

# Price Summary Sheet A

## Clean Up and Removal Services

Page 1 of 2

Services	Hourly Rate	Daily Rate	Other
Labor (laborer, machine operator, etc)			
MACHINE / EQUIPMENT OPERATOR	45 <sup>00</sup>		3 HR MIN.
GENERAL LABORER	40 <sup>00</sup>		3 HR MIN.
Equipment (skid steer, dump truck, etc)			
ONE TON TRUCK	15 <sup>00</sup>		
BOBCAT SKID LOADER WITH ATTACHMENTS	40 <sup>00</sup>		2 HR MIN.
FL70 12YD DUMP TRUCK	30 <sup>00</sup>		2 HR MIN.
JCB FRONT END LOADER	70 <sup>00</sup>		2 HR MIN.
CAT TH33 ROUGH TERRAIN FORK LIFT	50 <sup>00</sup>		2 HR MIN.
Dumpsters (size and type):			
Mixed Waste	10 Yd 20 Yd 30 Yd		340 EA 440 EA 540 EA
Construction Waste	SAME		SAME
Transportation Costs (mileage, mobilization, etc)			
MOBILIZATION		150 ea.	

# Clean Up and Removal Services Continued

Services	Hourly Rate	Daily Rate	Other
Storage Costs			
PERSONAL BELONGINGS (IN 8x20 CON-EX BOX)		20 <sup>00</sup>	PER BOX
VEHICLE/TRAILER/MOTORCYCLE		30 <sup>00</sup>	PER DAY
TOWING - PASSENGER VEHICLE			200 EA.
- TRAILER			200 EA.
- OVERSIZE VEHICLE			300 EA.
Disposal Fees			
APPLIANCES			50 EA.
TIRES			5 EA.
CAR OSPRE/TRUCK			25 EA.
HAZARDOUS MATERIALS -	COST OF DISPOSAL (PLUS LABOR)		
Abatement Site Grading/Regrading to Original Condition			
DELIVERED CLEAN FILL			20 <sup>00</sup> PER YD
DELIVERED BLACK DIRT			30 <sup>00</sup> PER YD
FOR GRADING - SEE EQUIPMENT COSTS			



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/2/2013

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).

<b>PRODUCER</b> Associated Insurance Agents, Inc. (AIA) 2800 Freeway Boulevard Brooklyn Center MN 55430	<b>CONTACT NAME:</b> Associated Insurance Agents <b>PHONE (A/C No, Ext):</b> 763-549-2200 <b>FAX (A/C, No):</b> 763-549-2299 <b>E-MAIL ADDRESS:</b> edankert@associatedagents.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Reshetar Systems, Inc. 730 Bunker Lake Blvd NW Anoka MN 55303	<b>INSURER A:</b> West Bend Mutual <b>NAIC #</b> 15350	
	<b>INSURER B:</b> Accident Fund Insurance Co	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** 1965997311                      **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	<b>GENERAL LIABILITY</b> <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"/> PROJECT <input type="checkbox"/> LOC			BCO089318804	2/4/2013	2/4/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$200,000 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	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BCO089318804	2/4/2013	2/4/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ Waived			CUO089318904	2/4/2013	2/4/2014	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	WCV6088503	2/4/2013	2/4/2014	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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)

<b>CERTIFICATE HOLDER</b>  Ramsey Police Dept 7550 Sunwood Drive Ramsey MN 55303	<b>CANCELLATION</b>  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 