in lawful money of the United States of America.
- C. All applicable federal taxes are included and State of Wisconsin taxes are included in the Bid Sum.
- D. All Cash and Contingency Allowances described in Section 01 2100 are included in the Bid Sum.

1.06 ACCEPTANCE

- A. This offer shall be open to acceptance and is irrevocable for thirty days from the bid closing date.
- B. If this bid is accepted by Owner within the time period stated above, we will:
1. Execute the Agreement within seven days of receipt of Notice of Award.
 2. Furnish the required bonds within seven days of receipt of Notice of Award.
 3. Commence work within seven days after written Notice to Proceed of this bid.

- C. If this bid is accepted within the time stated, and we fail to commence the Work or we fail to provide the required Bond(s), the security deposit shall be forfeited as damages to Owner by reason of our failure, limited in amount to the lesser of the face value of the security deposit or the difference between this bid and the bid upon which a Contract is signed.
- D. In the event our bid is not accepted within the time stated above, the required security deposit shall be returned to the undersigned, in accordance with the provisions of the Instructions to Bidders; unless a mutually satisfactory arrangement is made for its retention and validity for an extended period of time.

1.07 CONTRACT TIME

- A. If this Bid is accepted, we will:
- B. Complete the Work in 50 calendar weeks from Notice to Proceed.

1.08 CHANGES TO THE WORK

- A. When Engineer establishes that the method of valuation for Changes in the Work will be net cost plus a percentage fee in accordance with General Conditions, our percentage fee will be:
1. 35% percent overhead and profit on the net cost of our own Work;
 2. 10% percent on the cost of work done by any Subcontractor.
- B. On work deleted from the Contract, our credit to Owner shall be Engineer -approved net cost plus 35% of the overhead and profit percentage noted above.

1.09 ADDENDA

- A. The following Addenda have been received. The modifications to the Bid Documents noted below have been considered and all costs are included in the Bid Sum.
1. Addendum # 1 Dated August 29, 2018
 2. Addendum # _____ Dated _____

1.10 BID FORM SUPPLEMENTS

- A. The following information is included with Bid submission:
1. Unit Prices: _____, _____, _____, _____
 2. Alternatives: _____, _____, _____
- B. The following Supplements are attached to this Bid Form and are considered an integral part of this Bid Form:
1. Document 00 4322 - Unit Prices: Include a listing of unit prices specifically requested by the Contract Documents.
 2. Document 00 4323 - Alternatives: Include the cost variations to the Bid Sum applicable to the Work.
- C. We agree to submit the following Supplements to Bid Forms within 24 hours after submission of this bid for additional bid information:
1. Document 00 4328 - Items Eligible for Tax Rebate.
 2. Document 00 4336 - Subcontractors: Include the names of all Subcontractors and the portions of the Work they will perform.
 3. Document 00 4373 - Proposed Schedule of Values identifies the Bid Price/Sum segmented into portions as requested.
- D. Contractor shall submit Certificate of Insurance with Bid.

1.11 BID FORM SIGNATURE(S)

A. The Corporate Seal of

B. Highway Landscapers, Inc.

C. (Bidder - print the full name of your firm)

D. was hereunto affixed in the presence of:

E. Scott Shunko, President

F. (Authorized signing officer, Title)

G. (Seal)

H. _____

I. (Authorized signing officer, Title)

1.12 If the Bid is a joint venture or partnership, add additional forms of execution for each member of the joint venture in the appropriate form or forms as above.

END OF BID FORM

DOCUMENT 00 4322

UNIT PRICE FORM

UNIT PRICE A: EXCAVATION \$ 10.00 Per C.Y.

UNIT PRICE B: FILL \$ 40.00 Per C.Y.

UNIT PRICE C: ASPHALT PAVEMENT PATCHING \$ 36.00 Sy Per S.Y.

Allowance for Compaction testing of wall back fill \$ 31,485.00

DOCUMENT 00 4323

ALTERNATES FORM

ALTERNATE 1: CONCRETE SEALER FOR WALL, ADD \$ 12,080.⁰⁰

ALTERNATE 2: GRAFFIT-RESISTANT COATING, ADD \$ 16,915.⁰⁰



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/4/2018

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
M3 Insurance Solutions, Inc.
480 Pilgrim Way, Suite 1230
Green Bay WI 54304

CONTACT
NAME: Tiffanie CourtneyPHONE
(A/C, No, Ext): 920-455-7102FAX
(A/C, No):E-MAIL
ADDRESS: tiffanie.courtney@m3ins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Western National Mutual Insurance Company

15377

INSURER B: Travelers Property & Casualty

25674

INSURER C: Starr Indemnity and Liability

INSURER D:

INSURER E:

INSURER F:

INSURED HIGHLAN-01

Highway Landscapers Inc.
1900 Bohm Drive
Little Chute WI 54140

COVERAGES

CERTIFICATE NUMBER: 400371747

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	<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"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER			CPP 1122853	3/1/2018	3/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CPP 1122543	3/1/2018	3/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<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 \$ 10,000			UMB 1020098	3/1/2018	3/1/2019	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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCV 1015882	3/1/2018	3/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B C	Excess Leased/Rented Eq			ZUP41M73744 ITC100070342718	3/1/2018 3/1/2018	3/1/2019 3/1/2019	Excess Liability Leased/Rented Eq 5,000,000 250,000

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

CERTIFICATE HOLDER

CANCELLATION

SAMPLE

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

Tiffanie Courtney

SECTION 00 4100

BID FORM

THE PROJECT AND THE PARTIES

1.01 TO:

A. Jefferson County (Owner)
1541 Annex Road (Address)
Jefferson, WI 53549

B. StrucRite, Inc. (Engineer)
805 Clinton Street (Address)
Waukesha, WI 53188

1.02 FOR:

A. Jefferson County Lueder Haus Retaining Wall Demolition & Replacement.

1.03 DATE: Sept. 4, 2018 (Bidder to enter date)

1.04 SUBMITTED BY: (Bidder to enter name and address)

A. Bidder's Full Name
Poblocki Paving Corporation

1. Address
525 S. 116th Street

2. City, State, Zip
West Allis, WI 53214

1.05 OFFER

A. Having examined the Place of The Work and all matters referred to in the Contract Documents prepared by StrucRite, Inc., for the above mentioned project, we, the undersigned, hereby offer to enter into a Contract to perform the Work listed in the Bid Documents listed in this bid form of:

B. Three Hundred Fifty Eight Thousand Eight Hundred
Seventy Seven
(\$ 358,877.00), in lawful money of the United States of America. dollars

C. All applicable federal taxes are included and State of Wisconsin taxes are included in the Bid Sum.

D. All Cash and Contingency Allowances described in Section 01 2100 are included in the Bid Sum.

1.06 ACCEPTANCE

A. This offer shall be open to acceptance and is irrevocable for thirty days from the bid closing date.

B. If this bid is accepted by Owner within the time period stated above, we will:
1. Execute the Agreement within seven days of receipt of Notice of Award.
2. Furnish the required bonds within seven days of receipt of Notice of Award.
3. Commence work within seven days after written Notice to Proceed of this bid.

- C. If this bid is accepted within the time stated, and we fail to commence the Work or we fail to provide the required Bond(s), the security deposit shall be forfeited as damages to Owner by reason of our failure, limited in amount to the lesser of the face value of the security deposit or the difference between this bid and the bid upon which a Contract is signed.
- D. In the event our bid is not accepted within the time stated above, the required security deposit shall be returned to the undersigned, in accordance with the provisions of the Instructions to Bidders; unless a mutually satisfactory arrangement is made for its retention and validity for an extended period of time.

1.07 CONTRACT TIME

- A. If this Bid is accepted, we will:
- B. Complete the Work in 8 calendar weeks from Notice to Proceed.

1.08 CHANGES TO THE WORK

- A. When Engineer establishes that the method of valuation for Changes in the Work will be net cost plus a percentage fee in accordance with General Conditions, our percentage fee will be:
1. 20 percent overhead and profit on the net cost of our own Work;
 2. 20 percent on the cost of work done by any Subcontractor.
- B. On work deleted from the Contract, our credit to Owner shall be Engineer -approved net cost plus 100% of the overhead and profit percentage noted above.


1.09 ADDENDA

- A. The following Addenda have been received. The modifications to the Bid Documents noted below have been considered and all costs are included in the Bid Sum.
1. Addendum # 1 Dated 8/29/18
 2. Addendum # Dated

1.10 BID FORM SUPPLEMENTS

- A. The following information is included with Bid submission:
1. Unit Prices: \$24.00, \$40.00, \$58.00,
 2. Alternatives: \$4,608.00, \$5,076.00,
- B. The following Supplements are attached to this Bid Form and are considered an integral part of this Bid Form:
1. Document 00 4322 - Unit Prices: Include a listing of unit prices specifically requested by the Contract Documents.
 2. Document 00 4323 - Alternatives: Include the cost variations to the Bid Sum applicable to the Work.
- C. We agree to submit the following Supplements to Bid Forms within 24 hours after submission of this bid for additional bid information:
1. Document 00 4328 - Items Eligible for Tax Rebate.
 2. Document 00 4336 - Subcontractors: Include the names of all Subcontractors and the portions of the Work they will perform.
 3. Document 00 4373 - Proposed Schedule of Values identifies the Bid Price/Sum segmented into portions as requested.
- D. Contractor shall submit Certificate of Insurance with Bid.

1.11 BID FORM SIGNATURE(S)

- A. The Corporate Seal of
- B. Poblocki Paving Corporation
- C. (Bidder - print the full name of your firm)
- D. was hereunto affixed in the presence of:
- E.  President
- F. Greg M. Kastenholz
(Authorized signing officer, Title)
- G. (Seal)
- H. _____
- I. (Authorized signing officer, Title)

1.12 If the Bid is a joint venture or partnership, add additional forms of execution for each member of the joint venture in the appropriate form or forms as above.

END OF BID FORM

DOCUMENT 00 4322

UNIT PRICE FORM

UNIT PRICE A: EXCAVATION \$24.00 Per C.Y.

UNIT PRICE B: FILL \$40.00 Per C.Y.

UNIT PRICE C: ASPHALT PAVEMENT PATCHING \$58.00 Per S.Y.

DOCUMENT 00 4323

ALTERNATES FORM

ALTERNATE 1: CONCRETE SEALER FOR WALL, ADD \$ 4,608.00

ALTERNATE 2: GRAFFIT-RESISTANT COATING, ADD \$ 5,076.00

Poblocki Paving Corporation - Retaining Wall Construction Experience

Milwaukee County	Oak Leaf Trail Reconstruction	2018
Chris Jain (414) 278-4877	including retaining wall	
633 W. Wisconsin Avenue, Suite 1000	construction	
Milwaukee, WI 53203		
Econo Lodge	Construction of front	2015 and 2016
Dan Patel (608) 241-4171	& side retaining walls	
4726 E. Washington Avenue		
Madison WI 53704		
Golden Oil, LLC	Retaining wall construction	2016
Ted Gement (262) 409-5565	Cross Roads BP Station	
1840 Beloit Avenue	4711 County Road TT	
Janesville, WI 53546	Sun Prairie WI	
MSI General	Wauwatosa Ave. United Methodist Church	2014
John Kutz (262) 563-5379	1529 N. Wauwatosa Avenue	
Post Office Box 7	Wauwatosa, WI	
Oconomowoc, WI 53066		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/4/2018

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
HNI Risk Services of Wisconsin
PO Box 510187
New Berlin WI 53151

CONTACT
NAME:
PHONE
(A/C, No, Ext): 262-782-3940 FAX
(A/C, No): 262-782-4198
E-MAIL
ADDRESS: certs@hni.com

INSURED
Poblocki Paving Corporation
Poblocki Trucking, Inc.
525 South 116th Street
West Allis WI 53214

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Amerisure Mutual Ins. Company	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	CPP 2083001	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EMPLOYEE BENEFITS \$ COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA 2083002	07/01/2018	07/01/2019	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	UMBRELLA LIAB EXCESS LIAB <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU 2083004	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC 2083003	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Property			CPP 2083001	07/01/2018	07/01/2019	Blanket Limits
A	Installation Floater			CPP 2083001	07/01/2018	07/01/2019	Limits 100,000

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

The Certificate Holder is included as Additional Insured on General Liability with respect to liability resulting from work performed by the Named Insured on a primary and non-contributory basis.

CERTIFICATE HOLDER

Sample Certificate

123 Busy Road

Wauwatosa

WI 53214

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



Proposal

Madison WI Common Branch
2400 KILGUST RD
MONONA, WI 53713-4842
Phone: 608 226 5100
Fax: 866-862-0458

TO: Jefferson County Courthouse
311 South Center Street
Jefferson , WI 53549
Jefferson County Courthouse

Date: September 5, 2018
Project: Jefferson County Courthouse

We propose to furnish the materials and/or perform the work described below for the net price of:
\$20,421.82

TWENTY THOUSAND, FOUR HUNDRED TWENTY-ONE AND 82/100 DOLLARS

For the above price this proposal includes:

New Phase:

- Currently the air handling unit at the Jefferson County Courthouse located across the hall from the maintenance office needs a new heating coil installed. The current coil had been patched many times with radiator hose and is leaking in lots of spots.

-

- Scope of Johnson Controls Work:
 - Remove hot water piping and refrigerant piping as necessary from area around the unit.
 - Remove panel from air handling unit.
 - Remove old coil from air Handling Unit.
 - Set new coil in air handling unit
 - Reconnect all piping that was temporarily removed
 - Insulate new piping.
 - Re-install panel.
 - Confirm Operation.

- Price assumes that we can isolate refrigerant in the condensing unit. If this is not possible, there will be an extra for evacuation and recharge work

The alternate scopes and commercial pricing listed below are not included in the above base proposal, but may be added upon written receipt and confirmation from our customer:

N/A

This proposal DOES NOT include:

Asbestos Abatement

Permits

Engineering

Electrical Service Upgrade

Refrigerant

Code Compliance issues caused by this work.

Anything outside of this scope of work.

Premium Time work.

This proposal and alternates listed below are hereby accepted and Johnson Controls is authorized to proceed with work; subject, however to credit approval by Johnson Controls, Inc., Milwaukee, Wisconsin.

This proposal is valid until: Nov.30, 2018

Jefferson County Courthouse

Johnson Controls, Inc.

Name: _____
Title: _____
Date: _____
PO: _____

Name: _____
Title: _____
Date: _____
