

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. Drew

DATE:

11-14-11



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/14/2011

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 License # 1096340
Mang Ins Agency LLC DEL
66 South Broad St
Norwich, NY 13815

CONTACT NAME:
PHONE (A/C, No, Ext): (800) 965-6264 FAX (A/C, No): (607) 746-6647
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Dryden Mutual Ins. Co.	13919

INSURED
Tri-Town Services
William F. Drew dba
PO Box 484
Andes, NY 13731

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BGL BF (LS6)			T1231959	7/27/2011	7/27/2012	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	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"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED 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			N/A			WC STATUTORY LIMITS 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)
Snowplowing

CERTIFICATE HOLDER

CANCELLATION

Town of Andes
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

Richard R. Minatit



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

Amundson

Lawn Maintenance
 Gardens Tilled
 Shrubs Planted
 Tree Trimming
 Bush Hogging

Free Reasonable Estimates
 Second Home Prewarming

For *Team of Andes*

Backhoe
 York Rake
 Snow Plowing
 Light Carpentry
 Chimney Sweep
 Contact Bill Drew
 914-676-3206

Date *11-14-11*

<i>Second Squad of</i>		
<i>Pump House</i>		
<i>Bid # 2</i>	<i>125</i>	



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

Amundson

Lawn Maintenance
 Gardens Tilled
 Shrubs Planted
 Tree Trimming
 Bush Hogging

Free Reasonable Estimates
 Second Home Prewarming

For *Team of Andes*

Backhoe
 York Rake
 Snow Plowing
 Light Carpentry
 Chimney Sweep
 Contact Bill Drew
 914-676-3206

Date *11-14-11*

<i>Second Squad removed</i>		
<i>from Harold Bridges SC9</i>		<i>49</i>

*Thanks
Bill*

NON-COLLUSIVE BIDDING CERTIFICATETOWN OF ANDES

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SIGNED:



DATE:

11/14/11

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/14/11

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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 Town Brook Rd Hobart, NY 13788	INSURER(S) AFFORDING COVERAGE		
			NAIC # 15024
		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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					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"/> COMMERCIAL GENERAL LIABILITY		CPP0110602354	11/04/11	11/04/12	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO-JECT LOC					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<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					EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					
	<input type="checkbox"/> DEDUCTIBLE					
	<input type="checkbox"/> RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				

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

CERTIFICATE HOLDER Town of Andes Waste Water Treatment Plant Shane Boice PO Box 85 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. <i>[Signature]</i>
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LASTING IMPRESSION

Landscapes & Property Management
Brent G. Trimbell
695 Town Brook Road
Hobart, NY 13788
607-287-9561

www.lastingimpressionpropmgt.com

btrimbell@yahoo.com

November 14, 2011

Town of Andes
Waste Water Treatment Plant
Attn: Shane Boice
PO Box 85
Andes, NY 13731

845-676-3990

We hereby submit specifications and proposal for the 2011-2012 Snow Plowing & Removal for all areas at your Town of Andes Waste Water Treatment Plant, Andes, New York.

This proposal is figured on a per season basis to include plowing of driveway, parking lot and gate, shoveling of entrances, exits, and overhead doors. Salt service is available upon request at an additional charge.

- Waste Water Treatment Plant proposed cost is \$2,250.00.
- Additional charge for salting will be \$50.00 per occurrence

A copy of Certificate of Contractor liability insurance available upon awarding of bid

Respectfully Submitted,



Brent Trimbell
Owner

LASTING IMPRESSION

Landscapes & Property Management
Brent G. Trimbell
695 Town Brook Road
Hobart, NY 13788
607-287-9561

www.lastingimpressionproprmt.com

btrimbell@yahoo.com

November 14, 2011

Town of Andes
Waste Water Treatment Plant
Attn: Janis L. Jacques, Clerk
PO Box 85
Andes, NY 13731

845-676-4791

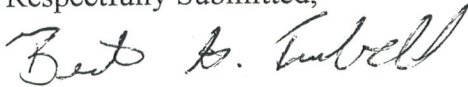
We hereby submit specifications and proposal for the 2011-2012 Snow Plowing & Removal for all areas at your Town of Andes Water District Spring Treatment Plant Bid, Andes, New York.

This proposal is figured on a per season basis to include plowing of driveway, parking lot and gate, shoveling of entrances, exits, and overhead doors. Salt service is available upon request at an additional charge.

- Water District Spring Treatment Plant Bid #1 proposed cost is \$ 1,100.00.
- Water District Pump House Bid #2 Proposed cost is \$475.00.

A copy of Certificate of Contractor liability insurance available upon awarding of bid

Respectfully Submitted,



Brent Trimbell
Owner

LASTING IMPRESSION

Landscapes & Property Management

Brent G. Trimbell

695 Town Brook Road

Hobart, NY 13788

607-287-9561

www.lastingimpressionpropmgt.com

btrimbell@yahoo.com

November 14, 2011

Hamlet of Andes
Attn: Andes Town Board
PO Box 125
Andes, NY 13731

845-676-4791

We hereby submit specifications and proposal for the 2011-2012 Snow Removal for the following four bid proposals.

Bid #1 – Snow removal from all hamlet bridges per season \$1,000.00.

Bid #2 – Snow removal of delinquent homeowner sidewalks is a flat rate of \$15.00 per sidewalk.

Bid #3 – Snow removal from court building sidewalk and entrance per season \$1000.00.

Bid #4 – Snow removal form Veteran's Park sidewalk per season \$1,000.00

A copy of Certificate of Contractor liability insurance available upon awarding of bid

Respectfully Submitted,



Brent Trimbell
Owner