

## Bid Schedule

Linear feet and pot holes are an arbitrary number for bid purposes only. The City reserves the right to award in the best interest of the City, either by linear foot or total cost

Directional boring With <u>one</u> 3" conduit	\$ <u>22.00</u> /Linear Foot X 185LF	=Total \$ <u>4070.00</u>
Directional boring With <u>two</u> 3" conduit	\$ <u>29.50</u> /Linear Foot X 150LF	=Total \$ <u>4425.00</u>
Pot holing	\$ <u>225.00</u> /Pot hole X 10 locations	= Total \$ <u>2250.00</u>
		Total Cost \$ <u>10,745.00</u>

Firm Name Ayrcom Contractor's Inc.  
(Are you a corporation, DBA, Partnership, LLC, PC)

Signature *Rod Bertsch* PRINTED NAME Rod Bertsch

Title President

Address 802C North 43rd Street  
Grand Forks, ND 58203

Phone/Fax 701-775-0843 (Fax - 701-775-7351)

# CITY OF COLORADO SPRING

## BUSINESS LICENSE

## Excavation License

LICENSE NO

700771

License ID# 6230

Attest Kathryn M. Young  
Kathryn M Young, City Clerk

In consideration of the payment of the amount as stated below, a license is hereby granted to the licensee hereafter indicated for the purposes mentioned, all in strict accordance with the Ordinances and Charter of the City of Colorado Springs

AYRCOM CONTRACTORS, INC  
AYRCOM CONTRACTORS, INC  
802 C NORTH 43RD ST  
GRAND FORKS ND 58203

DATE		
ISSUE	BEGINNING	EXPIRATION
Jul-26-1999	Jul-02-1999	Jun-30-2000

PRODUCER  
Pinnacol Assurance  
720 S Colorado Blvd  
Suite 100, North Tower  
DENVER CO 80246-1938

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE

COMPANY  
A Pinnacol Assurance

INSURED  
AYRCOM CONTRACTORS INC  
802 C N 43RD ST  
GRAND FORKS ND 58203

COMPANY  
B

COMPANY  
C

COMPANY  
D

COVERAGES

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 AND 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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(mm/dd/yyyy)	POLICY EXPIRATION DATE(mm/dd/yyyy)	LIMITS
	<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER S & CONTRACTOR S PROT				GENERAL AGGREGATE PRODUCTS COMP/OP AGG PERSONAL & ADV INJURY EACH OCCURRENCE FIRE DAMAGE (Any one file) MED EXP (Any one person)
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRER AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COBINED SINGLE LIMIT BODILY INJURY (per person) BODILY INJURY (per accident) PROPERTY DAMAGE
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	4018940	04/18/1999	05/01/2000	<input checked="" type="checkbox"/> WC STATU- <input type="checkbox"/> OTHER TORY LIMITS EL EACH ACCIDENT \$100,000 EL DISEASE - POLICY LIMIT \$500,000 EL DISEASE EA EMPLOYEE \$100,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SEE BACK OF CERTIFICATE FOR CLASS COVERAGE AND OWNERSHIP COVERAGE DETAIL

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL \_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Gary J. Pon, President

# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR KB  
AYRC-01  
DATE (MM/DD/YY)  
10/15/99

PRODUCER  
**Vaaler Insurance/Grand Forks**  
P O Box 12848  
Grand Forks ND 58208-2848

**Gregg A Schaefer**  
Phone No 701-775-3131 Fax No 701-775-4020

INSURED  
**AyrCom Contractors Inc**  
802C North 43rd Street  
Grand Forks ND 58203

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE	
COMPANY A	Westfield Insurance Companies
COMPANY B	
COMPANY C	
COMPANY D	

**COVERAGES**  
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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	CWP3839132	04/18/99	04/18/00	GENERAL AGGREGATE \$ 2,000,000
	PRODUCTS COM/OP AGG \$ 2,000,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
	EACH OCCURRENCE \$ 1,000,000				
	FIRE DAMAGE (Any one fire) \$ 100,000				
	MED EXP (Any one person) \$ 5,000				
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS	CWP3839132	04/18/99	04/18/00	COMBINED SINGLE LIMIT \$ 1,000,000
	BODILY INJURY (Per person) \$				
	BODILY INJURY (Per accident) \$				
	PROPERTY DAMAGE \$				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
	OTHER THAN AUTO ONLY				
	EACH ACCIDENT \$				
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	CWP3839132	04/18/99	04/18/00	EACH OCCURRENCE \$ 1,000,000
	AGGREGATE \$ 1,000,000				
	\$				
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY  THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTH ER
	EL EACH ACCIDENT \$				
	EL DISEASE POLICY LIMIT \$				
	EL DISEASE EA EMPLOYEE \$				
	OTHER				

**We have mailed or faxed this certificate of insurance to the certificate holder indicated. This is your copy.**

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES
	AUTHORIZED REPRESENTATIVE <b>Gregg A Schaefer</b>

