

SECTION 00 4100

BID FORM

Scherrer

THE PROJECT AND THE PARTIES

1.1 TO:

- A. Town of Lac Du Flambeau
1. 109 Old Abe Road
2. Lac du Flambeau, WI 54538

1.2 FOR:

- A. Addition to Fire Station #1

1.3 DATE: 01-15-2020 (Bidder to enter date)

1.4 SUBMITTED BY: (Bidder to enter name and address)

- A. Bidder's Full Name: Scherrer Construction Company, Inc.
 - 1. Address: 601 Blackhawk Drive, P.O. Box 740
 - 2. City, State, Zip: Burlington, WI 53105

1.5 OFFER

- A. Having examined the Place of The Work and all matters referred to in the Instructions to Bidders and the Contract Documents prepared by Architecture North, Ltd. for the above mentioned project, we, the undersigned, hereby offer to enter into a Contract to perform the Work for the Sum of:
- B. Two million three hundred ninety thousand
two hundred eighty five dollars
(\$ 2,390,285.00), in lawful money of the United States of America.
- C. We have included the required security Bid Bond as required by the Instruction to Bidders.
- D. All applicable federal taxes are excluded and State of Wisconsin taxes are excluded from the Bid Sum.

1.6 ALTERNATES

- A. **Alternate No. 1:** To omit all new wall and floor finishes in the Ambulance garage, room 111
Deduct Twenty five thousand eight hundred
dollars
(\$ 25,800.00)
- B. **Alternate No 2:** Omit the removal of the metal siding and the installation of thin-cut cmu on the South and East elevations of the original garage. Install matching metal siding where the overhead door is removed. Include painting these two elevations
Deduct Thirty thousand eight hundred
dollars
(\$ 33,800)

1.6 ACCEPTANCE

- A. This offer shall be open to acceptance and is irrevocable for thirty days from the bid closing date.

- B. If this bid is accepted by Town of Lac Du Flambeau within the time period stated above, we will:
 - 1. Execute the Agreement within seven days of receipt of Notice of Award.
 - 2. Furnish the required bonds within seven days of receipt of Notice of Award.
- C. If this bid is accepted within the time stated, and we fail to commence the Work or we fail to provide the required Bond(s), the security deposit shall be forfeited as damages to the Town of Lac Du Flambeau by reason of our failure, limited in amount to the lesser of the face value of the security deposit or the difference between this bid and the bid upon which a Contract is signed.
- D. In the event our bid is not accepted within the time stated above, the required security deposit shall be returned to the undersigned, in accordance with the provisions of the Instructions to Bidders; unless a mutually satisfactory arrangement is made for its retention and validity for an extended period of time.

1.7 CONTRACT TIME

- A. If this Bid is accepted, we will:
- B. Complete the Work in 26 calendar weeks from Notice to Proceed.

1.8 CHANGES TO THE WORK

- A. When Architect establishes that the method of valuation for Changes in the Work will be net cost plus a percentage fee in accordance with General Conditions, our percentage fee will be:
 - 1. 15 percent overhead and profit on the net cost of our own Work;
 - 2. 10 percent on the cost of work done by any Subcontractor.
- B. On work deleted from the Contract, our credit to the Town of Lac Du Flambeau shall be Architect-approved net cost plus 0 of the overhead and profit percentage noted above.

1.9 ADDENDA

- A. The following Addenda have been received. The modifications to the Bid Documents noted below have been considered and all costs are included in the Bid Sum.

- 1. Addendum # 1 Dated 12-19-19
- 2. Addendum # 2 Dated 12-23-19
- 3. Addendum # 3 Dated 01-09-20
- 4. Addendum # 4 Dated 01-10-20
- 5. Addendum # 5 Dated 01-14-20

1.10 BID FORM SIGNATURE(S)

- A. The Corporate Seal of
- B. Scherrer Construction Company, Inc
- C. (Bidder - print the full name of your firm)
- D. was hereunto affixed in the presence of:
- E. James E. Scherrer, President & CEO
- F. (Authorized signing officer, Title)
- G. (Seal)
- H. 
- I. (Authorized signing officer, Title)

SECTION 00 4336

PROPOSED SUBCONTRACTORS FORM

PARTICULARS

- 1.1 Herewith is the list of Subcontractors referenced in the bid submitted by:
- 1.2 (Bidder) Scherrer Construction Company, Inc.
- 1.03 To (Owner) Town of Lac du Flambeau
- 1.4 Dated 01-15-2020 and which is an integral part of the Bid Form.
- 1.5 The following work will be performed (or provided) by Subcontractors and coordinated by us:

LIST OF SUBCONTRACTORS

2.01 WORK SUBJECT.....SUBCONTRACTOR NAME

will be provided after
complete scope review

Bond No. NA

BID BOND
The American Institute of Architects,
AIA Document No. A310 (February, 1970 Edition)

NOW ALL MEN BY THESE PRESENTS, that we SCHERRER CONSTRUCTION CO., INC.
601 Blackhawk Dr., Burlington, Wisc. 53105
as Principal hereinafter called the Principal, and TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
as Surety, hereinafter called the Surety, are held and firmly bound unto TOWN OF LAC DU FLAMBEAU
109 Old Abe Rd., Lac Du Flambeau, Wisc. 54538
as Obligee, hereinafter called the Obligee, in the sum of FIVE PERCENT OF TOTAL BID

Dollars (\$ 5%), for the payment of which sum well and truly to be made, the said Principal and the
said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally,
firmly by these presents.

WHEREAS, the Principal has submitted a bid for GENERAL CONST - ADDITION & ALTERATIONS
TO FIRE STATION # 1

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into
a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as
may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful
performance of such Contract and for the prompt payment of labor and material furnished in the
prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such
bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof
between the amount specified in said bid and such larger amount for which the Obligee may in good
faith contract with another party to perform the Work covered by said bid, then this obligation shall be
null and void, otherwise to remain in full force and effect.

Signed and sealed this 15th day of JANUARY, 2020

[Signature]
Witness

SCHERRER CONSTRUCTION CO., INC.
By: [Signature] Principal (Seal)
Name/Title

[Signature]
Witness

TRAVELERS CASUALTY AND SURETY COMPANY
OF AMERICA Surety. (Seal)
By: [Signature] Attorney-in-Fact
Dennis M. Barton



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/8/2020

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).

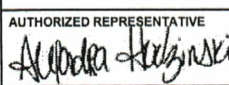
PRODUCER M3 Insurance Solutions, Inc. 828 John Nolen Drive Madison WI 53713	CONTACT NAME: Alex Hudzinski PHONE (A/C No, Ext): 608-288-2826 FAX (A/C, No): E-MAIL ADDRESS: alex.hudzinski@m3ins.com PRODUCER CUSTOMER ID #: SCHECON-01														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Amerisure Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B : Great American E&S</td> <td>37532</td> </tr> <tr> <td>INSURER C : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Amerisure Insurance Company		INSURER B : Great American E&S	37532	INSURER C : Cincinnati Insurance Company	10677	INSURER D :		INSURER E :		INSURER F :
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COVERAGES **CERTIFICATE NUMBER:** 1979210052 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			CPP21100840101	10/1/2019	10/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$								
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CA21100830101	10/1/2019	10/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$								
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$0			EXS0552684	10/1/2019	10/1/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A			WC21100860102	10/1/2019	10/1/2020	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 500,000</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000
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B	Professional/Pollution			PCM E425884 00	3/15/2019	3/15/2020	Prof/Poll Limit 1,000,000 Aggregate 2,000,000 Retention 25,000								

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

CERTIFICATE HOLDER Evidence of Insurance	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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