Bid for Rock/RipRap

Upshur County is requesting bids for Crushed Gravel as described in the foregoing specifications. Without change in the unit price, it is expressly understood that the total quantity indicated on this bid form is only an estimate.

Having read and understood the attached instructions, specifications, terms and conditions, we submit the following bid:

Ro	ck/F	lipRap
Base	Rid	RB06-18

Quantity	<u>Description of</u> <u>Item</u>	Unit of Measure	Price Per Unit	Total of Items
30,000 (Rock)	F.O.B.	TONS	\$ <u>35.75</u>	s <u>1,072,5</u> 00.30
	DEL.	TONS	s_42.75	s <u>1,282,500.**</u>
30,000 (RipRap)	F.O.B	TONS	\$ 41.75	\$ <u>1,252,50</u> 0.°°
	DEL	TONS	s 48.75	s 1,462,500.00

Guaranteed delivery to the Upshur County Job-Site as requested by the Road & Bridge Department, no later than _____days after receiving order.



Lon	griew Asphalt Inc	75-1667637
Firm S	Submitting Bid	Federal ID Number
Addre	. Box.3ccl	
	Tx 75606	•
City,	State, Zip	
	ie Updike. General Manager.	eupdike @ longview asphalt. com
	and Title of Individual Submitting Bid	E-Mail Address
	1.758-006S	303-328 · CAAO
relep	honeNumber	Fax Number
Signa	ture of Authorized Representative	
Refe	rences:	
1.	Name: Harrison County	s where these commodities have been provided:
	Address: Marshall T	Phone No. <u>903-935-8412</u>
	Contact person: Amy Franks	Title CFM
2.	Name: Grean County	
	Address: Langview, Tx	Phone No. 903-237-2684
	Contact person: Shelia Embry	Title furchosing
3.	Name: Marian County	
	Address: Tefferson Th	Phone No. 903-(15-8732
	Contact person: Shanna Soloman	Title Count Auditon

CERTIFICATE OF INTERESTED PARTIES **FORM 1295** 1 of 1 **OFFICE USE ONLY** Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2018-316865 Longview Asphalt Longview, TX United States Date Filed: 02/21/2018 Name of governmental entity or state agency that is a party to the contract for which the form is being tiled. Date Acknowledged: **Upshur County** Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. RB06-18 Rock, Rip Rap Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X **6 UNSWORN DECLARATION** and my date of birth is _ I declare under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent of contracting business entity (Declarant)

Client#: 4590 LONGVASPH

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/21/2018

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 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).

Certificate Holder III fied of Such	cudotacinetir(a):					
PRODUCER		CONTACT Pam Patton				
Querbes & Nelson Comm Lines 214 Milam		PHONE (A/C, No, Ext): 318 221-5241 FAX (A/C, No): 3184290599				
		E-MAIL ADDRESS: ppatton@qnins.com				
Shreveport, LA 71101		. INSURER(S) AFFORDING COVERAGE	NAIC#			
318 221-5241		INSURER A : Zurich American Insurance Company	16535			
Longview Asphalt, Inc.		INSURER B : American Guarantee & Liability	26247			
		INSURER C : North River Insurance Company	21105			
P. O. Box 856		INSURER D:				
Minden, LA 71058		INSURER E:				
		INSURER F:				
COVEDAGES	CEDTICICATE MILMEED.	DEVISION NUMBED:				

	SOTERIOLO SERVINIONELLI INC. LI CONDENI						
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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	 S
Α	GENERAL LIABILITY						s1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	s100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5 ,000
						PERSONAL & ADV INJURY	s1,000,000
						GENERAL AGGREGATE	\$ 2, 000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY PRO- LOC						\$
Α	AUTOMOBILE LIABILITY		BAP011621502	10/01/2017	10/01/2018	COMBINED SINGLE LIMIT (Ea accident)	s1,000,000
	X ANY AUTO			,		BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR		AUC015724201	10/01/2017	10/01/2018	EACH OCCURRENCE	s10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s10,000,000
	DED X RETENTION \$0						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC011621302	10/01/2017	10/01/2018	X WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	s1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	s1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s1,000,000
С	EXCESS UMBRELLA		5228031996	10/01/2017	10/01/2018	\$10,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks Schedul	e, if more space i	is required)		

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

** Supplemental Named Insured's **

Longview Asphalt, Inc.

Madden Contracting Company, Inc.

Louisiana Roadbuilders, Inc.

Madden Contracting Co., LLC

(See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION		
Upshur County Attn: Andy Jordan, County Road Administrator P.O Box 730	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Gilmer, TX 75644	AUTHORIZED REPRESENTATIVE		
	Danie Bamet		

DESCRIPTIONS (Continued from Page 1)

The certificate holder is an additional insured on all policies except workers compensation as required by written contract subject to policy terms, conditions, and exclusions. All policies contain waiver of subrogation as required by written contract subject to policy terms, conditions, and exclusions. Policies contain 30 day notice of cancellation. RE: Bid RB02-18 Plant Mixed Asphalt: Oil irt, Hot Mix Asphalt & Hot Oil Sand.

TERRI ROSS
COUNTY CLERK
2010 FEB 28 AM 9: 39
UPSHUCGOUNTY, TX.