

# SUBMITTAL FORM

## PROPOSED PRICE:

	Year 1 Price	Year 2 Price	Year 3 Price
<b>Nuisance Mowing</b> As needed – billed at one acre minimum	\$ 48 per acre	\$ 48 per acre	\$ 48 per acre
<b>Rough Cut Mowing</b> Approx. 133 acres, twice per year	\$ 48 per acre	\$ 48 per acre	\$ 48 per acre

Provide a list of mowing equipment that is available for use (please use separate paper if space is not adequate):

*Please see Separate Paper.*

List at least three (3) customers who are current or have been served by your company within the last three (3) years with projects of similar scope (please use separate paper if space is not adequate):

CUSTOMER *Fieldstream Apartments (Dan)*  
 ADDRESS *1735 NW Fieldstream Lane Ankeny.*  
 CONTACT/PHONE # *(515) 963-2347 - Dan.*  
 E-MAIL  
 ACRES MOWED/YEAR *10+ for mowing 4+ for rough cut 2012-2018*

CUSTOMER *The Reserve at destination Pointe. (Andy)*  
 ADDRESS *935 SE NE Silkwood St Grimes, IA 50891*  
 CONTACT/PHONE # *(515) 974-6440 - Andy*  
 E-MAIL  
 ACRES MOWED/YEAR *4+ for mowing, 20+ for rough cut/Construction Cleanup.*

CUSTOMER *Strathmore Apartments.*  
 ADDRESS *West des Moines.*  
 CONTACT/PHONE # *Dan. 402-871-6855*  
 E-MAIL  
 ACRES MOWED/YEAR *3+ of rough cut mowing for New Construction 2017*

3 John Deere 950M (72" decks)

4 John Deere 930M (60" decks)

2 John Deere 636 (36" decks) These mowers can be used to mow nuisance homes.

1 John Deere 325 Skid, with 72" mower on the front.

1 John Deere 4520 Tractor with a 10' pull behind mower.

## SIGNATURE PAGE

The undersigned contractor, having examined and familiarized him/herself with the nature of the specifications and work to be provided, proposes to perform all work as it relates to the Nuisance and Rough Cut Mowing Services contract.

The undersigned contractor certifies that his proposal is made in good faith without collusion or connection with any other person or persons bidding on these specifications.

The undersigned bidder states that this proposal is made in conformity with the specifications and agrees that in the event of any discrepancies or differences between any conditions of his/her proposal and the specifications prepared by the City of Ankeny that the provisions of the latter shall prevail.

Submitting Firm:

AAA Lawn Services, LLC

Address:

Po Box 943 Ankeny IA 50021

Authorized Representative (print):

Jennifer O'Connor

Title:

Owner

Authorized Signature:

Jennifer O'Connor

Date:

3-21-18

E-mail:

Nate O'Connor @ 30 Gmail.com

Phone #

(515) 210-3473

Fax #

( )

**EXCEPTIONS/ DEVIATIONS** to this Request for Bid shall be taken below. If adequate space is not provided for exceptions/deviations, please use a separate sheet of paper. If your company has no exceptions/deviations, please write "No Exceptions" in the space below.

No Exceptions.

### FIRM PRICING

Offered prices shall remain firm for a minimum of 60 days after the due date of this solicitation unless indicated otherwise. Accepted prices shall remain firm for the duration of the contract.

### CITY'S RIGHT TO TERMINATE CONTRACT

The City may, without prejudice to any other right or remedy and after giving contractor seven (7) days' notice, may terminate without cause, the future performance of the contract.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/26/2018

<b>PRODUCER</b> Adamson Insurance and Associates Inc 2501 SE Tones Dr Ankeny, Ia. 50021 515-965-5552	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> AAA Lawn Services LLC PO Box 943 Ankeny, Ia. 50021	INSURER A: AutoOwners Insurance Co	
	INSURER B: First Comp	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	<b>GENERAL LIABILITY</b> <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"/> PROJECT <input type="checkbox"/> LOC	39084387	09/08/2017	09/08/2018	EACH OCCURRENCE	\$ 2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 2,000,000
						GENERAL AGGREGATE	\$ 3,000,000
						PRODUCTS - COMP/OP AGG	\$ 3,000,000
A	X	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comp : 500 Ded <input checked="" type="checkbox"/> Coll: 500 Ded	50-476150-02	09/08/2017	09/08/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EAACC	\$
						AGG	\$
A	X	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 5000	39084387	09/08/2017	09/08/2018	EACH OCCURRENCE	\$ 1,000,000
						AGGREGATE	\$ 1,000,000
							\$
							\$
							\$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> X If yes, describe under SPECIAL PROVISIONS below	MWC0084460-02	09/08/2017	09/08/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A		<b>OTHER</b> Inland Marine: Portable Tools and Equipment	39084387	09/08/2017	09/08/2018	Limit; \$10,000 blanket tool coverage: \$5,000	

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Leased/Rented Equipment of others: \$50,000

Description of Operation: Nuisance and Rough Cut Mowing Services

Additional Insured: The City of Ankeny, its officers and employees shall be named as additional insureds without restrictions on the Contractor's, Subcontractor's, and independent contractors liability insurance policies and certificates of insurance.

### CERTIFICATE HOLDER

City of Ankeny  
410 West First St  
Ankeny, Ia. 50023

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
Michael Adamson