



Illinois Department of Revenue
 Office of Local Government Services
 Sales Tax Exemption Section, 3-520
 101 W. Jefferson Street
 Springfield, IL 62702
 217 782-8881

January 2, 2015

CITY OF ST CHARLES
 DIRECTOR OF FINANCE
 TWO EAST MAIN ST
 ST CHARLES IL 60174

Effective January 1, 2015, we have renewed your governmental exemption from payment of the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Use Tax, as required by Illinois law.

We have issued the following new tax exemption identification number:

E9996-0680-07
 to
 CITY OF ST CHARLES
 of
 ST CHARLES, IL

The terms and conditions governing use of your exemption number remain unchanged.

Office of Local Government Services
 Illinois Department of Revenue

Issued To: _____
 Company: _____
 Date Issued: _____
 Project: _____
 Dates Valid: _____


 Christopher A. Minick, Director of Finance



City of St. Charles Certificate of Insurance Requirements

Contractors shall carry all insurance coverage required by law. In addition, the Contractor shall carry, at its own expense, at least the following insurance coverage with a duly licensed and registered insurance company in the State of Illinois having a minimum A.M. Best rating of A-VI:

- (a) Workers' Compensation & Occupational Diseases Insurance – Statutory amount for Illinois
- (b) General Liability Insurance:
 - 1) Bodily injury, with limits of not less than \$1,000,000 each occurrence/
\$2,000,000 aggregate;
 - 2) Property damage, with limits of not less than \$1,000,000 each occurrence/
\$2,000,000 aggregate;
 - 3) Contractual insurance – broad form, with limits of not less than \$1,000,000 each occurrence/\$2,000,000 aggregate.
- (c) Automotive Liability Insurance:
 - 1) \$1,000,000 each occurrence/
\$2,000,000 aggregate;
 - 2) Property damage, with limits of not less than \$1,000,000 each occurrence/
\$2,000,000 aggregate. Property damage insurance coverage shall include non-owned, hired, leased, or rented vehicles, as well as owned vehicles.
- (d) Umbrella liability \$5,000,000.



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- (e) Contractor's insurance policy shall name City as an additional insured on the General Liability, Automotive Liability and Excess Liability insurance policies. The insurance coverage shall be written with insurance companies acceptable to City. All insurance premiums shall be paid without cost to City. The Contractor shall furnish to City a Certificate of Insurance attesting to the respective insurance coverage for the full contract term. Contractor shall submit satisfactory proof of insurance simultaneously with the execution of the contract.

 - (f) All insurance policies shall provide that the City shall receive written notice of cancellation or reduction in coverage of any insurance policy thirty (30) days to the effective date of cancellation.

**SECTIONS III-IV
PROPOSAL FORM (STONE/GRAVEL DELIVERED)
2016-2017**

<u>TYPE OF MATERIAL</u>	<u>QUANTITY</u>	<u>PRICE (PER TON)</u>
CA-7, 3/4" CRUSHED LIMESTONE	2000 TONS	\$ _____
CA-6, GRADE 8, CRUSHED LIMESTONE	1000 TONS	\$ _____

The City will review this bid, and account for both charges averaging the best price presented. The quantities are estimated and only provided to establish a unit price. The City reserves the right to award this bid in the best interest of the City utilizing one vendor for both types of material (CA-7 and CA-6).

***Alternate Pricing not tied to this bid

CA-5, 1-1/2" CRUSHED LIMESTONE	100 TONS	\$ _____
FA-2, TORPEDO SAND	400 TONS	\$ _____
CM-16, 3/8" WASHED STONE	100 TONS	\$ _____
CA-16, 3/8" WASHED STONE	50 TONS	\$ _____
CA-16 #4 PEA GRAVEL	50 TONS	\$ _____
FA-1 OR FA-6 TRENCH BACKFILL SAND	100 TONS	\$ _____
CA-1, 3"	100 TONS	\$ _____
SHOT ROCK ("RIP-RAP") 6"-12", RR-3	100 TONS	\$ _____
SHOT ROCK ("RIP-RAP") 6"-12", RR-4	100 TONS	\$ _____

ALL PRICES ARE FIRM THROUGH APRIL 30, 2017.

I propose to furnish the City of St. Charles stone and gravel material at above prices delivered (including cartage) per ton, to various locations within the City limits, for the 2016/17 Construction Season.

I certify that this Proposal has been arrived at independently and has been submitted without collusion with any vendor of materials or supplies.

COMPANY _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

SIGNATURE OF AUTHORIZED AGENT _____

Bid Information\Proposal\2017 STONE Gravel DelvrdProposal