

BID TABULATION - EQUIPMENT AND OPERATOR SERVICES 2011

EQUIPMENT & OPERATOR SERVICES BID OPENING 1-11-11	TAYLOR EXCAVATING COMPANY	GATEWAY SEWER & 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 RATE SHEET	ATTACHED PRICE RATE SHEET	ATTACHED PRICE 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:**

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)

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:**

TAYLOR EXCAVATING Co, INC. WILLIAM R. TAYLOR JR.
Company Name Authorized Agent (Print)
3917 REAVIS BARRACKS RD William R. Taylor
Address Signature
St. Louis, Mo 63125 GENERAL MANAGER
City/State/Zip Code Title
314-544-3030 12-20-2010 430788150
Telephone # Date Tax ID #
billie@taylorcranerental.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.
Title

12-20-2010
Date

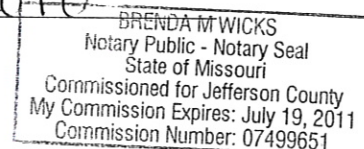
Subscribed and sworn to before me this 20 of 12-2010. I am
(DAY) (MONTH, YEAR)

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

12-20-2010
Date



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.shtm; Phone: 888-464-4218; Email: 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).

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
150 TON GROVE-----CALL FOR PRICE

CALL FOR PRICE
CALL FOR PRICE

INDUSTRIAL AND ROUGH TERRAIN CRANES

8 1/2 TON BRODERSON CARRY DECK-----\$ 1,100.00/DAY
15 TON LINKBELT ROUGH TERRAIN-----\$ 1,200.00/DAY
28 & 30 TON GROVE ROUGH TERRAIN-----\$ 1,500.00/DAY
50 TON GROVE ROUGH TERRAIN-----\$ 2,000.00/DAY
55 TON GROVE ROUGH TERRAIN-----\$ 2,100.00/DAY

\$350.00/MOVE
\$400.00/MOVE
\$400.00/MOVE
CALL FOR PRICE
CALL FOR PRICE

HYDRAULIC TRUCK CRANES

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

N/A
N/A
N/A
N/A
N/A
N/A
N/A
CALL FOR PRICE
CALL FOR PRICE
CALL FOR PRICE
CALL FOR PRICE
CALL FOR PRICE

EXCAVATING EQUIPMENT

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

\$350.00/MOVE
\$350.00/MOVE

\$350.00/MOVE
\$350.00/MOVE

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 ½ 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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VENDOR NAME

VENDOR ADDRESS

CONTACT NUMBER

DEPARTMENT OF THE COUNTY CLERK

JEFFERSON COUNTY MISSOURI

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HILLSBORO MO 63050-0100

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Contract Term:
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Vendor
Information:

Gateway Sewer and Drain Inc.
Company Name

Tara A. Townsend
Authorized Agent (Print)

P.O. Box 522

2823 Maplewood Ct.
Address

Tara A. Townsend
Signature

High Ridge mo 63049
City/State/Zip Code

President
Title

636-677-0083
Telephone #

1/10/2011
Date

562441968
Tax ID #

gatewaysewer-drain@
E-mail

5bcslobal.net
Fax #

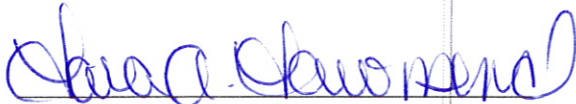
EXHIBIT C

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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, contract, or subcontract,
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.

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Authorized Representative's Signature

Tara A. Townsend
Printed Name

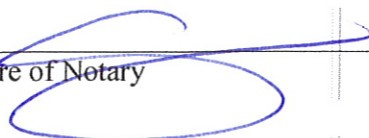
President
Title

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 April 28, 2012.
(NAME OF STATE) (DATE)


Signature of Notary

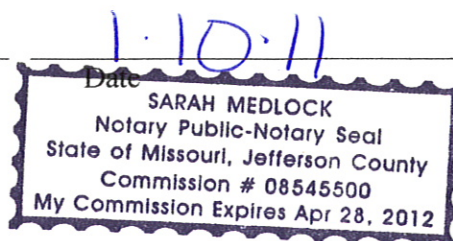


EXHIBIT C
(Continued)

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that Gateway Sewer and Drain, 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.

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

Shirley A. Townsend
Authorized Business Entity
Representative's Signature

Gateway Sewer and Drain, Inc. Jan. 10, 2011
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; Phone: 888-464-4218; Email: c-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

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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 AHM Financial Group, LLC 11975 Westline Industrial Dr Saint Louis MO 63146		CONTACT NAME: Tim Vaughn PHONE (A/C, No, Ext): (314) 523-8800 FAX (A/C, No): (314) 453-7555 E-MAIL ADDRESS: tvaughn@ahmfinancialgroup.com PRODUCER CUSTOMER ID #: 00015166																						
INSURED Gateway Sewer and Drain, Inc. P.O. Box 522 High Ridge MO 63049		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Secura Insurance Co</td><td>22543</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Secura Insurance Co	22543	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		TC3149466	5/5/2010	5/5/2011	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
						MED EXP (Any one person) \$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
						\$	
A	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO		A3164750	6/22/2010	5/5/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					Uninsured motorists \$ 500,000	
						Underinsured motorists \$ 500,000	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 1,000,000	
	<input type="checkbox"/> DEDUCTIBLE					\$	
	<input checked="" type="checkbox"/> RETENTION \$ 10,000		CU3149468	5/5/2010	5/5/2011	\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A	WC3149467	5/5/2010	5/5/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$ 1,000,000	
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
						E.L. 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.

CERTIFICATE HOLDER**CANCELLATION**

Jefferson County, Missouri
729 Maple St.
P.O. Box 100
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



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.

Spica Dawson



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

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Department of Administrative Services
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Mail (3) Three
Complete Copies
With Vendor And
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Shown In Sample:

SAMPLE ENVELOPE

VENDOR NAME

VENDOR ADDRESS

CONTACT NUMBER

DEPARTMENT OF THE COUNTY CLERK

JEFFERSON COUNTY MISSOURI

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Vendor
Information:

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

1824 West Square Dr. EC
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

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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
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EC
Authorized Representative's Signature

Ed Chapman
Printed Name

Member
Title

01-11-2011
Date

Subscribed and sworn to before me this 11th 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)

Jennifer L. Brouk
Signature of Notary

1-11-11
Date

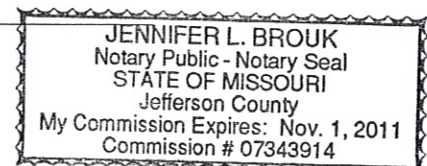


EXHIBIT C

(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)

EC

Authorized Business Entity
Representative's Signature

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✓ Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm; Phone: 888-464-4218; Email: 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).

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/11/2011

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 Welsch, Flatness, & Lutz, Inc. 308 North 21st Street P.O. Box 66753 Saint Louis, MO 63166-6753	CONTACT NAME: PHONE (A/C, No, Ext): 314 436-2399 FAX (A/C, No): 314 342-7170 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:																					
INSURED St. Louis Drain, LLC 1824 West Square Drive High Ridge, MO 63049	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>United Fire & Casualty Company</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Missouri Employers Mutual Insur</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	United Fire & Casualty Company		INSURER B:	Missouri Employers Mutual Insur		INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC		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 <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <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 EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$		60394058	06/29/2010	06/29/2011	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N N/A	1030279	07/09/2010	06/29/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$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
 Jefferson County Missouri
 729 Maple St.
 P.O. Box 100
 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.

AUTHORIZED REPRESENTATIVE

Dennis D. Flatness

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St. Louis Drain

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

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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
Laborer	\$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.