

chipper with minimum 12" diameter capability, and minimum 2-man labor crew.

\$ 275.00 /hourly rate per crew

**EMERGENCY CALL-OUT RATE**

Emergency Call-Out Rates shall be a multiplying factor based on all rates above in all categories.

Examples:

A Rate of 1 is same prices as above.

Rate of 1.5 is "time and one-half."

Rate of 2 is double the above quoted rates.

(Note: Any % factor can be chosen)

Emergency Call-Out 2 multiplier rate

**CONTRACTOR EQUIPMENT AVAILABILITIES**

*Please attach as a narrative and submit with bid:*

List and describe all equipment owned and available (i.e. bucket truck, grapple truck, chipper, crane, etc.). Please note equipment capacity/make/model/year and number of personnel.

**CONTRACTOR EXPERIENCE**

*Please attach as a narrative and submit with bid:*

Briefly describe years of experience and any major projects that reflect the ability of your company to perform *Tree Work Services* for the Town of Munster. Describe qualifications of crew members including any official arborist certifications, such as International Society of Arboriculture (ISA) Certified Arborist.

Arbor Care Piekarski & Sons, Inc.

Company Name

X 

Owner

Signature and Title of Authorized Representative

Robert Piekarski

Owner

Print Name and Title

17900 Harper St

Business Address

Lansing, IL 60438

City, State and Zip Code

708-895-8891

708-474-TREE (8733)

Telephone Number

Fax Number

office@PiekarskiTree.com

e-mail

Date bid prepared 2-14-20

**The Town Council reserves the right to reject any and all bids, and to waive any informality. Contract can be cancelled at any time by the Town Council.**



# CONTRACTOR'S BID FOR PUBLIC WORK - FORM 96

State Form 52414 (R2 / 2-13) / Form 96 (Revised 2013)  
Prescribed by State Board of Accounts

## PART I

(To be completed for all bids. Please type or print)

Date (month, day, year): 02-14-20

1. Governmental Unit (Owner): Robert Piekarski
2. County: Cook
3. Bidder (Firm): Arbor Care Piekarski & Sons, Inc.  
Address: 17900 Harper St  
City/State/ZIPcode: Lansing, IL 60438
4. Telephone Number: 708-895-8891
5. Agent of Bidder (if applicable): \_\_\_\_\_

Pursuant to notices given, the undersigned offers to furnish labor and/or material necessary to complete the public works project of Tree Services Bid 2020-2021  
(Governmental Unit) in accordance with plans and specifications prepared by Town of Munster  
\_\_\_\_\_ and dated 2-10-2020 for the sum of  
\_\_\_\_\_ \$ \_\_\_\_\_

The undersigned further agrees to furnish a bond or certified check with this bid for an amount specified in the notice of the letting. If alternative bids apply, the undersigned submits a proposal for each in accordance with the notice. Any addendums attached will be specifically referenced at the applicable page.

If additional units of material included in the contract are needed, the cost of units must be the same as that shown in the original contract if accepted by the governmental unit. If the bid is to be awarded on a unit basis, the itemization of the units shall be shown on a separate attachment.

The contractor and his subcontractors, if any, shall not discriminate against or intimidate any employee, or applicant for employment, to be employed in the performance of this contract, with respect to any matter directly or indirectly related to employment because of race, religion, color, sex, national origin or ancestry. Breach of this covenant may be regarded as a material breach of the contract.

### CERTIFICATION OF USE OF UNITED STATES STEEL PRODUCTS (if applicable)

I, the undersigned bidder or agent as a contractor on a public works project, understand my statutory obligation to use steel products made in the United States (I.C. 5-16-8-2). I hereby certify that I and all subcontractors employed by me for this project will use U.S. steel products on this project if awarded. I understand that violations hereunder may result in forfeiture of contractual payments.

## ACCEPTANCE

The above bid is accepted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, subject to the following conditions: \_\_\_\_\_

Contracting Authority Members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART II

(For projects of \$150,000 or more – IC 36-1-12-4)

Governmental Unit: Town of Munster

Bidder (Firm) Arbor Care Piekarski & Sons, Inc.

Date (month, day, year): 02-14-2020

These statements to be submitted under oath by each bidder with and as a part of his bid. Attach additional pages for each section as needed.

## SECTION I EXPERIENCE QUESTIONNAIRE

1. What public works projects has your organization completed for the period of one (1) year prior to the date of the current bid?

Contract Amount	Class of Work	Completion Date	Name and Address of Owner
\$72,165	Tree Services	Dec 2019	Village of Lansing
\$25,165	Tree Services	Dec 2019	Village of South Holland
\$20, 275	Tree Services	Dec 2019	South Holland Parks Dept
\$20, 150	Tree Services	Dec 2019	Village of Thornton

2. What public works projects are now in process of construction by your organization?

Contract Amount	Class of Work	Expected Completion Date	Name and Address of Owner
\$46,500	Tree Services	March 2020	Village of Dolton

3. Have you ever failed to complete any work awarded to you? No If so, where and why?

---

---

---

4. List references from private firms for which you have performed work.

Bechstein Excavating

Olthoff, Inc Excavating

Harbor Point Mobile Home Community

Ravinia Mobile Home Community

Lan Oak Park District (Lansing)

#### SECTION II PLAN AND EQUIPMENT QUESTIONNAIRE

1. Explain your plan or layout for performing proposed work. (Examples could include a narrative of when you could begin work, complete the project, number of workers, etc. and any other information which you believe would enable the governmental unit to consider your bid.)

Work can commence immediately after list of trees is released to our company.

Estimator will do a site visit to all addresses and report any necessary

information that crew will need to complete job, including equipment

required, locates, and service drops. We have been in business over 30 years

servicing municipalities, contractors, and homeowners.

2. Please list the names and addresses of all subcontractors (i.e. persons or firms outside your own firm who have performed part of the work) that you have used on public works projects during the past five (5) years along with a brief description of the work done by each subcontractor.

n/a

---

---

---

---

---

3. If you intend to sublet any portion of the work, state the name and address of each subcontractor, equipment to be used by the subcontractor, and whether you will require a bond. However, if you are unable to currently provide a listing, please understand a listing must be provided prior to contract approval. Until the completion of the proposed project, you are under a continuing obligation to immediately notify the governmental unit in the event that you subsequently determine that you will use a subcontractor on the proposed project.

n/a

4. What equipment do you have available to use for the proposed project? Any equipment to be used by subcontractors may also be required to be listed by the governmental unit.

Aerial Lift (Bucket Truck)	Track Lift (Aerial)
Chipper and Chipper Truck	Mini Skidsteer
Log Loader	Pick Up Truck
Stump Grinder	Track Stump Grinder
Track Grapple	

5. Have you entered into contracts or received offers for all materials which substantiate the prices used in preparing your proposal? If not, please explain the rationale used which would corroborate the prices listed.

Yes, we have been involved in many tree contracts, as well as bids as subcontractors for general contractors.

### SECTION III CONTRACTOR'S FINANCIAL STATEMENT

Attachment of bidder's financial statement is mandatory. Any bid submitted without said financial statement as required by statute shall thereby be rendered invalid. The financial statement provided hereunder to the governing body awarding the contract must be specific enough in detail so that said governing body can make a proper determination of the bidder's capability for completing the project if awarded.

SECTION IV CONTRACTOR'S NON - COLLUSION AFFIDAVIT

The undersigned bidder or agent, being duly sworn on oath, says that he has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by him, entered into any combination, collusion or agreement with any person relative to the price to be bid by anyone at such letting nor to prevent any person from bidding nor to include anyone to refrain from bidding, and that this bid is made without reference to any other bid and without any agreement, understanding or combination with any other person in reference to such bidding.

He further says that no person or persons, firms, or corporation has, have or will receive directly or indirectly, any rebate, fee, gift, commission or thing of value on account of such sale.

SECTION V OATH AND AFFIRMATION

I HEREBY AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FACTS AND INFORMATION CONTAINED IN THE FOREGOING BID FOR PUBLIC WORKS ARE TRUE AND CORRECT.

Dated at \_\_\_\_\_ this 12th day of February, 2020, \_\_\_\_\_

Arbor Care Piekarski & Sons, Inc.

(Name of Organization)

X By [Signature]

Robert Piekarski, Owner

(Title of Person Signing)

ACKNOWLEDGEMENT

STATE OF Indiana

COUNTY OF Lake ) ss

Before me, a Notary Public, personally appeared the above-named Robert Piekarski and swore that the statements contained in the foregoing document are true and correct.

Subscribed and sworn to before me this 12th day of February, 2020

[Signature]  
Notary Public

My Commission Expires: February 6, 2022

County of Residence: Lake



**BID OF**

ARBOR CARE PIEKARSKI & SONS, INC  
(Contractor)

17900 HARPER ST

(Address)

LANSING IL 60438

**FOR**

**PUBLIC WORKS PROJECTS**

**OF**

2020-21 TREE WORK BID

**Filed** \_\_\_\_\_

**Action taken** \_\_\_\_\_

*Arbor Care*  
**PIEKARSKI & SONS**

TREE SERVICE

**708-895-8891**

[www.PiekarskiTree.com](http://www.PiekarskiTree.com)

TRIMMING \* REMOVAL \* STUMP GRINDING \* LOT CLEARING

17900 Harper St. ~ Lansing, IL 60438

**Town of Munster—Department of Public Works**

**Submitted By:**

Arbor Care Piekarski & Sons, Inc.

17900 Harper Ave

Lansing, IL 60438

708-895-8891

[www.PiekarskiTree.com](http://www.PiekarskiTree.com)

[office@PiekarskiTree.com](mailto:office@PiekarskiTree.com)

**Bob Piekarski—Certified Arborist**

**Membership Affiliations:**

International Society of Arboriculture

Illinois Arborist Association

Tree Care Industry Association

National Arborist Association

Arbor Care Piekarski & Sons, Inc. Tree Service has been working in the Tree Care Industry since 1985. Bob Piekarski is both the owner and a Certified Arborist. Services that we provide include trimming, removal, stump grinding, brush chipping, storm damage, bush hogging, and hydro-axing. Work is performed for both commercial and residential applications, servicing the South Suburbs and Northwest Indiana.

**Current References:**

Village of Lansing

Lan Oak Park District

Village of South Holland

South Holland Parks Department

City of Calumet City

Village of Thornton

Village of Dolton

Village of Midlothian

Harbor Point Mobil Home Park

Ravinia Pines Mobile Home Park



# THE AMERICAN INSTITUTE OF ARCHITECTS

## AIA Document A310 Bid Bond

KNOW ALL MEN BY THESE PRESENTS, THAT WE Arbor Care Plekarski & Sons, Inc.  
17900 Harper St. Lansing, IL 60438

as Principal, hereinafter called the Principal, and The Ohio Casualty Insurance Company  
175 Berkeley Street Boston, MA 02116

a corporation duly organized under the laws of the State of NH

as Surety, hereinafter called the Surety, are held and firmly bound unto Town of Munster

1005 Ridge Rd. Munster, IN 46311

as Obligees, hereinafter called the Obligees, in the sum of Five Thousand One Hundred Fifty Dollars and 00/100

Dollars (\$ \$5,150 ).

for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for Tree Bid 2020-2021

NOW, THEREFORE, if the Obligees shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligees in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and materials furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligees the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligees may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this 21st day of February, 2020

Vicirio K. Plekarski  
(Witness)

Arbor Care Plekarski & Sons, Inc.

Kamilly Plekarski  
By: (Principal) (Seal) (Title)

Alexandra Sartori  
Alexandra Sartori (Witness)



The Ohio Casualty Insurance Company

Kelly A. Gardner  
Attorney in Fact (Surety) (Seal) (Title)

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for mortgage, note, loan, letter of credit, bank deposit, currency rate, interest rate or residual value guarantee. To confirm the validity of this Power of Attorney call 610-832-8240 between 9:00 am and 4:30 pm EST on any business day.



**Liberty  
Mutual.**

**SURETY**

Liberty Mutual Insurance Company  
The Ohio Casualty Insurance Company  
West American Insurance Company

## POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Kelly A. Gardner of the city of Downers Grove, state of IL, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the following surety bond:

Principal Name: Arbor Care Plekarak & Sons, Inc.

Obligee Name: Town of Munster

Surety Bond Number: Bld Bond

Bond Amount: See Bond Form

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 12<sup>th</sup> day of December, 2018.



The Ohio Casualty Insurance Company  
Liberty Mutual Insurance Company  
West American Insurance Company

By: David M. Carey

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA  
COUNTY OF MONTGOMERY

ss

On this 12<sup>th</sup> day of December, 2018, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Teresa Pastella, Notary Public  
Upper Merion Twp., Montgomery County  
My Commission Expires March 28, 2021  
Member, Pennsylvania Association of Notaries

By: Teresa Pastella

Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

**ARTICLE IV - OFFICERS - Section 12. Power of Attorney.** Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

**ARTICLE XII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings.** Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

**Certificate of Designation -** The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

**Authorization -** By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, whenever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Ronce C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 21<sup>st</sup> day of February, 2020.



By: Ronce C. Llewellyn

Ronce C. Llewellyn, Assistant Secretary

G-23208-B

ss.

STATE OF Illinois  
COUNTY OF DuPage

I, Alexandra Sartori Notary Public of DuPage County,  
in the State of Illinois, do hereby certify that Kelly A. Gardner  
Attorney-in-Fact, of the The Ohio Casualty Insurance Company  
who is personally known to me to be the same person whose name is  
subscribed to the foregoing instrument, appeared before me this day in person, and  
acknowledged that he signed, sealed and delivered said instrument, for and on behalf of the  
The Ohio Casualty Insurance Company  
for the uses and purposes therein set forth.

Given under my hand and notarial seal at my office in the City of Downers Grove  
in said County, this 21st day of February A.D., 2020



Alexandra Sartori  
Notary Public Alexandra Sartori  
My Commission expires: July 5, 2020



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/18/2019

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  
HUB International Midwest Limited  
1411 Opus Place, Suite 450  
Downers Grove IL 60515

## CONTACT NAME:

PHONE  
(A/C No. Ext): 630-468-5600FAX  
(A/C No): 630-468-5698E-MAIL  
ADDRESS: CSUConstruction@hubinternational.com

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Westfield Insurance Company

24112

INSURER B: Continental Indemnity Company

28268

INSURER C: Westfield Companies

24112

INSURER D:

INSURER E:

INSURER F:

INSURED ARBOCAR-01

Arbor Care Plekarski & Sons Inc.  
17900 Harper Ave  
Lansing IL 60438

## COVERAGES

CERTIFICATE NUMBER: 1221462226

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	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<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 OTHER:		TRA7913863	10/24/2019	10/24/2020	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 - COMPIOP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> 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 ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		TRA7913863	10/24/2019	10/24/2020	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 type="checkbox"/> RETENTIONS		TRA7913863	10/24/2019	10/24/2020	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	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	48-088635-01-19	10/24/2019	10/24/2020	<input checked="" type="checkbox"/> PER STATUTE <input 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
C	Leased & Rented Equipment		TRA7913863	10/24/2019	10/24/2020	Limit: \$25,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Town of Munster  
Office of Community Development  
1005 Ridge Road  
Munster IN 46321

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



National Bond Center  
350 E. 68th Street  
Indianapolis, Indiana 46240  
+1 (888) 8442663 Fax +1 (866) 5474883

### CONTINUATION CERTIFICATE

To be attached to and form a part of surety bond number 32S183398 (the "Bond"), cross reference bond number 63278130000 for TREE SERVICE & LANDSCAPING

dated the 18th day of January, 2005 in the penal sum of \$ 5,000.00 issued by American States Insurance Company as surety (the "Surety"), on behalf of

ARBOR CARE PIEKARSKI & SONS TREE SERVICE as principal (the "Principal"), in favor of Board of Commissioners of the County of Lake, State of IN, and any Cities and Towns in Lake Co., IN, as obligee (the "Obligee").

The Surety hereby certifies that this Bond is continued in full force and effect until the 18th day of January, 2021 subject to all covenants and conditions of said Bond.

Said Bond has been continued in force upon the express condition that the full extent of the Surety's liability under said Bond, and this and all continuations thereof, for any loss or series of losses occurring during the entire time the Surety remains on said Bond, shall in no event, either individually or in the aggregate, exceed the penal sum of the Bond.

IN WITNESS WHEREOF, the Surety has set its hand and seal this 4th day of December, 2019

American States Insurance Company

(Surety)

By:

Timothy A. Mikolajewski

Timothy A. Mikolajewski  
Assistant Secretary - Liberty Mutual Surety



SERPE INSURANCE AGENCY  
2638 N LINCOLN AVE  
CHICAGO, Illinois 60614-2314  
773-871-0808

2020-002140

2020 Jan 10

1:28 PM

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL B BROWN  
RECORDER

LMIC - 3300

25-  
CS  
Rd

# Town of Munster Contractor's Registration Application

Town of Munster, Office of Community Development, 1005 Ridge Road, Munster, IN 46321  
(219) 836-6990, Fax (219) 836-6542

- Print Legibly or Type -

Year of Request	2020	Date	2-11-20
-----------------	------	------	---------

BUSINESS INFORMATION		OWNER INFORMATION	
NAME:	Arbor Care Piekarski & Sons, Inc.	NAME:	Robert Piekarski
ADDRESS:	17900 Harper St	ADDRESS:	8452 Torrence St
CITY, STATE, & ZIP	Lansing, IL 60438	CITY, STATE, & ZIP	Dyer, IN 46311
TELE #:	708-895-8891	TELE #:	708-417-8536 cell
FAX #:	708-394-TREE (8733)	DATE OF BIRTH:	11-19-58
Contractor Specialty or Type	Tree Service	SEX	RACE
		X MALE FEMALE	WHITE

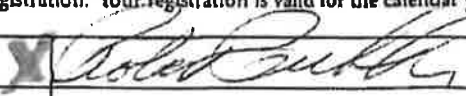
EMAIL ADDRESS office@piekarskitree.com

BACKFLOW TESTER YES NO

Plumbers Only: Enclose a Copy of your Current State of Indiana Plumbing License # \_\_\_\_\_

Note: It is the contractor's responsibility to provide updates when bond and or insurance expire during the calendar year of this registration. Failure to do so will result in the lapsing of your Munster registration.

Notify the Office of Community Development of changes in the above information during the calendar year of this registration. Your registration is valid for the calendar year only.

SIGNATURE: 	DATE:	2-11-20
TITLE:	Owner	

FOR OFFICE USE ONLY					
FEE \$:	125 <sup>00</sup>	DATE REC'D:	02/12/20	REC'D BY:	DMV
RECEIPT #:		CONTRACTOR #:	2477	DATE ISS'D:	02/12/20
		BILL #:			

CONTRACTOR TYPE:	<input type="checkbox"/> Electrician	<input type="checkbox"/> Plumber	<input type="checkbox"/> General	<input type="checkbox"/> Subcontractor
	<input type="checkbox"/> Landscape, (ie, Landscape, snowplow, tree service)			

CERTIFICATE OF INSURANCE: EXPIRATION DATES: <u>10/24/20</u>			
P/L:	P/D:	W/C:	OR W/C EXEMPTION <input type="checkbox"/>

LAKE COUNTY BOND - RECORDED: ☒ YES ☐ NO EXPIRES: 01/02/21

MUNSTER BOND - EXPIRES: \_\_\_\_\_

TOWN OF MUNSTER-APPROVED BY SBA 2001  
RECVD BY: COUNTER 01 01000424323  
PAYOR: ARBOR CARE PIEKARSKI  
TODAY'S DATE: 02/12/20  
REGISTER DATE: 02/12/20 TIME: 11:09  
DESCRIPTION AMOUNT  
CUST ID:2477  
B6 CHECK \$25.00  
CUST ID:2477  
ZNEWCONTR \$100.00

TOTAL DUE: \$125.00  
TENDERED: \$125.00  
CHANGE: \$.00  
CHECK : \$75.00  
REF NUM: 33987  
CASH : \$50.00  
REF NUM:

chipper with minimum 12" diameter capability, and minimum 2-man labor crew.

\$ 450.<sup>00</sup> /hourly rate per crew

**EMERGENCY CALL-OUT RATE**

Emergency Call-Out Rates shall be a multiplying factor based on all rates above in all categories.

Examples:

A Rate of 1 is same prices as above.

Rate of 1.5 is "time and one-half."

Rate of 2 is double the above quoted rates.

(Note: Any % factor can be chosen)

Emergency Call-Out 1.5 multiplier rate

**CONTRACTOR EQUIPMENT AVAILABILITIES**

*Please attach as a narrative and submit with bid:*

List and describe all equipment owned and available (i.e. bucket truck, grapple truck, chipper, crane, etc.). Please note equipment capacity/make/model/year and number of personnel.

**CONTRACTOR EXPERIENCE**

*Please attach as a narrative and submit with bid:*

Briefly describe years of experience and any major projects that reflect the ability of your company to perform *Tree Work Services* for the Town of Munster. Describe qualifications of crew members including any official arborist certifications, such as International Society of Arboriculture (ISA) Certified Arborist.

DAVE'S TREE SERVICE, INC.  
Company Name

 President/Owner  
Signature and Title of Authorized Representative

DAVE JOHNSON President/Owner  
Print Name and Title

1555 Park West Circle  
Business Address

MUNSTER IN 46321  
City, State and Zip Code

219-922-1819 219-922-9843  
Telephone Number Fax Number

Dtree482@yahoo.com  
e-mail

Date bid prepared 2-19-20

**The Town Council reserves the right to reject any and all bids, and to waive any informality. Contract can be cancelled at any time by the Town Council.**





# CONTRACTOR'S BID FOR PUBLIC WORK - FORM 96

State Form 52414 (R2 '2-13) / Form 96 (Revised 2013)

Prescribed by State Board of Accounts

## PART I

(To be completed for all bids. Please type or print)

Date (month, day, year): 2-19-20

1. Governmental Unit (Owner): DAVE JOHNSON
2. County: LAKE
3. Bidder (Firm): DAVE'S TREE SERVICE INC.  
Address: 1555 PARK WEST CIRCLE  
City/State/ZIP code: MUNSTER, IN 46321
4. Telephone Number: 219-712-1600
5. Agent of Bidder (if applicable): N/A

Pursuant to notices given, the undersigned offers to furnish labor and/or material necessary to complete the public works project of TREESERVICES - Scheduled + Emergency  
(Governmental Unit) in accordance with plans and specifications prepared by \_\_\_\_\_

\_\_\_\_\_ and dated \_\_\_\_\_ for the sum of  
\$ \_\_\_\_\_

The undersigned further agrees to furnish a bond or certified check with this bid for an amount specified in the notice of the letting. If alternative bids apply, the undersigned submits a proposal for each in accordance with the notice. Any addendums attached will be specifically referenced at the applicable page.

If additional units of material included in the contract are needed, the cost of units must be the same as that shown in the original contract if accepted by the governmental unit. If the bid is to be awarded on a unit basis, the itemization of the units shall be shown on a separate attachment.

The contractor and his subcontractors, if any, shall not discriminate against or intimidate any employee, or applicant for employment, to be employed in the performance of this contract, with respect to any matter directly or indirectly related to employment because of race, religion, color, sex, national origin or ancestry. Breach of this covenant may be regarded as a material breach of the contract.

## CERTIFICATION OF USE OF UNITED STATES STEEL PRODUCTS (If applicable)

I, the undersigned bidder or agent as a contractor on a public works project, understand my statutory obligation to use steel products made in the United States (I.C. 5-16-8-2). I hereby certify that I and all subcontractors employed by me for this project will use U.S. steel products on this project if awarded. I understand that violations hereunder may result in forfeiture of contractual payments.

## ACCEPTANCE

The above bid is accepted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, subject to the following conditions: \_\_\_\_\_

Contracting Authority Members:


### PART II

(For projects of \$150,000 or more – IC 36-1-12-4)

Governmental Unit: DAVE JOHNSON

Bidder (Firm): DAVE'S TREE SERVICE INC.

Date (month, day, year): 2-19-20

These statements to be submitted under oath by each bidder with and as a part of his bid.  
Attach additional pages for each section as needed.

### SECTION I EXPERIENCE QUESTIONNAIRE

1. What public works projects has your organization completed for the period of one (1) year prior to the date of the current bid?

Contract Amount	Class of Work	Completion Date	Name and Address of Owner	
\$48,000.00	MUNSTER HIGHWAY TREE & STUMP REMOVAL	04-2018	WILTZER EXCAVATING INC P.O. Box 5211 LANSING, IL	RIVER/DITCH WORK
\$46,700.00	HOBART TREE & STUMP REMOVAL	10-2018	WILTZER EXCAVATING INC. P.O. Box 5211 LANSING, IL	Ditch clearing
\$19,900.00	TREE & STUMP REMOVAL	11-2017	TOWN-MUNSTER PARKS-DEPT	
\$14,280	TREE & STUMP REMOVAL	08-2018	WAISH & KELLY INC. 1700 E. MAIN ST. GRASSHURST, IN	

2. What public works projects are now in process of construction by your organization? N/A

Contract Amount	Class of Work	Expected Completion Date	Name and Address of Owner

3. Have you ever failed to complete any work awarded to you? NO If so, where and why?

4. List references from private firms for which you have performed work.

Walsh + Kelly Construction Co. INC. 1700 E. MAIN ST. Griffith, IN.  
Gatlin Plumbing + Heating INC. 1111 E. MAIN ST. Gary, IN  
Dyer Construction Co. INC. 1716 Sheffield Ave. Dyer, IN  
Hank Enterprises, INC. 1850 E. North St. Crown Point IN  
Premier Properties 8332 Kennedy Ave. Highland, IN

## SECTION II PLAN AND EQUIPMENT QUESTIONNAIRE

1. Explain your plan or layout for performing proposed work. (Examples could include a narrative of when you could begin work, complete the project, number of workers, etc. and any other information which you believe would enable the governmental unit to consider your bid.)

Work could begin immediately. Work Crew consists of (5) men/women. We have been in business for 35 years and have completed all work for all the various towns of Lake County including many private firms + Property Management Companies

2. Please list the names and addresses of all subcontractors (i.e. persons or firms outside your own firm who have performed part of the work) that you have used on public works projects during the past five (5) years along with a brief description of the work done by each subcontractor.

WILTZER EXCAVATING INC. LAWSON, ILL  
Clearing blockages + debris  
throughout Lake County Waterways.

3. If you intend to sublet any portion of the work, state the name and address of each subcontractor, equipment to be used by the subcontractor, and whether you will require a bond. However, if you are unable to currently provide a listing, please understand a listing must be provided prior to contract approval. Until the completion of the proposed project, you are under a continuing obligation to immediately notify the governmental unit in the event that you subsequently determine that you will use a subcontractor on the proposed project.

WE DO NOT INTEND TO USE ANY SUBCONTRACTORS  
OUR EQUIPMENT IS SUFFICIENT FOR ALL WORK NEEDED.

4. What equipment do you have available to use for the proposed project? Any equipment to be used by subcontractors may also be required to be listed by the governmental unit.

2 AERIAL TRUCKS - 80 FT + 100 FT WORKING HEIGHT  
3 CHIPPER TRUCKS - 3 CHIPPERS  
3 STUMP MACHINES, 3 BACKHOES  
2 PICKUP TRUCKS, 1 LOG LOADER TRUCK  
1 CRANE TRUCK

5. Have you entered into contracts or received offers for all materials which substantiate the prices used in preparing your proposal? If not, please explain the rationale used which would corroborate the prices listed.

YES - WE HAVE HAD 28 YEARS OF "BID" AWARDED CONTRACT WORK  
WE HAVE BEEN AWARDED 80% OF THESE BIDS  
AND OUR PRICES ARE BASED ON THIS EXPERIENCES.  
\* WE WERE AWARDED "BEST OF 2019" TREE SERVICE  
MUNSTER, IN

### SECTION III CONTRACTOR'S FINANCIAL STATEMENT

Attachment of bidder's financial statement is mandatory. Any bid submitted without said financial statement as required by statute shall thereby be rendered invalid. The financial statement provided hereunder to the governing body awarding the contract must be specific enough in detail so that said governing body can make a proper determination of the bidder's capability for completing the project if awarded.

1

#### SECTION IV CONTRACTOR'S NON - COLLUSION AFFIDAVIT

The undersigned bidder or agent, being duly sworn on oath, says that he has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by him, entered into any combination, collusion or agreement with any person relative to the price to be bid by anyone at such letting nor to prevent any person from bidding nor to include anyone to refrain from bidding, and that this bid is made without reference to any other bid and without any agreement, understanding or combination with any other person in reference to such bidding.

He further says that no person or persons, firms, or corporation has, have or will receive directly or indirectly, any rebate, fee, gift, commission or thing of value on account of such sale.

#### SECTION V OATH AND AFFIRMATION

I HEREBY AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FACTS AND INFORMATION CONTAINED IN THE FOREGOING BID FOR PUBLIC WORKS ARE TRUE AND CORRECT.

Dated at 2-19-2020 this \_\_\_\_\_ day of \_\_\_\_\_

Dave's Tree Service  
(Name of Organization)

By Dave Johnson  
(Title of Person Signing)

#### ACKNOWLEDGEMENT

STATE OF Indiana  
COUNTY OF LAKE ) ss

Before me, a Notary Public, personally appeared the above-named Dave Johnson and swore that the statements contained in the foregoing document are true and correct.

Subscribed and sworn to before me this 19th day of Feb 2020



[Signature]  
Notary Public



NO 4573

1005 RIDGE ROAD  
MUNSTER, INDIANA 46321-1849

# CERTIFICATE OF REGISTRATION

## YEAR 2019

THIS BUSINESS CERTIFICATE OF REGISTRATION  
IS GRANTED TO:

DAVES TREE SERVICE  
1555 PARK WEST CIR  
MUNSTER IN 46321

THIS REGISTRATION IS VALID UNTIL THE 31st DAY  
OF DECEMBER. PLEASE DISPLAY THIS CERTIFICATE  
IN YOUR PLACE OF BUSINESS.



*David F. Shafer*  
*David F. Shafer*

David F. Shafer  
Clerk-Treasurer



It is our pleasure to inform you that Dave's Tree Service has been selected for the 2019 Best of Munster Awards in the category of Tree Service.

BID OF

DAVE'S TREE SERVICE INC.  
(Contractor)

1555 Park West Circle  
(Address)

MUNSTER, IN 46321

FOR

PUBLIC WORKS PROJECTS

OF

TREE WORK SERVICES  
TREE REMOVAL - STUMP REMOVAL  
TREE TRIMMING

Filed 2-19-20

Action taken



chipper with minimum 12" diameter capability, and minimum 2-man labor crew.

\$ 600<sup>00</sup> /hourly rate per crew

**EMERGENCY CALL-OUT RATE**

Emergency Call-Out Rates shall be a multiplying factor based on all rates above in all categories.

Examples:

A Rate of 1 is same prices as above.

Rate of 1.5 is "time and one-half."

Rate of 2 is double the above quoted rates.

(Note: Any % factor can be chosen)

**Emergency Call-Out**

7 800<sup>00</sup> multiplier rate

**CONTRACTOR EQUIPMENT AVAILABILITIES**

*Please attach as a narrative and submit with bid:*

List and describe all equipment owned and available (i.e. bucket truck, grapple truck, chipper, crane, etc.). Please note equipment capacity/make/model/year and number of personnel.

**CONTRACTOR EXPERIENCE**

*Please attach as a narrative and submit with bid:*

Briefly describe years of experience and any major projects that reflect the ability of your company to perform *Tree Work Services* for the Town of Munster. Describe qualifications of crew members including any official arborist certifications, such as International Society of Arboriculture (ISA) Certified Arborist.

Arbor Pro Care  
Company Name

Michael L. Ciepły  
Signature and Title of Authorized Representative

Michael L. Ciepły  
Print Name and Title

374 N 450 E  
Business Address

VALPARAISO Indiana 46383  
City, State and Zip Code

(219) 617 8007  
Telephone Number

Fax Number

Mike.Ciepły2@gmail.com  
e-mail

Date bid prepared 2/20/2020

**The Town Council reserves the right to reject any and all bids, and to waive any informality. Contract can be cancelled at any time by the Town Council.**



2020 0117 LICENSE & PERMIT BOND 3:54

Know All Men By These Presents:

Bond No. 00B301999

MICHAEL L. CIEPLY  
RECORDED

That we, ARBOR PRO CARE/MICHAEL L. CIEPLY DBA  
of Street Address 374 N 450 E City VALPARAISO, State of IN,  
ZIP 46383, as Principal, and the **PEKIN INSURANCE COMPANY**, a corporation duly licensed to do business  
in the State of Indiana, as Surety, are held firmly bound unto the COUNTY  
of LAKE, State of Indiana, Oblige, in the penal  
sum of Five Thousand & 00/100 (\$ 5,000.00)  
DOLLARS, lawful money of the United States, to be paid to the said Oblige, for which payment well truly to be made, we  
bind ourselves and our legal representatives, jointly and severally by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATION IS SUCH, that whereas, the said Principal has been licensed  
TREE TRIMMING & REMOVAL

by said Oblige.

FULL NAME OF OBLIGE: THE BOARD OF COMMISSIONERS OF THE COUNTY OF LAKE,  
STATE OF INDIANA, AND ANY CITIES AND TOWNS IN LAKE COUNTY, INDIANA

NOW THEREFORE, if the said Principal shall faithfully perform the duties and in all things comply with the laws and  
ordinances, including all Amendments thereto, appertaining to the license or permit applied for, then this obligation to be  
void, otherwise to remain in full force and effect from 02/18/2020, until 02/18/2021,  
unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, by certified mail, to the clerk of  
the Political Subdivision with whom this bond is filed and to the Principal, addressed to them at the Political Subdivision  
named herein, and at the expiration of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto  
terminate and the Surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent  
to said date.

Dated this 18th day of February, 2020

COUNTERSIGNED

By

[Signature]

Resident Agent  
Resident Agent

By

[Signature]

PEKIN INSURANCE COMPANY



By

Edward A. Mulvey

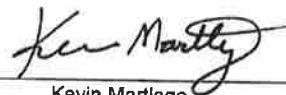
Edward A. Mulvey, Vice President - Personal Lines  
Edward A. Mulvey, Vice President - Personal Lines  
Edward A. Mulvey, Vice President - Personal Lines

# INTERNATIONAL SOCIETY OF ARBORICULTURE TREE RISK ASSESSMENT QUALIFICATION

**Michael L. Cieply**

---

Having successfully completed the requirements established by  
the International Society of Arboriculture, the above named  
is hereby recognized as ISA Tree Risk Assessment Qualified.

A handwritten signature in black ink, appearing to read 'Kevin Martlage', written over a horizontal line.

Kevin Martlage  
Director of Credentialing  
International Society of Arboriculture

28 Mar 2018

Issue Date

A handwritten signature in black ink, appearing to read 'Caitlyn Pollihan', written over a horizontal line.

Caitlyn Pollihan  
Executive Director  
International Society of Arboriculture

28 Mar 2023

Term of Validity End Date

# INTERNATIONAL SOCIETY OF ARBORICULTURE

## CERTIFIED ARBORIST™

*Michael Cieply*

Having successfully completed the requirements set by the  
International Society of Arboriculture, the above named  
is hereby recognized as an ISA Certified Arborist®



  
Luana Vargas  
Director of Credentialing Services  
International Society of Arboriculture

IN-3461A  
Certification Number

  
Caitlyn Pollihan  
Executive Director  
International Society of Arboriculture

15 Apr 2015  
Certified Since

30 Jun 2022  
Expiration Date



#0847  
ISO/IEC 17024  
Personnel Certification Program  
ISA Certified Arborist®

**BID BOND**  
(Specified Amount)

Bond Number: 64983933

KNOW ALL PERSONS BY THESE PRESENTS, That we \_\_\_\_\_  
Michael L Cieply dba Arbor Pro Care \_\_\_\_\_ of  
374 N 450 E, Valparaiso, IN 46383 \_\_\_\_\_, hereinafter  
referred to as the Principal, and \_\_\_\_\_ WESTERN SURETY COMPANY  
as Surety, are held and firmly bound unto \_\_\_\_\_ Town of MUNSTER  
xxf \_\_\_\_\_, hereinafter  
referred to as the Oblige, in the sum of Five Thousand One Hundred Fifty and 00/100  
Dollars (\$ 5,150.00 \_\_\_\_\_), for the payment of which we bind ourselves, our legal representatives, successors  
and assigns, jointly and severally, firmly by these presents.

WHEREAS, Principal has submitted or is about to submit a proposal to Oblige on a contract for \_\_\_\_\_  
TREE REMOVAL, STUMP REMOVAL, AND TREE TRIMMING \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

NOW, THEREFORE, if the said contract be awarded to Principal and Principal shall, within such time as may be  
specified, enter into the contract in writing and give such bond or bonds as may be specified in the bidding or  
contract documents with surety acceptable to Oblige; or if Principal shall fail to do so, pay to Oblige the  
damages which Oblige may suffer by reason of such failure not exceeding the penalty of this bond, then this  
obligation shall be void; otherwise to remain in full force and effect.

SIGNED, SEALED AND DATED this 21st day of February, 2020.

Michael L Cieply dba Arbor Pro Care \_\_\_\_\_  
(Principal)

By Michael L Cieply (Seal)



WESTERN SURETY COMPANY  
(Surety)

By Jonathan L. Shurr (Seal)  
Jonathan L. Shurr Attorney-in-Fact

# Western Surety Company

## POWER OF ATTORNEY - CERTIFIED COPY

Bond No. 64983933

Know All Men By These Presents, that WESTERN SURETY COMPANY, a corporation duly organized and existing under the laws of the State of South Dakota, and having its principal office in Sioux Falls, South Dakota (the "Company"), does by these presents make, constitute and appoint Jonathan L. Shurr

its true and lawful attorney(s)-in-fact, with full power and authority hereby conferred, to execute, acknowledge and deliver ~~for~~ and on its behalf as Surety, bonds for:

Principal: Michael L Cieply dba Arbor Pro Care

Obligee: Town of MUNSTER

Amount: \$1,000,000.00

and to bind the Company thereby as fully and to the same extent as if such bonds were signed by the Vice President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said attorney(s)-in-fact may do within the above stated limitations. Said appointment is made under and by authority of the following bylaw of Western Surety Company which remains in full force and effect.

"Section 7. All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

If Bond No. 64983933 is not issued on or before midnight of May 21st, 2020, all authority conferred in this Power of Attorney shall expire and terminate.

In Witness Whereof, Western Surety Company has caused these presents to be signed by its Vice President, Paul T. Bruflat, and its corporate seal to be affixed this 21st day of February, 2020.

WESTERN SURETY COMPANY



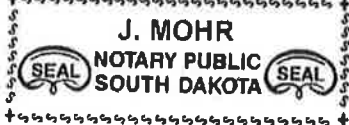
Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA

COUNTY OF MINNEHAHA

} ss

On this 21st day of February, in the year 2020, before me, a notary public, personally appeared Paul T. Bruflat, who being to me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of WESTERN SURETY COMPANY and acknowledged said instrument to be the voluntary act and deed of said corporation.



My Commission Expires June 23, 2021

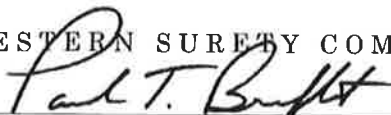


Notary Public - South Dakota

I the undersigned officer of Western Surety Company, a stock corporation of the State of South Dakota, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable, and furthermore, that Section 7 of the bylaws of the Company as set forth in the Power of Attorney is now in force.

In testimony whereof, I have hereunto set my hand and seal of Western Surety Company this 21st day of February, 2020.

WESTERN SURETY COMPANY



Paul T. Bruflat, Vice President

To validate bond authenticity, go to [www.cnasurety.com](http://www.cnasurety.com) > Owner/Obligee Services > Validate Bond Coverage.



# CONTRACTOR'S BID FOR PUBLIC WORK - FORM 96

State Form 52414 (R2 / 2-13) / Form 96 (Revised 2013)

Prescribed by State Board of Accounts

## PART I

(To be completed for all bids. Please type or print)

Date (month, day, year) 02/20/2020

1. Governmental Unit (Owner): Michael L. Cieply
2. County: Porter
3. Bidder (Firm): Aggr. Pro. Conc.  
Address: 374 N 450 E  
City/State/ZIP code: Valparaiso Indiana 46383
4. Telephone Number: (219) 617 8227
5. Agent of Bidder (if applicable): N/A

Pursuant to notices given, the undersigned offers to furnish labor and/or material necessary to complete the public works project of City of Munster

(Governmental Unit) in accordance with plans and specifications prepared by Michael L. Cieply and dated 02/20/2020 for the sum of

\$ \$ 1,250,000 (for contract yr.)

The undersigned further agrees to furnish a bond or certified check with this bid for an amount specified in the notice of the letting. If alternative bids apply, the undersigned submits a proposal for each in accordance with the notice. Any addendums attached will be specifically referenced at the applicable page.

If additional units of material included in the contract are needed, the cost of units must be the same as that shown in the original contract if accepted by the governmental unit. If the bid is to be awarded on a unit basis, the itemization of the units shall be shown on a separate attachment.

The contractor and his subcontractors, if any, shall not discriminate against or intimidate any employee, or applicant for employment, to be employed in the performance of this contract, with respect to any matter directly or indirectly related to employment because of race, religion, color, sex, national origin or ancestry. Breach of this covenant may be regarded as a material breach of the contract.

## CERTIFICATION OF USE OF UNITED STATES STEEL PRODUCTS (If applicable)

I, the undersigned bidder or agent as a contractor on a public works project, understand my statutory obligation to use steel products made in the United States (I.C. 5-16-8-2). I hereby certify that I and all subcontractors employed by me for this project will use U.S. steel products on this project if awarded. I understand that violations hereunder may result in forfeiture of contractual payments.

## ACCEPTANCE

The above bid is accepted this \_\_\_\_\_ day of \_\_\_\_\_, subject to the following conditions: \_\_\_\_\_

Contracting Authority Members:

_____	_____
_____	_____
_____	_____

## PART II

(For projects of \$150,000 or more – IC 36-1-12-4)

Governmental Unit: N/A

Bidder (Firm) \_\_\_\_\_

Date (month, day, year) \_\_\_\_\_

These statements to be submitted under oath by each bidder with and as a part of his bid.  
Attach additional pages for each section as needed.

## SECTION I EXPERIENCE QUESTIONNAIRE

1. What public works projects has your organization completed for the period of one (1) year prior to the date of the current bid?

Contract Amount	Class of Work	Completion Date	Name and Address of Owner

2. What public works projects are now in process of construction by your organization?

Contract Amount	Class of Work	Expected Completion Date	Name and Address of Owner



3. Have you ever failed to complete any work awarded to you? NO If so, where and why?

4. List references from private firms for which you have performed work.

Doug Brehle Sante Feist Properties Maint Supervisor (219) 898 8312  
Pete Reynolds Lakes of Valpo. Maint Supervisor (219) 476-6342  
Walt Portogez Commodities Broker (219) 477-7562  
Kevin Morse Midwest Solar (219) 714-2488  
Mike Leclerc Retired Hip Surgeon (219) 395-4945

## SECTION II PLAN AND EQUIPMENT QUESTIONNAIRE

1. Explain your plan or layout for performing proposed work. (Examples could include a narrative of when you could begin work, complete the project, number of workers, etc. and any other information which you believe would enable the governmental unit to consider your bid.)

Prioritize "High Risk" trees according to TAG criteria By ISA & Remove Before  
Spring storms, next would be to trim trees with major scaffold branch  
defects. Third trim trees for clearance at busy road intersections  
on other high value traffic areas. Use 4 man crew, 66' bucket, 15"  
chips with mulch, and dump trailer to remove wood & chips

2. Please list the names and addresses of all subcontractors (i.e. persons or firms outside your own firm who have performed part of the work) that you have used on public works projects during the past five (5) years along with a brief description of the work done by each subcontractor.

N/A

3. If you intend to sublet any portion of the work, state the name and address of each subcontractor, equipment to be used by the subcontractor, and whether you will require a bond. However, if you are unable to currently provide a listing, please understand a listing must be provided prior to contract approval. Until the completion of the proposed project, you are under a continuing obligation to immediately notify the governmental unit in the event that you subsequently determine that you will use a subcontractor on the proposed project.

N/A

4. What equipment do you have available to use for the proposed project? Any equipment to be used by subcontractors may also be required to be listed by the governmental unit.

2 40' Forestry Buckets (double over center boom), Vermeer 15" chains with hydraulic winch, Bobcat 300 track skid steer with grapple bucket, Deere 2500 4x4 pickup, 14'0" dump trailer. Rent 18,000 lbs crane locally as needed.

5. Have you entered into contracts or received offers for all materials which substantiate the prices used in preparing your proposal? If not, please explain the rationale used which would corroborate the prices listed.

Prices are derived from years of experience in industry, based on local labor rates, dump fees outside county, & complexity of the work.

### SECTION III CONTRACTOR'S FINANCIAL STATEMENT

Attachment of bidder's financial statement is mandatory. Any bid submitted without said financial statement as required by statute shall thereby be rendered invalid. The financial statement provided hereunder to the governing body awarding the contract must be specific enough in detail so that said governing body can make a proper determination of the bidder's capability for completing the project if awarded.

See addendum

#### SECTION IV CONTRACTOR'S NON - COLLUSION AFFIDAVIT

The undersigned bidder or agent, being duly sworn on oath, says that he has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by him, entered into any combination, collusion or agreement with any person relative to the price to be bid by anyone at such letting nor to prevent any person from bidding nor to include anyone to refrain from bidding, and that this bid is made without reference to any other bid and without any agreement, understanding or combination with any other person in reference to such bidding.

He further says that no person or persons, firms, or corporation has, have or will receive directly or indirectly, any rebate, fee, gift, commission or thing of value on account of such sale.

#### SECTION V OATH AND AFFIRMATION

I HEREBY AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FACTS AND INFORMATION CONTAINED IN THE FOREGOING BID FOR PUBLIC WORKS ARE TRUE AND CORRECT.

Dated at Valparaiso this 19 day of Feb., 2020

Robert P. Co  
(Name of Organization)

By Michael L. Cleply  
CEO  
(Title of Person Signing)

#### ACKNOWLEDGEMENT

STATE OF INDIANA )  
COUNTY OF PORTER ) ss

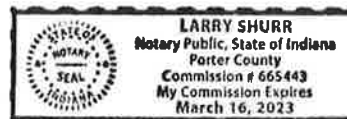
Before me, a Notary Public, personally appeared the above-named MICHAEL L. CLEPLY and swore that the statements contained in the foregoing document are true and correct.

Subscribed and sworn to before me this 19<sup>TH</sup> day of FEB., 2020

Larry Shurr  
Notary Public

My Commission Expires: MARCH 16, 2023

County of Residence: PORTER



BID OF

Michael Cieply

(Contractor)

374 N 450 E

(Address)

VALPARAISO IN 46383

FOR

PUBLIC WORKS PROJECTS

OF

Filed \_\_\_\_\_

Action taken \_\_\_\_\_



2016

**VOLUNTEER OF THE YEAR**

**MIKE CIEPLY**

**ARBOR PRO CARE**



**HAZARDOUS TREE REMOVAL AND  
OUTSTANDING VOLUNTEER SERVICE**

**TIPPECANOE STATE PARK**

chipper with minimum 12" diameter capability, and minimum 2-man labor crew.

\$ 225.00 /hourly rate per crew

**EMERGENCY CALL-OUT RATE**

Emergency Call-Out Rates shall be a multiplying factor based on all rates above in all categories.

Examples:

A Rate of 1 is same prices as above.

Rate of 1.5 is "time and one-half."

Rate of 2 is double the above quoted rates.

(Note: Any % factor can be chosen)

**Emergency Call-Out** 2 multiplier rate

**CONTRACTOR EQUIPMENT AVAILABILITIES**

*Please attach as a narrative and submit with bid:*

List and describe all equipment owned and available (i.e. bucket truck, grapple truck, chipper, crane, etc.). Please note equipment capacity/make/model/year and number of personnel.

**CONTRACTOR EXPERIENCE**

*Please attach as a narrative and submit with bid:*

Briefly describe years of experience and any major projects that reflect the ability of your company to perform *Tree Work Services* for the Town of Munster. Describe qualifications of crew members including any official arborist certifications, such as International Society of Arboriculture (ISA) Certified Arborist.

**Evans Tree Care, LLC**

Company Name



Owner

Signature and Title of Authorized Representative

**David Evans**

Print Name and Title

**9290 Clay Street**

Business Address

**Merrillville, IN 46410**

City, State and Zip Code

**(219) 299-7352**

Telephone Number

Fax Number

**evanstreellc@gmail.com**

e-mail

Date bid prepared **02/17/2020**

**The Town Council reserves the right to reject any and all bids, and to waive any informality. Contract can be cancelled at any time by the Town Council.**



# CONTRACTOR'S BID FOR PUBLIC WORK - FORM 96

State Form 52414 (R2 / 2-13) / Form 96 (Revised 2013)

Prescribed by State Board of Accounts

## PART I

(To be completed for all bids. Please type or print)

Date (month, day, year): 02/17/2020

1. Governmental Unit (Owner): Town of Munster, Indiana

2. County: Lake

3. Bidder (Firm): Evans Tree Care, LLC

Address: 9290 Clay Street

City/State/ZIPcode: Merrillville, IN 46410

4. Telephone Number: (219) 299-7352

5. Agent of Bidder (if applicable): David Evans, Owner

Pursuant to notices given, the undersigned offers to furnish labor and/or material necessary to complete the public works project of \_\_\_\_\_

(Governmental Unit) in accordance with plans and specifications prepared by \_\_\_\_\_

\_\_\_\_\_ and dated \_\_\_\_\_ for the sum of  
\$ \_\_\_\_\_

The undersigned further agrees to furnish a bond or certified check with this bid for an amount specified in the notice of the letting. If alternative bids apply, the undersigned submits a proposal for each in accordance with the notice. Any addendums attached will be specifically referenced at the applicable page.

If additional units of material included in the contract are needed, the cost of units must be the same as that shown in the original contract if accepted by the governmental unit. If the bid is to be awarded on a unit basis, the itemization of the units shall be shown on a separate attachment.

The contractor and his subcontractors, if any, shall not discriminate against or intimidate any employee, or applicant for employment, to be employed in the performance of this contract, with respect to any matter directly or indirectly related to employment because of race, religion, color, sex, national origin or ancestry. Breach of this covenant may be regarded as a material breach of the contract.

## CERTIFICATION OF USE OF UNITED STATES STEEL PRODUCTS

(If applicable)

I, the undersigned bidder or agent as a contractor on a public works project, understand my statutory obligation to use steel products made in the United States (I.C. 5-16-8-2). I hereby certify that I and all subcontractors employed by me for this project will use U.S. steel products on this project if awarded. I understand that violations hereunder may result in forfeiture of contractual payments.

### ACCEPTANCE

The above bid is accepted this 17th day of February, 2020, subject to the following conditions: N/A

Contracting Authority Members:

David Evans, Owner

### PART II (For projects of \$150,000 or more – IC 36-1-12-4)

Governmental Unit: Town of Munster, Indiana

Bidder (Firm) Evans Tree Care, LLC

Date (month, day, year): February 17, 2020

These statements to be submitted under oath by each bidder with and as a part of his bid.  
Attach additional pages for each section as needed.

### SECTION I EXPERIENCE QUESTIONNAIRE

1. What public works projects has your organization completed for the period of one (1) year prior to the date of the current bid?

Contract Amount	Class of Work	Completion Date	Name and Address of Owner
\$45,550	Tree Removal	06/15/2019	Environmental Restoration (City of East Chicago)

2. What public works projects are now in process of construction by your organization?

Contract Amount	Class of Work	Expected Completion Date	Name and Address of Owner



3. Have you ever failed to complete any work awarded to you? No If so, where and why?

---

---

---

4. List references from private firms for which you have performed work.

- Environmental Restoration (City of East Chicago)

Brett Glasby, (314) 550-6321, bglasby@erllc.com

- Lakeshore Seasonal Service, Jeff Elisha, (219) 462-9555, hfs@lakeseasonal.com

- City of Crown Point, IN, Kay Karakozis, (219) 730-0590, kkarakozis@crownpoint.in.gov

- Hobart Parks Dept, Justin Ellenberger, (219) 945-6037

## SECTION II PLAN AND EQUIPMENT QUESTIONNAIRE

1. Explain your plan or layout for performing proposed work. *(Examples could include a narrative of when you could begin work, complete the project, number of workers, etc. and any other information which you believe would enable the governmental unit to consider your bid.)*

ETC, LLC is available to begin working as soon as the the bid is approved. We have 2 crews of 7 total crewmen that operate a fleet of equipment as outlined below. All work will be completed efficiently and in a timely manner.

---

---

2. Please list the names and addresses of all subcontractors *(i.e. persons or firms outside your own firm who have performed part of the work)* that you have used on public works projects during the past five (5) years along with a brief description of the work done by each subcontractor.

- Calumet Crane, (219) 942-1769, 916 Plantation Rd, Valparaiso, IN 46368

Use of crane for specialized work, to include rigging, cabling and hoisting larger trees and to assist removing trees off structures after a storm.

---

---

3. If you intend to sublet any portion of the work, state the name and address of each subcontractor, equipment to be used by the subcontractor, and whether you will require a bond. However, if you are unable to currently provide a listing, please understand a listing must be provided prior to contract approval. Until the completion of the proposed project, you are under a continuing obligation to immediately notify the governmental unit in the event that you subsequently determine that you will use a subcontractor on the proposed project.

N/A

4. What equipment do you have available to use for the proposed project? Any equipment to be used by subcontractors may also be required to be listed by the governmental unit.

72' Portable Tracked Lift, 60' Portable Tracked Lift, 20 Yd Dump Truck,

55' Int'l Bucket Truck w/ 8 Yd Dump, Vermeer 725TX Branch/Material Handler

Brush Bandit 18XP Chipper, Vermeer 1500 BC Chipper, 25 Yd Log Hauler

Vermeer SC602 Stump Grinder, Vermeer 362 Stump Grinder,

Misc saws and cutting tools.

5. Have you entered into contracts or received offers for all materials which substantiate the prices used in preparing your proposal? If not, please explain the rationale used which would corroborate the prices listed.

No. Prices are based on labor and time needed to complete the outlined work and off-site debris removal.

### SECTION III CONTRACTOR'S FINANCIAL STATEMENT

Attachment of bidder's financial statement is mandatory. Any bid submitted without said financial statement as required by statute shall thereby be rendered invalid. The financial statement provided hereunder to the governing body awarding the contract must be specific enough in detail so that said governing body can make a proper determination of the bidder's capability for completing the project if awarded.

#### SECTION IV CONTRACTOR'S NON - COLLUSION AFFIDAVIT

The undersigned bidder or agent, being duly sworn on oath, says that he has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by him, entered into any combination, collusion or agreement with any person relative to the price to be bid by anyone at such letting nor to prevent any person from bidding nor to include anyone to refrain from bidding, and that this bid is made without reference to any other bid and without any agreement, understanding or combination with any other person in reference to such bidding.

He further says that no person or persons, firms, or corporation has, have or will receive directly or indirectly, any rebate, fee, gift, commission or thing of value on account of such sale.

#### SECTION V OATH AND AFFIRMATION

I HEREBY AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FACTS AND INFORMATION CONTAINED IN THE FOREGOING BID FOR PUBLIC WORKS ARE TRUE AND CORRECT.

Dated at \_\_\_\_\_ this 19<sup>th</sup> day of February, 2020

Evans Tree Care, LLC  
(Name of Organization)

By [Signature]  
DAVID EVANS, Owner  
(Title of Person Signing)

#### ACKNOWLEDGEMENT

STATE OF In )  
COUNTY OF Lake ) ss

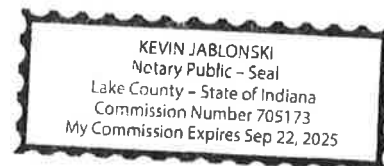
Before me, a Notary Public, personally appeared the above-named David Evans and  
swore that the statements contained in the foregoing document are true and correct.

Subscribed and sworn to before me this 19 day of Feb, 2020

[Signature]  
Notary Public

My Commission Expires: 9/22/2025

County of Residence: Lake



BID OF

Evans Tree Care, LLC

(Contractor)

9290 Clay St

(Address)

Merrillville, IN 46410

FOR

PUBLIC WORKS PROJECTS

OF

Town of Munster

Filed February 21, 2020

Action taken



EVATR-1

OP ID: TH

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/19/2019

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).

<b>PRODUCER</b> Pinnacle Insurance Group P.O. Box 907 Crown Point, IN 46308-0907 Pinnacle Insurance Group	<b>219-663-2483</b>	<b>CONTACT</b> Yvette M Strayer, AAI, CISR <b>NAME:</b> <b>PHONE</b> 219-663-2483 (A/C, No, Ext): <b>E-MAIL</b> yvette@pinnacleinsgrp.com <b>ADDRESS:</b>	<b>FAX</b> FAX-662-3284 (A/C, No):
<b>INSURED</b> Evans Tree Care LLC David Evans PO 795 Crown Point, IN 46308		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A:</b> NSI, a division of West Bend	<b>15350</b>
		<b>INSURER B:</b> The Travelers	<b>28188</b>
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

## 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 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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		A108816	01/09/2020	01/09/2021	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 checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		A108816	01/09/2020	01/09/2021	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 \$ -0-		A108816	01/09/2020	01/09/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	8JUB1K06601419	12/01/2019	12/01/2020	<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)

## CERTIFICATE HOLDER

MUNTO-1

TOWN OF MUNSTER  
Building Department  
1005 Ridge Rd  
Munster, IN 46321

## 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



RLI Insurance Company  
P.O. Box 3967  
Peoria, IL 61612-3967  
Phone: (309) 692-1000 Fax: (309) 683-1610

## CONTINUATION CERTIFICATE

RLI Insurance Company hereby continues in force Bond No. LSM0821839

briefly described as Tree Services Contractor with All Scopes bound  
unto The Board of Commissioners of the County of Lake, State of Indiana, and any cities and towns in Lake County,  
Indiana on behalf of Evans Tree Care LLC

Location Name & Address:	Bill To Name & Address: (If different)
<u>Evans Tree Care LLC</u>	
<u>PO Box 793</u>	
<u>Crown Point, IN 46308</u>	

in the sum of \$ 5,000.00 Dollars, for the term beginning December 15, 2018 and  
ending December 15, 2021 subject to all the covenants and conditions of the original bond referred to above.

This Continuation Certificate is executed upon the express condition that the Undersigned company's liability  
under said bond and under this and all Continuation Certificates issued in connection therewith shall  
and shall not in any event exceed the amount of said bond as hereinbefore set forth.

Dated this 25th day of October, 2018.



RLI Insurance Company

By B. W. Davis  
Barton W. Davis

Attorney In Fact

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE OBLIGEE.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2019 JAN 10 AM 10:05  
MICHAEL B. BROWN  
RECORDER

25<sup>th</sup>  
Cash  
OK



Dear Mr. Gunty,

Enclosed is our bid for the outlined work by The Town of Munster for Tree Remediation.

A bit about our company: We are a veteran-owned, full-service tree care company with experience on several municipal contracts, and recently acquired Hodge Tree Care after the untimely death of Russell Hodge. Our owner, David Evans, is a Certified Arborist (IN-3490A) with 20+ years experience in the industry, including commercial line-clearance, and large scale hurricane clean-up.

We are proud to employ the former crew of Erwin Tree Care that managed and completed several phases of the Ash Tree Contract overseen by Gina Darnell. Our crew adheres to the ANZI 300 Standards for proper pruning and tree removal and are current with the OSHA 40 Safety Standards. We are outfitted with the proper equipment to efficiently and safely take care of all your tree-related needs.

Through these several transitions, we have only grown more efficient in response to our clients' needs, such as having 24/7 emergency care, office personnel ready to take all calls and questions, and a crew at the ready every morning. We also have the added advantage of already having long-standing relationships with numerous Munster residents that trust and value our expertise.

We pride ourselves on working as a team and going the extra mile for our clients in a timely manner while meeting all requirements and deadlines. Without the strength of our word, we have no clients. And with no clients, we would not be able to keep raising the standard of the industry in the local market.

We are excited for the opportunity to work within a municipality that prides itself on community values, seeks to maximize community involvement, and always values professional integrity and respect.

Sincerely,

**David Evans**  
Owner

## Attachment: Tree Work Services Bid Form

## TOWN OF MUNSTER 2020 TREE WORK SERVICES BID FORM

Name of Contractor Arbor Care Piekarski & Sons, Inc.**TREE REMOVAL**Unit price for trees which need to be removed on a non-emergency basis. (Includes Tree and Stump Removal) NOTE: *Weighted Average shown is for Town scoring purposes.*

<u>Tree Size @ Diameter Breast Height (DBH)</u>	<u>Price Per Tree</u>	<u>Weighted Average</u>
6" - 11" DBH 8 960	\$ 120.00	19%
12" - 17" DBH 16 2560	\$ 160.00	35%
18" - 29" DBH 15 5100	\$ 340.00	32%
30" - 35" DBH 2 1250	\$ 625.00	4%
36" - 41" DBH 3 2625	\$ 875.00	6%
Over 41" DBH 2 2750	\$ 1375.00	4%

46 trees  
\$15,245**STUMP REMOVAL ONLY**

Unit prices for stump only removal:

<u>Stump Diameter</u>	<u>Lump Sum Price</u>	<u>Weighted Average</u>
Under 12" diameter 12 360	\$ 30.00	19%
12" - 17" diameter 21 840	\$ 40.00	35%
18" - 24" diameter 19 912	\$ 48.00	32%
24" - 36" diameter 2 140	\$ 70.00	4%
36" - 42" diameter 4 320	\$ 80.00	6%
Over 42" diameter 2 180	\$ 90.00	4%

60 stumps  
\$2752

The following are to be quoted on an HOURLY RATE, based on supplying a "Crew".

**TREE PRUNING** (non-emergency) A "Tree Pruning Crew" is defined as bucket truck with minimum 45' aerial lift, chipper with minimum 12" diameter capability, and a minimum 3-man labor crew.

\$ 325.00 /hourly rate per crew

**DEBRIS REMOVAL** (non-emergency) A Debris Removal "Chipper Crew" is defined as a



**TOWN OF MUNSTER 2020 TREE WORK SERVICES BID FORM**Name of Contractor DAVE'S TREE SERVICE, INC.**TREE REMOVAL**Unit price for trees which need to be removed on a non-emergency basis. (Includes Tree and Stump Removal) NOTE: *Weighted Average shown is for Town scoring purposes.*

<u>Tree Size @ Diameter Breast Height (DBH)</u>	<u>Price Per Tree</u>	<u>Weighted Average</u>
6" - 11" DBH 8 1800	\$ 225. <sup>00</sup>	19%
12" - 17" DBH 16 5120	\$ 320. <sup>00</sup>	35%
18" - 29" DBH 15 8250	\$ 550. <sup>00</sup>	32%
30" - 35" DBH 2 1600	\$ 800. <sup>00</sup>	4%
36" - 41" DBH 3 3750	\$ 1250. <sup>00</sup>	6%
Over 41" DBH 2 3000	\$ 1500. <sup>00</sup>	4%
46 trees	\$23,520	

**STUMP REMOVAL ONLY**

Unit prices for stump only removal:

<u>Stump Diameter</u>	<u>Lump Sum Price</u>	<u>Weighted Average</u>
Under 12" diameter 12 1200	\$ 100. <sup>00</sup>	19%
12" - 17" diameter 21 3780	\$ 180. <sup>00</sup>	35%
18" - 24" diameter 19 3800	\$ 200. <sup>00</sup>	32%
24" - 36" diameter 2 400	\$ 200. <sup>00</sup>	4%
36" - 42" diameter 4 800	\$ 200. <sup>00</sup>	6%
Over 42" diameter 2 450	\$ 225. <sup>00</sup>	4%
60 stumps	\$10,430	

The following are to be quoted on an **HOURLY RATE**, based on supplying a "Crew".**TREE PRUNING** (non-emergency) A "Tree Pruning Crew" is defined as bucket truck with minimum 45' aerial lift, chipper with minimum 12" diameter capability, and a minimum 3-man labor crew.\$ 650.<sup>00</sup> /hourly rate per crew**DEBRIS REMOVAL** (non-emergency) A Debris Removal "Chipper Crew" is defined as a

## Attachment: Tree Work Services Bid Form

**TOWN OF MUNSTER 2020 TREE WORK SERVICES BID FORM**Name of Contractor Michael L Cieply**TREE REMOVAL**

Unit price for trees which need to be removed on a non-emergency basis. (Includes Tree and Stump Removal) NOTE: Weighted Average shown is for Town scoring purposes.

Tree Size @ Diameter Breast Height (DBH)	Price Per Tree	Weighted Average
6" - 11" DBH	\$ 400 <sup>w</sup>	19%
12" - 17" DBH	\$ 800 <sup>w</sup>	35%
18" - 29" DBH	\$ 1,800 <sup>w</sup>	32%
30" - 35" DBH	\$ 2,400 <sup>w</sup>	4%
36" - 41" DBH	\$ 3,500 <sup>w</sup>	6%
Over 41" DBH	\$ 4,600 <sup>w</sup>	4%

46 trees 2 9200

**STUMP REMOVAL ONLY** \$67,500

Unit prices for stump only removal:

Stump Diameter	Lump Sum Price	Weighted Average
Under 12" diameter	\$ 60 <sup>w</sup>	19%
12" - 17" diameter	\$ 80 <sup>w</sup>	35%
18" - 24" diameter	\$ 100 <sup>w</sup>	32%
24" - 36" diameter	\$ 160 <sup>w</sup>	4%
36" - 42" diameter	\$ 240 <sup>w</sup>	6%
Over 42" diameter	\$ 340 <sup>w</sup>	4%

60 stumps \$6260

The following are to be quoted on an HOURLY RATE, based on supplying a "Crew".

**TREE PRUNING** (non-emergency) A "Tree Pruning Crew" is defined as bucket truck with minimum 45' aerial lift, chipper with minimum 12" diameter capability, and a minimum 3-man labor crew.\$ 650<sup>w</sup> /hourly rate per crew**DEBRIS REMOVAL** (non-emergency) A Debris Removal "Chipper Crew" is defined as a**DEBRIS REMOVAL** (non-emergency) A Debris Removal "Chipper Crew" is defined as a**DEBRIS REMOVAL** (non-emergency) A Debris Removal "Chipper Crew" is defined as a

**TOWN OF MUNSTER 2020 TREE WORK SERVICES BID FORM**Name of Contractor Evans Tree Care, LLC**TREE REMOVAL****Unit price for trees which need to be removed on a non-emergency basis. (Includes Tree and Stump Removal) NOTE: Weighted Average shown is for Town scoring purposes.**

<u>Tree Size @ Diameter Breast Height (DBH)</u>	<u>Price Per Tree</u>	<u>Weighted Average</u>
6" – 11" DBH 8 1600	\$ 200.00	19%
12" – 17" DBH 16 7200	\$ 450.00	35%
18" – 29" DBH 15 11250	\$ 750.00	32%
30" – 35" DBH 2 2450	\$ 1225.00	4%
36" – 41" DBH 3 4950	\$ 1650.00	6%
Over 41" DBH 2 4200	\$ 2100.00	4%
46 trees 31,650		

**STUMP REMOVAL ONLY****Unit prices for stump only removal:**

<u>Stump Diameter</u>	<u>Lump Sum Price</u>	<u>Weighted Average</u>
Under 12" diameter 12 480	\$ 40.00	19%
12" – 17" diameter 21 1260	\$ 60.00	35%
18" – 24" diameter 19 1425	\$ 75.00	32%
24" – 36" diameter 2 200	\$ 100.00	4%
36" – 42" diameter 4 560	\$ 140.00	6%
Over 42" diameter 2 350	\$ 175.00	4%
60 stumps 4275		

**The following are to be quoted on an HOURLY RATE, based on supplying a "Crew".****TREE PRUNING (non-emergency) A "Tree Pruning Crew" is defined as bucket truck with minimum 45' aerial lift, chipper with minimum 12" diameter capability, and a minimum 3-man labor crew.**

\$ 450.00 /hourly rate per crew

**DEBRIS REMOVAL (non-emergency) A Debris Removal "Chipper Crew" is defined as a**