

| EQUIPMENT & OPERATOR SERVICES<br>BID OPENING<br>1-11-11 | TAYLOR EXCAVATING<br>COMPANY | GATEWAY SEWER &<br>DRAIN INC | ST. LOUIS DRAIN LLC          |
|---------------------------------------------------------|------------------------------|------------------------------|------------------------------|
|                                                         | ST. LOUIS, MO                | HIGH RIDGE, MO               | HIGH RIDGE, MO               |
| AFFIDAVIT COMPLETED                                     | YES                          | YES                          | YES                          |
| COPY OF INSURANCE PROVIDED                              | YES                          | YES                          | YES                          |
| COMMENTS:                                               | ATTACHED PRICE<br>RATE SHEET | ATTACHED PRICE<br>RATE SHEET | ATTACHED PRICE<br>RATE SHEET |



**JEFFERSON COUNTY**  
**DEPARTMENT OF ADMINISTRATIVE SERVICES**  
729 MAPLE ST / PO BOX 100  
HILLSBORO MO 63050  
WWW.JEFFCOMO.ORG

**Invitation for Bid: EQUIPMENT & OPERATOR SERVICES Date Issued: 12-3-10**

BIDS SHALL BE ACCEPTED UNTIL: TUESDAY, JANUARY 11, 2011, AT 2:00 P.M. LOCAL TIME.

**Specification**

**Contact:**

WILLIAM KOEHRER

Department of the Public Works

636-797-5369

**Contract**

**Contact:**

VICKIE PRATT

Department of Administrative Services

636-797-5382

**Mail (3) Three Complete Copies With Vendor And Bid Information As Shown In Sample:**

**Contract Term:**  
**4-1-11 to 3-31-12**

**Vendor Information:**

**SAMPLE ENVELOPE**

*VENDOR NAME*

*VENDOR ADDRESS*

*CONTACT NUMBER*

**DEPARTMENT OF THE COUNTY CLERK**

**JEFFERSON COUNTY MISSOURI**

**729 MAPLE ST / PO BOX 100**

**HILLSBORO MO 63050-0100**

*SEALED BID: (BID NAME)*

The undersigned certifies that he/she has the authority to bind this company in an agreement/contract to supply the commodity or service in accordance with all terms, conditions, and pricing specified. Prices are firm during this agreement term, unless agreed upon in writing by the County. The County has the option to renew this agreement at the same terms and conditions as the original agreement for one additional one-year term with the written consent of the successful bidder. Price increases for renewals are not authorized unless approved in writing by the County.

Taylor Excavating Co., Inc. William R. Taylor Jr.  
Company Name Authorized Agent (Print)

3917 Reavis Barracks Rd William R. Taylor Jr.  
Address Signature

St. Louis, Mo 63125 GENERAL MANAGER  
City/State/Zip Code Title

314-544-3030 12-20-2010 430788150  
Telephone # Date Tax ID #

billt@taylorcrannerental.com 314-544-3035  
E-mail Fax #

## EXHIBIT C

### AFFIDAVIT OF WORK AUTHORIZATION:

The grantee, sub grantee, contractor or subcontractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now William R Taylor Jr (Name of Business Entity Authorized Representative) as GENERAL MANAGER (Position/Title) first being duly sworn on my oath, affirm TAYLOR EXCAVATING Co., INC (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to EQUIPMENT & OPERATOR SERVICES (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contractor, or subcontractor, if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that TAYLOR EXCAVATING CO., INC (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to EQUIPMENT & OPERATOR SERVICES (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contract, or subcontract, if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

William R Taylor Jr.  
Authorized Representative's Signature

William R Taylor Jr.  
Printed Name

GENERAL MANAGER. 12-20-2010  
Title Date

Subscribed and sworn to before me this 20 of 12-2010. I am

(DAY)

(MONTH, YEAR)

commissioned as a notary public within the County of Jefferson, State of

(NAME OF COUNTY)

Missouri, and my commission expires on 7-19-2011.

(NAME OF STATE)

(DATE)

Brenda M Wicks  
Signature of Notary

Date

12-20-2010

BRENDA M WICKS  
Notary Public - Notary Seal  
State of Missouri  
Commissioned for Jefferson County  
My Commission Expires: July 19, 2011  
Commission Number: 07499651

**BOX B – CURRENT BUSINESS ENTITY STATUS**

I certify that TAYLOR EXCAVATING CO., INC. (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

WILLIAM R. TAYLOR JR.  
Authorized Business Entity  
Representative's Name  
(Please Print)

William R. Taylor Jr.  
Authorized Business Entity  
Representative's Signature

TAYLOR EXCAVATING CO., INC.  
Business Entity Name

Date

12-20-2010

As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:

- Enroll and participate in the E-Verify federal work authorization program (Website: [http://www.dhs.gov/xprevprot/programs/gc\\_1185221678150.shtml](http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtml); Phone: 888-464-4218; Email: [e-verify@dhs.gov](mailto:verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein; AND
- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee's, subgrantee's, contractor's, or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, subgrantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee's, subgrantee's, contractor's, or subcontractor's name, then no additional pages of the MOU must be submitted).

See Attached

# Taylor Excavating Co., Inc.

## CRANE AND HEAVY EQUIPMENT RENTAL

3917 REAVIS BARRACKS ROAD

ST. LOUIS, MO. 63125

(314) 544-3030

DAILY PRICE SHEET - Good Through April 1, 2012

### EQUIPMENT

### HAULING & PERMITS

#### LATTICE BOOM TRUCK CRANES

|                          |                |                |
|--------------------------|----------------|----------------|
| 125 TON TRUCK CRANE----- | CALL FOR PRICE | CALL FOR PRICE |
| 150 TON GROVE-----       | CALL FOR PRICE | CALL FOR PRICE |

#### INDUSTRIAL AND ROUGH TERRAIN CRANES

|                                      |                 |                |
|--------------------------------------|-----------------|----------------|
| 8 1/2 TON BRODERSON CARRY DECK-----  | \$ 1,100.00/DAY | \$350.00/MOVE  |
| 15 TON LINKBELT ROUGH TERRAIN-----   | \$ 1,200.00/DAY | \$400.00/MOVE  |
| 28 & 30 TON GROVE ROUGH TERRAIN----- | \$ 1,500.00/DAY | \$400.00/MOVE  |
| 50 TON GROVE ROUGH TERRAIN-----      | \$ 2,000.00/DAY | CALL FOR PRICE |
| 55 TON GROVE ROUGH TERRAIN-----      | \$ 2,100.00/DAY | CALL FOR PRICE |

#### HYDRAULIC TRUCK CRANES

|                                                                   |                 |                |
|-------------------------------------------------------------------|-----------------|----------------|
| NATIONAL BOOM TRUCK- (2 HR MINIMUM W/ NO REST OF DAY CHARGES) --- | \$ 150.00/HR    | N/A            |
| 15 TON GROVE- (4 HR MINIMUM ADD \$75.00/HR FOR ILLINOIS) -----    | \$ 155.00/HR    | N/A            |
| 30 TON LORAIN- (4 HR MINIMUM ADD \$75.00/HR FOR ILLINOIS) -----   | \$ 260.00/HR    | N/A            |
| 40 TON GROVE- (4 HR MINIMUM ADD \$75.00/HR FOR ILLINOIS) -----    | \$ 275.00/HR    | N/A            |
| 40 TON LINKBELT- (ADD \$600.00/DAY FOR ILLINOIS) -----            | \$ 2,400.00/DAY | N/A            |
| 65 TON GROVE-----                                                 | \$ 3,500.00/DAY | N/A            |
| 75 TON LINKBELT-----                                              | \$ 3,600.00/DAY | N/A            |
| 100 TON GROVE-----                                                | \$ 4,000.00/DAY | CALL FOR PRICE |
| 120 TON GROVE-----                                                | \$ 4,400.00/DAY | CALL FOR PRICE |
| 180 TON DEMAG-----                                                | \$ 5,200.00/DAY | CALL FOR PRICE |
| 275 TON GROVE-----                                                | \$ 6,200.00/DAY | CALL FOR PRICE |
| 350 TON GROVE-----                                                | \$ 7,400.00/DAY | CALL FOR PRICE |

#### EXCAVATING EQUIPMENT

|                                                     |               |               |
|-----------------------------------------------------|---------------|---------------|
| CATERPILLAR 963 HI-LIFT- (4 HR MINIMUM)-----        | \$ 165.00/HR  | \$350.00/MOVE |
| CASE 590 BACKHOE/EXTENDAHOE- (4 HR MINIMUM)-----    | \$ 125.00/HR  | \$350.00/MOVE |
| HYDRAULIC BREAKER ATTACHMENT-----                   | \$ 475.00/DAY |               |
| PLATE TAMPER-----                                   | \$ 185.00/DAY |               |
| HYDRAHAMMER PAVEMENT BREAKER- (4 HR MINIMUM)-----   | \$ 145.00/HR  | \$350.00/MOVE |
| MELROE BOBCAT LOADER & BACKHOE- (4 HR MINIMUM)----- | \$ 125.00/HR  | \$350.00/MOVE |
| BOBCAT BREAKER ATTACHMENT-----                      | \$ 265.00/DAY |               |

#### TRUCKS

|                        |              |
|------------------------|--------------|
| TANDEM DUMP TRUCK----- | \$ 97.00/HR  |
| TRACTOR & FLOAT-----   | \$ 125.00/HR |

#### LABOR ONLY RATES

|                                |              |
|--------------------------------|--------------|
| MISSOURI OPERATOR-----         | \$ 83.00/HR  |
| MISSOURI OPERATOR & OILER----- | \$ 166.00/HR |
| TRUCK DRIVER-----              | \$ 83.00/HR  |

TIME IS CHARGED PORTAL TO PORTAL TAYLOR YARD & STANDARD WORK DAY IS EIGHT HOURS WITH  $\frac{1}{2}$  HOUR FOR LUNCH  
 OPERATOR GUARANTEED WAGE MINIMUMS AND REST OF DAY CHARGES WILL APPLY  
 RATES ARE FOR THE ST. LOUIS, MISSOURI METROPOLITAN AREA - CALL FOR ILLINOIS AND OUTSTATE RATES  
 ALL MOVE CHARGES QUOTED ARE IN THE ST. LOUIS COMMERCIAL ZONE  
 CALL FOR WEEKLY AND MONTHLY RATES



**JEFFERSON COUNTY  
DEPARTMENT OF ADMINISTRATIVE SERVICES**  
729 MAPLE ST / PO BOX 100  
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Contact:**

**WILLIAM KOEHRER**  
Department of the Public Works  
636-797-5369

**Contract  
Contact:**

**VICKIE PRATT**  
Department of Administrative Services  
636-797-5382

**Mail (3) Three  
Complete Copies  
With Vendor And  
Bid Information As  
Shown In Sample:**

**SAMPLE ENVELOPE**

|                       |                                       |
|-----------------------|---------------------------------------|
| <i>VENDOR NAME</i>    | <b>DEPARTMENT OF THE COUNTY CLERK</b> |
| <i>VENDOR ADDRESS</i> | <b>JEFFERSON COUNTY MISSOURI</b>      |
| <i>CONTACT NUMBER</i> | <b>729 MAPLE ST / PO BOX 100</b>      |
|                       | <b>HILLSBORO MO 63050-0100</b>        |

**SEALED BID: (BID NAME)**

**Contract Term:  
4-1-11 to 3-31-12**

The undersigned certifies that he/she has the authority to bind this company in an agreement/contract to supply the commodity or service in accordance with all terms, conditions, and pricing specified. Prices are firm during this agreement term, unless agreed upon in writing by the County. The County has the option to renew this agreement at the same terms and conditions as the original agreement for one additional one-year term with the written consent of the successful bidder. Price increases for renewals are not authorized unless approved in writing by the County.

**Vendor  
Information:**

*Gateway Sewer and Drain Inc.* *Tara A. Townsend*  
**Company Name** *Authorized Agent (Print)*  
*P.O. Box 532* *chara.townsend*  
*2823 Maplewood Ct.* *Signature*  
**Address**  
*High Ridge MO 63049* *President*  
**City/State/Zip Code** *Title*  
*636-677-0073* *1/10/2011* *562441968*  
**Telephone #** **Date** **Tax ID #**  
*gatewaysewer-drain@* *636-376-8288*  
**Email** *Steglobal.net* **Fax #**

**EXHIBIT C**

**AFFIDAVIT OF WORK AUTHORIZATION:**

The grantee, sub grantee, contractor or subcontractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Tara A. Townsend (Name of Business Entity Authorized Representative) as President (Position/Title) first being duly sworn on my oath, affirm Gateway Sewer and Drain, Inc. (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to Equipment and Operator Service (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contractor, or subcontractor, if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Gateway Sewer and Drain, Inc. (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to Equipment and Operator Service (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contract, or subcontract, if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

Tara A. Townsend  
Authorized Representative's Signature

Tara A. Townsend  
Printed Name

President  
Title

Jan. 10, 2011  
Date

Subscribed and sworn to before me this 10 of Jan 2011. I am

(DAY)

(MONTH, YEAR)

commissioned as a notary public within the County of Jefferson, State of

(NAME OF COUNTY)

Missouri, and my commission expires on Apr 128 2012.

(NAME OF STATE)

(DATE)

Signature of Notary

1-10-11



**EXHIBIT C**

(Continued)

**BOX B – CURRENT BUSINESS ENTITY STATUS**

I certify that Gateway Sewer and Drain (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

Tara A. Townsend  
Authorized Business Entity  
Representative's Name  
(Please Print)

Authorized Business Entity  
Representative's Signature

Gateway Sewer and  
Business Entity Name Date

As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:

- Enroll and participate in the E-Verify federal work authorization program (Website: [http://www.dhs.gov/xprevprot/programs/gc\\_1185221678150.shtm](http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm); Phone: 888-464-4218; Email: [verify@dhs.gov](mailto:verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;  
AND
- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee's, subgrantee's, contractor's, or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, subgrantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee's, subgrantee's, contractor's, or subcontractor's name, then no additional pages of the MOU must be submitted).



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/10/2011

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                                      | CONTACT NAME: Tim Vaughn<br>PHONE (A/C, No, Ext): (314) 523-8800<br>E-MAIL ADDRESS: tvaughn@ahmfinancialgroup.com<br>PRODUCER CUSTOMER ID #: 00015166 |        |
| Saint Louis MO 63146                          | INSURER(S) AFFORDING COVERAGE                                                                                                                         | NAIC # |
| INSURED                                       | INSURER A: Secura Insurance Co                                                                                                                        | 22543  |
| Gateway Sewer and Drain, Inc.<br>P.O. Box 522 | INSURER B:                                                                                                                                            |        |
| High Ridge MO 63049                           | INSURER C:                                                                                                                                            |        |
|                                               | INSURER D:                                                                                                                                            |        |
|                                               | INSURER E:                                                                                                                                            |        |
|                                               | INSURER F:                                                                                                                                            |        |

| COVERAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                     | CERTIFICATE NUMBER: 10/11 all lines |               | 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<br>INSR WVD               | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                                                 |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GENERAL LIABILITY                                                                                                                                                                                                                   |                                     | TC3149466     | 5/5/2010                   | 5/5/2011                   | EACH OCCURRENCE \$ 1,000,000                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                                                       |                                     |               |                            |                            | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                   |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC                                                                                      |                                     | A3164750      | 6/22/2010                  | 5/5/2011                   | MED EXP (Any one person) \$ 5,000                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PERSONAL & ADV INJURY \$ 1,000,000                                                                                                                                                                                                  |                                     |               |                            |                            |                                                                        |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AUTOMOBILE LIABILITY                                                                                                                                                                                                                |                                     | CU3149468     | 5/5/2010                   | 5/5/2011                   | GENERAL AGGREGATE \$ 2,000,000                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |                                     |               |                            |                            | PRODUCTS - COMP/OP AGG \$ 2,000,000                                    |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | UMBRELLA LIAB                                                                                                                                                                                                                       |                                     | WC3149467     | 5/5/2010                   | 5/5/2011                   | EACH OCCURRENCE \$ 1,000,000                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                                                                                                                                           |                                     |               |                            |                            | AGGREGATE \$ 1,000,000                                                 |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DEDUCTIBLE                                                                                                                                                                                                                          |                                     |               |                            |                            | \$                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> RETENTION \$ 10,000                                                                                                                                                                             |                                     |               |                            |                            | \$                                                                     |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                                                                                                                                                       | Y/N                                 | N/A           | 5/5/2010                   | 5/5/2011                   | <input checked="" type="checkbox"/> WC STATU- TORY LIMITS \$ 1,000,000 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>                                                                                                                                                  |                                     |               |                            |                            | EL EACH ACCIDENT \$ 1,000,000                                          |
| (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                     |                                     |               |                            |                            | EL DISEASE - EA EMPLOYEE \$ 1,000,000                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                     |                                     |               |                            |                            | EL DISEASE - POLICY LIMIT \$ 1,000,000                                 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                     |                                     |               |                            |                            |                                                                        |
| Certificate Holder is included as Additional Insured under General Liability if required by written contract and to the extent provided under Form ILE 10 37 05 05 attached.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                     |                                     |               |                            |                            |                                                                        |

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

Certificate Holder is included as Additional Insured under General Liability if required by written contract and to the extent provided under Form ILE 10 37 05 05 attached.

|                                                                                         |                                                                                                                                                                |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER                                                                      | CANCELLATION                                                                                                                                                   |
| Jefferson County, Missouri<br>729 Maple St.<br>P.O. Box 100<br>Hillsboro, MO 63050-0100 | 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                                                                                                                                      |
|                                                                                         | John Anderson/DIANEM                                                                                                                                           |



# Gateway Sewer and Drain, Inc. Proposal

P.O. Box 522 • High Ridge, MO 63049 • 636-677-0083 • Fax 636-376-8288

| Proposal Date: | Proposal #: |
|----------------|-------------|
| 1/10/2011      | 10044       |

Proposal submitted to:

Jefferson County Missouri  
729 Maple St. / PO BOX 100  
Hillsboro, MO 63050-0100

## Description

Combination Hydro Flusher/Vacuum Truck Services and Operator  
Daily Rate: \$1,400.00   Hourly Rate: \$175.00 per hour

Hydro Flusher Trailer Unit and Operator  
Daily Rate: \$1,400.00   Hourly Rate: \$175.00 per hour

Pump Truck Services and Operator  
Daily Rate: \$1,240.00   Hourly Rate: \$155.00

Signature of acceptance \_\_\_\_\_

By signing acceptance of this proposal you certify that you have read, understand, and agree to meet the terms and service rates as listed above. A finance charge of 1.5% (annual rate 18%) will be added to all invoices paid after the due date.

Signature of authorized representative of  
Gateway Sewer and Drain, Inc.



JEFFERSON COUNTY  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
729 MAPLE ST / PO BOX 100  
HILLSBORO MO 63050  
WWW.JEFFCOMO.ORG

Invitation for Bid: EQUIPMENT & OPERATOR SERVICES Date Issued: 12-3-10

BIDS SHALL BE ACCEPTED UNTIL: TUESDAY, JANUARY 11, 2011, AT 2:00 P.M. LOCAL TIME.

Specification Contact: WILLIAM KOEHRER  
Department of the Public Works  
636-797-5369

Contract Contact: VICKIE PRATT  
Department of Administrative Services  
636-797-5382

Mail (3) Three  
Complete Copies  
With Vendor And  
Bid Information As  
Shown In Sample:

Contract Term:  
4-1-11 to 3-31-12

Vendor  
Information:

SAMPLE ENVELOPE  
VENDOR NAME  
VENDOR ADDRESS  
CONTACT NUMBER  
DEPARTMENT OF THE COUNTY CLERK  
JEFFERSON COUNTY MISSOURI  
729 MAPLE ST / PO BOX 100  
HILLSBORO MO 63050-0100  
SEALED BID: (BID NAME)

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St Louis Drain LLC Ed Chapman  
Company Name Authorized Agent (Print)

1824 West Square Dr. EOC  
Address Signature

High Ridge, MO 63049 Member  
City/State/Zip Code Title

314-621-4200 1-11-2011 27-2850799  
Telephone # Date Tax ID #

ed@stlouisdrain.com 636-677-9449  
E-mail Fax #

## EXHIBIT C

### AFFIDAVIT OF WORK AUTHORIZATION:

The grantee, sub grantee, contractor or subcontractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Ed Chapman (Name of Business Entity Authorized Representative) as Member (Position/Title) first being duly sworn on my oath, affirm St. Louis Drain LLC (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to Equipment + Operator Services (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contractor, or subcontractor, if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that St. Louis Drain LLC (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to Equipment + Operator Services (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contract, or subcontract, if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

  
Authorized Representative's Signature

Ed Chapman  
Printed Name

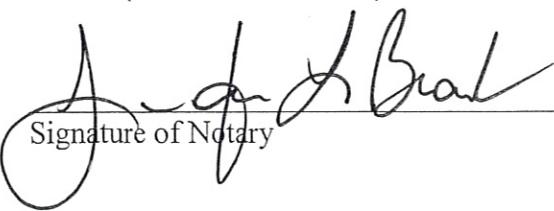
Member  
Title

01-11-2011  
Date

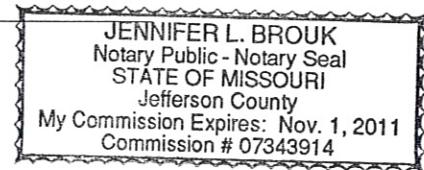
Subscribed and sworn to before me this 11<sup>th</sup> of January 2011 I am  
(DAY) (MONTH, YEAR)

commissioned as a notary public within the County of Jefferson, State of  
(NAME OF COUNTY)

Missouri, and my commission expires on Nov 1, 2011.  
(NAME OF STATE) (DATE)

  
Signature of Notary

1-11-11  
Date



**EXHIBIT C**  
(Continued)

**BOX B – CURRENT BUSINESS ENTITY STATUS**

I certify that St. Louis Drain LLC (Business Entity Name) MEETS the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

Ed Chapman

Authorized Business Entity  
Representative's Name  
(Please Print)

Ed Cj

Authorized Business Entity  
Representative's Signature

St. Louis Drain LLC  
Business Entity Name

Date

01-11-2011

As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:

Enroll and participate in the E-Verify federal work authorization program (Website: [http://www.dhs.gov/xprevprot/programs/gc\\_1185221678150.shtm](http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm); Phone: 888-464-4218; Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;  
AND

Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee's, subgrantee's, contractor's, or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, subgrantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee's, subgrantee's, contractor's, or subcontractor's name, then no additional pages of the MOU must be submitted).

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<br>Welsch, Flatness, & Lutz, Inc.<br>308 North 21st Street<br>P.O. Box 66753<br>Saint Louis, MO 63166-6753 |  | CONTACT<br>NAME:<br>PHONE (A/C, No, Ext): 314 436-2399<br>E-MAIL ADDRESS:<br>PRODUCER<br>CUSTOMER ID #:                                                                          | FAX (A/C, No): 314 342-7170 |
| INSURED<br>St. Louis Drain, LLC<br>1824 West Square Drive<br>High Ridge, MO 63049                                   |  | INSURER(S) AFFORDING COVERAGE<br>INSURER A: United Fire & Casualty Company<br>INSURER B: Missouri Employers Mutual Insur<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: | NAIC #                      |

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<br>INSR WVD | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                      |                   |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|----------------------------|----------------------------|---------------------------------------------|-------------------|
| A        | GENERAL LIABILITY<br><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                                                                                            |                       | 60394058      | 06/29/2010                 | 06/29/2011                 | EACH OCCURRENCE                             | \$1,000,000       |
|          |                                                                                                                                                                                                                                                                                            |                       |               |                            |                            | DAMAGE TO RENTED PREMISES (Ea occurrence)   | \$300,000         |
|          |                                                                                                                                                                                                                                                                                            |                       |               |                            |                            | 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        | AUTOMOBILE LIABILITY<br><br><input type="checkbox"/> ANY AUTO<br><br><input type="checkbox"/> ALL OWNED AUTOS<br><br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><br><input checked="" type="checkbox"/> HIRED AUTOS<br><br><input checked="" type="checkbox"/> NON-OWNED AUTOS |                       | 60394058      | 06/29/2010                 | 06/29/2011                 | COMBINED SINGLE LIMIT (Ea accident)         | \$1,000,000       |
|          |                                                                                                                                                                                                                                                                                            |                       |               |                            |                            | BODILY INJURY (Per person)                  | \$                |
|          |                                                                                                                                                                                                                                                                                            |                       |               |                            |                            | BODILY INJURY (Per accident)                | \$                |
|          |                                                                                                                                                                                                                                                                                            |                       |               |                            |                            | PROPERTY DAMAGE (Per accident)              | \$                |
|          |                                                                                                                                                                                                                                                                                            |                       |               |                            |                            |                                             | \$                |
|          |                                                                                                                                                                                                                                                                                            |                       |               |                            |                            |                                             | \$                |
| A        | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                                                                                                                                                            |                       | 60394058      | 06/29/2010                 | 06/29/2011                 | EACH OCCURRENCE                             | \$2,000,000       |
|          |                                                                                                                                                                                                                                                                                            |                       |               |                            |                            | AGGREGATE                                   | \$2,000,000       |
|          |                                                                                                                                                                                                                                                                                            |                       |               |                            |                            |                                             | \$                |
|          |                                                                                                                                                                                                                                                                                            |                       |               |                            |                            |                                             | \$                |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br><br>Y/N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                 | N/A                   | 1030279       | 07/09/2010                 | 06/29/2011                 | X WC STATUTORY LIMITS<br>E.L. EACH ACCIDENT | OTHR<br>\$500,000 |
|          |                                                                                                                                                                                                                                                                                            |                       |               |                            |                            | E.L. DISEASE - EA EMPLOYEE                  | \$500,000         |
|          |                                                                                                                                                                                                                                                                                            |                       |               |                            |                            | E.L. DISEASE - POLICY LIMIT                 | \$500,000         |

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

Jefferson County is included as additional insured under general liability as respects work performed by the named insured where required by written contract.

|                                                                                                                     |                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER                                                                                                  | CANCELLATION                                                                                                                                                                                                                     |
| Department of the County Clerk<br>Jefferson County Missouri<br>729 Maple St.<br>P.O. Box 100<br>Hillsboro, MO 63050 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br><i>Dennis D. Flatness</i> |



Licensed

# St. Louis Drain

*"The Place to Go for Your Drain Pro"*  
**24 Hour Emergency Service**

314.621.4200 • fax 636.677.9449



Insured

## Jefferson County Missouri

Rates Effective April 1, 2011 through March 30, 2012.

Office Hours: Monday - Friday 8:00 AM - 5:00 PM

24-Hour Service Available

**Emergency & After Hours Calls Are Dispatched And Charged Portal To Portal:**

Weekdays Before 7:30 AM and After 4:30 PM, Weekends, Emergencies and Holidays.

All Calls Subject To A One Hour Minimum - (See Notes For Additional Info. / Charges)

| Service                             | Hourly Rate | Overtime | Notes                                                                              |
|-------------------------------------|-------------|----------|------------------------------------------------------------------------------------|
| Service Technician                  | \$80.00     | \$105.00 | 2 hour minimum on all overtime calls                                               |
| Additional Service Technician       | \$80.00     | \$105.00 | 2 hour minimum on all overtime calls                                               |
| Master Plumber                      | \$95.00     | \$142.50 | 2 hour minimum on all overtime calls                                               |
| Line Locates                        | \$125.00    | \$160.00 | 2" to 12" Line                                                                     |
| Video Inspections                   | \$125.00    | \$160.00 | 2" to 8" Line Incl. DVD w/Audio                                                    |
| Video Inspection w/ Locate          | \$160.00    | \$195.00 | 2" to 8" Lines                                                                     |
| Electric Mini Jetter                | \$105.00    | \$135.00 | Portal to Portal                                                                   |
| Large Jetter                        | \$130.00    | \$165.00 | Portal to Portal                                                                   |
| Trailer Flusher                     | \$135.00    | \$170.00 | Portal to Portal - 2 hr. min.                                                      |
| Vacuum Truck                        | \$140.00    | \$175.00 | Portal to Portal-2 hr. min., MSD Dump Charges - \$0.12/gallon will apply.          |
| Trailer Vac (Up to 500 gal.)        | \$110.00    | \$145.00 | Portal to Portal-2 hr. min., MSD Dump Charges - \$0.12/gallon will apply.          |
| Septic Tanks (Up to 1,000 gal.)     | \$215.00    | \$295.00 | Within 150 ft. of Truck w/Lids Exposed, MSD Dump Charges \$0.12/gallon will apply. |
| Grease Trap (Up to 150 gal.)        | \$125.00    | \$160.00 |                                                                                    |
| Grease Trap (Over 150 gal.)         | \$250.00    | \$325.00 |                                                                                    |
| Pull & Reset Existing Toilet/Urinal | \$15.00     | \$15.00  | Wax Ring / Gaskets Included                                                        |
| Cable from Roof Top                 | \$30.00     | \$30.00  | Weather and Lighting Permitting                                                    |
| Utility Truck                       | \$80.00     | \$105.00 | 2 hour minimum on all overtime calls                                               |
| 勞工                                  | \$58.00     | \$87.00  | 2 hour minimum on all overtime calls                                               |
| Smoke Test Equipment                | \$150.00    |          | Per Day                                                                            |



Licensed

# St. Louis Drain

*"The Place to Go for Your Drain Pro"*  
**24 Hour Emergency Service**

**314.621.4200 • fax 636.677.9449**



Insured

Normal Working Hours: Monday - Friday 7:30 am - 4:30 pm.

|                                           | Daily       | Weekly      | Monthly      |
|-------------------------------------------|-------------|-------------|--------------|
| 1 Man and Hydro Flusher Trailer           | \$ 984.00   | \$ 4,920.00 | \$ 19,680.00 |
| 1 Man and Vacuum Truck                    | \$ 1,024.00 | \$ 5,120.00 | \$ 20,480.00 |
| 1 Man and Vacuum Trailer (Up to 500 gal.) | \$ 816.00   | \$ 4,080.00 | \$ 16,320.00 |
| Laborer                                   | \$ 464.00   | \$ 2,320.00 | \$ 9,280.00  |

\* Please see attached hourly rate sheet for various equipment.