

RESOLUTION RECEIVING PROPOSALS AND AWARDING TO A1 LAND DEVELOPMENT FOR THE DEMOLITION OF VACANT, BLIGHTED STRUCTURES LOCATED IN NEW LYME TOWNSHIP UNDER THE PY 2021 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM(CDBG), PLANNING AND DEVELOPMENT

WHEREAS, On April 27, 2023 proposals were received for the demolition of two vacant blighted dwellings located in New Lyme Township under the PY 2021 Community Development Block Grant Program under the Department of Planning and Development, as follows:

Name	Amount:
Adams Services., 672 SR 45 Austinburg OH 44010	\$29,500.00
A1 Land Development 1272 Mechanicsville Rd Rock Creek OH 44084	\$25,850.00

WHEREAS, Jake Brand, Director of Planning and Development, has recommended that the proposal be awarded to A1 Land Development, as outlined above; and

WHEREAS, this Board would concur with that recommendation; now

THEREFORE, BE IT RESOLVED, By the Board of Commissioners of Ashtabula County, Ohio, that the proposal for Demolition of two vacant blighted dwellings in New Lyme Township under the Department of Planning and Development is hereby awarded, as outlined above.

**ASHTABULA COUNTY COMMISSIONERS
CERTIFICATION PAGE**

Resolution No. 2023-263

May 09, 2023

RESOLUTION RECEIVING PROPOSALS AND AWARDING TO A1 LAND DEVELOPMENT FOR THE DEMOLITION OF VACANT, BLIGHTED STRUCTURES LOCATED IN NEW LYME TOWNSHIP UNDER THE PY 2021 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM(CDBG), PLANNING AND DEVELOPMENT

Upon the motion of J.P. Ducro IV, seconded by Kathryn L. Whittington.

VOTE:

**Casey R. Kozlowski
Kathryn L. Whittington
J.P. Ducro IV**

**Aye
Aye
Aye**

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution acted upon and duly passed by the Board of County Commissioners of Ashtabula County, Ohio, on the date noted above.



Lisa Hawkins, Clerk of the Board
Board of County Commissioners
Ashtabula County, Ohio



COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM

PY 21 County Wide Demolition – New Lyme Twp Dwellings
4/27/2023 – 3:30pm – Ashtabula County Courthouse

Bidder		Asbestos	Demolition	Greening	Total Price
1	Hugh's Excavating				
2	Adams Services	\$3,000. ⁰⁰	\$24,500. ⁰⁰	\$2,000. ⁰⁰	\$29,500.⁰⁰
3	Janson Demolition <i>A1 LAND DEVELOPMENT</i>	\$3,000. ⁰⁰	\$21,850. ⁰⁰	\$1,000. ⁰⁰	\$25,850. ⁰⁰
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

CDBG – Countywide Demolition Clearance
of Slum & Blight

Residential Structure

518 Dodgeville Rd New Lyme Township
965 Brownville Rd New Lyme Township

QUOTES

ASHTABULA COUNTY
BOARD OF COMMISSIONERS

Submitted by A1 Land Development

Address 1272 Mechanicsville Rd

City Rock Creek Ohio

State Ohio Zip Code 44084

Phone #: 474-3576 Fax#: 474-4220

Federal Tax ID #: 84-4675655 Date: 4-27-2023

NOTICE TO CONTRACTORS

Quotations will be received by the Department of Community Services and Planning, Old Courthouse, 25 West Jefferson Street, Jefferson, Ohio 44047-1092 until 3:30 pm on 27th of April, 2023 for the demolition of blighted residential structures located in the City of Conneaut within Ashtabula County Ohio, for the following project:

*Demolition of Residential Structures
518 Dodgeville Rd New Lyme Township
965 Brownville Rd New Lyme Township*

Quotation information may be obtained at the Ashtabula County Community Services & Planning Office, 25 West Jefferson St., Jefferson, Ohio 44047 may be obtained electronically by emailing communityservices@ashtabulacounty.us.

Questions regarding any technical issues in this quote shall be addressed to Dawn Gates, Grant Specialist, at (440) 576-3853 by email at communityservices@ashtabulacounty.us.

Each Quotation must be in a sealed envelope and the outside thereof properly marked with the Project Name, and Date. Quotes shall include the full name of each person or company submitting a proposal.

Attention of contractors is called to all of the requirements contained in this quote packet, particularly to the various insurance requirements, various equal opportunity provisions, and the terms and conditions.

No contractor shall be considered a lowest and best contractor or deemed eligible to be awarded the contract of which this Notice of Quote Specifications applies unless the contractor has completed all items listed within the instructions.

The Board of Commissioners reserves the right to waive any and all informalities and the right to reject any and all quotes.

**ASHTABULA COUNTY COMMISSIONERS
INSTRUCTIONS, TERMS AND CONDITIONS**

ASHTABULA COUNTY CDBG – Countywide Demolition – Clearance of Slum & Blight

1. Complete Quotations with Authorized Signature. Vendors must submit a complete, signed Quote, which at a minimum, should include all of the pages of the Request for Quotes that require the vendor to respond, and any additional information or samples required by the specifications. Quotations must be signed in ink (blue is preferred) on the Cover Sheet.

2. When Quotes Must be Delivered. The Ashtabula County Community Services and Planning Department must receive the Quotations no later than April 27, 2023 by 3:30 PM. Quotations received after 3:30 PM on the scheduled date for opening will be considered as late and will not be opened. Ashtabula County receives Quotes during the hours of 8:00 a.m. through 4:30 p.m., Monday through Friday, except for observed holidays. Ashtabula County does not accept quotations with insufficient postage or collect on delivery.

3. Where Quotations Must be Delivered. Quotations must be delivered to the following address:

Ashtabula County Department of Community Services & Planning
Attn: Demolition – Dwellings in New Lyme Township
25 W. Jefferson Street
Jefferson, OH 44047

4. Information Requested: The Board of Commissioners of Ashtabula County or its designated office may request additional information to evaluate a vendor's Quote. If a vendor does not provide the requested information, it may adversely impact the Board's evaluation of the vendor's quotation.

5. Non-Collusion Certification: By the signature affixed on the Non-Collusion Affidavit of the Quotation package, the vendor certifies that he/she is sole owner, partner, president, secretary, etc. of the party making the foregoing Quote; that such Quote is genuine and not collusive or sham; that the vendor has not colluded, conspired or agreed, directly or indirectly, with any vendor or person, to put in a sham Quote; or colluded or conspired to have another not submit a Quote, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person to fix the price of its Quote or any other vendor, or to fix any overhead, profit or cost element of the Quote price, or of that of any other vendor, or to secure any advantage against any vendor or any person or persons interested in the proposed contract and that all statements contained in the Quote are true; and further, that the vendor has not, directly or indirectly, submitted this Quote, or the contents thereof, or divulged any related information or data to any association or to any member or agent of any association.

6. Project Specifications. The plans show, in a general manner, the existing structures and the land available for demolition purposes. The Contractors must satisfy themselves of the conditions and difficulties that may be encountered in the execution of the work at the sites.

7. Water Supply. All water for demolition purposes, as well as the expense of having water conveyed about the work, must be provided by the Contractor and the cost of this work shall be included in the unit prices.

8. NOTICE OF SPECIAL CONDITIONS: Attention of the Contractors is particularly called to those parts of the General Contract Conditions and other Contract documents and specifications which deal with the following:


- a. Insurance requirements
- b. Requirement that all Subcontractors be approved by the Owner.
- c. Time-for-completion and liquidated damages requirements
- d. Safety standards

- e. Contractor's responsibility to obtain permits.
- f. Affirmative Action and Equal Opportunity provisions

9. ADDITIONAL OBLIGATIONS UPON CONTRACT AWARD: Upon award of the contract, but prior to execution of the final agreement and notice to proceed, the Contractor shall submit all of the following documents, completed as required:

- a. Acceptance of Notice Award
- b. Contract
- c. Insurance certificate(s) and/or policy(ies)
- d. (If over \$10,000:) Contractor's Section 3 Plan
- e. (If over \$10,000:) Certification of Contractor Regarding Equal Employment Opportunity
- f. (If over \$10,000:) Certification(s) by (all) Proposed Subcontractors Regarding Equal Employment Opportunity
- g. Certification of Contractor Regarding Section 3 and Segregated Facilities
- h. Certification(s) of (all) Proposed Subcontractors(s) Regarding Section 3 and Segregated Facilities

10. SPECIAL CRITERIA: Contractor must be able to operate and communicate effectively by use of electric documents

Ashtabula County Demolition of Residential Properties - CDBG					
Proposal Form	City/Location	Asbestos Price	Demolition Price	Greening Price	TOTAL Cost
Address	New Lyme Twp	\$ 1900	\$ 7850	\$ 500	\$ 9850
518 Dodgeville Rd	New Lyme Twp	\$ 1500	\$ 14000	\$ 500	\$ 16000
965 Brownville Rd					\$ 25850
Please read the following notes.					
1. A thorough review of the Technical Specifications (located in Section A: General Specifications) is recommended as these items must be adhered to if applicable and a thorough review of the work specifications as there are specific detail for this property.					
2. Submittal of landfill receipts and asbestos manifest will be required prior to payment approval					
3. Before and After pictures of property and demolition					
4. Before and After pictures of Asbestos materials					
I hereby acknowledge that I have reviewed Section A, work specifications, the asbestos survey report to properly bid on this demo, understand submittal of landfill receipts and pictures are required prior to payment approval.					
Please initial and date: <u>AK 4-27-2023</u>					
Submitted by <u>AA Land Development</u>					
Address, City, State, Zip <u>17722 Mechanville Rd Beach Creek Ohio 44084</u>					
Phone <u>440-474-3576</u>					
Federal ID# <u>84-4675655</u>					
Date <u>4-27-2023</u>					
Signature 					

**AFFIDAVIT OF CONTRACTOR OR SUPPLIER OF NON-DELINQUENCY OF
PERSONAL PROPERTY TAXES**

O.R.C. 5919.042

County of Ashtabula

STATE OF OHIO:

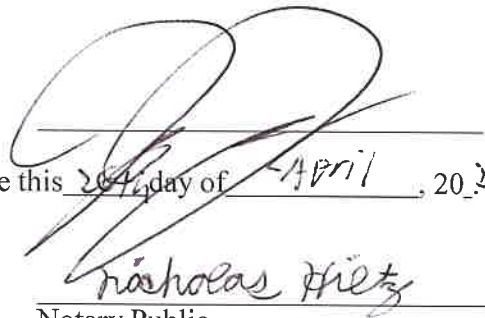
SS: *295-88-1120*

TO: *Ashtabula County Commissioners*

The undersigned, being first duly sworn, having been awarded a contract by you for Structural demolitions hereby states that we are not charged at the time the Quote was submitted with any delinquent personal property taxes on the general tax list of personal property of any county in which you as a taxing district have territory and that we were not charged with delinquent personal property taxes on any such list.

In consideration of the award of the above contract, the above statement is incorporated in said contract as a covenant of the undersigned.

Sworn to before me and subscribed in presence this *29th* day of *April*, 20*23*



Nicholas Hiltz

Notary Public



Nicholas Hiltz
Notary Public
State of Ohio
Recorded in Ashtabula County
Certificate # 2021-RE-841679
My Commission Expires
December 14, 2026

NON-COLLUSION AFFIDAVIT

County of Ashtabula

State of Ohio

QUOTE Identification: County Wide Demolition – Dwellings in New Lyme Township

CONTRACTOR: A1 Land Development being duly sworn, deposes and says that he is Sole owner (Sole owner, a partner, president, secretary, etc.) of A1 Land Development the party making the foregoing QUOTE; that such QUOTE is not made in the interest of or on behalf of any undisclosed person, partnership, company, association, organization, or corporation; that such QUOTE is genuine and not collusive or sham; that said CONTRACTOR has not directly or indirectly induced or solicited any other CONTRACTOR to put in a fake or sham QUOTE and has not directly or indirectly colluded, conspired, connived, or agreed with any CONTRACTOR or anyone else to put in a sham QUOTE, or that any one shall refrain from Submitting a Quote; that said CONTRACTOR has not in any manner directly or indirectly, sought by agreement, communication or conference with anyone to fix the QUOTE price of said CONTRACTOR or of any other CONTRACTOR, or to fix any overhead, profit or cost element of such QUOTE price, or of that of any other CONTRACTOR, or to secure any advantage against the OWNER awarding the contract or anyone interested in the proposed contract; that all statements contained in such QUOTE are true; and further, that said QUOTE has not, directly or indirectly, submitted his QUOTE price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid and will not pay any fee in connection therewith, to any corporation, partnership, company, association, organization, QUOTE depository, or to any member or agent thereof, or to any other individual except to such person or persons as have a partnership or other financial interest with said CONTRACTOR in his general business.

Signed:

[Handwritten signature]

Subscribed and sworn to before me this 26th day of April, 2023.



Nicholas Hiltz
Notary Public
State of Ohio
Recorded in Ashtabula County
Certificate # 2021-RE-841679
My Commission Expires
December 14, 2026

Seal of Notary

Nicholas Hiltz

EXPERIENCE RECORD*

The CONTRACTOR is required to state the character of previous work, give references, and such other detailed information as will enable the OWNER to determine responsibility, including experience, skill, and financial standing. Projects shall be for OWNERS other than this Project and for ENGINEERS/ARCHITECTS other than this Projects' Engineer.

PROJECT NAME: 45 989 North Ridge Demolition
DESCRIPTION: Demolition of a hospital

OWNER: Lorain Cor Corp PERSON TO CONTACT: Don Gross
ADDRESS: 226 Middle Ave PHONE: 440-329-5000
CITY/STATE/ZIP: Elyria Ohio 44035

PROJECT NAME: _____
DESCRIPTION: _____

OWNER: _____ PERSON TO CONTACT: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP: _____

PROJECT NAME: _____
DESCRIPTION: _____

OWNER: _____ PERSON TO CONTACT: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP: _____

*USE ADDITIONAL COPIES OF THIS FORM AS REQUIRED

PROPOSED SUBCONTRACTORS

The Contractor is required to state in the spaces provided below, the Subcontractors he proposes to use to accomplish the work under this Contract. The items and specific amounts of work assigned to each listed Subcontractor shall also be outlined. Duplicate this sheet as needed.

1. Name: Medico Systems
Address: 960 Seaman Rd
City/State/Zip: Rock Creek Ohio 44084
Description: Prosthetic Attachment
Phone: 440897-8093 Amount: \$ 3000 % of Contract: 5

2. Name: _____
Address: _____
City/State/Zip: _____
Description: _____
Phone: _____ Amount: \$ _____ % of Contract: _____

3. Name: _____
Address: _____
City/State/Zip: _____
Description: _____
Phone: _____ Amount: \$ _____ % of Contract: _____

4. Name: _____
Address: _____
City/State/Zip: _____
Description: _____
Phone: _____ Amount: \$ _____ % of Contract: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/26/2023

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 American Family Brokerage Inc 6000 American Parkway Madison WI 53783	CONTACT NAME: Darren M. Ryan Agency Inc
	PHONE (A/C, No, Ext): (440) 576-3466 FAX (A/C, No): E-MAIL ADDRESS: drya4@amfam.com
INSURED A1 Land Development 1272 Mechanicsville Rd Rock Creek OH 44084	INSURER(S) AFFORDING COVERAGE
	INSURER A: Crum & Forster Specialty Insurance Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		BAS162541	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 2,000,000
OTHER:							\$
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS							BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS							BODILY INJURY (Per accident) \$
<input type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident) \$
							\$
UMBRELLA LIAB <input type="checkbox"/> OCCUR							EACH OCCURRENCE \$
EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE							AGGREGATE \$
DED <input type="checkbox"/> RETENTION \$							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A							E.L. EACH ACCIDENT \$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

The Certificate Holder Ashtabula County Commissioners, is and Additional Insured where required by written contract.

CERTIFICATE HOLDER**CANCELLATION**Ashtabula County Commissioners
25 W Jefferson St

Jefferson

OH 44047

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

© 1988-2014 ACORD CORPORATION. All rights reserved.

CDBG – Countywide Demolition Clearance
of Slum & Blight

Residential Structure

518 Dodgeville Rd New Lyme Township
965 Brownville Rd New Lyme Township

QUOTES

ASHTABULA COUNTY
BOARD OF COMMISSIONERS

Submitted by Adams Services Inc

Address 672 St Rt 45

City Austintburg

State OH Zip Code 44010

Phone #: 440-275-1049 Fax#: 440-275-1058

Federal Tax ID #: 34-1893961 Date: 4/27/2023

Mike Adams

Ashtabula County Demolition of Residential Properties - CDBG

Proposal Form	City/Location	Asbestos Price	Demolition Price	Greening Price	TOTAL Cost
518 Dodgeville Rd	New Lyme Twp	\$ 1500. ⁰⁰	\$ 10,000. ⁰⁰	\$ 1000. ⁰⁰	\$ 12,500. ⁰⁰
965 Brownville Rd	New Lyme Twp	1500. ⁰⁰	14,500. ⁰⁰	1000. ⁰⁰	\$ 17,000. ⁰⁰

Please read the following notes.

1. A thorough review of the Technical Specifications (located in Section A: General Specifications) is recommended as these items must be adhered to if applicable and a thorough review of the work specifications as there are specific detail for this property.
2. Submittal of landfill receipts and asbestos manifest will be required prior to payment approval
3. Before and After pictures of property and demolition
4. Before and After pictures of Asbestos materials

I hereby acknowledge that I have reviewed Section A, work specifications, the asbestos survey report to properly bid on this demo, understand submittal of landfill receipts and pictures are required prior to payment approval.

Please initial and date: MA 4/27/2023

Submitted by Adams Services Inc

Address, City, State, Zip 672 St Rt 45 Ashburg OH 44010

Phone 440-275-1049

Federal ID# 34-1893961

Date 4/27/2023

Signature Mark Adams

**AFFIDAVIT OF CONTRACTOR OR SUPPLIER OF NON-DELINQUENCY OF
PERSONAL PROPERTY TAXES**

O.R.C. 5919.042

STATE OF OHIO:

SS:

TO:

The undersigned, being first duly sworn, having been awarded a contract by you for Structural demolitions hereby states that we are not charged at the time the Quote was submitted with any delinquent personal property taxes on the general tax list of personal property of any county in which you as a taxing district have territory and that we were not charged with delinquent personal property taxes on any such list.

In consideration of the award of the above contract, the above statement is incorporated in said contract as a covenant of the undersigned.

Mike Adams

Sworn to before me and subscribed in presence this 27th day of April, 2023

Lisa Willis / Ex 3/17/2024
Notary Public

NON-COLLUSION AFFIDAVIT

State of Ohio

QUOTE Identification: County Wide Demolition – Dwellings in New Lyme Township

CONTRACTOR: MIKE ADAMS, being duly sworn, deposes and says that he is PRESIDENT (Sole owner, a partner, president, secretary, etc.) of Adam Services Inc the party making the foregoing QUOTE; that such QUOTE is not made in the interest of or on behalf of any undisclosed person, partnership, company, association, organization, or corporation; that such QUOTE is genuine and not collusive or sham; that said CONTRACTOR has not directly or indirectly induced or solicited any other CONTRACTOR to put in a fake or sham QUOTE and has not directly or indirectly colluded, conspired, connived, or agreed with any CONTRACTOR or anyone else to put in a sham QUOTE, or that any one shall refrain from Submitting a Quote; that said CONTRACTOR has not in any manner directly or indirectly, sought by agreement, communication or conference with anyone to fix the QUOTE price of said CONTRACTOR or of any other CONTRACTOR, or to fix any overhead, profit or cost element of such QUOTE price, or of that of any other CONTRACTOR, or to secure any advantage against the OWNER awarding the contract or anyone interested in the proposed contract; that all statements contained in such QUOTE are true; and further, that said QUOTE has not, directly or indirectly, submitted his QUOTE price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid and will not pay any fee in connection therewith, to any corporation, partnership, company, association, organization, QUOTE depository, or to any member or agent thereof, or to any other individual except to such person or persons as have a partnership or other financial interest with said CONTRACTOR in his general business.

Signed:

Mike Adams

Subscribed and sworn to before me this 27th

day of April, 2023.

Seal of Notary

Lissa Willis Exp 3/17/2024

EXPERIENCE RECORD*

The CONTRACTOR is required to state the character of previous work, give references, and such other detailed information as will enable the OWNER to determine responsibility, including experience, skill, and financial standing. Projects shall be for OWNERS other than this Project and for ENGINEERS/ARCHITECTS other than this Projects' Engineer.

PROJECT NAME: Ashtabula County Landbank (Various Locations)
DESCRIPTION: Demolition + Sitework

OWNER: ACLRC PERSON TO CONTACT: Dawn Gates (Grant Specialist)
ADDRESS: 25 W. Jefferson St PHONE: 440-576-3853
CITY/STATE/ZIP: Jefferson OH 44047

PROJECT NAME: City of Ashtabula (Various Locations)
DESCRIPTION: Demolition + Sitework

OWNER: City of Ashtabula PERSON TO CONTACT: Amy Coorsen
ADDRESS: 4717 Main Ave PHONE: 440-992-7154
CITY/STATE/ZIP: Ashtabula OH 44004

PROJECT NAME: Lake County Landbank (Various Locations)
DESCRIPTION: Demolition + Sitework

OWNER: LCLRC PERSON TO CONTACT: Linda Friedebaugh
ADDRESS: 8 North State St PHONE: 440-350-2133
CITY/STATE/ZIP: Fainesville OH 44077

*USE ADDITIONAL COPIES OF THIS FORM AS REQUIRED

PROPOSED SUBCONTRACTORS

The Contractor is required to state in the spaces provided below, the Subcontractors he proposes to use to accomplish the work under this Contract. The items and specific amounts of work assigned to each listed Subcontractor shall also be outlined. Duplicate this sheet as needed.

1. Name: Medico Systems Inc
Address: P.O. Box 267
City/State/Zip: Rock Creek OH 44084
Description: Asbestos Abatement
Phone: 440-942-1122 Amount: \$ _____ % of Contract: _____

2. Name: _____
Address: _____
City/State/Zip: _____
Description: _____
Phone: _____ Amount: \$ _____ % of Contract: _____

3. Name: _____
Address: _____
City/State/Zip: _____
Description: _____
Phone: _____ Amount: \$ _____ % of Contract: _____

4. Name: _____
Address: _____
City/State/Zip: _____
Description: _____
Phone: _____ Amount: \$ _____ % of Contract: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/26/2023

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 have ADDITIONAL INSURED provisions or 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).

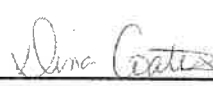
PRODUCER Glazier Insurance Agency, Inc. 41 Wall St. Jefferson OH 44047		CONTACT NAME: Dina Coates, CISR, CSRW PHONE (A/C, No, Ext): (440) 576-2921 FAX (A/C, No): (440) 576-9267 E-MAIL ADDRESS: dcoates@glazierins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Cincinnati Insurance	NAIC # 10677
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL221505289 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJCT <input checked="" type="checkbox"/> LOC OTHER:			ENP 060 13 07	01/11/2021	01/11/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			EBA 060 13 07	01/11/2021	01/11/2024	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ENP 060 13 07	01/11/2021	01/11/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	ENP 060 13 07	01/11/2021	01/11/2024	PER STATUTE OTH-ER 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Ashtabula County Dept. of Community Services & Planning 25 W. Jefferson Street Jefferson OH 44047	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 
--	---



Bureau of Workers' Compensation

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

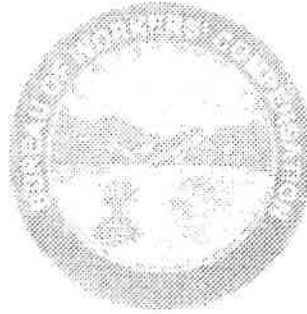
This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
01279767

Period Specified Below
07/01/2022 to 07/01/2023

ADAMS SERVICES INC
3245 US HIGHWAY 6
ROME OH 44085-9611



www.bwc.ohio.gov
Issued by: BWC

Stephanie McCloud

Administrator/CEO

You can reproduce this certificate as needed

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marijuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marijuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers' Compensation

You must post this language with the Certificate of Ohio Workers' Compensation.