



TRI-TOWN SERVICES
P.O. BOX 484, ANDES, NEW YORK 13731
ANDES - MARGARETVILLE - DELHI

wn Maintenance
Gardens Tilled
Shrubs Planted
Tree Trimming
Bush Hogging

Free Reasonable Estimates
Second Home Prewarming

Backhoe
York Rake
Snow Plowing
Light Carpentry
Chimney Sweep

For

Town of Andes

Bid

I

Date

4-26-11

Contact Bill Drew
914-676-3206

NCE

OP ID KQ

DATE (MM/DD/YYYY)

04/14/11

UPON THE CERTIFICATE HOLDER. THIS
VERAGE AFFORDED BY THE POLICIES
HE ISSUING INSURER(S), AUTHORIZED

d. If SUBROGATION IS WAIVED, subject to
in this certificate does not confer rights to the

FAX
(A/C, No):

-8

(S) AFFORDING COVERAGE

NAIC #

Mutual Ins. Co.

13919

REVISION NUMBER:

ON NAMED ABOVE FOR THE POLICY PERIOD
DOCUMENT WITH RESPECT TO WHICH THIS
HEREIN IS SUBJECT TO ALL THE TERMS,
IS.

Y EXP
(YYYY)

LIMITS

7/11

EACH OCCURRENCE	\$ 300000
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50000
MED EXP (Any one person)	\$ 1000
PERSONAL & ADV INJURY	\$ 300000
GENERAL AGGREGATE	\$ 1000000
PRODUCTS - COMP/OP AGG	\$ 1000000
	\$
COMBINED SINGLE LIMIT (Ea accident)	\$
BODILY INJURY (Per person)	\$
BODILY INJURY (Per accident)	\$
PROPERTY DAMAGE (Per accident)	\$
	\$
	\$
EACH OCCURRENCE	\$
AGGREGATE	\$
	\$
	\$
WC STATU-TORY LIMITS	OTH-ER
E.L. EACH ACCIDENT	\$
E.L. DISEASE - EA EMPLOYEE	\$
E.L. DISEASE - POLICY LIMIT	\$

d)

CERTIFICATE HOLDER

CANCELLATION

TO

Town of Andes
115 Delaware Ave
Andes NY 13731

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

CERTIFICATE OF LIABILITY INSURANCE

OP ID KQ

DATE (MM/DD/YYYY)

04/14/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Mang Ins. Agy. LLC Delhi Andes Rd. P.O. Box 266 Delhi NY 13753 Phone: 607-746-2381 Fax: 607-746-6647	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: TRITO-8														
INSURED Tri-Town Services William F. Drew dba PO Box 484 Andes NY 13731	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Dryden Mutual Ins. Co.</td> <td>13919</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Dryden Mutual Ins. Co.	13919	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Dryden Mutual Ins. Co.	13919														
INSURER B:															
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INSURER E:															
INSURER F:															

OVERAGES

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.

R	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			T1131949	07/27/10	07/27/11	EACH OCCURRENCE \$ 300000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ 1000 PERSONAL & ADV INJURY \$ 300000 GENERAL AGGREGATE \$ 1000000 PRODUCTS - COMP/OP AGG \$ 1000000
<input type="checkbox"/>	CLAIMS-MADE <input type="checkbox"/> OCCUR						
<input checked="" type="checkbox"/>	BGL BF (LS6)						
	GEN'L AGGREGATE LIMIT APPLIES PER:						
<input type="checkbox"/>	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						
<input type="checkbox"/>	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/>	ALL OWNED AUTOS						BODILY INJURY (Per person) \$
<input type="checkbox"/>	SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
<input type="checkbox"/>	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>	NON-OWNED AUTOS						\$
<input type="checkbox"/>	UMBRELLA LIAB						\$
<input type="checkbox"/>	EXCESS LIAB						\$
<input type="checkbox"/>	DEDUCTIBLE						\$
<input type="checkbox"/>	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SEE NYS FORM U.26-3			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						WC STATUTORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

TO

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Town of Andes
 115 Delaware Ave
 Andes NY 13731

AUTHORIZED REPRESENTATIVE

© 1988-2009 ACORD CORPORATION. All rights reserved.

NON-COLLUSIVE BIDDING CERTIFICATETOWN OF ANDES

By submission of this bid or proposal, the bidder certifies that:

(A) This bid or proposal has been independently arrived at without collusion with any other bidder or with any competitor or potential competitor;

(B) This bid or proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of bids or proposals for this project, to any other bidder, competitor or potential competitor;

(C) No attempt has been or will be made to induce any other person, partnership or corporation to submit or not submit a bid or proposal;

(D) The person signing this bid or proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties of perjury, affirms the truth thereof, such penalties being applicable to the bidder as well as the person signing in its behalf;

(E) That the attached hereto (if a corporate bidder) is a certified copy of resolution authorizing the execution of this certificate by the signator of this bid or proposal in behalf of the corporate bidder.

SIGNED: *William F. Dew*

DATE: *4-10-11*

Lasting Impression

Landscapes & Property Management

Brent G. Trimbell

btrimbell@yahoo.com

695 Town Brook Road
Hobart, NY 13788

www.lastingimpressionpropmgt.com

607.287.9561

To: Andes Town Board

Bid price proposal:

This proposal is for lawn maintenance at the Shavertown Cemetery. Necessary travel time is included.

#1 - General Spring Clean-up (Leaves, stones, dead grass, flowers) = no charge

#2 - General lawn maintenance – Bi-Weekly basis (Mowing, trimming, blower (excess grass from parking lot and walkways)) Length of service contract 5/10/11 – end of season = \$2630

Other Services of interest for your location:

- Tree removal & trimming
- Shrub trimming & planting, Mulch or wood chips (Around shrubs)

**** Prices available upon request... We now accept Visa, MasterCard & Discover****

Thank you for this opportunity,

Brent G. Trimbell

NON-COLLUSIVE BIDDING CERTIFICATETOWN OF ANDES

By submission of this bid or proposal, the bidder certifies that:

(A) This bid or proposal has been independently arrived at without collusion with any other bidder or with any competitor or potential competitor;

(B) This bid or proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of bids or proposals for this project, to any other bidder, competitor or potential competitor;

(C) No attempt has been or will be made to induce any other person, partnership or corporation to submit or not submit a bid or proposal;

(D) The person signing this bid or proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties of perjury, affirms the truth thereof, such penalties being applicable to the bidder as well as the person signing in its behalf;

(E) That the attached hereto (if a corporate bidder) is a certified copy of resolution authorizing the execution of this certificate by the signator of this bid or proposal in behalf of the corporate bidder.

SIGNED:

Burt G. Timbell

DATE: 4/17/11

OP ID: LM

DATE (MM/DD/YYYY)

04/11/11

CERTIFICATE OF LIABILITY INSURANCE

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 ISSUED HEREUNDER. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Robert O. Mable Agency, Inc.
PO Box 26 147 Main Street
Elhi, NY 13753
Robert O Mable Agency, Inc.

607-746-2354

607-746-3226

CONTACT

NAME:

PHONE

(A/C, No, Ext):

E-MAIL

ADDRESS:

PRODUCER

CUSTOMER ID #: TRIMBR2

FAX

(A/C, No):

INSURER(S) AFFORDING COVERAGE

NAIC #

15024

INSURED
Brent Trimbell DBA Lasting
Impression Landscapes & Prop M
695 Township Rd
Hobart, NY 13788

INSURER A: Preferred Mutual Insurance Co.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
TR		INSR WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	
	GENERAL LIABILITY		CPP0100602354	11/04/10	11/04/11	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COM/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DEDUCTIBLE					
	RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	N/A			WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
andscape Gardening

CERTIFICATE HOLDER

Town of Andes
115 Delaware Ave
Andes, NY 13731

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

Robert O Mable Agency, Inc.

Robert O. Mable

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TRI-TOWN SERVICES

P.O. BOX 484, ANDES, NEW YORK 13731
ANDES - MARGARETVILLE - DELHI

wn Maintenance
Gardens Tilled
Shrubs Planted
Tree Trimming
Bush Hogging

Free Reasonable Estimates
Second Home Prewarming

For

Town of Andes

Backhoe
York Rake
Snow Plowing
Light Carpentry
Chimney Sweep

Contact Bill Drew
914-676-3206

Date

4-26-11

#2

*Seasonal mowing
water reservoir*

424

*Thanks
Bill*

NCE

OP ID KQ

DATE (MM/DD/YYYY)

04/14/11

UPON THE CERTIFICATE HOLDER. THIS
VERAGE AFFORDED BY THE POLICIES
HE ISSUING INSURER(S), AUTHORIZED

d. If SUBROGATION IS WAIVED, subject to
on this certificate does not confer rights to the

FAX
(A/C, No):

-8

(S) AFFORDING COVERAGE

NAIC #

Mutual Ins. Co.

13919

REVISION NUMBER:

ED NAMED ABOVE FOR THE POLICY PERIOD
DOCUMENT WITH RESPECT TO WHICH THIS
HEREIN IS SUBJECT TO ALL THE TERMS,
VS.

CY EXP
D/YYYY)

LIMITS

EACH OCCURRENCE	\$ 300000
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50000
MED EXP (Any one person)	\$ 1000
PERSONAL & ADV INJURY	\$ 300000
GENERAL AGGREGATE	\$ 1000000
PRODUCTS - COMP/OP AGG	\$ 1000000
	\$

COMBINED SINGLE LIMIT (Ea accident)	\$
BODILY INJURY (Per person)	\$
BODILY INJURY (Per accident)	\$
PROPERTY DAMAGE (Per accident)	\$
	\$
	\$

EACH OCCURRENCE	\$
AGGREGATE	\$
	\$
	\$

WC STATUTORY LIMITS	OTHER
E.L. EACH ACCIDENT	\$
E.L. DISEASE - EA-EMPLOYEE	\$
E.L. DISEASE - POLICY LIMIT	\$

ed)

CERTIFICATE HOLDER

TO

Town of Andes
115 Delaware Ave
Andes NY 13731

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

OP ID KQ

DATE (MM/DD/YYYY)

04/14/11

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PRODUCER Mang Ins. Agy. LLC Delhi Andes Rd. P.O. Box 266 Delhi NY 13753 Phone: 607-746-2381 Fax: 607-746-6647	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: TRITO-8														
INSURED Tri-Town Services William F. Drew dba PO Box 484 Andes NY 13731	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Dryden Mutual Ins. Co.</td> <td>13919</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Dryden Mutual Ins. Co.	13919	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Dryden Mutual Ins. Co.	13919														
INSURER B:															
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INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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SR TR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ 300000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ 1000 PERSONAL & ADV INJURY \$ 300000 GENERAL AGGREGATE \$ 1000000 PRODUCTS - COMP/OP AGG \$ 1000000
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BGL BF (LS6) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			T1131949	07/27/10	07/27/11	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			SEE NYS FORM U.26-3			WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 owing

CERTIFICATE HOLDER <div style="text-align: center;">TO</div> Town of Andes 115 Delaware Ave Andes NY 13731	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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NON-COLLUSIVE BIDDING CERTIFICATETOWN OF ANDES

By submission of this bid or proposal, the bidder certifies that:

(A) This bid or proposal has been independently arrived at without collusion with any other bidder or with any competitor or potential competitor;

(B) This bid or proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of bids or proposals for this project, to any other bidder, competitor or potential competitor;

(C) No attempt has been or will be made to induce any other person, partnership or corporation to submit or not submit a bid or proposal;

(D) The person signing this bid or proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties of perjury, affirms the truth thereof, such penalties being applicable to the bidder as well as the person signing in its behalf;

(E) That the attached hereto (if a corporate bidder) is a certified copy of resolution authorizing the execution of this certificate by the signator of this bid or proposal in behalf of the corporate bidder.

SIGNED: *William F. L...*

DATE: 4-10-11

Lasting Impression

Landscapes & Property Management

Brent G. Trimbell

btrimbell@yahoo.com

695 Town Brook Road
Hobart, NY 13788

www.lastingimpressionpropmgt.com

607.287.9561

To: Andes Town Board

Bid price proposal:

This proposal is for lawn maintenance at the Andes Water Reservoir. Necessary travel time is included.

#1 - General Spring Clean-up (Leaves, stones, dead grass, flowers) = No charge

#2 - General lawn maintenance – Bi-Weekly basis (Mowing, trimming, blower (excess grass from parking lot and walkways)) Length of service contract

5/10/11 – end of season = \$400

Other Services of interest for your location:

- Tree removal & trimming
- Shrub trimming & planting, Mulch or wood chips (Around shrubs)

**** Prices available upon request... We now accept Visa, MasterCard & Discover****

Thank you for this opportunity,

Brent G. Trimbell

NON-COLLUSIVE BIDDING CERTIFICATETOWN OF ANDES

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(E) That the attached hereto (if a corporate bidder) is a certified copy of resolution authorizing the execution of this certificate by the signator of this bid or proposal in behalf of the corporate bidder.

SIGNED:

Bob G. Vinland

DATE:

4/17/11

DATE (MM/DD/YYYY)

04/11/11

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Robert O. Mable Agency, Inc. PO Box 26 147 Main Street Delhi, NY 13753 Robert O Mable Agency, Inc.	607-746-2354 607-746-3226	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: TRIMBR2	FAX (A/C, No):
INSURED Brent Trimbell DBA Lasting Impression Landscapes & Prop M 695 Township Rd Hobart, NY 13788		INSURER(S) AFFORDING COVERAGE INSURER A: Preferred Mutual Insurance Co. NAIC # 15024 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		CPP0100602354	11/04/10	11/04/11	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					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
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
AUTOMOBILE LIABILITY <input 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						
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						
WC STATU- TORY LIMITS <input type="checkbox"/> DTH- ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Landscape Gardening

CERTIFICATE HOLDER	CANCELLATION
Town of Andes 115 Delaware Ave Andes, NY 13731	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 Robert O Mable Agency, Inc. <i>Robert O. Mable</i>