

**8503 TREE PRUNING, REMOVAL & MISCELLANEOUS TREE WORK 2017  
 BID SCHEDULE**

	Normal Rate	Emergency Rate
<b>Hourly Rate for a four (4) person crew with equipment</b> (3) climbers and (1) ground person <sup>1</sup> (1) aerial lift truck (minimum 55 ft working height) (1) chipper and truck (must handle at least a 9" diameter log) or (1) log-loader trailer or truck	= \$ <u>304<sup>00</sup></u>	\$ <u>400<sup>00</sup></u>
<b>Hourly Rate for a three (3) person crew with equipment</b> (2) climbers and (1) ground person (1) aerial lift truck (minimum 55 ft. working height) (1) chipper and truck (must handle at least a 9" diameter log) or (1) log-loader trailer or truck	= \$ <u>228<sup>00</sup></u>	\$ <u>300<sup>00</sup></u>
<b>Hourly Rate for a two (2) person crew with equipment</b> (2) climbers and (1) ground person (1) aerial lift truck (minimum 55 ft. working height) (1) chipper and truck (must handle at least a 9" diameter log) or (1) log-loader trailer or truck	= \$ <u>152<sup>00</sup></u>	\$ <u>200<sup>00</sup></u>
<b>Extra price per hour costs :</b>		
Tree Climber	= \$ <u>76<sup>00</sup></u>	\$ <u>100<sup>00</sup></u>
Ground Worker	= \$ <u>76<sup>00</sup></u>	\$ <u>100<sup>00</sup></u>
Chipper & Truck Operator	= \$ <u>76<sup>00</sup></u>	\$ <u>100<sup>00</sup></u>
Lift Truck & Operator	= \$ <u>76<sup>00</sup></u>	\$ <u>100<sup>00</sup></u>
Log Loader Truck & Operator	= \$ <u>90<sup>00</sup></u>	\$ <u>120<sup>00</sup></u>
Crane Truck & Operator	= \$ <u>N/A</u>	\$ <u>N/A</u>
Stump Grinder & Operator (stump grinder > 50 HP)	= \$ <u>90<sup>00</sup></u>	\$ <u>120<sup>00</sup></u>
Stump Grinder & Operator (stump grinder < 50 HP)	= \$ <u>N/A</u>	\$ <u>N/A</u>
<b>ADDITIONALLY:</b> Provide an equipment list with hourly prices including an operator.		
*Describe the type of log-loader truck included in your bid: <u>F750 w/ 1052 log lift</u>		

ISA Certification # Rm 2373 A + see attached list  
 Firm Name: The Davey Tree Expert Company  
 Signature: Natalie McNeill Printed: Natalie McNeill  
 Address: 2508 Zurich Dr Unit 3, Fort Collins, CO 80524  
 Phone: (970) 484-3635 Email: natalie.mcneill@davey.com

<sup>1</sup> Please note that 3 climbers can be reduced to 2 if an extra aerial lift device is used. The overall cost for a 4 person crew will not change; this is just an option based on the needs of each job.

## **DAVEY TREE CERTIFIED ARBORISTS AND TREE WORKERS**

### **Certified Arborists with Expiration Dates**

<b>Natalie McNeill</b>	<b>RM2353A</b>	<b>06/30/2017</b>
<b>Mickey Hill</b>	<b>RM0825A</b>	<b>12/31/2019</b>
<b>Gery Whiteman</b>	<b>RM7049A</b>	<b>12/31/2018</b>
<b>Phil Lubke</b>	<b>WI0983AT</b>	<b>06/30/2019</b>
<b>Mike Wallace</b>	<b>RM7202A</b>	<b>06/30/2017</b>
<b>Matthew Nelson</b>	<b>RM7849A</b>	<b>12/31/2018</b>
<b>Matt Mertz</b>	<b>RM7994A</b>	<b>06/30/2020</b>
<b>Darren Brons</b>	<b>RM7993A</b>	<b>06/30/2020</b>

### **Certified Tree Worker with Expiration Dates**

<b>Tyler Andrews</b>	<b>RM7906T</b>	<b>06/30/2019</b>
<b>Caleb Martin</b>	<b>RM7905T</b>	<b>06/30/2019</b>
<b>Phil Lubke</b>	<b>WI0983AT</b>	<b>06/30/2019</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/29/2016

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).

<b>PRODUCER</b> MARSH USA INC 200 PUBLIC SQUARE, SUITE 1000 CLEVELAND, OH 44114-1824 Attn: Cleveland.CertRequest@marsh.com  138731 RESICA HILL	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____																					
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td>Old Republic Insurance Company</td> <td>24147</td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Old Republic Insurance Company	24147	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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**COVERAGES**                      **CERTIFICATE NUMBER:** CLE-004351824-14                      **REVISION NUMBER:** 1

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 INSD 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 <input type="checkbox"/> OTHER		MWZY 308148	09/01/2016	09/01/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 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"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		MWTB 308147	09/01/2016	09/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	<input checked="" type="checkbox"/> 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	MWC 30814600 (AOS)	09/01/2016	09/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000
A	<input checked="" type="checkbox"/> EXCESS WORKERS COMPENSATION		MWXS 308149 (CA, OH, NC, PA, WA) EXCESS OF \$5,000,000 SIR	09/01/2016	09/01/2017	WORKERS COMPENSATION STATUTORY EMPLOYERS LIABILITY \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 THE CITY, ITS OFFICERS, AGENTS, AND EMPLOYEES IS(ARE) INCLUDED AS ADDITIONAL INSURED(S) AS RESPECTS GENERAL LIABILITY AND AUTOMOBILE LIABILITY WHERE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT AND ONLY AS RESPECTS OPERATIONS PERFORMED ON THEIR BEHALF BY THE NAMED INSURED.

<b>CERTIFICATE HOLDER</b>  CITY OF FT. COLLINS ATTN: PURCHASING PO BOX 590 FORT COLLINS, CO 80524	<b>CANCELLATION</b>  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 of Marsh USA Inc.  Luann M. Glavac <i>Luann M Glavac</i>



**ADDITIONAL REMARKS SCHEDULE**

AGENCY MARSH USA INC.		NAMED INSURED THE DAVEY TREE EXPERT COMPANY 1500 N MANTUA STREET KENT, OH 44240	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation does not apply in MN. Coverage is obtained from Workers Compensation Reinsurance Association (W.C.R.A.) as required by the state. Minnesota Employers Liability is covered by policy number MWC 30814500. Excess Workers Compensation excludes the Care of Trees, Wolf Tree, and Welland Studies.