

VEGETATION MANAGEMENT

LAKE SURVEYS

FISH MANAGEMENT



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PROFESSIONAL CONSULTANTS

FOUNTAINS

AERATION SYSTEMS

Proposal No.: 313465

Created : 12/17/2021

Company ID : 3201

Ms Laura Pramuk  
Town of Munster  
508 Fisher St.  
Munster, IN 46321

Office 219-836-6970

Invoices will be mailed to:  
Town of Munster  
508 Fisher St.  
Munster, IN 46321

We hereby submit specifications and costs for a **Custom Vegetation Management Program.**

**Program Specifications:**

Program to include a biweekly (every other week) inspection of 2 Lakes and 13 ponds for nuisance aquatic vegetation, with treatment as necessary to maintain acceptable control of nuisance aquatic vegetation during the contract period: April through September, 2022. All materials used in this maintenance program will be registered, or exempt from registration, with the U.S. E.P.A. and State Regulatory Agencies and all applicators will be certified. Material selection will be made with the clients water uses taken into consideration. Some restrictions on use of water may be necessary with weed treatments. Restrictions are listed below in the PRECAUTIONS section of this proposal. Any optional items such as are listed in the OPTIONS section. Nuisance vegetation for terms of this contract includes all submersed aquatic plants and floating/submersed filamentous algae which is visible from the surface or are interfering with the client use of the lake. Emergent vegetation (such as cattails) will be controlled only if requested by the client prior to entering into contract and such control is included in the OPTIONS section below. Control of duckweed and/or watermeal may require application of alternative herbicides and will incur additional charges with approval from client.

**Options and/or special terms included in this contract /proposal are as follows:**

This proposal covers the following properties: Centennial Park, 1 lake. White Oak Subdivision, 5 ponds. White Oak Woods, 1 pond. West Lakes, 1 lake 4 ponds, Community Estates, 2 ponds. Schoon ditch on Fisher St. between Calumet and Columbia. (Schoon ditch is a monthly rip-rap treatment that runs from April through August. Additional treatments may be needed between monthly visits. These can be completed for \$332.00 at client's request.)

**PROGRAM COST: \$26,995.00** ( \$26,995.00 plus \$0.00 sales tax )

Nontaxable ☐ Tax Rate 0.000%

**Notes and Precautions:**

**Algae Treatments** - No restrictions on water use. **Weed Treatments** - May require suspension of use of treated water for domestic use, swimming, irrigation, and livestock watering. Water use restrictions for your lake will be posted on the day of treatment, unless other notification arrangements have been made. There is an inherent risk of dissolved oxygen problems in waterbodies. Aquatic Control will follow product label directions and take necessary additional steps in an effort to avoid oxygen issues in your waterbody but will not be liable for clean-up or replacement of dead fish that could result from a decrease in dissolved oxygen.

**Terms:**

This contract is for the complete program as described in the above specifications and options sections, with material cost prorated over the entire contract period. Payment will be according to the payment option chosen. Overdue accounts shall accrue interest at an annual interest rate of 18%. Aquatic Control shall be entitled to collect its attorney fees incurred in the collection of any balance due here under. By signing below, you hereby agree and accept the above prices, specifications, conditions, and terms and authorize Aquatic Control to do the work as specified. Additionally, the undersigned warrants that the undersigned is authorized to sign and accept this proposal on behalf of Town of Munster and will indemnify and hold Aquatic Control harmless from third party claims for trespass, nuisance, or any other challenge to Aquatic Control's authority to perform the work provided for herein.

Authorized Signature:

Prepared By: Steven J. Lee

Printed: Steven J. Lee

**Acceptance of Proposal**

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as stated on the back of this document.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Printed: \_\_\_\_\_

(Fill in Payment Information on back.)

Please sign, date, and return to

Aquatic Control, Inc, 4511 Evans Avenue, Valparaiso, IN 46383

Payment Options (Please check choice)

- Prepayment prior to 4/1/2022 with 3.00% discount of \$809.85 for a total payment of \$26185.15.
  - ☐ *I have enclosed the prepayment with my signed proposal.*
  - ☐ I authorize Aquatic Control to charge my credit/debit card on this specific date \_\_\_\_\_. My credit/debit card information is listed below:  
Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_
  - ☐ I authorize Aquatic Control to make a withdrawal on this specific date \_\_\_\_\_. My bank account information is listed below:  
Bank Name \_\_\_\_\_  
Bank City and State \_\_\_\_\_  
Bank Routing Number \_\_\_\_\_  
Bank Account Number \_\_\_\_\_  
Bank Account Type Checking or Savings (circle one)
  - ☐ I will manually mail my timely payment to Aquatic Control.
- Net 30
  - ☐ I will receive an invoice after the service is performed and will manually pay from that invoice within 30 days of the invoice date.



COI - Town of  
Munster.pdf

Insurance Certificate attached

Signature

Date

3-21-2022



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/21/2022

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> Moore & Shepherd Insurance 320 South Airport Road PO Box 443 Seymour IN 47274		<b>CONTACT NAME:</b> Laverne Carr <b>PHONE (A/C, No, Ext):</b> (812) 522-8555 <b>FAX (A/C, No):</b> (812) 522-8592 <b>E-MAIL ADDRESS:</b> lcarr@shepherdins.com	
<b>INSURED</b> AQUATIC CONTROL, INC. 418 W STATE ROAD # 258 PO BOX 100 SEYMOUR IN 47274		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Selective Ins Co <b>INSURER B:</b> Bridgefield Casualty Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 12572 10335	

COVERAGES CERTIFICATE NUMBER: 21-22 Certificate 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
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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			S 1860441	06/17/2021	06/17/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			S 1860441	06/17/2021	06/17/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<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			S 1860441	06/17/2021	06/17/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	0196-51072	06/17/2021	06/17/2022	<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

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

Automatic Additional Insured applies to General Liability coverage on a Primary & Non-Contributory Basis where required by written contract subject to policy terms, conditions & exclusions. Waiver of Subrogation applies to General Liability coverage where required by written contract subject to policy terms, conditions & exclusions. The coverage extensions referenced on this certificate are achieved through the following forms which are included on the policy & attached to this certificate.

<b>CERTIFICATE HOLDER</b> Town of Munster 508 Fisher St.  Munster IN 46321	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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