



10117 KENNEDY AVE
HIGHLAND, IN 46322
T: (219) 924-9944
F: (219) 924-9947

Date: August 2, 2023

Pages: 2

To: Stephen Gunty - Town of Munster

Phone: 219-836-6975

From: Jodi Hoekstra

Phone: 219-924-9944

Proposal #: 231125

Subject: Cracksealing, Sealcoating, and Striping at Town Hall & Public Works

We Propose the Following:

Hot Rubber Cracksealing

- Existing weeds in the cracks will be removed.
- The cracks will be blown clean using a compressed air "heat lance".
- We use **Hot Rubber** sealants specifically designed for sealing cracks in asphalt.
- The sealant material is indirectly heated to 370 degrees in an oil jacketed melter.
- The melted rubber is then pumped into the prepared crack using a hand wand.
- A steel disk slides along the crack to leave a uniform band.
- This forms a firm but flexible seal which stands up to the summer heat and winter freeze.
- Seam cracks and random secondary cracks will be cracksealed.
- In broken/alligatored/shattered areas only the perimeter will be cracksealed. Loose asphalt chunks along with the rubber material may be pulled up onto tires if these areas are cracksealed.

Sealcoating

- Areas will be blocked off with barricades and caution tape.
- The pavement will be cleaned using forced air blowers and sweeping tools.
- The sealer will be applied using squeegees to push the material into the asphalt.
- The coating protects the asphalt against moisture and sunlight.
- Site Services uses coal tar or asphalt base sealer, latex additives and sand.
- The lot will be closed overnight to allow the sealer to cure.

Striping

- Existing parking lots will be re-striped in the same pattern and colors.
- The markings will be measured and chalk lines will be snapped as guidelines for painting.
- Site Services uses Graco line laser airless spray equipment to apply the paint.
- The material used is Acrylic traffic marking paint. 1 coat of paint will be applied.
- All lines, Handicapped Symbols and Stenciling will be painted.

Work will be completed by the following date: September 29, 2023

Quote for entire scope of work: \$35,245.00

See Attached Proof of Insurance & References

Terms: Balance due upon completion, Net 30 days. Interest of 1½% per month will be added to all past due, unpaid balances. Customer is responsible for the costs of collection of past due accounts, including but not limited to court costs and attorney fees. Note: we will accept payment by credit card, but there is a 3% additional charge above the contract price. If a permit is required, the cost of obtaining the permit will be added to the price of the project.

Warranty: Site Services warranties against defects in products or workmanship for a period of one (1) year from the date of installation. The warranty is limited to the repair or replacement of the defect. The warranty specifically excludes Damage from Acts of God, accidents, excessive traffic loads and snowplowing.

Site Services We will work closely with you to schedule this project in a way that will minimize the inconvenience involved for everyone. We have completed thousands of projects since 1982. Please check our website at siteservicesonline.com or call for the location of projects in your area.

Cordially,

Jodi Hoekstra

Jodi Hoekstra
Estimator

PROPOSAL ACCEPTANCE

To accept this proposal, sign below and send a copy back to me. Work will only be scheduled after the signed proposal has been returned, or a purchase order has been issued.

Accepted by: _____ Title: _____ Date: _____

Company Name

Authorized Signature: _____ Print Name: _____

Options Selected: _____ Total Contract Price: _____

SCHEDULING – After the proposal is signed and returned, I will make a work order for the operations manager. You will then be contacted regarding a proposed schedule for the project. Please indicate any issues that will affect our scheduling of this project. Indicate the hours the facility is open and any dates of special events. Please remember that Site Services does not work on Sunday.

THANK YOU FOR CHOOSING SITE SERVICES!





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/01/2022

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).

PRODUCER Midwest Insurance Center, Inc. 944 W. US Highway 30 Schererville IN 46375		CONTACT NAME: Lori Tournis PHONE (A/C, No, Ext): (219) 864-3333 FAX (A/C, No): (219) 864-9393 E-MAIL ADDRESS: lori@midwestic.com	
INSURED Site Services Inc. 10117 Kennedy Ave Highland IN 46322		INSURER(S) AFFORDING COVERAGE INSURER A: Frankenmuth Insurance Company INSURER B: Markel Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 13986 38970	

COVERAGES**CERTIFICATE NUMBER:** CL226105038**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 <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			6630470	06/01/2022	06/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			6630469	06/01/2022	06/01/2023	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6630470	06/01/2022	06/01/2023	EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ 8,000,000 \$
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N N/A			6630468 INDIANA & ILLINOIS	06/01/2022	06/01/2023	<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
B	POLLUTION LIABILITY			CPLMOL103300	06/12/2020	06/12/2022	AGGREGATE LIMIT \$2,000,000 CONDITION LIMIT \$2,000,000 DEDUCTIBLE \$10,000

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

PAVING CONTRACTOR

CERTIFICATE HOLDER**CANCELLATION**

FOR PROOF OF COVERAGE ONLY

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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10117 KENNEDY AVE
HIGHLAND, IN 46322
T: (219) 924-9944
F: (219) 924-9947

Date: February 15, 2023

Pages: 1

To: Becky Thomas - Superior Property Management

From: Eric DeVries

Phone: 219-924-9944

Subject: REFERENCES

References

<u>Company</u>	<u>Contact</u>	<u>Phone Number</u>
Bosak Auto Group – Multiple locations	Skip Bosak	219-922-3100
Buddig Meats – 3 locations Illinois	Pawel Kosicki	708-738-8082
Lake Central Schools St. John, IN	Bill Ledyard	219-365-8507
Travel Centers of America, Midwest Region	Robin Livesay	269-287-0735
McDonalds, Multiple locations NWI	Eric Walker	219-738-1889
Methodist Hospital, Merrillville, IN	Tim Kreischer	219-738-5699
City of Hammond, Hammond, IN	Dean Button	219-853-6336
Grimmer Construction, Highland, IN	John Dudlicek	219-924-1623
1 st American Management, Valparaiso, IN	Michael Bottos	219-464-3536

Please also take a look at the google reviews!

