#### **BID PROPOSAL**

Front End Loader

TO: PELHAM HIGHWAY DEPARTMENT 6 VILLAGE GREEN PELHAM, NH 03076

IN ACCORDANCE WITH YOUR REQUEST FOR PROPOSALS FOR FURNISHING:

SERVICES ON AN "AS NEEDED" BASIS THE UNDERSIGNED BIDDER HEREBY SUBMITS THIS BID PROPOSAL AS PER SPECIFICATIONS.

| MAKE 950 Cat   | MODEL 950 # Loader                     |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| YEAR <u>2006</u>   | OPERATING WGT. 42,435 LBS              |  |  |  |  |  |  |  |
| REACH N/A  | DIGGING DEPTH N/A FT.                  |  |  |  |  |  |  |  |
| BUCKET SIZE 43 (4.5 yd )                                       | LIFTING CAPACITY N/A                   |  |  |  |  |  |  |  |
| BODY SIZE N/A  |  |  |  |  |  |  |  |  |
| HOURLY RATE \$_  | <u>!00.00</u> PER HOUR                 |  |  |  |  |  |  |  |
| *NOTE: Equipment will be paid 1 hour travel time one way only. |  |  |  |  |  |  |  |  |
| Equipment rental does not include snow removal operations.     |  |  |  |  |  |  |  |  |
| BIDD   | ER: Richard D. Vinal Trucking Inc      |  |  |  |  |  |  |  |
| BY:_   | Richard D. Vinal                       |  |  |  |  |  |  |  |
| TITL   | E: Owner                               |  |  |  |  |  |  |  |
| ADDI   | RESS: 625 Broadway Rd Dracut, Ma 01826 |  |  |  |  |  |  |  |
| DATE: <u>Dec 5, 2016</u> TEL.                                  | #                                      |  |  |  |  |  |  |  |
| NOTE: WHERE AN IDENTIFYING LINE                                | ITEM IS NOT ADDITIONE E MARK IN "NA"   |  |  |  |  |  |  |  |

### BID PROPOSAL

Rubben Tired Excapator with Knuckle Attachment

TO: PELHAM HIGHWAY DEPARTMENT 6 VILLAGE GREEN PELHAM, NH 03076

IN ACCORDANCE WITH YOUR REQUEST FOR PROPOSALS FOR FURNISHING:

SERVICES ON AN "AS NEEDED" BASIS THE UNDERSIGNED BIDDER HEREBY SUBMITS THIS BID PROPOSAL AS PER SPECIFICATIONS.

| MAKE <u>Samsung</u> Excavator                                      | MODEL <u>SE 210 W-2</u>                   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Rubben Tined<br>YEAR <u>1997</u>                                   | OPERATING WGT. 44,000 LBS                 |  |  |  |  |  |
| REACH <u>32 Ft.</u>  | DIGGING DEPTH N/A FT.                     |  |  |  |  |  |
| BUCKET SIZE 3/4 Yd Trench B<br>with Knuckle attack<br>BODY SIZEN/A |   |  |  |  |  |  |
| HOURLY RATE  | \$ <u>/25,00</u> PER HOUR                 |  |  |  |  |  |
| *NOTE: Equipment will be paid 1 he                                 | our travel time one way only.             |  |  |  |  |  |
| Equipment rental does not include s                                | now removal operations.                   |  |  |  |  |  |
| BI   | DDER: Richard D. Vinal Trucking Inc.      |  |  |  |  |  |
| В  | Y: Richard D. Vinal                       |  |  |  |  |  |
| ТІ   | TLE: Owner                                |  |  |  |  |  |
| Al   | DDRESS: 625 Broadway Rd. Dracut, Ma 01826 |  |  |  |  |  |
| DATE: <u>Nec 5, 2016</u> T   | EL. #                                     |  |  |  |  |  |
| NOTE: WHERE AN IDENTIFYING LII                                     | NE ITEM IS NOT APPLICABLE MARK IN "NA".   |  |  |  |  |  |

TO: PELHAM HIGHWAY DEPARTMENT 6 VILLAGE GREEN PELHAM, NH 03076

IN ACCORDANCE WITH YOUR REQUEST FOR PROPOSALS FOR FURNISHING:

SERVICES ON AN "AS NEEDED" BASIS THE UNDERSIGNED BIDDER HEREBY SUBMITS THIS BID PROPOSAL AS PER SPECIFICATIONS.

### TYPE OF EQUIPMENT

| MAKE <u>Austin We</u> stern Grade                          | n MODEL <u>Super 100</u>               |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| YEAR <u>1969</u>   | OPERATING WGT. 22,000 LBS              |  |  |  |  |  |  |
| REACH <u>N/A</u>   | DIGGING DEPTH N/A FT.                  |  |  |  |  |  |  |
| BUCKET SIZE N/A  | LIFTING CAPACITY N/A                   |  |  |  |  |  |  |
| BODY SIZE N/A  |  |  |  |  |  |  |  |
| HOURLY RATE \$_//0.00 PER HOUR                             |  |  |  |  |  |  |  |
| *NOTE: Equipment will be paid 1 ho                         | our travel time one way only.          |  |  |  |  |  |  |
| Equipment rental does not include snow removal operations. |  |  |  |  |  |  |  |
| BI   | ODER: Richard D. Vinal Trucking , Inc. |  |  |  |  |  |  |
| BY   | : Richard D. Vinal                     |  |  |  |  |  |  |
| TIT  | TLE: Owner                             |  |  |  |  |  |  |
| AD   | DDRESS: 1-978-453-0012                 |  |  |  |  |  |  |
| DATE: <u>Dec 5, 2016</u> TE                                | EL.#/-978-453-00/2                     |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

NOTE: WHERE AN IDENTIFYING LINE ITEM IS NOT APPLICABLE MARK IN "NA".

TO: PELHAM HIGHWAY DEPARTMENT 6 VILLAGE GREEN PELHAM, NH 03076

IN ACCORDANCE WITH YOUR REQUEST FOR PROPOSALS FOR FURNISHING:

SERVICES ON AN "AS NEEDED" BASIS THE UNDERSIGNED BIDDER HEREBY SUBMITS THIS BID PROPOSAL AS PER SPECIFICATIONS.

| MAKE <u>Dnessen Bul</u> ldozen       | MODEL  |
|--------------------------------------|--|
| YEAR <u>/988</u>                     | OPERATING WGT. <u>/7,/50</u> LBS                 |
| REACH <u>N7A</u>                     | DIGGING DEPTH N/A FT.                            |
| BUCKET SIZE N/A                      | LIFTING CAPACITY N/A                             |
| BODY SIZE N/A                        | <del></del>                                      |
| HOURLY RATE                          | \$ <u>85.00</u> PER HOUR                         |
| *NOTE: Equipment will be paid 1 hou  | ur travel time one way only.                     |
| Equipment rental does not include sn | ow removal operations.                           |
| BID                                  | DDER: Richard D. Vinal Trucking, Inc.            |
| BY:                                  | Richard D. Vinal                                 |
| ТІТ                                  | LE: Owner  |
| ADI                                  | DRESS: <u>625 Broadway Rd. Dracut, Ma 0</u> 1826 |
| DATE: <u>Dec 5,2016</u> TE           | L. #   |
| NOTE: WHERE AN IDENTIFYING LINE      | E ITEM IS NOT APPLICABLE MARK IN "NA".           |

# BID PROPOSAL Ten Wheel Dump Truck

TO: PELHAM HIGHWAY DEPARTMENT 6 VILLAGE GREEN PELHAM, NH 03076

IN ACCORDANCE WITH YOUR REQUEST FOR PROPOSALS FOR FURNISHING:

SERVICES ON AN "AS NEEDED" BASIS THE UNDERSIGNED BIDDER HEREBY SUBMITS THIS BID PROPOSAL AS PER SPECIFICATIONS.

| MAKE <u>Mack</u>                     | MODEL <u>RD- 688 S</u>                   |
|--------------------------------------|--|
| YEAR <u>/994</u>                     | OPERATING WGT. 28,000 LBS                |
| REACH N/A                            | DIGGING DEPTH N/A FT.                    |
| BUCKET SIZE N/A                      | LIFTING CAPACITY N/A                     |
| BODY SIZE 16 4da.                    |  |
| HOURLY RATE                          | \$ PER HOUR                              |
| *NOTE: Equipment will be paid 1 hor  | ur travel time one way only.             |
| Equipment rental does not include sn | ow removal operations.                   |
| BIC                                  | DDER: Richard D. Vinal Trucking, Inc.    |
| BY                                   | Richard D. Vinal                         |
| TIT                                  | LE: Owner                                |
| AD                                   | DRESS: 625 Broadway Rd. Dracut, Ma 01826 |
| DATE: <u>Dec 5 20/6</u> TE           | L. #                                     |
| NOTE: WHERE AN IDENTIFYING LIN       | E ITEM IS NOT APPLICABLE MARK IN "NA".   |

### **BID PROPOSAL**

Excavator with Demolition Hammer

TO: PELHAM HIGHWAY DEPARTMENT 6 VILLAGE GREEN PELHAM, NH 03076

IN ACCORDANCE WITH YOUR REQUEST FOR PROPOSALS FOR FURNISHING:

SERVICES ON AN "AS NEEDED" BASIS THE UNDERSIGNED BIDDER HEREBY SUBMITS THIS BID PROPOSAL AS PER SPECIFICATIONS.

| MAKESamsung Excavator  | MODEL <u>SE210 LC/3</u> With Demolition Hammen<br>Kent KF -22 |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|
| YEAR <u>/999</u>   | OPERATING WGT4 <u>7,000</u> LBS                               |  |  |  |  |  |  |  |  |  |
| REACH <u>32 Ft</u>   | DIGGING DEPTH N/A FT.   |  |  |  |  |  |  |  |  |  |
| BUCKET SIZE N/A  | LIFTING CAPACITY N/A  |  |  |  |  |  |  |  |  |  |
| BODY SIZE N/A  |   |  |  |  |  |  |  |  |  |  |
| HOURLY RATE  | \$  |  |  |  |  |  |  |  |  |  |
| *NOTE: Equipment will be paid 1 hour travel time one way only. |   |  |  |  |  |  |  |  |  |  |
| Equipment rental does not include snow removal operations.     |   |  |  |  |  |  |  |  |  |  |
| BIL  | DDER: Richard D. Vinal Trucking Inc                           |  |  |  |  |  |  |  |  |  |
| ВҮ   | : Richard D. Vinal  |  |  |  |  |  |  |  |  |  |
| TIT  | LE: Owner   |  |  |  |  |  |  |  |  |  |
| AD   | DRESS: /-978-453-0012   |  |  |  |  |  |  |  |  |  |
| DATE: <u>Dec 5,2016</u> TE                                     | L. # 1-978-453-0012   |  |  |  |  |  |  |  |  |  |
| NOTE: WHERE AN IDENTIFYING LIN                                 | E ITEM IS NOT APPLICABLE MARK IN "NA".                        |  |  |  |  |  |  |  |  |  |



## CERTIFICATE OF LIABILITY INSURANCE

RICHA26

OP ID: LH

DATE (MM/DD/YYYY)

12/13/2016

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

| RI           | PR    | ESENTA  | If the             | OR P   | RODUCER, AN              | D TH  | E CE       | ERTIFICATE HOLDER.   | policy(i           | ies) must be               | endorsed.                   | F SUBROGATION IS                    | WAIVE  | D, subject to                           |
|--------------|-------|---|--------------------|--------|--------------------------|-------|------------|--|--------------------|----------------------------|-----------------------------|-------------------------------------|--|---|
| th           | e te  | rms and   | condi              | tion:  | s of the policy,         | certz | ain p      | olicies may require an er  | ndorsei            | nent. A state              | ement on thi                | s certificate does no               | confer                                       | rights to the                           |
|              | _     |   | der in             | lieu   | of such endors           | emer  | nt(s).     | Phone: 978-433-2728  | CONTAC             | T                          |                             |                                     |  | -                                       |
| PROI<br>Brov | vn 8  | & Brown   | (Рерр              | ereli  | )                        |       |            | Fax: 866-848-6097  | NAME:<br>PHONE     |                            |                             | FAX<br>(A/C, N                      | o).  |   |
| 2 Ta         | rbel  | I Street  |                    |        | •                        |       |            | Pax. 000-040-0031  | (A/C, No<br>E-MAIL |                            |                             |                                     | <u>.                                    </u> |   |
|              |       | cPhail  | 1403               |        |                          |       |            |  | ADDRES             |                            | IDED/S) AFEOD               | DING COVERAGE                       |  | NAIC#                                   |
|              |       |   |                    |        |                          |       |            |  |                    | RA: AMGuai                 |                             | DING COVEROGE                       |  | 42390                                   |
| 141011       |       | Die   | hard [             | ) Vin  | nal Trucking Inc         |       |            |  | INSURE             | Eventeler I                | surance Co.                 |                                     |  | 11045                                   |
| INSU         | KEV   |   |                    |        | y Road                   | '     |            |  |                    |                            |                             |                                     |  |   |
|              |       | Dra   | acut, N            | IA O   | 1826                     |       |            |  | INSURE             |                            |                             |                                     |  |   |
|              |       |   |                    |        |                          |       |            |  | INSURE             |                            |                             |                                     |  |   |
|              |       |   |                    |        |                          |       |            |  | INSURE             |                            |                             |                                     |  |   |
|              |       |   |                    |        |                          | TIEIC | ATE        | NUMPED   | INSURE             | KF:                        |                             | REVISION NUMBER                     | :  |   |
|              |       | RAGES   | OTICY              | TLIA.  | T THE DOLLOUE            | OF I  | MOLIE      | NUMBER:<br>RANCE LISTED BELOW HA                                 | VE BEE             | N ISSUED TO                | THE INSURE                  | D NAMED ABOVE FOR                   | THE PO                                       | DLICY PERIOD                            |
| IN           | DIC   | ATED. N   | E TWIT             | HST/   | ANDING ANY RE            | QUIR  | EME        | NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | OF AN              | THE POLICIES REDUCED BY    | S DESCRIBED<br>PAID CLAIMS. | HEREIN IS SUBJECT                   |  | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| INSR<br>LTR  |       |   | YPE OF             |        |                          | ADDL  | SUBR       |  |                    | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY)  |                                     | MITS   |   |
| LIR          | GE    | NERAL LIA   |                    |        |                          |       |            |  |                    |                            |                             | EACH OCCURRENCE<br>DAMAGE TO RENTED | \$   | 500,000                                 |
| В            | X     | COMME   | RCIAL GE           | NER/   | AL LIABILITY             |       |            | CBP8642051   |                    | 04/15/2016                 | 04/15/2017                  | PREMISES (Ea occurrence)            | \$   | 100,000                                 |
|              |       | au  | NIMS-MAI           | DE     | X occur                  |       |            |  |                    |                            |                             | MED EXP (Any one person)            | \$   | 5,000                                   |
|              |       | XCU INC   | LUDED              |        | <del></del>              |       |            |  |                    |                            |                             | PERSONAL & ADV INJURY               | \$   | 500,000                                 |
|              |       | 1   |                    |        |                          |       | ļ          |  |                    |                            |                             | GENERAL AGGREGATE                   | \$   | 1,000,000                               |
|              | GE    | N'I. AGGRI  | EGATE L            | IMIT A | PPLIES PER:              |       | 1          |  |                    |                            |                             | PRODUCTS - COMP/OP A                |  | 1,000,000                               |
|              |       | POLICY  |                    | RO-    | Loc                      |       |            |  |                    |                            |                             | SOMETHING OF THE PARTY              | \$   |   |
|              | AL    | TOMOBILE  |                    |        |                          |       |            |  |                    |                            |                             | COMBINED SINGLE LIMIT (Ea accident) | \$   | 1,000,000                               |
| В            |       | ANY AU  | то                 |        |                          | }     | 1          | BA8641651  |                    | 05/01/2016                 | 05/01/2017                  | BODILY INJURY (Per perso            | -  |   |
|              |       | ALL OW  | NED                | X      | SCHEDULED<br>AUTOS       |       |            |  |                    |                            |                             | BODILY INJURY (Per accid            |  |   |
|              | X     | ٦.  | UTOS               | X      | NON-OWNED<br>AUTOS       |       |            |  |                    |                            |                             | PROPERTY DAMAGE<br>(Per accident)   | \$   |   |
|              |       | 7   |                    |        | 1                        |       |            |  |                    |                            |                             |                                     | \$   |   |
|              |       | UMBREI  | LA LIAB            |        | OCCUR                    |       |            |  |                    |                            |                             | EACH OCCURRENCE                     | \$   |   |
|              |       | EXCESS  | LIAB               |        | CLAIMS-MADE              |       | 1          |  |                    | 1                          |                             | AGGREGATE                           | \$   |   |
|              |       | DED   | RET                | ENTI   | ON \$                    |       |            |  |                    |                            |                             | INC PTATIL C                        | TH-  |   |
|              |       | WORKERS COMPENSATION  |                    |        |                          |       |            |  |                    |                            | X WC STATU-<br>TORY LIMITS  | ER                                  | 500.000                                      |   |
| Α            | I AN  | AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) |                    |        | R/EXECUTIVE              | N/A R | R2WC892228 | 01/01/2017   | 01/01/2018         | E.L. EACH ACCIDENT         | \$                          | 500,000                             |  |   |
|              | (N    |   |                    |        | ED3.                     | N/A   |            |  |                    |                            |                             | E.L. DISEASE - EA EMPLO             | YEE \$                                       | 500,000                                 |
|              | lf Di | yes, describ<br>ESCRIPTIO   | e under<br>N OF OP | ERAT   | TONS below               | 1     |            |  |                    |                            |                             | E.L. DISEASE - POLICY LI            | MIT   \$                                     | 500,000                                 |
|              | 1     |   |                    |        |                          |       |            |  |                    |                            |                             |                                     |  |   |
|              |       |   |                    |        |                          |       |            |  |                    |                            |                             |                                     |  |   |
| L            |       |   |                    |        |                          |       |            |  |                    |                            |                             | <u></u>                             |  |   |
| DES          | CRI   | PTION OF C  | PERATI             | ONS/   | LOCATIONS / VEHIC        | LES ( | Attach     | ACORD 101, Additional Remarks                                    | Scheduk            | e, if more space b         | s required)                 |                                     |  |   |
|              |       |   |                    |        |                          |       |            |  |                    |                            |                             |                                     |  |   |
|              |       |   |                    |        |                          |       |            |  |                    |                            |                             |                                     |  |   |
| 1            |       |   |                    |        |                          |       |            |  |                    |                            |                             |                                     |  |   |
|              |       |   |                    |        |                          |       |            |  |                    |                            |                             |                                     |  |   |
|              |       |   |                    |        |                          |       |            |  |                    |                            |                             |                                     |  |   |
| L            |       |   | _                  |        |                          |       |            |  |                    |                            |                             |                                     |  |   |
| CE           | RT    | IFICATE   | HOL                | DER    | <u></u>                  |       |            |  | CAN                | CELLATION                  |                             |                                     |  |   |
|              |       |   |                    |        |                          |       |            | TPELHAM  | SH                 | OULD ANY OF                | THE ABOVE                   | DESCRIBED POLICIES                  | BE CANC                                      | ELLED BEFORE                            |
|              |       | _   |                    |        |                          |       |            |  | TH                 | E EXPIRATIO                | N DATE TH                   | HEREOF, NOTICE WI                   | T BE   | DELIVERED IN                            |
|              |       |   |                    |        | ghway Dept.<br>'s Office |       |            |  | AC                 | CORDANCE                   | MIN THE POL                 | ICY PROVISIONS.                     |  |   |

6 Village Green Rd.

Pelham, MA 03076

AUTHORIZED REPRESENTATIVE