

REQUEST FOR PROPOSAL



November 22, 2024

PURCHASING DEPARTMENT

P.O. BOX 920
116 West Jefferson Street
Thomasville, GA 31799

Disaster Debris Removal & Disposal

DUE DATE AND OPENING DATE: December 27, 2024
TIME: 2:00 p.m.

Nisha Thurman, Purchasing
(229)225-4100
Nisha.Thurman@thomascountyga.gov
www.thomascountyboc.org

GENERAL SPECIFICATIONS

It is the intent of these specifications to furnish Thomas County with the following requisitioned equipment/service, according to the attached. It is clearly understood that the following are minimum specifications and are made in order to show the exact specifications of the equipment/service proposed.

The proposer agrees that Thomas County reserves the right to waive technicalities and to reject any or all proposals.

Thomas County reserves full freedom (in addition to the right to reject any and all proposals) in awarding proposals to consider all available factors including, but not limited to, price, the provision of needed and unneeded features, usefulness to the using department and prior County experience. Hence, the County may award proposals to other than the lowest proposer if in the judgment of the Board of Commissioners the interest of the County will be best served by award to another.

All sealed proposals must have the proposer's name and address and labeled; Proposal for "Disaster Debris Removal & Disposal" on the front of the envelope. Sealed proposals are due and opened on Friday, December 27, 2024 2:00 p.m.

NO PROPOSAL WILL BE CONSIDERED IF RECEIVED AFTER THE DATE AND TIME SPECIFIED!

Any proposed price by the Contractor on any items offered to Thomas County shall be the price effective at the date of delivery.

No delivery date of "ASAP" (As Soon As Possible) shall be considered acceptable on items that have a maximum delivery date listed in the specifications.

Addendum(s) issued in a proposal must be acknowledged and submitted with the original proposal package.

Contractor Agrees that no item, supply, article, good, material, service or process provided by Contractor under the terms and conditions of this agreement shall in any way be affected, damaged, disabled, destroyed, or injured by the computer problem known as year 2000 problem. Further, if any affect, damage, disability, destruction, or other injury occurs as a result of any item, supply, article, good, material, service or process provided by the Contractor, then the contractor shall make County whole without additional charge, remuneration, or service due from the County.

All Shipping is to be FOB Thomasville, GA 31792 and included in the total price unless otherwise stated in the proposal document.

Please e-mail any questions to Nisha Thurman at Nisha.Thurman@thomascountyga.gov.

INSTRUCTIONS TO PROPOSER'S

1. Proposals must be made upon the form of the proposal attached hereto. The County has requested, four (4) complete copies of the proposal, one clearly marked "original." Proposals are to be marked with proposer's name and address and labeled; Proposal for "Disaster Debris Removal & Disposal". Proposals may be delivered to the Purchasing Department of Thomas County, located 116 West Jefferson Street, 2nd Floor Room #217, Thomasville, GA 31792 or mailed/shipped to P.O. Box 920, Thomasville, GA. 31799. Thomas County is not responsible for late deliveries by any delivery service.
2. No proposer will be allowed to withdraw his bid for any reason whatsoever after the proposals have been opened unless otherwise stated in the specifications.
3. The following specifications represent the minimum general size, weight, capacity and performance characteristics desired in the equipment to be purchased. These requirements are not intended to prevent obtaining fair prices or to eliminate competition, but to insure, if possible, that all proposals submitted would not be subject to correction or alteration after the proposal has been filed, opened, and publicly read. In view of an unusual wide disparity in details of design and manufacture, complete descriptive literature and manufacturer's specifications must be submitted on each type of equipment offered. Thomas County reserves the right to evaluate any or all proposals, particularly where there is a range in specifications. Special consideration will be given to the ready availability of repair parts and service.
4. Federal or State taxes are not applicable to Georgia Counties under the United States Code Title 26 and Georgia Exemption Certificate Number 58-6000893.
5. The names of a certain brand, make, or definite specifications are to demote quality standard of the article desired. The County does not restrict proposers to be specific brand, make or manufacturer named; it is to set forth and convey to prospective proposers the general style, type, character and quality of the article desired.
6. The award of the contract will be awarded to the lowest responsible proposer taking into consideration quality performance and the time specified in the specifications for the performance of the contract.
7. Any item that the county has sent out for proposal(s) must be NEW equipment with the latest technology available. No remanufactured item will be accepted unless stated otherwise in the proposal specifications.

The Thomas County Board of Commissioners requests proposals from qualified contractors for Debris Removal and Disposal Services for a period of four (4) years, this contract is eligible for two (2) additional 12-month contract periods after the initial contract term if agreed upon in writing by both parties. It is the intent of this solicitation to enter into a pre-event contract, which would result in no immediate cost to Thomas County. This solicitation will result in the selection of two experienced firms to remove and lawfully dispose of disaster generated debris (other than household garbage) from public property and public right of ways, and to set up and operate Temporary Debris Staging and Reduction Sites (TDSRS) in Thomas County immediately after a disaster.

QUALIFICATIONS

In addition to the above, proposer shall submit the following information:

1. Contractor Identification:
 - a. Company name; identify if individual, partnership, or corporation; if incorporated, the state of incorporation, and parent company, if any.
 - b. Location of company headquarter and each branch.
 - c. Whether the company is publicly or privately held.
 - d. Organizational chart.
 - e. Names and phone numbers of personnel who are authorized to negotiate a contract with the County.
2. History and experience of the Contractor:
 - a. Information on the history of the company
 - b. Specific experience of the company and proposed staff in providing professional Operation/maintenance service for debris removal and disposal.
3. Management and technical support services and personnel:
 - a. All proposed staff by name and title, identifying Project manager
 - b. Where all proposed staff is currently located.
 - c. Whether the proposed staff is or will be employed full time.
4. Insurance and Bond Requirements:
 - a. Contractor must furnish liability and property damage insurance of not less than \$1,000,000.00 combined single limits for bodily and/or property damage, each incident. This insurance is non-cancelable during the duration of the warded contract. Proof of insurance qualifications should be supported by presenting certificate of insurance during the proposal process.
 - b. The County reserves the right to require the successful Contractor to provide both a performance and payment bond for the amount of the value of the contract to ensure faithful performance.

- c. The successful Contractor will be required to furnish a Workers' Compensation Insurance Certificate prior to commencing work to fulfill the contract. Employees, aids, staff, helpers, or any person who receives any form of consideration for services or who performs any services towards the execution of this Proposal is deemed to be the sole responsibility of the Contractor for the purposes of all Workers' Compensation and insurance claims. The County reserves the right to superintend the performance of this agreement only to the extent that the desired results are obtained. No recommendation or requirement in this Proposal and list of specifications should be deemed to obligate the County under the Workers' Compensation Act to Contractor's employees, aides, staff, helpers or any person who receives any form of consideration for services or who performs any services towards the execution of this proposal.
5. Contractor must attach Dunn & Bradstreet current ratings.
6. Each Contractor must answer the following questions completely. Failure to answer questions will result in disqualification.
 - a. Has your firm ever been terminated, replaced, or failed to complete work awarded under any operations contract? If so, name the client and describe the circumstances.
 - b. Has your firm been named as a defendant in any litigation brought on by your client as a result of an operations contract? If so, describe the circumstances fully.
7. After the specifications and other requirements have been reviewed, the Contractor will submit their final proposal.
8. If, for any reason the Contractor submits a proposal with deviations from the specifications and other requirements included herein these deviations must be clearly marked or noted on the final bid Proposal submitted to the County through a section of the bid proposal entitled "Deviations".

**Four (4) YEAR CONTRACT
PRICE PROPOSAL FORM
DISASTER DEBRIS REMOVAL AND DISPOSAL**

NOTE: Respondents are to make no changes to the table below and are to fill it out completely.

Values must be provided for all categories below or your response may be deemed non-responsive.

Rights-of-Way Vegetative Collection Rate

Vegetative debris collected from public or private right-of-way (ROW) and improved public lands, hauled to, and dumped at the debris management Site(s). This includes the removal, collection, hauling, and disposal of all stumps less than 24 Inches in diameter and any stumps not originating in the ROW (including stumps removed by third parties and placed in the ROW).

0-15 miles _____

16-30 miles _____

31-60 miles _____

Private Property Vegetative Collection Rate

Vegetative debris collected from private property, hauled to, and dumped at the debris management site(s). This includes the removal, collection, hauling, and disposal of all stumps less than 24 inches in diameter and any stumps not originating in the ROW (including stumps removed by third parties and placed in the ROW).

0-15 miles _____

16-30 miles _____

31-60 miles _____

Public Right of Way Construction and Demolition Collection Rate

Construction and demolition debris collected from designated work zone, to, and dumped at the debris management site(s) or other designated location.

0-15 miles _____

16-30 miles _____

31-60 miles _____

Cutting Partially Uprooted or Split Trees (Leaners)

Falling partially uprooted or split trees from the ROW or the portion of the ROW and placing the debris in the ROW for haul-off.

Partially Uprooted Leaner (Price is inclusive of excavating the root ball and placing it in the ROW)

Diameter of tree at 2 feet from base

Less than 24 inches _____ Per tree
24-36 inches _____ Per tree
Greater than 36 inches _____ Per tree

Split Leaner (No exposed root ball) (Price is inclusive of flush cutting the tree trunk)

Diameter of tree at 2 feet from base

Less than 24 inches _____ Per tree
24-36 inches _____ Per tree
Greater than 36 inches _____ Per tree

Removing hanging or partially broken limbs from trees in the ROW or limbs hanging over the ROW and placing the debris in the ROW for haul-off

_____ Per Tree

Demolition and Collection Rate

Demolish identified structures in designated work zone. Remove C&D debris from designated work zone, hauled to, and dumped at a DM Site or other designated location.

_____ Per cubic yard

Hazardous Stump Removal and Collection Rate

Removal and collection of stumps partially uprooted in the ROW. Stumps will be identified and certified In the ROW by the County or its representative. Stumps will be hauled to and dumped at a debris management site(s) or other designated location.

24-36 Inches _____ Per Stump
36-48 Inches _____ Per Stump
Greater than 48 inches _____ Per Stump

Stump Removal and Collection Rate

Removal and collection of stumps brought the ROW. Stumps will be hauled to and dumped at a debris management site(s) or other designated location.

According to FEMA guidelines for conversion of stumps to cubic yards.

0-15 miles _____

16-30 miles _____

31-60 miles _____

Backfill

Supply and placement of clean fill dirt into holes created by stump removal in the ROW.

_____ Per Cubic Yard

_____ Per Ton

Reduction of vegetative debris via burning at debris management site(s) or other designated location.

_____ Per cubic yard

_____ Per Ton

Reduction of vegetative debris via grinding at debris management site(s) or other designated location.

_____ Per Cubic Yard

_____ Per Ton

Sand Collection (Public Property) and Screening Rate

Removal and collection of debris-laden sand from public property. Debris laden sand will be hauled to a designated location, screened, and stockpiled at a debris management site (s). (Debris generated from screened rejects will be hauled to a debris management site(s) or other designated location.)

_____ Per Cubic Yard

_____ Per Ton

Sand Collection (Private Property) and Screening Rate

Removal and collection of debris-laden sand from private property. Debris-laden sand will be hauled to a designated location, screened, and stockpiled at a debris management site(s). (Debris generated from screened rejects will be hauled to a debris management site(s) or other designated location.)

_____ Per Cubic Yard

_____ Per Ton

Haul-out of reduced vegetative debris

_____ Per Cubic Yard

_____ Per Ton

Haul-out debris to final disposal site

_____ Per Cubic Yard

_____ Per Ton

Haul C&D debris to final disposal site

_____ Per Cubic Yard

_____ Per Ton

Marine Debris Removal

Removal of storm generated debris from marine environments including streams, canals, and waterfronts.

_____ Per Cubic Yard

_____ Per Ton

Bank Restoration

Perform river and canal shoreline restoration to include any necessary excavation, compaction, fill, and backfill of embankment soils and materials to restore banks to preexisting conditions insofar as possible.

_____ Per linear foot

Removal of storm-damaged vehicles and vessels from post-disaster environments including towing and aggregation.

Transfer/Tow of typical passenger car _____ Per Vehicle

Transfer/Tow and Handling of recreational vessels up to 24' _____ Per Vehicle

Operation of secure aggregation site for vehicles and vessels _____ Per Day

Storage of each light and medium duty vehicle and/or vessels _____ Per Day

***Special Consideration: Large vehicles, trucks, buses, vessels, houseboats or vehicles/vessels within environmentally sensitive areas may require unexpected additional effort and further negotiation may be allowed on a case-by-case basis.**

Hazardous Waste Removal and Biohazards

Hazardous Waste/HHW Removal _____ Per Pound
Dead Animal Collection _____ Per Pound

Recovery and Handling of "White Goods" Units requiring liquids, oils, or gas recovery

Gathering and hauling to temporary site and removal of all harmful or hazardous fluids to include but not limited to white goods, propane tanks, air conditioners, lawn mowers, grills, etc.

_____ Per Unit

TO: The Thomas County Board of Commissioners: I submit the following proposal for a two (2) year contract for a pre-disaster contract for Debris Removal and Disposal Services.

It is agreed by the undersigned vendor that the signature and submission of this bid represents the vendor's acceptance of all terms, conditions and requirements of bid specifications and, if awarded, the bid will represent the agreement between the parties.

Company: _____

Address: _____ **City/State/Zip:** _____

Contact person: _____ **Telephone:** _____

E-Mail: _____

Signed: (sign manually, in ink) _____

Signature of Authorized Representative of the Company

Name Printed: _____ **Title:** _____ **Date:** _____

Thomas County, GA



CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-19, stating affirmatively that the individual, firm, or corporation which is contracting with Thomas County has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA) P.L. 99-603), in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with Thomas County, GA; contractor will secure from such contractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to Thomas County Commissioners' Office at the time the subcontractor(s) is retained to provide the service.

E-Verify User Identification Number

Legal Name of Business

BY: Authorized Officer or Agent

Date

Title of Authorized Office or Agent

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____ 20__

Notary Public
My Commission Expires:

Thomas County, GA

*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Rule Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in Conjunction with the Social Security Administration (SSA)



SUBCONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. 13-10-19, stating affirmatively that the individual, firm, or corporation which is contracting with Thomas County has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA) P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91

E-Verify User Identification Number

Legal Name of Business

BY: Authorized Officer or Agent
(Subcontractor Name)

Date

Title of Authorized Office or Agent of Subcontractor

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____ 20__

Notary Public
My Commission Expires:

Thomas County, GA

*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Rule Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in Conjunction with the Social Security Administration (SSA)



CONTRACTOR SAVE AFFIDAVIT

STATE OF GEORGIA
_____ COUNTY

By executing this affidavit under oath, as an applicant for a _____, County Georgia contract as referenced in O.C.G.A. § 50-36-1 and the August 1, 2010. "Report of the Attorney General on Public Benefits", I am stating the following with respect to my ability to enter into a contract with _____ County.

Name: _____
(Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity)

1) _____ I am a United States Citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20.

This ____ day of _____, 20____.

Signature of Applicant: _____

Printed Name: _____

Alien Registration number for non-citizens: * _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 20____

Notary Public _____

My Commission Expires: _____

*Note: O.C.G.A. §50-36-1 (e) (2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

| | | |
|---|---|---|
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) | |
| | Business name/disregarded entity name, if different from above | |
| | Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate | |
| | <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ | |
| | <input type="checkbox"/> Other (see instructions) ▶ | |
| Address (number, street, and apt. or suite no.) | | Requester's name and address (optional) |
| City, state, and ZIP code | | |
| List account number(s) here (optional) | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| Social security number | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| Employer identification number | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

LOWER TIER CONTRACTOR CERTIFICATION REGARDING DEBARMENT,
SUSPENSION AND OTHER RESPONSIBILITY MATTERS

I hereby certify that I am the _____ and duly authorized representative of the firm of _____, whose address is _____, and I certify that I have read and understand the attached instructions and that to the best of my knowledge and belief the firm and its representatives:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by the Georgia Department of Transportation and by any Federal department or agency;
- (b) I acknowledge that this certification is provided pursuant to Executive Order 12549 and 49 DFR Part 29 and that this firm agrees to abide by the rules and conditions set forth therein for any misrepresentation that would render this certification erroneous, including termination of this agreement and other remedies available to the Georgia Department of Transportation and Federal Government.
- (c) I further acknowledge that this certificate is to be furnished to the Georgia Department of Transportation, in connection with the Prime Contractor Agreement involving participation of Federal-Aid Highway Funds, and is subject to applicable State and Federal laws, both criminal and civil.

Date _____ (seal)

CERTIFICATION OF SPONSOR
DRUG-FREE WORKPLACE

I hereby certify that I am a principle and duly authorized representative of _____
(company)

whose address is _____ and it is also that:

1. The provisions of Section 50-24-1 through 50-24-6 of the Official Code of Georgia Annotated, relating to the "Drug-Free Workplace Act" have been complied with in full; and,
2. A drug-free workplace will be provided for the sponsor's employees during the performance of the contract; and,
3. Each subcontractor hired by the SPONSOR shall be required to ensure that the subcontractor's employees are provided a drug-free workplace. The SPONSOR shall secure from that subcontractor the following written certification: "As part of the subcontracting agreement with _____, _____ certifies to the subcontractor's employees during the performance of this contract pursuant to paragraph (7) of subsection (b) of the Official Code of Georgia Annotated Section 50-24-3"; and,
4. It is certified that the undersigned will not engage in unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of the contract.

Date _____

(signature)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 | CONTACT NAME: | | | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): | | |
| INSURED | E-MAIL ADDRESS: | | | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # | |
| | INSURER A : | | | |
| | 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 |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

| | |
|--------------------|---|
| CERTIFICATE HOLDER | 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 |

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